Alberta Health Services

Last 6 digits of the P-Card #: XXXXXXXXX189747

#### Instruction:

<ul> <li>Attached ALL original detail</li> </ul>	led receipts and supporting documents in the s	ame order as it appears on this stat	h
<ul> <li>Cardholder AND Approver's</li> </ul>	s signatures required where indicated below	and order as it appears on this stat	iement
EAGLE, CHRIS	PRESIDENT & CEO	. <u> </u>	
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/04/2011
	SEVENTH STREET PLAZA		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$4,509.84
CHRIS.EAGLE@ALBERTAHEA	LTHSERVICES.CA		<u>\$1,003.04</u>

Cardholder's e-mail address

Statement of Transactions Transaction Trans ID Merchant Name & Description Trans Original Currency Trans Amount GST Freight Description Date Non-Responsive 19/03/2011 BUDGET-RENT-A-CAR, AVIS RENT A CAR 251843556 10 264.16 CAD 264.16 10.4 .00Budget 20/03/2011 UNIVERSITY OF CALGARY,, COLLEGES, 251843555 201.1 CAD 201.1 vø 9.58 UNIVERSITIES, PROFESSIONAL 25/03/2011 252273991 COLLINS LIMOUSINE LTD., LIMOUSINES 185.00 .6 CAD 135.0 64 AND TAXICABS 25/03/2011 252273992 COLLINS LIMOUSINE LTD., LIMOUSINES 135.00 CAD ø 135.00 6.43 AND TAXICABS 25/03/2011 252417310 HYATT REGENCY THOMPSON, EATING 46.98 CAD 46.9 1.95 PLACES, RESTAURANTS Q 00 28/03/2011 252513426 AIR CAN 0142193740616, AIR CANADA \$36.8 CAD \$ 536.8 25.56 00Calgary 28/03/2011 252608358 AIR CAN 0142193761645, AIR CANADA /239.53 J 👁 CAD 239,53 11 4 .00Grande Prairie 28/03/2011 252608359 AIR CAN 0142193762072, AIR CANADA of 283.63 CAD 283.63 13.51 .00GP to Calgary 28/03/2011 252608360 AIR CAN 0142193762477, AIR CANADA \$29.03 CAD 229.03 O. 10.9 .00yyc to yeg 28/03/2011 UNION BANK INN-RESTAUR, EATING 252608363 /59.40 CAD 59.40 PLACES, RESTAURANTS 2.4 D) .00 Meeting with K. Gardener 29/03/2011 252608361 AIR CAN 0142193762072, AIR CANADA 14.70 CAD 14.70 .00 .00Advance Seat Selection O. 29/03/2011 252608362 SOUNDVIEW EXEC BOOK SU, DIRECT 199.00 USD v. 199.5 .0( MARKETING - OTHER DIRECT .00Soundview Subscription 31/03/2011 252864847 LUX STEAKHOUSE & BAR, EATING \$6.7 CAD 56.7 2.28 8 Meeting - B. Trafford LACES, RESTAURANTS 03/04/2011 253037070 COLLINS LIMOUSINE LTD., LIMOUSINES 299:00 CAD 290.00 13.8 - 1 AND TAXICABS 05/04/2011 253121253 Amazon.com, BOOK STORES 36/.99 USD 36.72  $\sim$ .00 00 ĩ۵, 06/04/2011 253441004 UNION BANK INN-RESTAUR, EATING 30.1 CAD 30.15 .00 Meeting - Gerry Predy Ś. ٢ 1.44 PLACES, RESTAURANTS 08/04/2011 253441003 PRECISE PARKLINK INC, AUTOMOBILE 10.50 CAD 10.50 .50 Parking PARKING LOTS AND GARAGES 1 10/04/2011 UNION BANK INN-RESTAUR, EATING 253671703 135.24 CAD 135.24 5.49 .00Don Winn PLACES, RESTAURANTS 8 / 11/04/2011 253671702 NTEGRAAIR INC, TRANSPORTATION 276.28 CAD 10 276.28 13.16 SERVICES NOT ELSEWHERE CLASSIFIED .00Lethbridge 14/04/2011 253981398 SANDMAN HOTELS #1-42, SANDMAN INN 108.99 CAD 6 108.99 5.00 Hotel - Board Meeting 16/04/2011 172.6 CAD 172.62 7.7 17/04/2011 205.00 CAD 205.00 9.76 s.17(1), 17(4)(g)(1) **Other/ Personal Purchases** I have identified the following transactions as non-business related, personal purchases. I have attached a personal cheque for the total amount owed which represents payment in full to AHS. I understand that the P-Card is not to be used again for personal transactions. Transaction Trans ID Merchant Name & Description Trans Original Currency Trans Amount GST Date Freight Description Amount

### **Proprietary and Confidential**



## P-Car details Online ( Cardholder Statement Repo

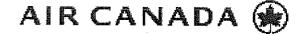
-	21/03/2011	ROYAL COLLEGE PHYS SUR, ORGANIZATIONS, CHARITABLE AND	<b>6</b> /75	50,00	CAD	750.00	.00	RCPSC Annual Dues
	21/03/2011	EDMONTON CHAMBER OF CO, ASSOCIATIONS CIVIC, SOCIAL, AND	Q <sup>-12</sup>	21.80	CAD	121.80	5.80	.00Mayor's Luncheon



Signatures	
Cardholder Designate (if Applicable)	
By signing this statement	
<ul> <li>I hereby certify that I have reviewed and reconciled this statement i Policies Program User Guide and Training. I have allocated the tra</li> </ul>	n BMO details Online® to the best of my ability in accordance to AHS Corporate insaction(s) to the proper cost centre.
TOUCE C. MILAPEAL	
Name of Cardholder Designate	Cardholder Designate Position/Title
() one	
part Mun	ADRIL 28 2011
Signeture d'Cardholder Designate	Date of Signature
Cardholder	
By signing this statement	
<ul> <li>I hereby certify that the P-Card issued to be was used for legitimate Program User Guide.</li> </ul>	business purposes in accordance to AHS Corporate Policies and AHS P-Card
<ul> <li>I acknowledge that the above Cardholder Designate has completed</li> </ul>	reviews and reconciliation in BMO details Online® on my behalf (if applicable).
EAGLE, CHRIS	PRESIDENT & CEO
Name of Cardholder	Cardhokler Position/Title
$(\gamma)$	April 28, 2011
Signature of Cardholder	
	Date of Signature
Approver Designate (if Applicable)	
By signing this statement	
Guide and Training on behalf of a autorized approved this statement in	BMO datails Online® in accordance to AHS Corporate Policies, Program User
	•
Name of Approver Designate	Vice President Community Engagement
Name of Approver Designate	Approver Designate Position/Title
The Peder	
Signature of Approver Designate	Date of Signature
	Date of Signature
Approver By-signing this statement	
Program User Guide and hereby approve the transactions as listed.	business purposes in accordance to AHS Corporate Policies and AHS P-Card
	views and approvals in BMO details Online® on my behalf (if applicable).
	vieno uno approvara in bisto detana origined dri my denari (il applicadie).
Name of Approver Ken Hughes Chair, A	HS Board
	righting a relation rule
ATN -	1 . 1/2011
Isignature of Approver	Date of Signature
Submit approved statement with attachments to Accounts Payable:	
Attach:	
Original iternized receipts	Address:
<ul> <li>Signed Cardholder Statement Report (or copies of electronic</li> </ul>	Alberta Health Services
signatures if signatures are not on report)	Accounts Payable
And where applicable:	7th Street Plaza
Copies of pre-approvals for travel	10th Floor, North Tower, 10030-107 Street
<ul> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> </ul>	Edmonton, AB T4J 3E4
Disputes letter	
Accounts Payable only:	
Reference #: Reviewed by:	
Reference #: Reviewed by:	Date:

/\*





# Electronic Refund Receipt / Reçu de remboursement électronique

We are pleased to confirm a refund has been processed to your credit card.

Nous sommes heureux de confirmer qu'un remboursement a été porté à votre carte de crédit.

Please print this refund receipt for your reference. Veuillez imprimer ce reçu pour vos dossiers.

#### **Refund Information / Détails du remboursement**

Passenger Name: Nom du passager:	Christopher Eagle	
Ticket(s) Refunded: Billet(s) remboursé(s):	0142192380158	Customer Care
Credit card refunded: Carte de crédit remboursée:	CC-CAXXXXXXXXXXX9747	Service au client
Date of refund: Date du remboursement:	15 March 2011 15 Mars 2011	On the web/Site Web www.aircanada.com
		Air Canada Reservations Réservations d'Air Canada 1 888 247-2262
		Aeropian Centre Centre Aéropian 1 800 361-5373

#### Amount refunded / Montant du remboursement

Amount eligible for refund: Montant à rembourser:	0.00
Taxes and Airport Fees eligible for refund: Taxes et frais aéroportuaires à rembourser:	
Canada Security Charge / Canada - Droit pour la sécurité (CA)	7.13
Canada Airport Improvement Fee / Canada - Frais d'améliorations aéroportuaires (SQ)	22.00
Total Amount Refunded to credit card in Canadian dollars: Montant total remboursé sur la carte de crédit en dollars canadiens:	<u>29.13</u>

Pagę 1 of 1 ,



 169 UNIVERSITY GATE NW

 CALGARY. ALBERTA, CANADA T2N 1N4

 1.877.498.3203 T 403.220.3203 F 403.284.4184

 GARY

 W HOTELALMA.CA

Cheis Engle

#### s.17(1), 17(4)(g)(i)

Room Number: 705 Daily Rate: 145.00 Room Type: OBKL No. of Guests: 2 / 0

ARRIVAL	DEPARTU	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCO	UNT
17-Mar-11	19-Mar-11	XXXXXXXXXXXXX1001	BAR1	FIT	200901	12729
DATE	ROOM NO.	DESCRIPTION	REFERENCE		, ,	MOUNT
17-Mar-11 17-Mar-11 17-Mar-11 17-Mar-11 17-Mar-11 18-Mar-11 18-Mar-11	705 705 705 705 705 705 705 705	PARKING ROOM CHARGE GST DESTINATION MARKETING FEE ALBERTA TOURISM LEVY PARKING	PARKING PAID BY GUEST #705 GST DESTINATION MARKETING FEE ALBERTA TOURISM LEVY PARKING PAID BY GUEST	s.17(1), 1 ₌		\$7.00 \$170.00 \$8.50 \$1.85 \$6.80 \$7.00
18-Mar-11 18-Mar-11 18-Mar-11	705 705 705 705 705 705	MASTERCARD	MASTERCARD			(\$201.15)

5

CLOIMING ONE Night

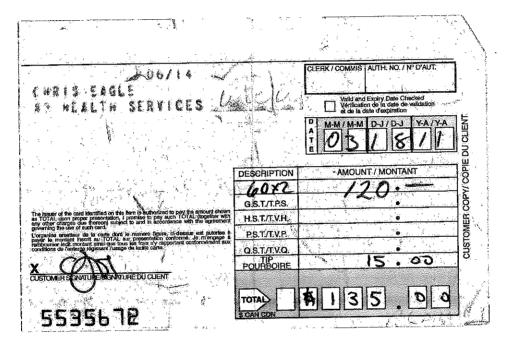
SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864

CREDIT DUE:

(\$0.00)



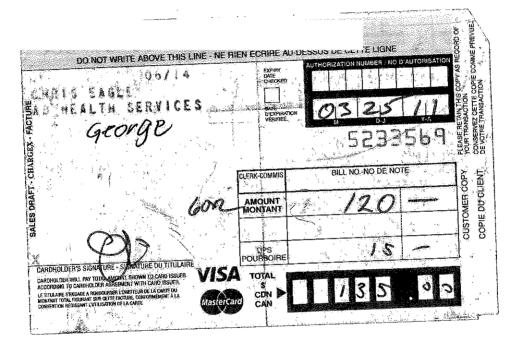
s.17(1), 17(4)(e.1)

÷

### s.17(1), 17(4)(e.1)

, s.

**د** ۲



e

THOMSONS REGIONAL CANADIAN CUISINE 112 SIEPHEN AVENUE S.E. 113 ARNEL
<b>16</b> /1 <b>1980</b> GST 2 MAR25'11 11:21AM
1 *COFFEE 3.00 1 SAN PELL SM 4.00 1 GRIL CHIC SAND 15.0 1 L-Full Cobb 17.00 Subtotal 39.00 GST 1.95 PAYMENT DUE <b>\$40.95</b> *****FOR ROOM CHARGES CDLY****** Gratuity: <b>9</b> Total:
Hyatt Room #:
Name: Signature: GST#859734659RT0002 E-MAIL: ana.montanc@hyatt.com

.

Meeting with Porti GRIER

.

.

Page	1	of $2$
------	---	--------

taxation, e		Search Select Rev print/retain this page for your reconciliation purposes). We i g you on board.	financia	l records (fi		Seats <b>Iti</b>	nerary	
Booking	g Information				AIR	CANA	DA (	
Booking	Reference: LGHQ	F5			Custome	r Care		<b>*****</b> **
-	Ľ"	nis is your official itinerary	/receipt		Air Canada 1-888-247-2	262		
	<b>tact:</b> pher Eagle a@a/bertahealthservices.ca				Flight Arriv Departures 1-888-422-7			
·····		s.17(1), 17(4)(g	g)(i)					
Flight I	tinerary							
Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal	
AC8137*	Edmonton, Edmonton Int'l (YEG) Thu 31-Mar 2011 09:00	Calgary (YYC) Thu 31-Mar 2011 09:49	0	0hr49	DH3	Tango Plus V		
AC8158*	<b>Calgary (YYC)</b> Thu 31-Mar 2011 19:30	<b>Edmonton, Edmonton Int'l (YEG)</b> Thu 31-Mar 2011 20:21	0	0hr51	DH3	Tango Pius V		
		Ме Э <b>ЭЭХ-9747</b> Sp	421937 al Prefer ecial Nee )(g)(	ence: eds:	None None			
Purchas	e Summary			,				
Fare Sum	-	<u>, , , , , , , , , , , , , , , , , , , </u>						
Passenger Departing	Type Flight - Tango Plus				Adult 214.00			
Returning I Surcharges	Flight - Tango Plus :				<b>214.00</b> 24.00			
Taxes, Fe	es and Charges				~			
	port Improvement Fee ers Security Charge (ATSC)				45.00 14.25			
		/HST #10009-2287 RT0001)		· ·	25.56			
	e and taxes before options passengers	(per passenger)		•	536.81 1			
Total					536.81			
	Insurance (declined) al - Canadian dollars				0.00 536.81			
Grand Tot				4				
	ling travel options, taxes, fo	ees and charges		\$536.	1 adult 81 CAD			
are Rul	es							
		To Calgary (YYC) - Tango	Plus					5467A
		Edmonton (YEG) - Tango						
Returning								
Returning <ul> <li>Change</li> </ul>		(,						

Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal
AC8359*	Edmonton, Edmonton Int'l (YEG) Wed 13-Apr 2011 08:20	Grande Prairie (YQU) Wed 13-Apr 2011 09:29	0	1hr09	DH3	Tango Plus S	

# s.17(1), 17(4)(g)(i)

ł

\$239.53 CAD

https://book.aircanada.com/pl/AConline/en/BookTripPlanServlet;jsessionid=4hMnNRTcd... 3/28/2011

٠

Page	1	of 2	

Search Select Review Passengers	Purchase Seats Itinerary
Your booking is confirmed. Please print/retain this page for your financial records in taxation, expense claim or credit card reconciliation purposes). We thank you for chook Canada and look forward to welcoming you on board.	for
Booking Information	AIR CANADA 🛞
	funtament fore
Booking Reference: L4SW6M Electronic Ticketing confirmed. This is your official itinerary/receipt.	Customer Care Air Canada 1-888-247-2262
Main Contact: Dr Christopher Eagle chris eaole@albertahealthservices.ca	Flight Arrivals and Departures 1-888-422-7533
Mobile: s.17(1), 17(4)(g)(i)	
Flight Itinerary	
Flight From To Stops Duration Aircra AC8478* Grande Prairie (YQU) Calgary (YYC) 0 1hr32 DH3 Thu 14-Apr 2011	
Thu 14-Apr 2011 13:50 15:22	· · · · · · · · · · · · · · · · · · ·
*Operated by Jazz	
Passenger Information $s.17(1), 17(4)(g)(i)$	
1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142193762072	namen mennen men en e
Air Canada - Aeroplan :     Meal Preference:       Credit Card:     xxxxx-xxxx-9747       Special Needs:	None None
Seat Selection: AC8478 5D	
Purchase Summary	
Fare Summary Passenger Type	Adult
Departing Flight - Tango Plus Surcharges	229.00 18.00
Taxes, Fees and Charges Canada Airport Improvement Fee	16.00
Air Travellers Security Charge (ATSC)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) Total airfare and taxes before options (per passenger)	13.51 283.63
Number of passengers	1
Total Grand Total - Canadian dollars	283.63 \$283.63
Grand Total	1 adult
Tablic fulling twent antipage terror from and the same	3.63 CAD
Fare Rules	
Departing Flight Grande Prairie (YQU) To Calgary (YYC) - Tango Plus	N
Changes:	
<ul> <li>Prior to day of departure - Change fee per direction, per passenger, taxes and any additional fare difference.</li> </ul>	is \$50 CAD plus applicable
<ul> <li>Changes can be made up to 2 hours prior to departure.</li> <li>Airport same-day changes (subject to availability) are permitted at per direction, per passenger. Same-day flights only.</li> </ul>	a flat fee of \$75 CAD/USD
<ul> <li>Same-day standby is not permitted, except for passengers travellin and Montreal, or Toronto and Ottawa (connecting flights excluded).</li> </ul>	g on a flight between Toronto
<ul> <li>o Flights can only be used in sequence from the place of departure spec</li> <li>cancellations:</li> </ul>	ified on the itinerary.
o Tickets are non-refundable and non-transferable.	
<ul> <li>Cancellations can be made up to 45 minutes prior to departure.</li> <li>Provided the original booking is cancelled prior to the original flight department of the original flight department.</li> </ul>	eparture, the value of unused

## https://book.aircanada.com/pl/AConline/en/BookTripPlanServlet;jsessionid=1LCkNRRSJ... 3/28/2011

s

taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board. Booking Information AIR C Booking Reference: L5AQLI Customer		
	_	16.8750
Booking Reference: 154011 Customer	ANADA	,102-0-7-7-6 9) 9)
	Care	
Electronic Ticketing confirmed. This is your official itinerary/receipt. 1-888-247-226	52	
Main Contact:     Flight Arrivals       Dr Christopher Eagle     Departures       eaglec@albertahealthservices.ca     1-888-422-753       Mobile:		
s.17(1), 17(4)(g)(i)		
ight Itinerary		
	e Type Meal go Plus T	
ssenger Information S. $17(1)$ , $17(4)(g)(i)$		Anartain.
Ar Canada - Aeroplan : Meal Preference: None Credit Card: xxxxx-xxxx-9747 Special Needs: None Credit Selection: AC8132 3C		
Ir Canada - Aeroplan : Meal Preference: None redit Card: XXXX-9747 Special Needs: None teat Selection: AC8132 3C Urchase Summary Fare Summary Passenger Type Adult		_
r Canada - Aeroplan : Meal Preference: None edit Card: XXXX-9747 Special Needs: None sat Selection: AC8132 3C Irchase Summary assenger Type <u>Aduit</u> eparting Flight - Tango Plus 174.00 urcharges 12.00		_
r Canada - Aeroplan : Meal Preference: None edit Card: XXXX-XXXX-9747 Special Needs: None atat Selection: AC8132 3C AC8132 AC8132		_
Canada - Aeroplan :       Meal Preference:       None         adit Card:       xxxxx-9747       Special Needs:       None         at Selection:       AC8132 3C       None       AC8132 3C         archase Summary       Ac817       Adult         special Fight - Tango Plus       174.00         ircharges       12.00         ixes, Fees and Charges       25.00         in Travellers Security Charge (ATSC)       7.12		_
r Canada - Aeroplan :       Meal Preference:       None         edit Card:       xxxx-xxxx-9747       Special Needs:       None         at Selection:       AC8132 3C       None       Ac8132 3C         archase Summary       Ac8132 3C       Adult         are summary       Adult       Adult         aperting Flight - Tango Plus       174.00         urcharges       12.00         axes, Fees and Charges       25.00         r Travellers Security Charge (ATSC)       7.12         anada Goods and Services Tax (GST/HST #10009-2287 RT0001)       10.91		_
Canada - Aeroplan :       Meal Preference:       None         edit Card:       xxxxx-xxxx-9747       Special Needs:       None         at Selection:       AC8132 3C       None       None         rchase Summary       ssenger Type       Aduit         sparting Flight - Tango Plus       174.00       174.00         rcharges       12.00       12.00         xxes, Fees and Charges       25.00       7.12         mada Airport Improvement Fee       25.00       7.12         mada Goods and Services Tax (GST/HST #10009-2287 RT0001)       10.91       10.91         tal airfare and taxes before options (per passenger)       229.03       1		_
r Canada - Aeroplan : Meal Preference: None edit Card: XXXX-XXX-9747 Special Needs: None sat Selection: AC8132 3C AC8132 3C AC8132 3C Ac8132 3C Adult eparting Flight - Tango Plus 174.00 urcharges 12.00 axes, Fees and Charges anada Airport Improvement Fee 25.00 ir Travellers Security Charge (ATSC) 7.12 anada Goods and Services Tax (GST/HST #10009-2287 RT0001) otal airfare and taxes before options (per passenger) 229.03 umber of passengers 1 otal 229.03		
Canada - Aeroplan :       Meal Preference:       None         edit Card:       xxxxx-xxxx-9747       Special Needs:       None         at Selection:       AC8132 3C       None       None         archase Summary       Ac8172 3C       None       Aduit         assenger Type       Aduit       Aduit       Aduit         aparting Flight - Tango Plus       174.00       12.00         xxes, Fees and Charges       12.00       Xxes, Fees and Charges       12.00         xxes, Fees and Charges       25.00       7.12       1.12         anada Airport Improvement Fee       25.00       7.12       1.191         tal airfare and taxes before options (per passenger)       229.03       1       1.91         tal       imber of passengers       1       1       1         tal       229.03       1       1       1		_

- o Tickets are non-refundable and non-transferable.
- o Cancellations can be made up to 45 minutes prior to departure.

10053-Jasper Ave Edmonton, Alberta 780-401-2222	
Server: Carlos Table 40/1 Guests: 2 Reprint #: 1	03/28/2011 12:56 PM 10007
Voss Sparkling Croque Monsleur Coffee Tea (2 @3.50) Mac Cheese	9.00 16.00 7.00 16.00
Subtotal	48.00
GST Exclusive Tax	2.40
Total	50.40
Balance Due \$	50.40 9 0
GRATUITY :	5940
TOTAL :	011
SIGNATURE :	

MADISON'S GRILL

ه، د رو

٠ı

.

÷

PRINT NAME\_\_\_\_\_\_ THANK YOU Please Come Again Soon GST #R897343794

Marting with KEN Goederch

### **Joyce Murray**

1 E <sup>2</sup> 1

From:	Air Canada [confirmation@aircanada.ca]
Sent:	Tuesday, March 29, 2011 12:08 PM
To:	Chris Eagle
Subject:	Air Canada - 14-Apr: Grande Prairie - Calgary (booking ref: L4SW6M) - booking modified

\*\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*\*

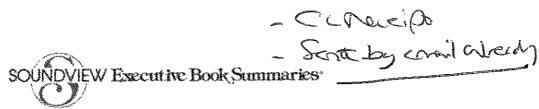
# Confirmation

Your seat selection is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking	Reference:	L4SW6N	1			Customer	Care
Main Cont	tact:	onfirmed. This	i is your official itine	erary/receij		<b>Air Canada</b> L-888-247-226	2
Dr Christor chris.eagle Mobile:	oher Eagle @albertaheal	thservices.ca	s.17(1), 17(4)(g)	(i)		Flight Arrivals L-888-422-753	and Departur 3
Online Ser	rvices						
		int my boarding	online if my flight is o ) pass. <u>* Can my bookin</u>	÷	d online?		
liaht Iti	<b>-</b>						
IIYIIL IL	inerary				Section Conversion of the		
	From		То	Stops	Duration	Aircraft	Fare Type
Flight	From	<b>airie (YQU)</b> r 2011	To <b>Calgary (YYC)</b> Thu 14-Apr 2011 15:22	Stops 0	Duration 1hr32	Aircraft DH3	Fare Type Tango Plus T
Flight AC8478*	From Grande Pr Thu 14-Api 13:50	r 2011	Calgary (YYC) Thu 14-Apr 2011 15:22	0			
Flight AC8478* Operated by	From Grande Pr Thu 14-Api 13:50	r 2011	Calgary (YYC) Thu 14-Apr 2011	0			
Flight AC8478* Operated by <b>Passeng</b>	From Grande Pr Thu 14-Apr 13:50 / Jazz er Inform	nation	Calgary (YYC) Thu 14-Apr 2011 15:22	0 i)	1hr32		
Flight AC8478* Operated by <b>asseng</b> 1: Dr Chris Nir Canada -	From Grande Pr Thu 14-Apr 13:50 y Jazz er Inforn stopher Eagl - Aeroplan :	nation	<b>Calgary (YYC)</b> Thu 14-Apr 2011 15:22 s.17(1), 17(4)(g)(	0 i)	1hr32 2072		
Flight AC8478* Operated by <b>Casseng</b> 1: Dr Chris Nir Canada - Credit Card:	From Grande Pr Thu 14-Apr 13:50 7 Jazz er Inform stopher Eagl - Aeroplan :	nation e : Adult (16+	Calgary (YYC) Thu 14-Apr 2011 15:22 s.17(1), 17(4)(g)( ), Ticket Number: 0 cx-9747	0 i) 0142193762	1hr32 2072 rence :	DH3	
Flight AC8478* Operated by <b>Casseng</b> 1: Dr Chris Nir Canada - Credit Card:	From Grande Pr Thu 14-Apr 13:50 7 Jazz er Inform stopher Eagl - Aeroplan :	nation	Calgary (YYC) Thu 14-Apr 2011 15:22 s.17(1), 17(4)(g)( ), Ticket Number: 0 cx-9747	0 i) ) <b>14219376</b> Meal Prefer	1hr32 2072 rence :	DH3 Regular	
Flight AC8478* Operated by Passeng 1: Dr Chris Air Canada - Credit Card: Seat Selectio	From Grande Pr Thu 14-Apr 13:50 7 Jazz er Inform stopher Eagl - Aeroplan :	r 2011 nation e : Adult (16+ cccx-xcxx-xxx AC8478 1C ( <u>Pre</u>	Calgary (YYC) Thu 14-Apr 2011 15:22 s.17(1), 17(4)(g)( ), Ticket Number: 0 cx-9747	0 i) ) <b>14219376</b> Meal Prefer	1hr32 2072 rence :	DH3 Regular	

	charges
Flight 1: Advance Seat Selection (Preferred) (1 x 14.00)	14.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	
Grand Total - Canadian dollars	\$14.70

Checkout Confirmation



Non-Responsive

Thank you for your order. You will receive a confirmation email shortly.

If you ordered a Soundview Subscription, an Online Collection, or Individual Online Summaries, they are now available in your Online Library.

Go To Your Online Library

Order #257819 Sunday, March 27, 2011

Shipping To Chris Eagle Calgary Health Region s.17(1), 17(4)(g)(i)	Shipping Via USPS Ground		<b>Options</b> Gift Message: None Special Instru- None		
Product		Options	Price	Quantity	Total
Soundview Premium Online Edition	1	N/A	\$199.00	1	\$199.00
Free Gift		N/A	\$0.00	1	\$0.00
Payment Method	grugene versegene ens, nøjerer settenener attenenetiene meter en i treen	gaaalineadoonalinea — noqueen ningaaan pangaaa pangaaan meningaalaan dinaka karaadoo ahinaadoo ahinaadoo ahinaa	unana na manana na manana ma	innalines - neclinedirective/ConfilmerCole	an yan an dan kan kan kan kana dan dan dan dan dan dan dan dan dan
Credit Card (Mastercard)	****9747	Chris Eagle Suite 700, 1018 Edmonton, Albe Canada	0 101 St NW rta T5J 3S4		
ан таландарыннайну тармаларчадынулын тармарта кайта тартартар, тармартартар, тармар ушултар арал арутартартар к	naginagang ng paginagang menang me	ang Congton Panguna Ambad Panting Panglang, Ngiling, Pantangkan Pang Darit o	naana karingangingi kapingkari (koharingkari)	99 - C. Sur Hell, Landson C. C. Handler, H. S. Hand	Order Totals
			Subtotal:		\$199.00
			Shipping:		\$0.00
			Tax:		\$0.00
			Total:		\$199.00

Joyce Murray Lorinda Prociuk From: Monday, March 28, 2011 10:11 AM Sent: Jovce Murrav To: Subject: FW: Soundview Confirmation for Order #257819 ----Original Message-----From: Chris Eagle Sent: Sunday, March 27, 2011 2:04 PM To: Lorinda Prociuk Subject: FW: Soundview Confirmation for Order #257819 cc receipt From: service@summary.com [service@summary.com] Sent: March 27, 2011 1:22 PM To: Chris Eagle Subject: Soundview Confirmation for Order #257819 [http://www.summary.com/\_resources/www/soundview/images/email/logo.gif]<<u>http://www.summary.co</u> m/>Shipments & Items 1. Shipment #1 s.17(1), 17(4)(g)(i) Shipping To: Chris EagleCalgary Health Region Shipping Via: **USPS** Ground Items Product Price Quantity Total Soundview Premium Online Edition \$199.00 1 \$199.00 Free Gift \$0.00 1 \$0.00 Totals Subtotal: \$199.00 \$0.00 Shipping: Tax: \$0.00 Total: \$199.00 View Details for Order #257819<https://www.summary.com/account/orders/?customerOrder ID=c1fd8c64-e4f8-470a-a671-1692b9b7db46>

© 2011 Concentrated Knowledge Corporation. All rights reserved.

Non-Responsive

LUX STEAKHOUSE & BAR 10150-101 STREET EDMONTON, AB T5J 4G8 Kundnic Bill Topod (780) 424-0400 GST# 815344742 102 RACHEL Gst 2 Tb1 25/1 Chk 6602 Mar30'11 12:26PM 3.00 1 SOFT DRINKS 4,00 1 CAFE LATTE 3.50 **1 VIRGIN CEASAR** 1 CAFE LAITE 4,00 15.00 **1 CLUBHOUSE** FRIES 1 SALMON WRAP 16.00 GREENS 39.00 Food 6.50 Liquor 2.28 GST 47.78 Amount Due LUX on the rare side... RAW BAR A Fresh Selection of Oysters and Sashimi Sip, Savour, Save Half Price Wine On 35 Bottle Selections Every Saturday All Night Join us in our lounge

www.centuryhospitality.com

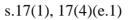
LUX STEAKHOUSE & BAR 10150-101 STREET EDMONTON, AB T5J 4G8 (780) 424-0400 Mar 30 2011 01:12 pm Trans#6602 TRANSACTION RECORD Card Number : \*\*\*\*\*\*\*\*\*\*9747 Card Entry: S@1 Account : MASTERCARD Trans Type: PRE-AUTHORIZATION Amount : \$47.78 Tip  $Q \mathcal{O}$ SЪ Total

۰. ۱

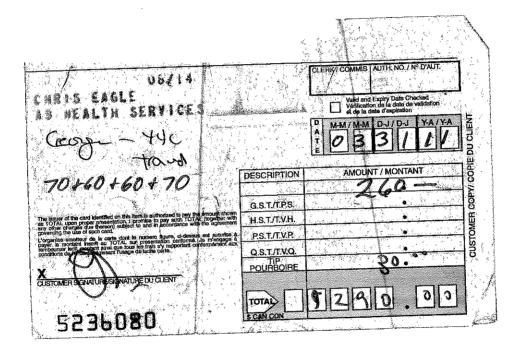
Auth # : 151228 Sequence #: 001001646 Merchant ID : 22105742 Employee : MILLER Employee # : 102 Terminal #: MI2210574204 Date : 11/03/30 Time : 13:12:18

APPROVED - THANK YOU

SIGNATURE CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERE WITH THE AMOUNT STATED HERE ON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER



۲,



amazon.com
------------

#### http://www.amazon.com



For detailed information about this and other orders, please visit Your Account. You can also print invoices, change your e-mail address and payment settings, alter your communication preferences, and much more – 24 hours a day – at http://www.amazon.com/your-account.

#### **Returns Are Easy!**

Visit http://www.amazon.com/returns to return any item – including gifts – in unopened or original condition within 30 days for a full refund (other restrictions apply). Please have your order ID ready.

Thanks for shopping at Amazon.com, and please come again!



Your order of April 4, 2011 (Order ID 105-3227058-9370627)

Qty.	Item	Item Price	Total
	IN THIS SHIPMENT		
1	Many Unhappy Returns: One Man's Quest To Turn Around The Most Unpopular Organization In America (Leadership for the Common Good) Rossotti, Charles O Hardcover (** P-3-I24B25 **) 1591394414	\$26.68	\$26.68
	( 1~3-124B25 ) 1391394414 1591394414		
			\$26.68
	1591394414		\$26.68 \$8.98
	1591394414 Subtotal		•
	1591394414 Subtotal Shipping & Handling		\$8.98

This shipment completes your order.

Have feedback on how we packaged your order? Tell us at www.amazon.com/packaging.

From: Sent: To: Subject: auto-confirm@amazon.com Monday, April 04, 2011 8:40 AM Jennifer Hamstra Your Order with Amazon.com

X

×

#### Thanks for your order, Jennifer Hamstra!

#### Want to manage your order online?

If you need to check the status of your order or make changes, please visit our home page at Amazon.com and click on Your Account at the top of any page.

#### Purchasing Information:

E-mail Address: jennifer.hamstra@albertahealthservices.ca

#### **Billing Address:**

Jennifer Hamstra Alberta Health Services 10180 101 Street NW Suite 700 Edmonton, Alberta T5J 3S4 Canada Shipping Address: Jennifer Hamstra Alberta Health Services 10180 101 Street NW Suite 700 Edmonton, Alberta T5J 3S4 Canada

### Order Grand Total: \$36.99

Get the Amazon.com Rewards Visa Card and earn 3% rewards on your Amazon.com orders.

#### Order Summary:

Shipping Details : (order will arrive in 1 shipment)

manufacture for	in national states and the set of a set set of the se
Order #: Shipping Method: Shipping Preference: Subtotal of Items: Shipping & Handling:	<u>105-3227058-9370627</u> Standard International Shipping Group my items into as few shipments as possible \$26.68 \$8.98
Import Fees Deposit	\$1.33
Total for this Order:	\$36.99
Shipping estimate fo 1 "Many Unhappy R	

GPtedy - P1 12 p

UNION BANK INN-REST 10053 JASPER AVENUE EDMONTON AB T5J155 780-423-3600

TERM ID: 001

Mastercard ID: Op ID: 4

• • • •

s.17(1), 17(4)(e.1)

#### SALE

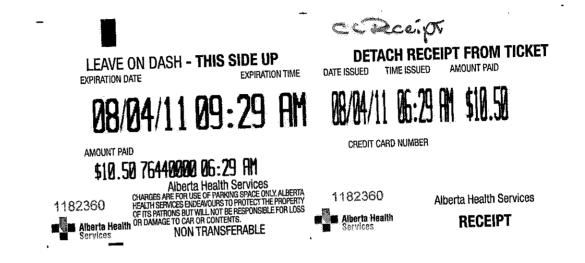
XXXXX	XXXXXX	X9747		
MASTERCA	rd dr	ENTRY METHO	)D:	SWIPED
04/06	/11	08:	: 1	2:35
INU #∶	000001	APPR COD	E;	101235
		BATCH	<b>;</b>	000524
		REF	ŧ:	001
AMOUN	Т	\$	2	4.15

T I P TOTAL 30.55

Cardholder Copy

 $\sim$ 

د



. .

10053 JASPER AVENUE EDMONTON AB T5J1S5 780-423-3600

6

0P ID:

s.17(1), 17(4)(e.1)

3

TERM ID: 001

#### SALE

UNION BANK INN-REST

XXXXXXXXXXXX MASTERCARD 04/10/11 INV #: 000004	ENTRY METHOD: SWIPED 19:42:53
AMOUNT	\$115.24
TIP	10524
TOTAL	
CAR	DHOLDER COPY

\_\_\_\_

MADISON'S GRILL 10053-Jasper Ave Edmonton, Alberta 780-401-2222 04/10/2011 Nic Serv 7:40 PM ./1 Tab 10047 Guest ... 2 2.75 Soft Drink 12.00 Caesar Salad 78.00 Pacific Sablefish (2 @39.00) 7.00 Coffee Tea (2 @3.50) 10.00 House Salad 109.75 Subtotal 5.49 GST Exclusive Tax 115.24 Total 115.24 Balance Du \$ 60 20 GRATUITY : 132 2 TOTAL ; 1352 SIGNATURE : 5 romi アクレ മറ ROUM #: PRINT NAME

THANK YOU Please Come Again Soon GST #R897343794

Even					and the second	
From: Sent: To: Subject:			office@integraair.com Tuesday, April 12, 2011 12:42   Joyce Murray INTEGRA AIR ITIN. For EAGL		IS	
importar	nce:		High		L.	
			***ITINERARY*	**		
			TITNERARI			
					INTEGRA AIR 152 KENYON DRIVE LETHBRIDGE ALBERT,	A, T1K 7N3
MASTER	CARD				Locator Number: 5	77703
					Date Booked: 4/11,	
LETHBR	IDGE				Modified: 4/11/20 Booked by: Murria Contact:	
Welcom	e Aboard:	EAG	LE, CHRIS			
Bound	Date	Flt	Departure Time	Arriv	ve	Status
Out	27Apr11		Edmonton Flt Ct08:20 am	Leth	bridge 09:35 a	m CONFIRMED
					FARE BASIS:	Value
					FARE:	224.00
					Nav Canada:	12.00
					Landing Fees:	0.00
					Change Fee:	0.00
					Security Fee:	7.12
					-	
				Cł	hange Insurance:	0.00
				Cł	hange Insurance: AIF:	0.00 20.00
				CI	hange Insurance: AIF: Fuel Surcharge:	0.00 20.00 0.00
				CI	hange Insurance: AIF: Fuel Surcharge: SUBTOTAL:	0.00 20.00 0.00 263.12
				CI	hange Insurance: AIF: Fuel Surcharge:	0.00 20.00 0.00
				CI	hange Insurance: AIF: Fuel Surcharge: SUBTOTAL:	0.00 20.00 0.00 263.12
OB S	STOPS: 0	OB	CONNECTIONS: 0 IB STO		hange Insurance: AIF: Fuel Surcharge: SUBTOTAL: GST:	0.00 20.00 0.00 263.12 13.16
*****			CONNECTIONS: 0 IB STC	DPS: Ø	hange Insurance: AIF: Fuel Surcharge: SUBTOTAL: GST: TOTAL:	0.00 20.00 0.00 263.12 13.16 276.28
*****	******	****	******	)PS: 0 ******	hange Insurance: AIF: Fuel Surcharge: SUBTOTAL: GST: TOTAL:	0.00 20.00 0.00 263.12 13.16 276.28
****** Your On: (	******	***** d) fl:	**************************************	)PS: 0 ******	hange Insurance: AIF: Fuel Surcharge: SUBTOTAL: GST: TOTAL:	0.00 20.00 0.00 263.12 13.16 276.28
****** Your	********* (Outbound 04/27/201:	***** d) fl: 1 08:2	**************************************	DPS: 0 ******* rom: E	hange Insurance: AIF: Fuel Surcharge: SUBTOTAL: GST: TOTAL:	0.00 20.00 0.00 263.12 13.16 276.28
****** Your On: (	********* (Outbound 04/27/2011	***** d) fl: 1 08:2 Check	**************************************	OPS: 0 ******** rom: E efore c schedu	hange Insurance: AIF: Fuel Surcharge: SUBTOTAL: GST: TOTAL: ************************************	0.00 20.00 0.00 263.12 13.16 276.28

ء • ۴

# Sandman HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE 9805 - 100th Street Grande Prairie, AB T8V 6X3 Tel:780.513.5555 Fax: 780.513.5131 Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626 Website:www.sandmanhotels.com PROPERTY: 01-042 Invoice #: 320225 Description: standard folio

Page: 1

Mail To: Chris Eagle

Res.#: 278931 Arrive: 13/04/2011 06:22pm Depart: 14/04/2011 12:29am s.17(1), 17(4)(g)(i)Room: JCSN 418

Group: Alberta Health Services Board Guest: Chris Eagle Bill To: Eagle

Date	Description	Voucher	Amount	<u>, , , , , , , , , , , , , , , , , , , </u>
13/04/2013	. Room Revenue	GP -418	99.00	
13/04/2011	Destination Marketing Fee	GP -418	.99	
13/04/2011		GP -418	5.00	
	Provincial Tourism Levy	GP -418	4.00	
	Mastercard	THANK YOU	-108.99	
		Balance:	- 00	

Bill To: Eagle

Signature

Total GST GST Registration # R-121767065 5.00

SANDMAN HOTELS #1-42 9805~100 ST GRAND PRAIRIEAB

CF:FD	******** <del>*</del> **9747
CARD TY	PE MASTERCARD
DATE	2011/04/14
TIME	6522 06:21:11
RECEIPT	NUMBER
\$306156	542-001-073-001-0

PRE-AUTH COMPLETION TOTAL



# APPROVED

AUTH# 202242 THANK YOU

01 - 027

CARDHOLDER COPY

Sandman Hotels, Inns & Suites, Limited | A Northland Company

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 485 T 604.7; 25 NV DICES ARE DON: NO PARAMENT DE DEC STAT

www.sandmanhotels.com

N THIS ECORDS Page 1 of 1



UNIVERSITY OF

169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 W HOTELALMA.CA

EAGLE, CHRIS DR

Х

EDMONTON, AB T1K1L6 CA

Room Number: 709 Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1 / 0

ARRIVAL	DEPARTU	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
14-Apr-11	15-Apr-11	XXXXXXXXXXXX9747	AHS	COR	20090113513
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT
14-Apr-11	709	ROOM CHARGE	#709 EAGLE, CHRIS DR		\$154.00
14-Apr-11	709	GST	GST	\$7.70	
14-Apr-11	709	DESTINATION MARKETING FEE	DESTINATION MARKETING	FEE	\$4.76
14-Apr-11	709	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY		\$6.16
15-Apr-11	709	MASTERCARD	MASTERCARD		(\$172.62)

CREDIT DUE:

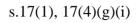
(\$0.00)

SIGNATURE

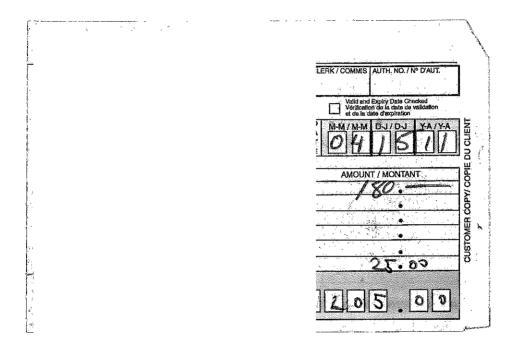
TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864

26



у У



.

### Lorinda Prociuk

From:Chris EagleSent:Monday, March 21, 2011 3:06 PMTo:Lorinda ProciukSubject:FW: RCPSC Annual Dues Payment On-line

CC Receipt

----Original Message----From: On Line Annual Dues Payment <u>[mailto:dues@rcpsc.edu]</u> Sent: Monday, March 21, 2011 3:06 PM To: Chris Eagle; Financial Services; IMIT Subject: RCPSC Annual Dues Payment On-line

This message is confirmation that Christopher John E RCPSC website.

Here's the information submitted:

Christopher John Eagle RCPSC Number: 302248 Email Address: <u>chris.eagle@albertahealthservices.ca</u>

Annual Dues Payment amount: 750.00

Total Amount of Transaction: 750.00 Paid by: MC Authorization Reference #: 5096259 Authorization Result: 170532 \$750.00

CLAIM EARSWICH ANDWALD Education Alloward Henrichter

٦e





700 - 9990 Jasper Avenue, World Trade Centre Edmonton Edmonton, Alberta Canada T5J 1P7

OHA CUMMERC	MBER OF		Invoice
600-9990 JASPE	R AVERLE		
EDMONTON A	B T5J 197		
MER # 4	040752142		
TERM #	40421421		
	B:001		
AUTH#:105222			
TRANS#:0000862	к		
CARD ******* CREDIT/MASTER C DATE 2 TIME RECPT 40421421	ARD 011/03/21 07:51:28	Date: Invoice #: Due:	03/21/2011 226882 03/21/2011
PURCHASE	#101 00		
AMOUNT TRANSACT	\$121.80	Rate	Amount
APPROVED -	0000	\$58.00	\$58.00

Mayor's 2011 State of the City Address Luncheon Member Ticket Mayor's 2011 State of the City Address Luncheon Member Ticket

Alberta Health Services

7 Flr - 10180 101 Street Commerce Place Edmonton AB T5J 3S4

Chris Eagle

**GST - Events/Services** 

Description

Approved - 0000
THANK YOU
CUSTOMER COPY
POWERED BY MONEX
)OM

\$58.00
\$58.00 \$5.80
\$121.80
\$-121.80
\$0.00

#### GST REGISTRATION NO. 107282196 RT

	······································	
Alberta Health Services	Date:	03/21/2011
Chris Eagle	Invoice #:	226882
7 Fir - 10180 101 Street	Due:	03/21/2011
Commerce Place	240.	
Edmonton AB T5J 3S4		
Edmonton Chamber of Commerce		
700 - 9990 Jasper Avenue	Amount Due:	\$0.00
Edmonton AB T5J 1P7		

P-Car details Online ( Cardholder Statement Repo

Instruction:			
<ul> <li>Attached ALL original detail</li> </ul>	ailed receipts and supporting documents in the s	same order as it appears on this state	ment
Cardholder AND Approve	r's signatures required where indicated below		·····
EAGLE, CHRIS	PRESIDENT & CEO		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/05/2011
	SEVENTH STREET PLAZA		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$2,349.31
CHRIS.EAGLE@ALBERTAHE	ALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX189747

Statement o	of Transacti			· .		· · ·		
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	-	Trans Amount	GST	Freight	Description
21/04/2011	254580271	YELLOW CAB, LIMOUSINES AND TAXICABS	æ <sup>3</sup> 798 60	CAD	798.60	38.03	.00	
28/04/2011	255022657	ABBEY FLOWERS & GIFTS, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	. 210.00	CAD	210.00	10.00		
28/04/2011	255022658	AIR CAN 0142194834370, AIR CANADA	√ 🕲 255.28	CAD	255.28	12.16	.00	L. Prociuk - Calgary
02/05/2011	255370236	AIR CAN 0142194950613, AIR CANADA	v 🌢 202.78	CAD	202.78	9.66	.00	S. Owen - Calgary
03/05/2011	255370237	CO CO DI RESTAURANT LT, EATING PLACES, RESTAURANTS	√ 75.39 ♥	CAD	75.39	3,59	.00	
06/05/2011	255635984	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	√ <b>Ģ</b> 176,36	CAD	176.36	8.40		
10/05/2011	256070054	FUNCKY PICKLE PIZZA CO, EATING PLACES, RESTAURANTS	v to 84.70	CAD	84.70	4.03	.00	THERE TO AND SER
13/05/2011	256535443	YELLOW CAB, LIMOUSINES AND TAXICABS	√ 336.20	CAD	336.20	16.01	.00	<u> </u>
17/05/2011	256535414	WESTLOCK SOBEYS QPS, GROCERY STORES, SUPERMARKETS	210.00	CAD	210.00	10.00	.00	

## **Best Copy Possible**

Alberta Health

 $\mathbf{D}$ 



ruction:	

<ul> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this state</li> </ul>	ment
--	------

· Cardholder AND Approver's signatures required where indicated below

EAGLE, CHRIS	PRESIDENT & CEO
Cardholder's Name	Cardholder's Position
	SEVENTH STREET
Cardholder's Dept	Cardholder's Site/Loo

ion/Title ET PLAZA Location

Billing Reporting Period:

Total Statement Amount:

20/05/2011

\$2,349.31

CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 6 digits of the P-Card #: XXXXXXXXXX189747

Statement of	of Transact	ions						
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Arnount		Trans Amount	GST		Description
21/04/2011	254580271	YELLOW CAB, LIMOUSINES AND TAXICABS	\$98.60	CAD	798.60	38.03	.00	· · · · · · · · · · · · · · · · · · ·
28/04/2011	255022657	ABBEY FLOWERS & GIFTS, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	210.00	CAD	210.00	10.00		
20/04/2011	255022658	AIR CAN 0142194834370, AIR CANADA	255.28	CAD	255.28	12.16	00.	L. Prociuk - Calgary
2/05/2011	255370236	AIR CAN 0142194950613, AIR CANADA	202.78	CAD	202.78	9.66	.00	S. Owen - Calgary
03/05/2011	255370237	CO CO DI RESTAURANT LT, EATING PLACES, RESTAURANTS	1-75.39	CAD	75.39	3.59	.00	
/06/05/2011	255635984	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	176.36	CAD	176.36	8.40		
10/96/2011	256070054	FUNCKY PICKLE PIZZA CO, EATING PLACES, RESTAURANTS	84.70	CAD	84.70	4.03	00.	
13/05/2011	256535413	YELLOW CAB, LIMOUSINES AND TAXICABS	336.20	CAD	336,20	16.01	.00	
17/05/2011	256535414	WESTLOCK SOBEYS QPS, GROCERY STORES, SUPERMARKETS	210.00	CAD	210.00	10.00	.00	



1/2011 P-C details Online ( Cardholder Statement Repo

Folicies, Program user Guide and Training, I have	this statement in BMO details Online® to the best of my ability in accordance to AHS C allocated the transaction(s) to the proper cost centre.
<u>Jarre of Cardholder Designate</u>	EXECUTIVE Assistant Cardholder Designate Position/Title
Signature of Cardholder Designate	14 F.4 25, 2011
Signolure of Cardholder Designate	Date of Signature

I have allocated the transaction(s) to the proper cost centre. EXECUTIVE Accistont Cardholder Designate Position/Title

14.4 25, 2011 te of Signature

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

**PRESIDENT & CEO** 

Cardholder Position/Title

May 26, 2011 Date of Signature

EAGLE, CHRIS Name of Cardholder

Signatures

Signature of Cardholder

#### Approver Designate (if Applicable)

By signing this statement

I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Ouide and Training on behalf of a autorized approver.

Name of Approver Designate 1. Jan 1.

Signature of Approver Designate

Approver Designate Position/Title

1000 30/11 Date of Signature

Approver

- By signing this statement
  - I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
  - I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Name of Apprové Signature of Approver

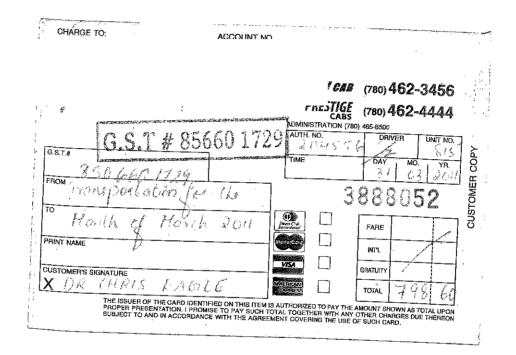
Chair, Att. Approver Position/Title Date of Signature

Submit approved statement with attachments to Accounts Payable: Attach: Address: Original itemized receipts Signed Cardholder Statement Report (or copies of electronic Alberta Health Services signatures if signatures are not on report) Accounts Payable And where applicable: 7th Street Plaza

Copies of pre-approvals for travel	10th Floor, North Tower, 10030-107 Street
Personal cheque payable to "Alberta Health Services"	Edmonton, AB T4J 3E4
Return, refund and/or credit receipts	
Disputes letter	

Accounts Payable only:		
Reference #:	Reviewed by	Date:

#### **Proprietary and Confidential** Powered by BMO Spend & Payment Solutions 32



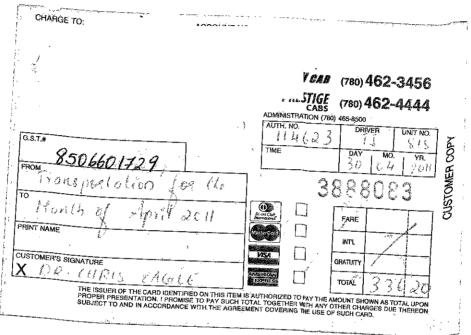
## s.17(1), 17(4)(e.1)

**Best Copy Possible** 

## **STATEMENT FOR THE MONTH OF MARCH 2011**

£^

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	04	22:23	Dr.Eagle	EIA to Residence	74.75 ¢
2	07	08:15	Dr.Eagle	Manulife to Misercordia	ر 50.00 c
3	07	10:00	Dr.Eagle	Misercordia to RAH	50.00 0
4	07	12:15	Dr.Eagle	RAH to Manulife	50.00 0
5	15	16:45	Dr.Eagle	Manulife to EIA	66.70 🔹
6	16	15:55	Dr.Eagle	EIA to Residence	74.75 •
7	17	15:15	Dr.Eagle	Manulife to EIA	66.70 <sup>1</sup>
8	19	11:25	Dr.Eagle	EIA to Manulife	66.70
9	25	05:30	Dr.Eagle	Residence to EIA	74.75
10	25	17:25	Dr.Eagle	EIA to Residence	74.75 0
11	31	07:15	Dr.Eagle	Residence to EIA	74.75 🔹
12	31	19:21	Dr.Eagle	EIA to Residence	74.75 0
 All pi	rices are inclu:	sive of GST			
				TOTAL	\$798.60



## s.17(1), 17(4)(e.1)

## STATEMENT FOR THE MONTH OF APRIL 2011

5<sup>10</sup> · • • • •

. .

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	12	11:40	Dr.Eagle	Manulife to Legislative bldg	50.00
2	12	13:15	Dr.Eagle	Legislative bldg to Manulife	50.00 🗶
3	13	06:30	Dr.Eagle	Residence to EIA	74.75 0
4	15	08:21	Dr.Eagle	EIA to Residence & Residence to Manulife	94.75 e
5	15	12:45	Dr.Eagle	Manulife to EIA	66.70 <sup>°</sup>
			· · · · · · · · · · · · · · · · · · ·		
			4		
All pr	ices are inclus	sive of GST			
				TOTAL	\$336.20

ABBEY FLOWERS & GIFTS 10044-108 STREET EDMONTON AB CARD \*\*\*\*\*\*\*\*\*\* CARD TYPE MASTERCARD DATE 2011/04/28 TIME 2839 17:26:38 RECEIPT NUMBER . M30705186-001-094-018-0

PURCHASE TOTAL

. ..

.

، ر د \*

\$210.00

# APPROVED

AUTH# 192638 01-027 THANK YOU

Flowers - FIVE ARRONGPMENTS STOFF Apprecionary

Search Select Review	Passengers Purchas	e Seats Itinerar	- ¥
Your booking is confirmed. Please print/retain this page for your fina taxation, expense claim or credit card reconciliation purposes). We than Canada and look forward to welcoming you on board.	ancial records (for nk you for choosing Air		
Booking Information	AI	RCANADA	
Booking Reference: N3AB65	Custo	mer Care	
Electronic Ticketing confirmed. This is your official itinerary/rec	Air Can ceipt. 1-888-2		
$\begin{array}{llllllllllllllllllllllllllllllllllll$	Flight A Departu 1-888-43	rrivals and Ires 22-7533	Serior Cadership Meering
Flight Itinerary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Flight From To Stop:	s Duration Aircraft	Fare Type Mea	
AC8158* Calgary (YYC) Edmonton, Edmonton Int'i 0 (YEG) Wed 04-May Wed 04-May 2011 2011 20:20 19:30	0hr50 DH3	Tango Plus W	
*Operated by Jazz			-
Passenger Information			
1: Ms Lorinda Prociuk : Adult (16+), Ticket Number: 0142194	4834370		
<b>*</b> • • • •	reference: None i Needs: None		
Purchase Summary			
Fare Summary Passenger Type Departing Flight - Tango Plus Surcharges	Aduli 199.00 12.00	5	
Taxes, Fees and Charges Canada Airport Improvement Fee	25.00		
Air Travellers Security Charge (ATSC) Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	7.12	2	
Total airfare and taxes before options (per passenger)	12.16 255.28	i	
Number of passengers Total	255,28		
Grand Total - Canadian dollars	\$255.28		
Grand Total Total including travel options, taxes, fees and charges	1 adult \$255.28 CAD		
			-
Fare Rules			
Departing Flight Calgary (YYC) To Edmonton (YEG) - Tango Plu • Changes:	IS		
<ul> <li>Prior to day of departure - Change fee per direction, per</li> </ul>	passenger, is \$50 CAI	D plus applicable	
taxes and any additional fare difference. • Changes can be made up to 2 hours prior to departure.			
<ul> <li>Airport same-day changes (subject to availability) are per direction, per passenger. Same-day flights only.</li> </ul>			
<ul> <li>Same-day standby is not permitted, except for passenge and Montreal, or Toronto and Ottawa (connecting flights e</li> </ul>	xcluded).		
<ul> <li>Flights can only be used in sequence from the place of dep</li> <li>Cancellations:</li> </ul>	parture specified on th	e itinerary.	
O Tickets are non-refundable and non-transferable.			
			V

• •.•

Search Select Revie	w Passengers Purchase Seats Itinerary	1
Your booking is confirmed. Please print/retain this page for your fit taxation, expense claim or credit card reconciliation purposed. We be		
Canada and look forward to welcoming you on board.		
Booking Information	AIR CANADA	
Booking Rofessore 1000 min		<del></del>
Booking Reference: M8LZNR	Customer Care Air Canada	
Electronic Ticketing confirmed. This is your official itinerary/re Main Contact:	celpt. 1-888-247-2262	/
Ms Sandra Owen sandra.owen@albertahealthservices.ca	Flight Arrivals and Departures 1-888-422-7533	C Lachip Mappaul
Mobile: $s.17(1), 17(4)(g)(i)$	2 000 422 7353	Serior Lesdership Meerin
light Itinerary		
Flight From	tons Duration Aircraft Fare	-
AC8131* Edmonton, Edmonton Int'l Calgary (YYC)	tops Duration Aircraft Type Meal 0 Ohr51 DH3 Tango N	
(YEG) Thu 05-May Thu 05-May 2011 2011 05:45 06:35		
Operated by Jazz		
assenger Information		
: Ms Sandra Owen : Adult (16+), Ticket Number: 01421949	50613	- [
redit Card:	reference: None	
redit Card: xxxx-xxxx-9747 Specia eat Selection: None	Needs: None	
urchase Summary		-
assenger Type eparting Flight - Tango	Adult	
urcharges	154.00 12.00	
ixes, Fees and Charges Inada Airport Improvement Fee		
Travellers Security Charge (ATSC)	20,00 7.12	
nada Goods and Services Tax (GST/HST #10009-2287 RT0001) tal airfare and taxes before options (per passenger)	9.66	
mber of passengers	202.78 1	
al	202.78	
nd Total	\$202.78	
al including travel options, taxes, fees and charges	1 adult	
	\$202.78 CAD	
e Rules	·····	
parting Flight Edmonton (YEG) To Calgary (YYC) - Tango		
Changes: O Prior to day of departure - Change fee per direction, per p taxes and any additional fare difference.	assenger, is \$75 CAD plus applicable	
o Changes can be made up to 2 hours prior to departure.		
O Airport same-day changes are subject to availability and flights at a fee of \$150 CAD/USD per direction, per passeng a flight between Toronto and Montreal, or Toronto and Otta whom the flat fee is \$75 CAD/USD. Same-day flights only.	Ar except for present the still	
o Same-day standby is not permitted.		
<ul> <li>Flights can only be used in sequence from the place of department cancellations;</li> </ul>	rture specified on the itinerary.	
<ul> <li>Tickets are non-refundable and non-transferable.</li> </ul>		
		./
		***

EXECTIVE COMMittes

. (

Meening CO CO DI RESTAURANT LTD 11454 JASPER AVE EDMONTON, AB T5KOM1 7804251717

١.

•\_•

s.17(1), 17(4)(e.1)	TERM 10: 001	05/03/201	1 11:38AM 01
MASTERCARD ID:		000000#51	06 Clerko1
TOTAL	ENTRY METHOD: MANUAL 11:34:42 APPR CODE: 133443 BATCH #: 000348 REF #: 002 <b>\$75.39</b>	FOOD FOOD FOOD FOOD FOOD FOOD FOOD FOOD	11       \$8.95         11       \$8.95         11       \$8.95         11       \$8.95         11       \$8.95         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         11       \$6.00         12       \$6.00         13       \$6.00         14       \$6.00         15       \$6.00         15       \$6.00         16       \$6.00         17       \$6.00         18       \$6.00         17       \$6.00         18       \$6.00         17       \$6.00
CARDHOLDE		ITEMS	100
APPRO		CASH	\$75.39

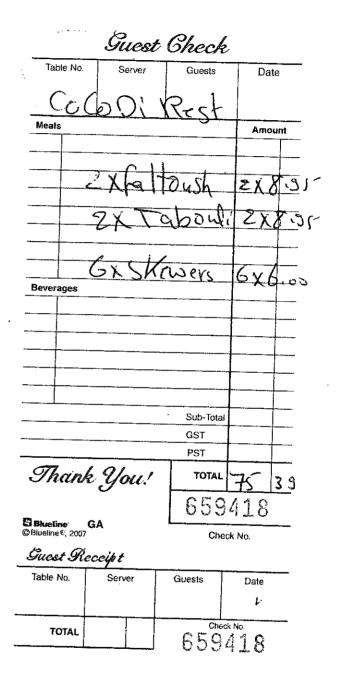
CO CO DI

RESTAURANT 11454 - JASPER AVE

EDMONTON ALBERTA

PHONE 780-425-1717

GST # 864839337







Corp e.c.

### CALGARY SOUTH 135 Southland Drive S.E. Calgary, Alberta, T2J 5X5 Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH SERVICES Chris Eagle 10101 Southport Rd SW Calgary, AB T2W3N2 CA

١.

°. 4

Room:	0319
Folio:	
Cashier:	56
Arrival:	05-04-11
Departure:	05-05-11

Group: AHS Provincial Senior Leadership Meeting

Date	Description	Additional Information			Charges	Credits
05-04-11	Room Charge			/	144.00	) s.17(1), 17(4)(g
05-04-11	DMF				4.32	
05-04-11	Room GST				7.42	
05-04-11	Tourism Levy				5.93	
05-05-11	Mastercard	XXXXXXXXXXX	X9747	xxxx		176.36
GST Sun			Total		176.36	176.36
Registrat	ion No: 895126332 7.42		Balance Due		0.00 C	DN
F&B	0.00			<u> </u>		
Other	0.70					
Total	8.12					
L						
				V T-I	60 111 03	$\rho $
	_			10	w 19 -	91 9
	5	Cestenship Meering		00	* Ann	
	Jenne-			6	0.0	on dom
				(eg	Cell ph	(D) I orn claim on)
					$\sim$	-

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.

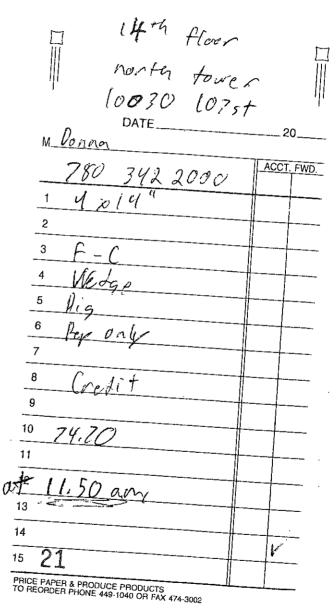
I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$3.00 (Sat) credit will be applied to my account.

Execume anuter FUNKY PICKLE PIZZA CP 17104 SOTH AVE MUL EDMONTON AB T5T 4CB BANK # 008925 TERM # 0008011434266999 8:249 i AUTH#:134545 SEQ#:001 TRANS#:0005723 S CARD \*\*\*\*\*\*\*\*\*\*\* CREDIT/MASTER CARD DATE 2011/05/10 TIME 11:45:34 RECPT 75931102-249-5723 PURCHASE AMOUNT \$74,70 10.00 TIP TOTAL

٠,

.

TRANSACTION APPROVED - AA THANK YOU CUSTOMER CORV



05/17/2011 TUE 18:39

Jobeys	Jobey/
********* DUPLICATE RECEIPT ************************************	**************************************
CLIENT ID 9803 KEYED TERMINAL ID 030 ** PURCHASE ** \$ 210.00 CARD MasterCard RCPT 8959000 NO. *********9747 RESP 00D DATE 05/17/2011 TIME 18:23:48 AUTH # 202430 REF # 00000105 APPROVED	40       1/\$50.00         Gift Basket \$50       3017       \$200.00 GD         SUBTOTAL       \$200.00         5% GST       \$10.00         Master Card       TENDER       \$210.00         Cash       CHANGE       \$0.00
XCardholderSignature	NUMBER OF ITEMS 4 Points you would have earned today with your Club Sobeys card: 200
I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER) Term Tran Store Oper 05/17/11 30 8959 3021 108 18:24:29	CLIENT ID 9803       KEVED         TERMINAL ID 030       ** PURCHASE         ** PURCHASE       ** \$ 210.00         CARD MasterCard       RCPT 8959000         NO. *********9747       RESP 000         DATE 05/17/2011       TIME 18:23:48         AUTH # 202430       REF # 0000105
Thank You for Shopping at Sobeys (780)349-3544 New Store Hours are 8:00am to 9:00pm 7 Days a Week	APPROVED I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)
Thork You North Zonet	EMERGENCY OPERATIONS CENTRE

43



#### Instruction:

· Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement

Cardnoider AND Approve	rs signatures required where indicated below			
EAGLE, CHRIS	PRESIDENT & CEO			
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/06/2011	
	SEVENTH STREET PLAZA			
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$1,726.40	
CHRIS.EAGLE@ALBERTAHE	ALTHSERVICES.CA			
Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX189747	

Statement of	of Transacti	ons						
Transaction Date	Trans ID	Merchant Name & Description	Trans Origina Amoun		Trans Amount	GST	Freight	Description
24/05/2011	257062747	TIMEWISE EVENT MANAGEM, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	<b>Ø</b> 75.0	CAD	75.00	3.57	.00	
31/05/2011	257718329	FUNCKY PICKLE PIZZA CO, EATING PLACES, RESTAURANTS	0 106.9	5 CAD	106.95	5.09	.00	
02/06/2011	257896000	U OF C - BISTRO QPS, FAST-FOOD RESTAURANTS	<b>9</b> 15.6	3 CAD	15.63	.74	.00	
05/06/2011	258051834	UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL	- <b>526</b> .1	CAD	526.17	22.40		
12/06/2011	258631418	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	424.1	7 CAD	424.17	17,85		
15/06/2011	258907833	TIMEWISE EVENT MANAGEM, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	-75.0		-75.00	-3.57		
17/06/2011	259205248	YELLOW CAB, LIMOUSINES AND TAXICABS	386.7	CAD	386.70	18.41	00.	
18/06/2011	259205247	UNIVERSITY OF CALGARY,, COLLEGES, UNIVERSITIES, PROFESSIONAL	√ <mark>0</mark> 266.7	6 CAD	266,78	11.90		



and the second	n an		
Signatures Cardholder Designate (if Applicable)			
By signing this statement			
<ul> <li>I hereby certify that I have reviewed and reconciled Policies, Program User Guide and Training. I have</li> </ul>	t this statement in BMO d allocated the transaction	etails Online® to the best of my abl (s) to the proper cost centre.	lity in accordance to AHS Corporate
JOYCE C. MURROY	Ext	CUTIVE HSS: STAAT	
Name of Cardholder Designate V			
Source Muna	Tu	NE 22, 2011 Signature	
Signature of Cardholder Designate	Date of	fSignature	
Cardholder			
By signing this statement I hereby certify that the P-Card issued to be was u Program User Guide.			
<ul> <li>I acknowledge that the above Cardholder Designa</li> </ul>	te has completed reviews	and reconciliation in BMO details (	Onlined of the hand and Services
EAGLE, CHRIS		DENT & CEO	Accounts Payable
Name of Cardholder		older Position/Title	JUL 20 2011
OTT	, Jun	E 22, 20/1 r Signature	
Signature of Cardholder	Date o	f Signatufe	<u> </u>
Approver Designate (if Applicable)			
By signing this statement I hereby certify that I have reviewed and approved	this statement in BMO d	etails Online® in accordance to AH	S Corporate Policies, Program User
Guide and Training on behalf of a autorized appro-	ver.		
Patti Gries	VP	ver Designate Position/Title	ff
Name of Approver Designale	Appro	ver Designate Position/Title	Σ. ξ.
	Tu	VE 22, 2011	
Signature of Approver Designate		of Signature	
Approver			
By signing this statement I hereby certify that the P-card issued to be was u		a summer in exectence in AUS (	Compared Baliaian and BUS D. Card
<ul> <li>I hereby certify that the P-card issued to be was up Program User Guide and hereby approve the trans</li> </ul>	ised for legitimate busines isactions as listed.	is purposes in accordance to Arro	colporate rosces and And Freatu
<ul> <li>I acknowledge that the above Approver Designate</li> </ul>	has completed reviews a	and approvals in BMO details Onlin	e® on my behalf (if applicable).
Kenthappes	Chi	air, Alberta Heur yer Position/Title	the Somera Board
Name of Approver	Appro	ver Position/Title	" Si Di Ces page de
V-ALT		1 17. 2011	
Signature of Approver U	Date	of Signature	
Submit approved statement with attachments to Accu	ounts Payable:		
Attach: Original itemized receipts		Address:	
Signed Cardholder Statement Report (or copies of	of electronic	Aberta Health Services	
signatures if signatures are not on report)		Accounts Payable	
And where applicable:	, · · ·	7th Street Plaza 10th Floor, North Tower, 10030-107	Street
Copies of pre-approvals for travel     Personal cheque payable to "Alberta Health Serv	i .	Edmonton, AB T4J 3E4	
<ul> <li>Return, refund and/or credit receipts</li> </ul>			
Disputes letter			
Accounts Payable only:		11/2	
Reference #:	Reviewed by:	<u>wk  </u>	Date: 7-21-11
Ъс <u>анан ануу</u> айлайдалан улуу адаан улуу айлайдаган алуу алуу байлаган.	V		



### ACCOUNTS PAYABLE MANUAL

Procedures, Standards & Guidelines

Section 3: I	Number: AP 3.507	
	P-Card Quality & Compliance Non Compliant	Approved
Grid	Form	YYYY MM DD
Approving Authority		Last Update
Alberta Health Services Executive(?)		May 25, 2011
Procedure Sponsor		Next Review
AP Quality & Compl	ance	YYYY MM DD

#### **OBJECTIVE:**

• To ensure any Non- Compliant issues on P-Card statements are documented and followed through. (only fill in the applicable non-compliant fields)

Cardholder Name:	EAGLE, CHRIS
Statement Date:	June 20th, 2011
Review completed by: (AP P-Card Clerk)	Wayne King
Date completed:	27-Jul-11
Record Reference #:	11Jun0013

Compliance Check Points:	Compliant (Yes/No)	Reason (please indicate)	Follow-up Req'd (Yes/No)	Follow up Follow Up Referred to Initiation Date:

ropriate Approval Signatures: CardHolder Approval	Yes	P-Card Administrator
Designated Approver (Can only be for:VP/EVP/SVP)	Yes	P-Card Administrator
Statement Approval (Approver listed on statement = hardcopy approval signature)	Yes	P-Card Administrator
Personal Expenses Waiver (ensure completion if applicable)	N/A	P-Card Administrator

#### Submission Requirements:

		2	
Cardholder statement and backup		P-Card	
submitted within deadline.	N/A	Administrator	

ceipts:		
All Receipts attached (including order form/ vendor invoice/shipping docs)	Yes	Approver
Receipt includes Alcohol (needs to be reimbursed)	No	Approver
Returned Item Receipts	Yes	Approver
Missing Receipts have documentation	Yes	Approver
Receipts match charges on statement	Yes	Арргочег
Meal Allowances within Travel Policy	N/A	Approver
Out Of Province Travel (approval form attached)	N/A	Approver
Out of Country Travel (approval form attached)	N/A	Approver

Personal Expenses:		
		P-Card
Payment attached	N/A	Administrator
	·······	 

Letter from Cardholder attached N/A Administrator	Disputing a P-Card Charge:		P-Card
	Letter from Cardholder attached	N/A	Administrator

-

If you have any questions please call 780-444-3773.

#### General Options

e

05/24/2011	MasterCard	9747		CAD \$ 75.	
Date	Туре	Refe	rence #	Amt Pa	id
Payment Details					
	Total:		CAD \$ 75.	00 CAD \$ 75.	00 CAD \$ 0.00
5/24/2011 15:34 MT	online order		CAD \$ 75.		
Date	Туре		Amt Ordere	ad Amt Pa	id Amt Due
Order Summaries					
		purch	lase.		
Chris Eagle			e indicate the number of ts that you would like to	Dr. Fields Tribute Dinner Fee	CAD \$ 75.00 x 1 = CAD \$ 75.00
Optional Items					
		(June	≥ 16}		
Chris Eagle		Dr. F	ields Retirement Dinner		CAD \$ 0.00
Registration Items					
Current Registration D	etails				
		8:00 Add to my cale	ndər		
	Date:	Edmonton, AB T5) 2V 06/16/2011	V8		
	Location.	9797 Jasper Avenue N	IW		
		Care About Cancer 20 Shaw Conference Cen			
	Confirmation Number:	HKN6J8BPQ43 (nee	ded to modify your registra	ation)	
Number	of People Registered:	Edmonton, AB T53 3E	-4		
		10030 - 107 Street N			
		14th Floor North Tow	er, SSP		
	Name: Occupation/Job Title:	President & CEO			

- )

FUNKY PICKLE PIZZ	A CO
17104 90TH AVE	
EDMONTON AB T5	T 408
	08925
TERM # 00080114342	66999
	8:008
AUTH#:133428	
SEQ#:001	_
TRANS#:0000546	S
CARD *********	 *0747
CREDIT/MASTER CARD	* 27 77
DATE 2011/	N5/31
	34:07
RECPT 75931102-008	
PURCHASE	
	96.95
TIÓ	10 00
TIP	
	695
TOTAL	
TRANSACTION	
APPROVED - AA	ì

THANK YOU CUSTOMER COPY

11:45. 34-2 20 DATE ACCT. FWD. VANA 1 2 З 4 5 6 7 Įp. 8 . مىر 43 10 14 12 -----13 14 15 29 PRICE PAPER & PRODUCE PRODUCTS TO REORDER PHONE 449-1040 OR FAX 474-3002 a dia minany an an an thair an tha 

EXECUTIVE Committee - Cunch

cí Bra 70

U OF C - BISTRO 2500 UNVRSTY DR NW RM110 CALGARY AB T2N1N4 403-220-6290

TERM ID: 002

ţ MASTERCARD ID:

,

÷

.....

## s.17(1), 17(4)(e.1)

XXXXXXXXXXXX9747 Masterčárd ENTRY METHOD: SWIPED 06/02/11 07:49:09 INU #: 000006 APPR CODE: 094911 BATCH #: 000127 REF #: 006 AMOUNT \$13.13

SALE

TIP

156

TOTAL

\*\*\*\*

CARDHOLDER COPY

49

Page 1 of 1





169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 CALGARY W HOTELALMA.CA

### EAGLE, CHRIS

## 14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

ein i

## Room Number: 701 Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1 / 0

ARRIVAL	DEPARTU	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01-Jun-11	04-Jun-11	XXXXXXXXXXXX9747	AHS	COR	20090115328
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT
01-Jun-11	701	PARKING	PARKING CHARGE		\$8.00
01-Jun-11	701	ROOM CHARGE	#423A EAGLE, CHRIS		\$140.00
01-Jun-11	701	GST	GST		\$7.00
01-Jun-11	701	DESTINATION MARKETING FEE	DESTINATION MARKETII	NG FEE	\$4.33
01-Jun-11	701	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEV	Y	\$5.60
02-Jun-11	701	PARKING	PARKING CHARGE		\$8.00
02-Jun-11	701	ROOM CHARGE	#701 EAGLE, CHRIS		\$154.00
02-Jun-11	701	GST	GST		\$7.70
02-Jun-11	701	DESTINATION MARKETING FEE	DESTINATION MARKETIN	NG FEE	\$4.76
02-Jun-11	701	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEV	Y	\$6.16
03-Jún-11	701	PARKING	PARKING CHARGE		\$8.00
03-Jun-11	701	ROOM CHARGE	#701 EAGLE, CHRIS		\$154.00
03-Jun-11	701	GST	GST		\$7.70
03-Jun-11	701	DESTINATION MARKETING FEE	DESTINATION MARKETIN	NG FEE	\$4.76
03-Jun-11	701	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEV	Y	\$6.16
04-Jun-11	701	MASTERCARD	MASTERCARD		(\$526.17)

Siksika NATION Jigning Coremony AMA BOARD RETREAT

TOTAL DUE:

\$0.00

#### SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864



169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 RSITY OF W HOTELALMA.CA



#### EAGLE, CHRIS

## 14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

## Room Number: 640 Daily Rate: 119.00 Room Type: SQNA No. of Guests: 1/0

ARRIVAL	DEPARTUR	E CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
08-Jun-11	11-Jun-11	XXXXXXXXXXXX9747	AHS	COR	20090115516
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT
08-Jun-11	640	PARKING	PARKING CHARGE		\$8.00
08-Jun-11	640	ROOM CHARGE	#640 EAGLE, CHRIS		\$119.00
08-Jun-11	640	GST	.GST		\$5.95
08-Jun-11	640	DESTINATION MARKETING FEE	DESTINATION MARKETING I	EE	\$3.68
08-Jun-11	640	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY		\$4.76
09-Jun-11	640	PARKING	PARKING CHARGE		\$8.00
09-Jun-11	640	ROOM CHARGE	#640 EAGLE, CHRIS		\$119.00
09-Jun-11	640	GST	GST		\$5.95
09-Jun-11	640	DESTINATION MARKETING FEE	DESTINATION MARKETING I	=EE	\$3.68
09-Jun-11	640	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY		\$4.76
10-Jun-11	640	PARKING	PARKING CHARGE		\$8.00
10-Jun-11	640	ROOM CHARGE	#640 EAGLE, CHRIS		\$119.00
10-Jun-11	640	GST	GST		\$5.95
10-Jun-11	640	DESTINATION MARKETING FEE	DESTINATION MARKETING	=EE	\$3.68
10-Jun-11	640	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY		\$4.76
11-Jun-11	640	MASTERCARD	MASTERCARD		(\$424.17)

AHS BODRO MEETING PROVINCE WIDE HEALTH Advisory GUNCIL MEETING

**CREDIT DUE:** 

(\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864

51

## Joyce Murray

From:	Timewise Event Management [cancercare@timewiseevents.com]
Sent:	Wednesday, June 15, 2011 1:30 PM
То:	Joyce Murray
Subject:	Refund Confirmation/Receipt for Care About Cancer 2011

Your refund for the Care About Cancer 2011 event has been successfully processed. Please save this email for your records.

Event Title: Care About Cancer 2011 Registration Confirmation Number: HKN6J8BPQ43

### **Transaction Information:**

Item	1	saction mation Quan	tity Amount
Please indicate the number of tickets that you would like to purchase.		CAD 75.00	1 CAD 75.00
Protonation		Transaction Te	otal CAD75.00

If you have any questions about this transaction or email, please contact Timewise Event Management directly at <a href="mailto:cancercare@context.com">cancercare@context.com</a>.

To view the details of this event, go to: <u>Click here for event summary</u>

	ACCOUNT NO	s.17(1), 17(4)(e.1
		V CAB (780) 462-3456
CCT#8	ALL IVIA	MINISTRATION (780)         462-4444           DMINISTRATION (780)         465-8500           NUTH. NO.         DRIVER         UNIT NO.
GS.T.# 00000 1729		14663 L 815
Transportation	for the	3888068
PRINT NAME NOY		
CUSTOMER'S SIGNATURE		GRATUITY
X DR. (HRIS EAG	DENTIFIED ON THIS ITEM IS AUTHO	DRIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON OBTITER WITH ANY OTHER CHARGES DUE THEREON OVERING THE USE OF SUCH CARD.

.

(জ্জ

## STATEMENT FOR THE MONTH OF MAY 2011

ч

.

.....

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
1	04	20:20	Lorinda Prociuk	EIA to AHS	66.70 👂
2	09	09:30	Dr.Eagle & Isaac Dyne	AHS to RAH	50.00 *
3	09	11:15	Dr.Eagle	RAH to AHS	50.00 e
4	09	14:00	Dr.Eagle	AHS to UofA	50.00 *
5	09	14:45	Dr.Eagle	UofA to AHS	50.00 +
6	09	3hrs		Waiting Charges	120.00 ±
				·	-
	1				
All pi	rices are inclu	sive of GST			
				TOTAL	\$386.70

.

ALMA

CL Deaight

169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 CALGARY W HOTELALMA.CA

EAGLE, CHRIS

## 14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

## Room Number: 638 Daily Rate: 119.00 Room Type: SQN No. of Guests: 1 / 0

ARRIVAL	DEPARTUR	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
15-Jun-11	17 <b>-</b> Jun-11	XXXXXXXXXXXX9747	AHS	COR	20090116677
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT
15-Jun-11	638	ROOM CHARGE	#638 EAGLE, CHRIS		\$119.00
15-Jun-11	638	GST	GST		\$5.95
15-Jun-11	638	DESTINATION MARKETING FEE	DESTINATION MARKETIN	IG FEE	\$3.68
15-Jun-11	638	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	(	\$4.76
16-Jun-11	638	ROOM CHARGE	#638 EAGLE, CHRIS		\$119.00
16-Jun-11	638	GST	GST		\$5.95
16-Jun-11	638	DESTINATION MARKETING FEE	DESTINATION MARKETIN	IG FEE	\$3.68
16-Jun-11	638	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	(	\$4.76
17-Jun-11	638	MASTERCARD	MASTERCARD		(\$266.78)

55

Audit, Finonce Meeting

TOTAL DUE:

\$0.00

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY UABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

Entered May 5/10



Ą

## **Travel & Employee Expense Claim Form**

Out-of-Province Travel:	Prior Approval Date (related to Out-of- Province only): $s.17(1), 17(4)(g)(i)$	Prior Approved by (related to Out-of- Province only);
Name: Chris Fagle	Employee #:	Union Name:
Position (Title): PEFS: JENT . CEO	Department:	Location: POIDDENC, OFFILE 14th FIR. to Sevening Street PLD2
Business Phone #: 780-342-2003	Travel Period From:	to SEVENIN STRUCK PUPEL
What former entity payroll system is	the employee being paid from? (please	e ✓ one from below)
AADAC	Caigary Health	East Central
Alberta Cancer Board	Capital Health	🔲 Northern Lights
Alberta Mental Health Board	🗌 Chinook	Palliser Health
Aspen	David Thompson	Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
	Finance Code	/ Accounting Distribut (if applicable)		Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101	0923	71110101058	64020000			164.90
101	0923	71110101058	62620000			164.90 2,559.59
		TARIO	a Hearth Services			
Total GST			MAY 05 2011			
Subtotal			NVL 0.3			
Less Cash Ac	lvance (if applic	able)	RECEIVED	( , , , , , , , , , , , , , , , , , , ,		
Total		13 ,				2,724.49

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

**Employee Signature:** 

Date:

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

A = 0

Approved By (please print):	Title:	Phone #
Signature:		Date: 7nay 7, 2011
Ken Hughes <sup>`)</sup>	tie:	Phone #
Chair		Date:
Alberta Health Services Board	· · · · · · · · · · · · · · · · · · ·	

Phone: 403-943-1120

ince with Alberta Health Services Policies (i.e. Travel expense in ported by original receipts or a copy as certified by the approver.

See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

### **EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation	Other	Mileage km
16/4/11	Telus Mobility	7.85	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			•	157.05	/
57/4/11	ATLOS CANDON	121.89						2437.70	
								172/	
					· · · · · · · · · · · · · · · · · · ·				
					· · · ·				
	· · · · · · · · · · · · · · · · · · ·								
		j							
Total KM									
Applicable	Mileage rate @								
Totals		129.74						2,594.75	
Note: Record the total amount for each expense categories from above to the summary table on page 1									

## EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

### 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

### 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

#### 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

- Vehicle owners are responsible for any losses that may arise.
- •Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

• Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

### 4. Advance

13.

Travel advance may be requested provided travel expenses are likely to exceed \$500.

#### BILL DATE : 16-Apr-11 PAGE 1 of 3

At TELUS, we're committed to helping communities in need at home and around the world. To support you in connecting with friends and family in Japan after the recent devastation, any mobile calls (including roaming) made to Japan between March 11 - April 30 will not be billed. If you placed any calls during this time, these charges have been waived.

#### Turn your paper bill into a healthy habitat

Switch to paperless billing and we'll donate \$2 to the nation's leading land conservation organization, the Nature Conservancy of Canada (NCC). Plus, you'll get a chance to win \$1,000 in our weekly contest, and we'll also match the amount and donate it to help further support the NCC. Contest ends September 26, 2010. No purchase necessary. Please visit telusmobility.com/gopaperless to register and for complete contest rules. Maximum total donation to the NCC is up to \$650,000.

Go paper free and save a tree TELUS e.Bill is convenient, reduces clutter and best of all - it saves trees. With e.Bill you get up to 18 months of historical bills, call filtering and reporting, secure 24/7 access, email and text notifications. To view your e.Bill visit telusmobility.com/ebill

## CLIENT Nº :

s.17(1), 17(4)(g)(i)



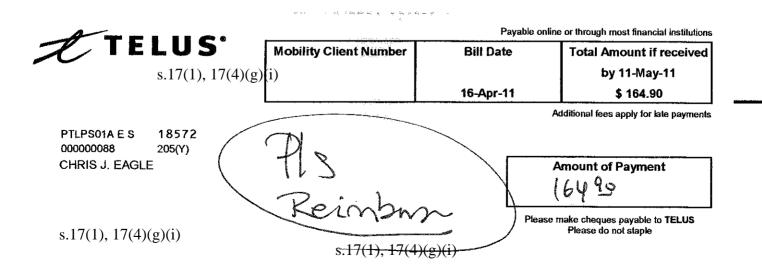
MOBILITY BILL SUMMARY	
CURRENT CHARGES	Contract Term : 3 yr
iPhone 100 - Double mins	\$ 100.00
Long Distance Charges	\$ 24,30
Data and Other Services	\$ 3.75
Value Added Services	\$ 27.00
Other Charges and Credits	\$ 2.00
Taxes	
GST/HST	7.85
Total Taxes	\$ 7.85
Total Current Charges	\$ 164.90

### YOUR LAST BILL

Amount of Last Bill 16-Mar-11	\$ 154.82
Payments	\$ -154.82
Payment Reversals	\$ 0.00
Total Previous Charges Brought Forward	\$ 0.00
Payment received after 13-Apr-11 may not be reflected on this invoice.	
For inquiries please call Client Care by Dialing *611 from	

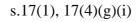
your handset or see reverse for local and toll-free numbers.

Total Amount Due \$ 164.90



CLIENT Nº :

BILL DATE : 16-Apr-11 PAGE 3 of 3





ACCOUNT DETAIL						
chris J. Eagle $s.17(1), 17(4)(g)(i)$						
Current Charges - Detail		Contract Ter	m:3yr			
Monthly Service Plans Apr 17 to May 16	<u> </u>			· • •••• ·		
Service Plan Name					Total	
iPhone 100 - Double mins <b>Total</b>					100.00	\$ 100.00
Additional Local Airtime "Free Antime Includes: Bon	kus minutes, birthday calling, eve	nings & weekends, free	incoming, "611 and Ir	Network Calling		
Service	Total Airtime	*Free Airtime	included Airtime	Chargeable Airtime	Total	
Phone (minutes)	642:00	118:00	524:00	0:00	0.00	
Total					·····	\$ 0.00
Long Distance Charges						
Service	Total LD Minutes	Free LD Minutes		Chargeable LD Minutes	Total	
Domestic Phone	443:00	0:00	200:00	243:00	24.30	
Total						\$ 24.30
Data and Other Services						
Service			Total Events	Event Type	Total	
Text Messaging - Sent			9	Msg	1.35	
Data Usage Text Messaging - Received			121,491 16	MB Msg	0.00 2.40	
Total			10	Mag	2.40	\$ 3.75
Value Added Services						
Service					Total	
200 mins Cdn LD @ 10¢ (Apr 17 to May 16)					20.00	
3 GB included data (Apr 17 to May 16)					Free 7.00	
Feature Bundle - Small (Apr 17 to May 16) Visual Voicemail for iPhone (Apr 17 to May 16)				4	Free	•
Total	····			·····		\$ 27.00
Other Charges and Credits			e in the second second			
Charges and Credits					Total	
Summary Paper Bill Fee					2.00	
Total						\$ 2.00
Taxes		e senten en sen	4 9 C		Total	
GST					7.85	
Total						\$ 7.85
			Total Ci	irrent Charge	S	\$ 164.90

59 1:00555-9001:

C Eagle 163 s.17(1), 17(4)(g)(i) DATE 2 0 110501 Y Y M M D D attas Ver 1\$ 2559 59 PAY TO THE ORDEROE nine - 59 100 DOLLARS insheh STYLE 133 noulord CANADIAN IMPERIAL BANK OF COMMERCE NORTH HILL STATION 2015 - 16TH AVE. N.W. CALGARY, ALBERTA T2M 0M3 ₩**P** MEMO

s.17(1), 17(4)(e.1)

AHS Agreed b Tay moving expenses beyond those lated by thritesty of AB of 2,55951

4	
ΔŦ	las
	iada ada

3

ç٩

REGISTRATION NO. 8816002811	м
INVOICE DATE 4/07/11	JOYB
INVOICE NO.	
255439	

**REMITTANCE INFORMATION** PLEASE MAKE CHEQUES PAYABLE TO: ATLAS VAN LINES (CANADA) LTD. 485 North Service Road East P.O. Box 970, Oakville, ON L6J 5M7 Tel: (905) 844-0701 Fax: (905) 844-0099 njuric@atlasvanlines.ca OR jpurdy@atlasvanlines.ca Electronic Payments to: BMO 23822 0000-040 **RETURN ONE COPY OF INVOICE** WITH REMITTANCE

04

ATTN:

## s.17(1), 17(4)(g)(i)

. \*

BOOKER CODE: 8816

ATLAS VAN LINES

PAYABLE UPON RECEIPT

SUCHOWERSKY

DESCRIPTION OF SERVICES		CHARGES
TRANSPORTATION - SHIPMENT WEIGHED 14,850 LBS - TC UNIVERSITY RESPONSIBLE FOR 10,000 LBS. INVOICED \$ SHIPPER RESPONSIBLE FOR OVERAGE OF 4,850 LBS		2,437.70
	SUBTOTAL: GST5% BALANCE DUE:	2,437.70 121.89 2,559.59
	R100329366 SUPP	PORT DOCUMENTS ATTACHED
INVOICE SHALL BE CONSIDERED PAYMENT IN FULL QST NO.	1012616739	(IF REQUIRED)



## **Travel & Employee Expense Claim Form**

Out-of-Province Travel:	Prior Approval Date (related to Out-of- Province only): S.17(1), 17(4)(g)(1)	Prior Approved by (related to Out-of- Province only):
Name: Chris Engle	Employee #:	Union Name:
Position (Title): Arring VARS - CED	Department:	Location: Mornelite Place CAM
Business Phone #:	Travel Period From:	to
What former entity payroll system is I	the employee being paid from? (please	∋ ✓ one from below)
AADAC	🛛 Calgary Health	East Central
Alberta Cancer Board	Capital Health	Northern Lights
Alberta Mental Health Board	Chinook	Palliser Health
Aspen	David Thompson	Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

	Finance Code	/ Accounting Distrib (# applicable)	ution	Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (If applicable)	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Account			
	49011	711101000	6402000		1	144.06
	49011	7111 11 320	6402000		2	144.06
101	0923	71110101058	64020000			
		· · · · · · · · · · · · · · · · · · ·	Alberte Mealth 9 Accounts Pa	iervice		
Total GST				С.	-	····
Subtotal			MAR Z 0 Z	011	· ·	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Less Cash Ad	vance (il applic	able)	BECEIV	ED		
Total			Concerning of the second	and the second	··· ·	27915

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

**Employee Signature:** 

Date: MARch

2011

## I hereby certify that have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (plasse print): Ky	& Huches	Title: Chair AHSB	Phone # 4/03 9/13 1/28
Signature: K(	~	,	Date: much 18 201/
Approved By (please print):		Title:	Phone #
Signature:	V		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

#### **EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation	Other	Mileage km
16/01/11	Telus Mobility Chose Telus Mobility Chose	1 6.86						137.20	
16/01/11 16/02/11	Telus MobilityChose	6.46						129.13	
. / /	· · · · · · · · · · · · · · · · · · ·							10-1-12	
					· · · · · · · · · · · · · · · · · · ·		6		
					· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·								
					• · · · · · · · · · · · · · · · · · · ·				
					···				
		13.32						266.33	
Total KM								······	
Applicable	Mileage rate @								
Totals		13.32						26633	
	Note: R		tal amount for ea	ch expense of	ategories from a	above to the summary ta		\$ 27	9.65

EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

#### 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

#### 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

#### 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

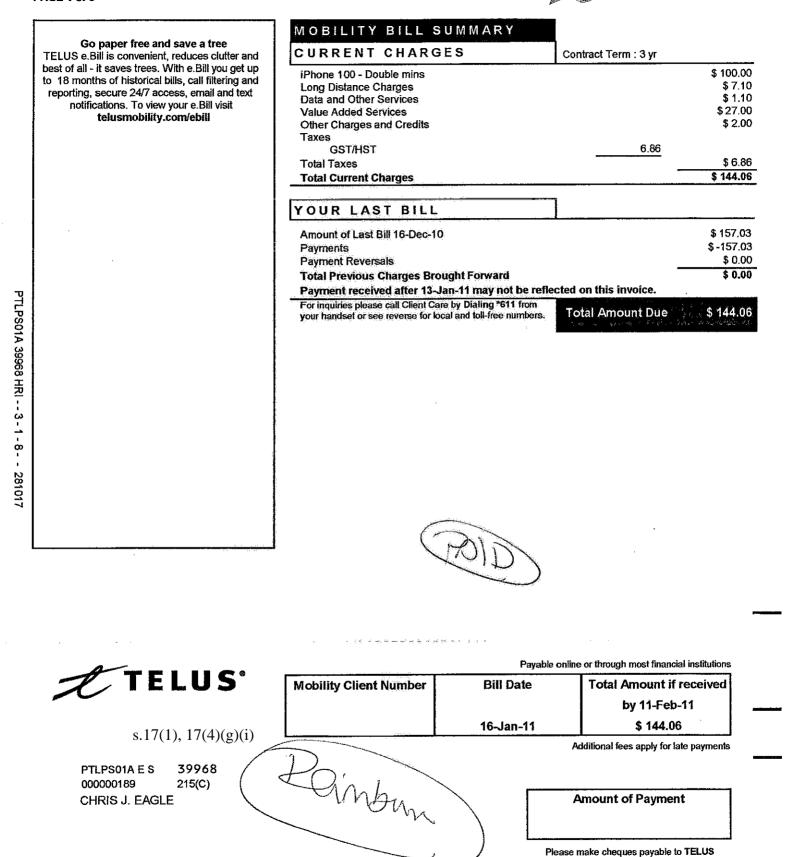
- . Vehicle owners are responsible for any losses that may arise.
- •Business car insurance is reimbursable up to \$500 per year with receipts.
- . Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

#### 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

**CHRIS J. EAGLE** 

BILL DATE : 16-Jan-11 PAGE 1 of 3



s.17(1), 17(4)(g)(i)

TELUS

**CLIENT N°** 

s.17(1), 17(4)(g)(i)

Please do not staple

PTLPS01A 39968 HRI -- 3 - 2 - 8 - - 281019

CLIENT Nº :

BILL DATE : 16-Jan-11 PAGE 3 of 3 TELUS<sup>®MO</sup>

s.17(1), 17(4)(g)(i)

## s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	t					
CHRIS J. EAGLE						
Current Charges - Detail		Contract Ten	m:3.yr			
Monthly Service Plans Jan 17 to Feb 16						
Service Plan Name					Total	
iPhone 100 - Double mins					100.00	A 400 00
Total			<u></u>			\$ 100.00
Additional Local Airtime *Free Airtime includes: boni	us minutes, birthday calling, ever	nings & weekends, free	incoming, *611 and In	Network Calling		
Service	Total	*Free	Included	Chargeable	Total	
	Airtime	Airtime 49:00	Airtime 347:00	Airtime 0:00	0.00	
Phone (minutes)	396:00	49.00	347.00	0.00	0.00	\$ 0.00
Totai	<u></u>	<u>. (</u>			·····	+ • • • •
Long Distance Charges	لاحت مسد	n A ₩anara	Tarajanika d	Chargestals	Total	
Service	Total D Minutes	Free LD Minutes		Chargeable LD Minutes	TOLAT	
Domestic Phone	271:00	0:00	200:00	71:00	7.10	
Domesic Phone Total	211.00	0.00				\$ 7.10
Data and Other Services		ingen i strander og som er				
			Total	Event	Total	
Service			Events	Туре		
Text Messaging - Sent			4	Msg	0.60	
Text Messaging (International)			1	Msg	0.20	
Data Usage	2		131.036 2	MB Msg	0.00 0.30	
Text Messaging - Received	· ·		2	IVISY	0.00	\$ 1.10
Total		<u></u>	· · · · · · · · · · · · · · · · · · ·			
Value Added Services					Total	
Service					20.00	
200 mins Cdn LD @ 10¢ (Jan 17 to Feb 16) 3 GB included data (Jan 17 to Feb 16)					Free	
Feature Bundle - Small (Jan 17 to Feb 16)					7.00	
Visual Voicemail for iPhone (Jan 17 to Feb 16)					Free	
Total		·	<u></u>	<u></u>		\$ 27.00
Other Charges and Credits	n and a second and a second a second as s					
Charges and Credits					Total	
Summary Paper Bill Fee				. <u></u>	2.00	* 0.00
Total		$(x_{1}^{*})^{2}, (x_{2}^{*}), (x_{2}^{*})^{2}, (x_{2}^{$	. <u>1977 - 1977 - 1977 - 1977 - 1977 - 1977</u> - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977		Total	\$ 2.00
Taxes						
GST					6.86	\$ 6.86
Total				urrent Charge		\$ 144.06

**CHRIS J. EAGLE** 

BILL DATE : 16-Feb-11 PAGE 1 of 3

Did you know TELUS services available nati information on this se availability, limitations a wireless e911 service and telusmobility. Go paper free a TELUS e.Bill is convenier best of all - it saves trees. to 18 months of historica reporting, secure 24/7 a CLIENT Nº :



	MOBILITY BILL SUMMARY		
Did you know TELUS has enhanced 911 services available nationwide? For more	CURRENT CHARGES	Contract Term : 3 yr	
information on this service, including the ailability, limitations and characteristics of	iPhone 100 - Double mins		\$ 100.00
less e911 service and handsets, please visit	Data and Other Services Value Added Services		\$ 0.15 \$ 27.00
telusmobility.com/e911.	Other Charges and Credits		\$ 2.00
Go paper free and save a tree	Taxes GST/HST	6,46	
US e.Bill is convenient, reduces clutter and to f all - it saves trees. With e.Bill you get up	Total Taxes		\$ 6.46
8 months of historical bills, call filtering and	Total Current Charges		\$ 135.61
porting, secure 24/7 access, email and text		7	
notifications. To view your e.Bill visit telusmobility.com/ebill	YOUR LAST BILL		
·	Amount of Last Bill 16-Jan-11		\$ 144.06
	Payments		\$ -144.08
	Payment Reversals		\$ 0.00
	Total Previous Charges Brought Forward		\$ -0.02
	Payment received after 13-Feb-11 may not be refle	ected on this invoice.	
	For inquines please call Client Care by Dialing *611 from your handset or see reverse for local and toll-free numbers.	Total Amount Due	\$ 135.59
		1 <u></u> ,	<u></u>
		1 <u></u>	
		1 <u> </u>	
\$ _			
;			
°.			
°.			
* <u>.</u>			
* .			

بالاراج والمرامع الأرويات المراجع فيراقيه

Payable online or through most financial institutions

**Mobility Client Number Bill Date Total Amount if received** by 11-Mar-11 16-Feb-11 \$ 135.59 s.17(1), 17(4)(g)(i)

Additional fees apply for late payments

PTLPS01B E S 000000189

00058 215(C)

TELUS

Plear. rerm

Amount of Payment

Please make cheques payable to TELUS Please do not staple

s.17(1), 17(4)(g)(i)

۰.

BiLL DATE : 16-Feb-11 PAGE 3 of 3 CLIENT Nº :



s.17(1), 17(4)(g)(i)

## s.17(1), 17(4)(g)(i)

ACCOUNT DETAIL	· ·, · · ·					
CHRIS J. EAGLE						
Current Charges - Detail		Contract Ter	m:3yr			
Monthly Service Plans Feb 17 to Mar 16						
Service Plan Name					Total	
iPhone 100 - Double mins					100.00	
Total						\$ 100.0
Additional Local Airtime *Free Airtime includes: born	as minutes, birthday calling, eve	nings & weekends, free	incoming, *611 and In	Network Calling		
Service	Total Airtime	*Free Airtime	Included Airtime	Chargeable Airtime	Total	
Phone (minutes)	348:00	53:00	295:00	0:00	0.00	
Total	and the state of the	<u></u>	<u></u>			\$ 0.0
Long Distance Charges		ť				
Service	Total LD Minutes	Free LD Minutes		Chargeable LD Minutes	Total	
Domestic Phone	184.00	0:00	184:00	0:00	0.00	
Total		<u> </u>	<u></u>			\$ 0.0
Data and Other Services						
Service			Total Events	Event Type	Total	•
Data Usage			106.877	MB	0.00	
Text Messaging - Received Total			1	Msg	0.15	¢ 0 4
		· · · · · · · · · · · · · · · · · · ·	<del></del>			\$ 0.1
Value Added Services	2					
Service 200 mins Cdn LD @ 10¢ (Feb 17 to Mar 16)					Total 20.00	
3 GB included data (Feb 17 to Mar 16)					Free	
Feature Bundle - Small (Feb 17 to Mar 16)					7.00	
Visual Voicemail for iPhone (Feb 17 to Mar 16)				<u> </u>	Free	A
Total	<u></u>		<u></u>			\$ 27.0
Other Charges and Credits					_	
Charges and Credits					Total	
Summary Paper Bill Fee Total					2.00	\$ 2.0
locar Taxes				<b></b>	Total	φ <b>κ.</b> υ
GST	- i indexe i de 1999 - S. S.	* * * * * *	96 - 16 <del>96</del> - 26		6.46	
Total					0.40	\$ 6.4
			Total Ci	urrent Charge	s	\$ 135.6

. ..

67

Entered Geely 17/11.

## Alberta Health Services

# Travel & Employee Expense Claim Form

Out-of-Province Travel:	Prior Approval Date (related to Out-of- Province only):	Prior Approved by (related to Out-of- Province only):
Name: ChRisEAgle	Employee #:	Union Name:
Position (Title): REGIDENT & CE	O Department:	Location: / 4th Abak Jeventh Sites
Business Phone #: 780-342.20	3 Travel Period From:	to //LAZA
What former entity payroll system i	s the employee being paid from? (pleas	e ✓ one from below)
	Calgary Health	East Central
Alberta Cancer Board	[] Capital Health	Northern Lights
Alberta Mental Health Board	Chincok	Palliser Health
Alberta Merital Realth Coard	David Thompson	Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

		Summary of T	ravel & Employ (by Expense Account)	ee Expenses		
	Finance Code	/ Accounting Distribut (if applicable)	Non-Canadian Currency	Exchange Rate	Canadian \$	
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			150 ml
101	0923	71110101058	6402000			159.84 304.00
101	0923	71110101058	62300200			304.00
		Alberta Health Accounts F	Services ayable			
		JUN 16	2011			
Total GST		RECE	VED			
	dvance (if applic					H 1 1 1 1 1 7 1
Total					· · · · · · · · · · · · · · · · · · ·	#463.8E

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

**Employee Signature:** 

Date: JUNED ZOIL

# I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Ken Hughes	Title: Chair, AHS Board	Phone #
Signature:	1 + duit - id	Date: June 10, 2011
Approved By (please print):	Title:	Phone #
Signature:		Date:
Signature.		

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing. 68

#### **EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation	Other	Mileage km
16/5/11	Telus Mobility	7.61					<b>.</b>	152.25	
1-4/6/11	Edu/colg-m/Colmo	Ľ					304.00	120.00	
	Edmontun @ .3	st 800	KM .						
	-Siksika Signi. - Seniur Londons	Vg							
	- Seniul Landells	Maering							
	- AMA BODAD RE	TREAT							
	• • • • • • • • • • • • • • • • • • •								
Total KM									
Applicable	Mileage rate @					· · · · · · · · · · · · · · · · · · ·		·	
Totals		7.61					304.00	152.25	
	Note: R		tal amount for ea	ch expense o	ategories from a	bove to the summary ta	ble on page 1		

EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

#### 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

#### 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

#### 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

·Vehicle owners are responsible for any losses that may arise.

- •Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

• Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

#### 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

CHRIS J. EAGLE

CLIENT Nº :

BILL DATE : 16-May-11 PAGE 1 of 3 s.17(1), 17(4)(g)(i)



Go paper free and save a tree TELUS e.Bill is convenient, reduces clutter and best of all - it saves trees. With e.Bill you get up to 18 months of historical bills, call filtering and reporting, secure 24/7 access, email and text	MOBILITY BILL CURRENT CHAR iPhone 100 - Double mins Long Distance Charges Data and Other Services	· · · · · · · · · · · · · · · · · · ·		0.00 8.40 2.85
notifications. To view your e.Bill visit telusmobility.com/ebill.	Voice Services		\$2	2.00
<b>j</b>	Value Added Services Other Charges and Credits			7.00 2,00
	Taxes GST/HST		7.61	
	Total Taxes		\$7	7.61
	Total Current Charges	<del></del>	\$ 15	9.86
	YOUR LAST BIL			
	Amount of Last Bill 16-Apr-1	1	\$ 164	
	Payments Payment Reversals		\$ -164 \$ (	4.90 0.00
	Total Previous Charges Br		\$ (	0.00
	Payment received after 13-	and the second	en en la companya de	
	For inquiries please call Client C your handset or see reverse for I	ocal and toll-free numbers.	Total Amount Due \$ 159	.86
-				
		And		
	•			
	49M	NOWSe	- \	
		a na aline an e an		
	;			
	с с с с с с с с с с с с с с с с с с с			-
	20 Se interest de la netere de la netere en contra en contra en contra en contra en contra en contra en contra 20 Se interest de la netere de la netere en contra e	n that the task the the term and an		
A TELLIC!	ant or at 1000 million and	Payab	le online or through most financial institutions	
TELUS	Mobility Client Number	Bill Date	Total Amount if received	
r = -			by 13-Jun-11	
s.17(1), 17(4)(g)(i)		16-May-11	\$ 159.86	
			Additional fees apply for late payments	
PTLPS01A E S 18355				
000000088 205(V) CHRIS J. EAGLE	Phir	$\backslash$ $\Box$	Amount of Payment	
	1011	)	120 82	
		K L	I V "]	
			Please make cheques payable to TELUS Please do not staple	
	s.17(1), 17(4	)(g)(i)	, indee de nor elapte	

PTLPS01A 18355 HRI - - 3 - 1 - 10 - - 132783

7

CLIENT Nº :



BILL\_DATE : 16-May-11 PAGE 3 of 3

s.17(1), 17(4)(g)(i)

## s.17(1), 17(4)(g)(i)

CHRIS J. EAGLE						
Current Charges - Detail		Contract Ter	m:3yr			
Monthly Service Plans May 17 to Jun 16	i i an mini i i i i a					
Service Plan Name					Total	
iPhone 100 - Double mins					100.00	A (AA AA
Total						\$ 100.00
Additional Local Airtime *Free Airtime Includes: bonus min	ules, birthday calling. eve	nings & weekends, free	incoming, *611 and k	n Network Calling		
Service	Total	*Free	Included	Chargeable	Total	
Dhave (minutes)	Airtime 506:00	Airtime 85:00	Airtime 421:00	Airtime 0:00	0.00	
Phone (minutes) Total	300.00	00.00	421.00	0.00	0,00	\$ 0.00
Long Distance Charges Service	Total	Free	Included	Chargeable	Total	
901 VILE	LD Minutes		LD Minutes	LD Minutes		
Domestic Phone	384:00	0:00	200:00	184:00	18.40	
Total		-				\$ 18.40
Data and Other Services						
Service			Total	Event	Total	
v			Events	Туре		
Text Messaging - Sent			7	Msg MB	1.05 0.00	
Data Usage Text Messaging - Received			168.529 12	Msg	1.80	
Total			••••	·····		\$ 2.85
Voice Services	1. N. I			****		
Service			Total	Event	Total	
UEI VICE			Events	Туре		
411			1	DIR	2.00	
Total						\$ 2.00
Value Added Services						
Service					Total	
200 mins Cdn LD @ 10¢ (May 17 to Jun 16)	1				20.00	
3 GB included data (May 17 to Jun 16)	4 				Free 7.00	
Feature Bundle - Small (May 17 to Jun 16) Visual Voicemail for iPhone (May 17 to Jun 16)	- 5	· · · ·			Free	
	್ಷ ಸ್ಪರ್ಧ ಮತ್ತು ತಿಲ್ಲ	8.周武48. 元件 二代	Hara Ara Ata			\$ 27.00
Other Charges and Credits						
Charges and Credits					Total	
Summary Paper Bill Fee					2.00	
Total		·····		-		\$ 2.00
Taxes					Total	
GST					7.61	
Total				urrent Charge	and the second	\$ 7.61 \$ 159.86



**Travel & Employee Expense Claim Form** 

Out-of-Province Travel:	Prior Approval Date (related to Out-of- Province only): $s.17(1), 17(4)(g)(1)$	Prior Approved by (related to Out-of- Province only):		
Name: CARISEA 64E	Employee #:	Union Name:		
Position (Title) ACT, NA PRES. 2 CEO	Department:	Location: MOULLIFE PLACE, ELMOMON		
Business Phone # 1780-342-2003	Travel Period From:	to		
What former entity payroll system is t	he employee being paid from? (please	· ✓ one from below)		
	Calgary Health	East Central		
Alberta Cancer Board	🗌 Capital Health	Northern Lights		
C Alberta Mental Health Board	🗌 Chinook	🔲 Pailiser Health		
Aspen	David Thompson	Peace Country		

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)		Non-Canadian Cumancy	Exchange Rate	Canadian \$		
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
	49011-	711101000	6402000			154.82 25.50
	49011-	71110/000	6402000 4109000			25.50
101	0923	71110101058	·····			
· .						
Total GST						
Subtotal					······································	
Less Cash Ad	Ivance (if applic	able)				
Total	Total					\$180.32

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature:

Date: April 04,201

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (playse print):	
Signature:	
Approved By (please print):	
Signature:	

Ken Hughes Chair Alberta Health Services Board Phone: 403-943-1120

'hone #	
)ate:	
hone #	
)ate:	

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

# **EXPENSE CLAIM DETAILS**

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation	Other	Mileage km
16/03/11	TELUS MOL: 1:44 Ching OFFICE Supplies	7.37					¥	147.45	<u>^</u>
10/02/11	DECISE SUDDIE						······		*
12/03/11	OFFICE Jupplies	1.21						24.29	
	·····								
					· · · · · · · · · · · · · · · · · · ·				
		·							
							······		
							· · · · · · · · · · · · · · · · · · ·		····
Total KM								I	
Applicable	Mileage rate @				<u> </u>				
Totals		8.58						171.74	
	Noto: Do		tol over event for a s						2:00
	Note: Re	coru ine to	an amount for ea	cn expense (	categories from	above to the summary ta	ble on page 1	X/	80.32

# EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

# 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

# 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

# 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

- . Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- . Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

• Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

# 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

### **CHRIS J. EAGLE**

BE & DATE : 16-Mar-11 PAGE 1 of 3 CLIENT Nº :

s.17(1), 17(4)(g)(i)



		per taa	
Go paper free and save a tree	MOBILITY BILL SUMMARY		
TELUS e.Bill is convenient, reduces clutter and	CURRENT CHARGES	Contract Term : 3 yr	
pest of all - it saves trees. With e.Bill you get up	iPhone 100 - Double mins	••••••••••••••••••••••••••••••••••••••	\$ 100.0
to 18 months of historical bills, call filtering and	Long Distance Charges		\$ 16.8
reporting, secure 24/7 access, email and text notifications. To view your e.Bill visit	Data and Other Services		\$ 1.6
telusmobility.com/ebili	Value Added Services		\$ 27.0
condent out in the second of t	Other Charges and Credits		\$ 2.0
	Taxes		
	GST/HST	7.37	
	Total Taxes	-	\$ 7.32
	Total Current Charges		\$ 154.8
	YOUR LAST BILL		
	Amount of Last Bill 16-Feb-11		\$ 135.59
	Payments		\$ -135.5
	Payment Reversals		\$ 0.00
	Total Previous Charges Brought Forward		\$ 0.00
	Payment received after 13-Mar-11 may not be refl	ected on this invoice.	
	For inquiries please call Client Care by Dialing *611 from		
	your handset or see reverse for local and toll-free numbers.	Total Amount Due	\$ 154.82
			·····
l.			
	<i>r</i>		
	,		
	,		

TELUS

s.17(1), 17(4)(g)(i)

 PTLPS01A E S
 39218

 000000184
 215(L)

 CHRIS J. EAGLE

Payable online or through most financial institutions **Mobility Client Number Bill Date Total Amount if received** by 11-Apr-11 16-Mar-11 \$ 154.82

Additional fees apply for late payments

Land

Amount of Payment

Please make cheques payable to TELUS Please do not staple

PTLPS01A 39218 HRI -- 3 - 1 - 8 - - 275383

s.17(1), 17(4)(g)(i)

1:0055519001:

BILL'DATE : 16-Mar-11 PAGE 3 of 3

CLIENT Nº :

s.17(1), 17(4)(g)(i)



s.17(1), 17(4)(g)(i)

CHRIS J. EAGLE						
Current Charges - Detail	· · · · · · · ·	Contract Ter	m:3.yr			
Monthly Service Plans Mar 17 to Apr 16	······································	*				
Service Plan Name					Total	
iPhone 100 - Double mins					100.00	
Total					· · · · · · · · · · · ·	\$ 100.00
Additional Local Airtime *Free Airtime Includes: bon	us minutes, birthday calling, eve	nings & weekends, free	incoming, *611 and in	Network Calling	ŕ	
Service	Total	*Free	Included	Chargeable	Total	
Phone (minutes)	Airtime 639:00	<b>Airtime</b> 107:00	Airtime 532.00	Airtime 0:00	0.00	
Total	005.00	101.00	JJ2.00	0.00	0.00	\$ 0.00
Long Distance Charges	<u> </u>	<u> </u>				<u> </u>
Service	Total	Free	Included	Chargeable	Total	
,	<u></u>	LD Minutes		LD Minutes		
Domestic Phone	368:00	0:00	200:00	168:00	16.80	
Total		1997 - 19				\$ 16.80
Data and Other Services			ji Lan da sa			
Service			Total Events	Event Type	Total	
Text Messaging - Sent			6	Msg	0.90	
Data Usage Text Messaging - Received			90.83 5	MB Msg	0.00 0.75	
Total	terregi, war, o, o, ty the terrere contract of the	a the family of the state of the	· · · · · · · · · · · · · · · · · · ·		0.70	\$ 1.65
Value Added Services	· · · · · · · · · · · · · · · · · · ·					
Service	,		¢		Total	
200 mins Cdn LD @ 10¢ (Mar 17 to Apr 16)					20.00	
3 GB included data (Mar 17 to Apr 16) Feature Bundle - Small (Mar 17 to Apr 16)					Free 7.00	
Visual Voicemail for iPhone (Mar 17 to Apr 16)					Free	
Total		<u></u>	-	<u></u>	······	\$ 27.00
Other Charges and Credits						
Charges and Credits					Total	
Summary Paper Bill Fee Total	<u></u>				2.00	\$ 2.00
Taxes		र एक हा स्वीत का न स्वी	ه درېونده ور		Total	
GST					7.37	

1:00555-9001:

75

Deinbur

U of A Bookstore - SUB

5028 CASH-1		9659	0001	145
07251200770				
LEADS .7 H PENTEL	MDS	16	1.	50
07251200770				
LEADS .7 H PENTEL	MDS	1 G	1.	50
03190191430				
PENCIL MECH .7 ELI	MDS	1 G	6.	59
00002000376				
PAD PAPER ENGINEER	MDS	1 Ģ	4,	90 .
00002000376				
PAD PAPER ENGINEER	MDS	1 G	4.	90
00002000376				
PAD PAPER ENGINEER	MDS	16	4.	90
SUBIOT	AL		24.	29
GT108102831RT000	1		1.	21
TOT	AL		25.	50
			£	N
Cash			50.	00
CIAN	GE		24.	50

All textbooks sales final, thank you

3/12/11 3:43 PM

Entered Jun 81

Alberta Health Services

Travel & Employee Expense Claim Form

Out-of-Province Travel:	-17(1)(-17(1)(-1)(-1))	
	S.17(1); 17(4)(g)(i) Prior Approval Date (related to Out-of- Province only):	Prior Approved by related to Cal
Name: Cheis Englis	Employee #:	Province only): Union Name:
Business Phone #: 7 80. 22. 2.2.		Location: Corpanies Office SSP
What former entity payroll system i	5 Travel Period From:	to
AADAC	s the employee being paid from? (please	✓ one from below)
Alberta Cancer Board	Capital Health	East Central
Alberta Mental Health Board	Chinook	Northern Lights
Aspen	David Thomas	Palliser Health
Expenses Paid (please attach origin		Peace Country

ch original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of th

Corp/BU/Org		a / Accounting Distrib (if applicable)	(by Expense Account) ution	Non-Canadian		
(if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account	Currency	Exchange Rate	Canadia \$
101	0723	711/0/01058	69400000			
iu1	0923	71110101058	67320200	Mar		15.50
			-230x00			15.50 224.96
	[		Alberta Health Services			
			Accounts Payable			
otal GST			LJUK 6 7 2011			
ubtotal						
ess Cash Adv	ance (if applicat	jal	BECEIVED			
otal		тму » м	naan talah sa ar ka sa			

certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta

Employee Signature:

Date:

I hereby certify that I have reviewed the expenses and that they are in acc 1.011 -

Approved By (please print): Ken Hughes	Title: # /	th the applicable policies.
	Title: Chair, AHS Board	Phone #
Approved By (please print):	Title:	Date: June 1/2011
Signature:	1.106:	Phone #
N/ATC-		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts

# EXPENSE CLAIM DETAILS

Date (DD/MM/YY) 26/04/11	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation	Other	Mileage km
2/5/11	VOLFING CKHUI ON	ISNIG J					8.00	3	
4-5/05/11	VANTOR (EDDRES /	la vai					7.50		
. / /	592 KM @ . 3	84							224.96
									+
									+
Total KM									
Applicable N	lileage rate @								
Totals									
	Note: Re	cord the tot	al amount for each	h expense ante		bove to the summary tabl	15.50		224.96
EXPENSE I I				in expense cate	gories from a	bove to the summary tabl	e on page 1		<u>vo 1175</u>

# EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

b) Lunch = L \$12

c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose

# 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of

# 3. Travel

- •Use of personal automobile Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year. • Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

### 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Peinbin

~

e s

INPARK LOG MON TELLOS PLAN PARADE GST 2009731 1-6720 PLOOSE

64-23-2711 pic ht 1 HONR 5.00 EVENTIAS 3.00 CASH 8.040 ITEM 2 101 6721 15-2277

# **Best Copy Possible**

JOINT AHW/AHS EXECUTIVE COMMITTEE MEETING

# **Best Copy Possible**

~

. t

ت.

UMARE EL TURE 1998 VARIEL 1988 VIRELLES

Rovt: 5304 OE/C2/11 20:44 LW 2 AM 40 Txms 1649 OE/C2/11 12 19 In DE/C2/11 20:44 Out TxtX 185793 Regular Pata \$ 7.14 Total Tax \$ 0.36 Lotal Fea \$ 7.50 CASH PAID \$ 7.50-Cast Ferder \$ 10.00 Change Aug \$ 2.50

> COME AGAIN

CC Roceipo

.

PARKing CKHUI HOSAT CENTRE OPENING



Office of the President and Chief Executive Officer of Alberta Health Services

# Dr. Chris Eagle, President and CEO

Expenses submitted during the period of July 1 - September 30, 2011

# 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. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

# 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accomm -odation	Other Travel	Professional Development	Hosting and Hospitality	Other
8-Aug	31-May	Edmonton AB	Membership - Royal Glenora						Silver Sector Band, and Andrew Adams (1993)	8968.56
8-Aug	June 8-11	Calgary AB	June AHS Board Meeting		48.45		257.64	**************************************		
31-Aug	16-Jun		Monthly ceilular charges-June							161.28
8-Aug	June 15-17	Calgary AB	Calgary operational business meetings		14.50		250.80			
20-Jul	20-Jun	Edmonton AB	Lunch with external organization (2 people)						46.00	
20-jul	June 21-22	Calgary AB	Calgary operational business meetings			172,62	239.40			·····
20-Aug	30-Jun	Edmonton AB	Travel to various meetings				150.00			
20-Aug	28-Jul	Edmonton AB	Lunch with AHS Board member (2 people)						48.00	
31-Aug	29-Jul		Site Tour Wetaskiwin, Leduc, Ponoka				86.00			
31-Aug	3-Aug	Edmonton AB	Lunch with external educator (UofA) (2 people)						44.10	

This report 14399.64 Sum of AP chains/ Chard - 14399:21

Statement Date	Transaction Date	Location/ Destination	Purpose	Airfare	Meals	Accomm -odation	Other Travel	Professional Development	Hosting and Hospitality	Other
20-Aug	10-Auç	g Edmonton AB	Lunch with external organization (2 people)							
31-Aug	11-Aug		Monthly cellular charges-Jul						56.71	
20-Aug	13-Aug	1	Office supplies							146.3
20-Aug	Aug 16-18	Calgary AB	Calgary operational meetings; Site Tour Strathmore, High River, Okotoks			259,42				111.5
20-Aug	17-Aug		Dinner Meeting (J Davis) (2 people)							·····
20-Sep	. 19-Aug	Edmonton AB	Dinner with Potential Employee (10 people)						55.57 668.51	
20-Sep	Aug 19-21	Edmonton AB	Edmonton operational meetings				683,40	<u></u>	000.01	
20-Sep	23-Aug		AHS Subscription-Harvard Business Review							
20-Sep	2-Sep	Edmonton AB	Dinner with Potential Employee (4 people)						361.85	141.1
20-Sep	9-Sep	Calgary AB	Various Meetings				71.46			
20-Sep	Sept 14-16	Medicine Hat AB	September AHS Board Meeting	1169.96		153.93				
	Juł-Sept		Various local parking expenses to attend meetings/sessions				32.00			
				1169.96	62.95	585.97	1770.70	0.00	1280.74	9529.3

14399.64

Alberta Health Services

## 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 PRESIDENT & CEO EAGLE, CHRIS Cardholder's Name Cardholder's Position/Title Billing Reporting Period: 20/09/2011 SEVENTH STREET PLAZA Cardholder's Dept Cardholder's Site/Location Total Statement Amount: \$3,250.25 CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address Last 6 digits of the P-Card #: XXXXXXXXX189747

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freight	Description
20/08/2011	263874334	CHARACTERS FINE DINING, EATING PLACES, RESTAURANTS	○ 668:54	CAD	668.51	31.83	.00	
	264037192	HAR*HARVARD BUSNS REV, DIRECT MARKETING CONTINUITY/SUBSCRIPTION	£ 139500	***	141.14	00.		Harvard Business Review Subscription Fee
25/08/2011	264398500	AIR CAN 0142198854257, AIR CANADA	0 1,169:96		1,169.96	.00		AHS Board Meeting
01/09/2011	264826786	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	<b>d)</b> 38-80	CAD	38.80	1.61		Media Event Calgary
01/09/2011	264826787	BLACKTOP TAXI COMPANY, LIMOUSINES AND TAXICABS	32 66	CAD	32.66	1.56	.00	Media Event Calgary
02/09/2011	265001543	HARDWARE GRILL, EATING PLACES, RESTAURANTS	¢ 361985	CAD	361.85	14.85		Dinner - S. Gould
09/09/2011	265632677	YELLOW CAB, LIMOUSINES AND TAXICABS	683.40	CAD	683.40	32.54	.00	
14/09/2011	265890637	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	o 153.93	CAD	153.93	.00	.00	

Alberta Health Services Accounts Payable
OCT 2 5 2011
RECEIVED



4-11

Signatures Cardholder Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and reconciled this statement in BMO details 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 ISALE MURRAN EXECUTIVE HESISTER Name of Cardholder Designate Vielan X. 23 2011 Sigría ture of Cardholder Designate Cardholder By signing this statement I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). EAGLE, CHRIS PRESIDENT & CEO Name of Cardholder Cardholder Position/Title 201 . 2. 6, 2011 e of Signature Signature of Cardholder **Approver Designate (if Applicable)** By signing this statement I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a autorized approver. atti Grie VP and Chief of Staff, Atts Board Name of Approve Designate 1106 56 200 Signature of Approver Designate Date of Signature Approve By signing this statement I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. / acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). rate of Approver Approver Position/Title Instute of Applov Date of Signature Submit approved statement with attachments to Accounts Payable: Attach: • Original liemized receipts Address: Signed Cardholder Statement Report (or copies of electronic Alberta Health Services signatures if signatures are not on report) Accounts Payable And where applicable: 7th Sineet Plaza Coples of pre-approvals for travel 10th Floor, North Tower, 10030-107 Street Personal cheque payable to "Alberta Health Services" Edmonton, AB T5J 3E4 Return, refund and/or credit receipts **Disputes letter** Accounts Payable only: Reference #: Reviewed by: 26 Date:

RUN DATE: 09/23/2011

Proprietary and Confidential Powered by BMO Spend & Payment Solutions

PAGE NO: 2

CL Peript

CHARACTERS REST 10257 - 105 Street EDMONTON, AB. T5J 1E3 (780) 421-4100 GST# 89206-4429

# 104 SARAH N

7

\*

Tb] 104/1 Chk 1887 Aug19'11 07:4	3PM
3 FRIES	0.00
2 GRAVLAX DINNER @ 13.00	26.00
5 MIXED GREENS @ 8.00	40.00
2 CARROT GINGER @ 7.00	14.00
2 SCALLOP / BOAR @ 16.00	32.00
1 VEAL LOIN 1 BEEF TENDERLOIN	
3 SEA BASS @ 42.00 1 TUNA LOIN	39.00
1 TUNA LUIN 1 DUCK BREAST 2 LAMB RACK @ 40.00	38.00 80.00
1 BABY OCTOPUS 2 BREAD PUDDINC	12.00
	10 00
0 9.00 1 CHOCOLATE TACO 1 SORBET SAMPLER 2 TEA @ 2.75	7.00 5.50
1 P.GRINO 500 m <sup>2</sup> 1 CAPPUCCINO	\$.50 \$.00
2 ESPRESSO @ 3.25 18 %	6.50
	97.83
Service Chrg GST	543.50 97.83 27.18
10:12PM Amount 066	8.51
MELCOME TO PUADAPTEDS	21

# WELCOME TO CHARACTERS! & HAVE A GREAT DAY!!

. .



.

---

C-newpor

Character Festaurant 10257-105 St Edmonton, nB 15J 1E3 -471-2042

+ # TRANSACTION RECORD \*\*

Tras. #: 16219

### RU, : RESTAURANT Tà le #: 104 Check #: 1887 Group #: 1 Employee #: 104 Employee Name: SARAH N

Employee Name: SHRHH N ∋ster(ard

Pre-Auth Purchase xxxxxxxxxx3747 C 5(0: A000000041010

> Amount CAD∳868.51

APPROVED 001604 00-001 001604 CHARH: 1 CHARAUT1 002001001779 2011/08/19 22:16:03

Customer i Pa

тны тол Соме назія

21

**Best Copy Possible** 

.

85

1

Page 1 of 1

> ~ .	CiPerciph	Page 1 of 1
Subject	HARVARD BUSINESS REVIEW Magazine Renewal Confirmation	
From	subsvcs@HBR.customersvc.com	Þ
Date	Tuesday, August 23, 2011 2:04 pm	r
То		
Dear Chris Eagle,	s.17(1), 17(4)(g)(i)	
Thank you for your H	ARVARD BUSINESS REVIEW renewal order.	
We have received yo been extended, and y	our renewal order for 15 issues of <b>HARVARD BUSINESS REVIEW</b> on 08/23/11. Your s your current service period will continue through the 02/01/13 issue.	subscription has
For your records we'v	ve included a detailed summary of your order.	
Mailing/Account Su	mmary	
Ship to:CHRIS EAGL	E	ייז איז איז איז איז איז איז איז איז איז
	s.17(1), 17(4)(g)(i)	
Account Number:	(Please keep this for future reference.)	
Billing Summary		2017 DEGINER FORGET (N. 1996) (De Marine State & discusses - For evene (1998) (De
Item: HARVARD BUS Issues: 15 Total Amount: \$132.3 Status: To be billed (Plus sales tax in AB,	8	
You can easily track y HARVARD BUSINES Thank you for renewir	rour subscription details online 24 hours a day with your account number $\mathbf{S}$ <b>REVIEW</b> Customer Service site: www.hbr.org/subscriberservices . ng! s.17(1), 17(4	, at the -)(g)(i)
HARVARD BUSINES	S REVIEW CUSTOMER SERVICE	1
Please note: This e-mail message v Please visit us at www	was sent from a notification-only address that cannot accept in-coming e-mail. hbr.org/subscriberservices for questions about your account.	
EMAIL OPT-OUTS For more information of your browser: http://ha	on how to opt-out of marketing communications from us and our partners, copy and pa arvardbusiness.org/privacy-policy	ste this link into
PRIVACY POLICY: Please read our Privac	cy Policy. Copy and paste this link into your browser: http://hbr.harvardbusiness.org/pr	ivacy-policy
	r Dr.	

WESDFREN

.

, , **, ,** ,

...

https://webmail.shaw.ca/print.html

,

.

Grand Total

RBC Travel Insurance (declined)

Grand Total - Canadian dollars

Sec.

taxation	o <mark>king is confirmed.</mark> Please expense claim or credit car nd look forward to welcomi	Search Select ( e print/retain this page for yo d' reconciliation purposes). V ing you on board.	ur fin⊐nci:	l rocorde i	160-	Seats It	inerary		Ath Board)	Heering
Your cont	act Air Canada Reservation	all your seats could be confi s for assistance. (68008)	rmed. If yo	u wish to	confirm your	preference				
Bookin	g Information							R CANADA 🛞		
Booking	Reference: NKA	7BA			Custome	er Care				
Electron	ic Ticketing confirmed. 1	This is your official itinera	ry/receip	t.	Air Canada 1-888-247-					
Home:	opher Eagle	17(1), 17(4)(g)(	<u>i</u> )		Flight Arriv Departure: 1-888-422-	5				
Flight I	tinerary				****		· ·			
Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal			
AC81351	Edmonton, Edmonton Int'l (YEG) Wed 14-Sep 2011 08:00	Caigary (YYC) Wed 14-Sep 2011 08:51	0	0hr51	DH3	Tango Plus S				
AC7241 <sup>2</sup>	Calgary (YYC) Wed 14-Sep 2011 09:45	Medicine Hat (YXH) Wed 14-Sep 2011 10:37	0	0hr52	BEH	Tango Plus S				
AC7244 <sup>2</sup>	Medicine Hat (YXH) Thu 15-Sep 2011 15:55	Caigary (YYC) Thu 15-Sep 2011 16:55	0	1hr00	BEH	Tango Plus H				
AC284	Calgary (YYC) Thu 15-Sep 2011 17:30	Edmonton, Edmonton Int'I (YEG) Thu 15-Sep 2011 18:19	0	0hr49	E90	Tango Plus T				
<sup>2</sup> Central M	da Express - Jazz Iountain Air									
	er Information									
	- Aeroplan : : xxxx-xxxx-3		1421988 Jeal Prefen pecial Nee	ence:	Regular None					
Purchas	S. Summary	17(1), 17(4)(g)(	i)				<u> </u>			
Flight 2 - A Flight 3 - A Flight 4 - A Surcharges	Type irfare (Tango Plus) irfare (Tango Plus) irfare (Tango Plus) irfare (Tango Plus)				Adutt 174.00 273.00 431.00 154.00 48.00					
Canada Airj Canada Goo Air Travelle	rs Security Charge (ATSC) and taxes before options	/HST #10009-2287 RT0001) (per passenger)			20.00 55.71 14.25 1169.96 1 1169.96					

1 adult Total including travel options, taxes, fees and charges \$1169.96 CAD

\$1169.96

0.00

= TRANSACTION		Black Top laxi Lompany (403) 735-3222 Car # 127 Badge # 4032
Checker/Yel 316 Meridian Calgary, AB 403 209 9999	Road SE	Sale
ACCT ACCE CRE CARD NUMERS		10:908:19667 Ref# 000668 11/09/63 17:39:04 Batch # @95
XXXXXXXXXXXXXXXX CARD TYPE:MC DATE/TIME:	47	MASTER ************9747 SWIPED
11/09/01 13:22 AUTH#: 152249	: 24	Record #: 000003
		Amount: \$ 28.40
VEH/DRV: 0462 GST#: 88530961 TXN ID: 58042	7	Tip: \$ 4.26
		Total: \$ 32.66
FARE: FLAT: EXTRAS: GST: FA+FL+EX+TAX: TIP: DISCOUNT:	\$ 32.19 \$000.00 \$000.00 \$ 1.61 \$ 33.80 \$ 5.00 \$000.00	Appr Code: 173907 APFROVED I agree to pay above total amount According to card issuer agreement (Kerchant agreement if credit voucher)
		X
TOTAL:	\$ 38.80	Customer Copy Thank you!
SIGNATURE:	Comment.	محملة المحمد

,

```

.

. . . . . . . . .

1

MEDIA ANNOUNCEMENT - 5 YEAR ACTION PLAN Colgary

.

÷

# **Best Copy Possible**

1

;

Í

Total

.

1

· . .

hatoware grift , lasper Averac (a. nton, Alberta (780) 423-0969

| ្រ (រ៉េះ ហ<br>]                                                                           | 09/02/2011<br>8:44 PM<br>10035 |
|-------------------------------------------------------------------------------------------|--------------------------------|
| έα.<br>                                                                                   | Sa a<br>Lini<br>Lini           |
| h - Lonfit (2 \$15.90)<br>Ahi Tuna<br>Sea Bass (2 \$46.00)<br>VegetarianTasting<br>Salmon | 14.08<br>                      |
| Subtotal<br>GST Tax                                                                       | 14.8 <sup>ň</sup>              |

# Balance Du \$ 311.8:

651 # dsb547990 Hardware Crift is plensed to scept Frend - 7034 & Rustercard

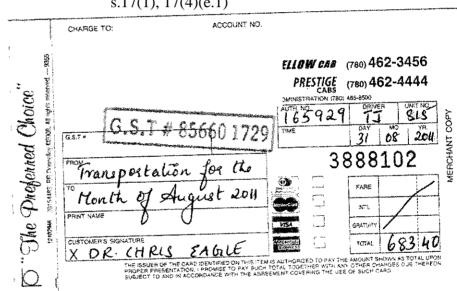
| 9698 J                                 | WARE GRILL<br>ASPEF: AVENUE<br>NTON AB |
|----------------------------------------|----------------------------------------|
| CARD TYPE<br>DATE<br>TIME<br>RECEIPT N | 2011/09/02<br>1887 20:45:40            |
| PRE-AUTHO<br>AMOUNT                    | RIZATION<br>\$311.85                   |
| TIP                                    | 50                                     |
| TOTAL.                                 | 36185                                  |
| CHIP CARD                              | IVED                                   |
| THANK YOU                              |                                        |
| CARDI                                  | HOLDER COPY                            |

RDS

Stephen Gould - Pepe, "Pretrees Condistre

311.87

۰.



s.17(1), 17(4)(e.1)

¢.

\$

# STATEMENT FOR THE MONTH OF AUGUST 2011

| NO     | DATE             | TIME            | NAME                                                                                                            | DESTINATION                                 | AMOUNT   |
|--------|------------------|-----------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------|
| 1      | 19               | 07:35           | Mr.Power                                                                                                        | Airport to Hotel<br>Macdonald               | \$66.70  |
| 2      | 19               | 09:30-<br>12:00 | Mr.Power                                                                                                        | Intown Services                             | \$150.00 |
| 3      | 19               | 15:00-<br>22:00 | Mr.Power                                                                                                        | Intown Services                             | \$350.00 |
| 4      | 20               | 18:00           | Mrs & Mr.Power                                                                                                  | West Edmonton<br>Mall to Hotel<br>Macdonald | \$50.00  |
| 5      | 21               | 09:30           | Mrs & Mr.Power                                                                                                  | Hotel Macdonald to<br>Airport               | \$66.70  |
|        |                  |                 |                                                                                                                 |                                             |          |
|        |                  |                 |                                                                                                                 |                                             |          |
|        |                  |                 |                                                                                                                 |                                             |          |
|        |                  |                 |                                                                                                                 |                                             |          |
|        |                  |                 |                                                                                                                 |                                             |          |
|        |                  |                 |                                                                                                                 |                                             |          |
| All pr | rices are inclus | sive of GST     |                                                                                                                 |                                             |          |
|        |                  |                 | ter for the second s | TOTAL                                       | \$683.40 |



11. S



| Chris Eagle<br>14th Floor 7th St I<br>107th St edmontor<br>Ab Health Service<br>T5J 3E4<br>Group: Ab Health | ı, ab<br>s |         | Page #<br>Res. #<br>Checked in<br>Checked out<br>Nights<br>Room Rate<br>Room | 1<br>488935<br>Wed Sep 14/11 - 6:02 pm<br>Thu Sep 15/11 - 7:02 am<br>1<br>139.00<br>273 |                   |
|-------------------------------------------------------------------------------------------------------------|------------|---------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------|
| Sep14 GST<br>Sep14 Room Tax<br>Sep14 Destination                                                            | MENT RATE  | Referen | ce                                                                           | Charges<br>139.00<br>6.95<br>5.32<br>2.66                                               | Credits<br>153.93 |

Thank you for staying with us. Please come again! Call 1 (800) 661-8095 to make your next reservation with us.

# Our G.S.T. # is 103576021RT0002

| <u>Charge Summary:</u> |      |
|------------------------|------|
| GST                    | 6.95 |
| Room Tax               | 5.32 |

Checeipt

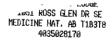
153.93

0.00

-----

153.93

ind.



Merchant ID: 87212730014 Term ID: 002 Ref #: 081 4

Pre-Auth Compl

# XXXXXXXXXXXXXXX

| MASTERCARD                          | Entry Metho | od: Manual                          |
|-------------------------------------|-------------|-------------------------------------|
| 09/15/11<br>Inv #: 000009<br>Apprvd |             | 07:01:07<br>le: 195944<br>#: 000187 |
| Original Pre-Auth Amou              | nt: \$      | 255.00                              |
| Total:                              | \$          | 153,93                              |

22



# 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

| EAGLE, CHRIS                | PRESIDENT & CEO                          |                                |                  |
|-----------------------------|------------------------------------------|--------------------------------|------------------|
| Cardholder's Name           | Cardholder's Position/Title              | Billing Reporting Period:      | 20/08/2011       |
|                             | SEVENTH STREET PLAZA                     |                                |                  |
| Cardholder's Dept           | Cardholder's Site/Location               | Total Statement Amount:        | \$688.69         |
| CHRIS.EAGLE@ALBERTAHEALTH   | SERVICES.CA                              |                                |                  |
| Cardholder's e-mail address | n an | Last 6 digits of the P-Card #: | XXXXXXXXXX189747 |

| Statement of        |           |                                                           | se de la celabora        |     |              |       |                                          |
|---------------------|-----------|-----------------------------------------------------------|--------------------------|-----|--------------|-------|------------------------------------------|
| Transaction<br>Date | Trans ID  | Merchant Name & Description                               | Trans Original<br>Amount |     | Trans Amount | GST   | Freight Description                      |
| 25/07/2011          | 262000702 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                    | ø 150.00                 | CAD | 150.00       | 7.14  | .00June Transportation                   |
| 28/07/2011          | 262246261 | WILDFLOWER RESTAURANT, EATING<br>PLACES, RESTAURANTS      | G \$48.00                |     | 48.00        | 2.00  | Lunch - Dr. Collins-Nakai                |
| 10/08/2011          | 263105193 | GLENORA BISTRO, EATING PLACES,<br>RESTAURANTS             | 0 (567)                  | CAD | 56.71        | 2.70  | Lunch AMA Gormley/White                  |
| 13/08/2011          | 263355575 | FUTURE SHOP #10, ELECTRONICS<br>SALES                     | 0 9814.99                | CAD | 111.99       | 5.60  | IPad Case                                |
| 17/08/2011          | 263617456 | REDWATER RUSTIC GRILLE, EATING<br>PLACES, RESTAURANTS     | e \$55.57                |     | 55.57        | 2.22  | Dinner Meeting - J Davis                 |
| 18/08/2011          | 263755588 | HAMPTONS INN & SUITES, LODGING<br>HOTELS, MOTELS, RESORTS | <u>چ</u> 259:42          |     | 259.42       | 12.35 | Accommodations - Hampton Inn,<br>Calgary |
| 18/08/2011          | 263755589 | SAIT, COLLEGES, UNIVERSITIES,<br>PROFESSIONAL SCHOOLS     | a) (2000                 | CAD | 7.00         | .33   | .00Parking at SAIT                       |



| Signatures                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                                                                                                       |                                                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Cardholder Designate (if Applicable)<br>By signing this statement<br>I hereby certify that I have reviewed and reconcil<br>Policies, Program User Guide and Training. I have                                                                                                                                                                                                                               | ed this statement in BN<br>re allocated the transac                                                            | to details Online® to the best of my a toon(s) to the proper cost centre.                                                                | ability in accordance to AHS Corporate                                        |
| Joyce Murray<br>Name of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | Excc. Assistan                                                                                                                           | ,†                                                                            |
| Stonandest for Joyce M<br>Signature of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                | wrray J<br>Da                                                                                                  | FLG . 29/11<br>ie of Signature                                                                                                           |                                                                               |
| Cardholder<br>By signing this statement<br>I hereby certify that the P-Card issued to be was<br>Program User Guide.                                                                                                                                                                                                                                                                                        | used for legitimate bus                                                                                        | iness purposes in accordance to AH                                                                                                       | S Corporate Policies and AHS P-Card                                           |
| <ul> <li>I acknowledge that the above Cardholder Design</li> </ul>                                                                                                                                                                                                                                                                                                                                         | ate has completed revi                                                                                         | ews and reconciliation in BMO detail                                                                                                     | s Online® on my behalf (if applicable).                                       |
| EAGLE, CHRIS                                                                                                                                                                                                                                                                                                                                                                                               | PF                                                                                                             | ESIDENT & CEO                                                                                                                            |                                                                               |
| Name of Cardholder                                                                                                                                                                                                                                                                                                                                                                                         | Ca                                                                                                             | rdholder Position/Title                                                                                                                  |                                                                               |
| Chern:                                                                                                                                                                                                                                                                                                                                                                                                     | -بر<br>فریب ک                                                                                                  | 11 MAT 29 2011                                                                                                                           |                                                                               |
| Signature of Cardholder                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | te of Signature                                                                                                                          |                                                                               |
| Approver Designate (if Applicable)<br>By signing this statement<br>I hereby certify that I have reviewed and approve<br>Guide and Training on behalf of a autorized appr<br>Patti Grier<br>Name of Approver Designate                                                                                                                                                                                      | over.<br>V                                                                                                     | Pa Chief of Stat<br>prover Designate Position/Title                                                                                      | ~                                                                             |
| Signature of Approver Designate                                                                                                                                                                                                                                                                                                                                                                            | Q                                                                                                              | tep 01/11                                                                                                                                |                                                                               |
| Approver<br>By signing this statement<br>• I hereby certify that the P-card issued to be was of<br>Program User Guide and hereby approve the trai<br>• I acknowledge that the above Approver Designate<br>Ken Hughes<br>Narrie of Approver<br>Signature of Approver                                                                                                                                        | nsactions as listed.<br>e has completed review<br>Ap                                                           |                                                                                                                                          | ine® on my behalf (# applicable).<br>A Alberta Health Services<br>SED avables |
| Submit approved statement with attachments to Acc                                                                                                                                                                                                                                                                                                                                                          | ounts Payable;                                                                                                 | annan ar an                                                                                          |                                                                               |
| <ul> <li>Attach: <ul> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies or signatures if signatures are not on report)</li> </ul> </li> <li>And where applicable: <ul> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Serv.</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul> </li> </ul> |                                                                                                                | Address:<br>Alberta Health Services<br>Accounts Payable<br>7th Street Piaza<br>10th Floor, North Tower, 10030-10<br>Edmonion, AB T4J 3E4 | 7 Street                                                                      |
| Accounts Payable only:                                                                                                                                                                                                                                                                                                                                                                                     | and a second | <i>``</i>                                                                                                                                | 1. i a                                                                        |
| Reference #:                                                                                                                                                                                                                                                                                                                                                                                               | Reviewed by:                                                                                                   | 1/10                                                                                                                                     | Date: Seft 08/4                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                          |                                                                               |

Proprietary and Confidential Powered by BMO Spend & Payment Solutions

# STATEMENT FOR THE MONTH OF JUNE 2011

\* <sup>\*</sup>\*

| NO                              | DATE | TIME  | NAME             | DESTINATION                 | AMOUNT   |  |  |  |
|---------------------------------|------|-------|------------------|-----------------------------|----------|--|--|--|
| 1                               | 30   | 08:30 | Dr.Eagle & 3ppl  | SSP to Glenrose             | \$50.00  |  |  |  |
| 2                               | 30   | 12:00 | Dr.Eagle         | Glenrose to Cross<br>Cancer | \$50.00  |  |  |  |
| 3                               | 30   | 14:45 | Dr.Eagle         | Cross Cancer to SSP         | \$50.00  |  |  |  |
|                                 |      |       | · ·              |                             |          |  |  |  |
|                                 |      |       |                  |                             |          |  |  |  |
|                                 |      |       |                  |                             |          |  |  |  |
|                                 |      |       |                  |                             |          |  |  |  |
|                                 |      |       | s.17(1), 17(4)(e | .1)                         |          |  |  |  |
| All prices are inclusive of GST |      |       |                  |                             |          |  |  |  |
| ·                               |      |       |                  | TOTAL                       | \$150.00 |  |  |  |

DR. Engle / Dr. K. colling ton



¥.,

| 111 SUSAN T                                                    |                                |   |
|----------------------------------------------------------------|--------------------------------|---|
| Tbl 52/1 Chk 1917<br>Jul28'11 11:29                            | Gst<br>AM                      | 2 |
| 1 ICED TEA<br>2 COFFEE @ 4.00<br>1 RISOTTO<br>1 CHICKPEA SALAD | 4.00<br>8.00<br>15.00<br>13.00 |   |
| Subtotal<br>40.00 GST Percent<br>Amount Due 42                 | 40.00<br>2.00<br><b>.00</b>    |   |

WILDFLOWER RESTAURANT 10009 107th Street Edmonton, AB T5J 1J1 780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 26949

Check #: 1917 Employee #: 111 Employee Name: SUSAN T Workstation #: 1

MasterCard Pre-Auth Purchase xxxxxxxxxx9747 S

Amount \$42.00

١.

APPROVED 145957 00-001 145957 S0001T0001/WILDFC01 157001001004 2011/07/28 12:59:56

Customer Copy

Gormlieg Juneta

7 k t .

GLENORA BISTRO 10139 124TH STREET

EDMONTON, AB (5N 1P5 (780) 462-3531

.:: A4147857 BARCHU: 049 2E ID: 249 SHIFTA: 001

Sale INVH: GUID JOGA4 SEON: 049001001004

. ... «\*\*\*\*\*9747

| Amount:<br>Tip; | \$<br>\$    | 4 - 71<br>8 00                                                                                          |
|-----------------|-------------|---------------------------------------------------------------------------------------------------------|
|                 |             | <ul> <li>A second state when when the second state</li> <li>A second state state state state</li> </ul> |
| Total:CA        | D\$         | 56.71                                                                                                   |
|                 | VED<br>01/0 | 140012<br>0                                                                                             |
| NO SIG          | VATURE R    | EQUINE                                                                                                  |

10-Aus -11 12:32:11

| CC <u>Peccipt</u>                                                                                                                                                  | 1824Dinex                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Thank you for shoppi<br>Future Shop Saani<br>exciting stuff                                                                                                        | - Buoner                           |
| 3450 Uptown Boulevard, 5<br>250-419-7670                                                                                                                           | Saanich                            |
| Keep your receip                                                                                                                                                   | t .                                |
| 1082-5579-2277-2375                                                                                                                                                |                                    |
| 164 0537 08/13/11 16                                                                                                                                               | 24 U6PU                            |
| SALES                                                                                                                                                              | <u>î</u>                           |
| 22 920-003407<br>: KYBRD CSE IPAD2<br>»ciate # U6PU                                                                                                                | 99.99<br>80888                     |
| SUBTOTAL                                                                                                                                                           | 99.99                              |
| HST BC<br>-<br>Total                                                                                                                                               | 12.00<br>                          |
| ioinc                                                                                                                                                              | 111.22                             |
| action Record SALE<br>xxxxxx9747 C MASTERCARD<br>ved 192425<br>0010 064 C<br>0: 001001001305<br>SD 001/00<br>2011 16:24:25<br>A0000000041010<br>MasterCard         | (, 111,99), San Augustan           |
| `₂9↓#_R135664738                                                                                                                                                   | *                                  |
| P your way - Order online<br>shippiñs*jor in-store più<br>futureshop.ca for detaj<br>*Some conditions appl                                                         | k up. Visit =                      |
| R CUSTOMER SERVICE 4-PAR<br>0010 064 0537 081311                                                                                                                   | -KEY IS:                           |
| TELL US HOW WE'RE DOIN<br>KE OUR SURVEY IN THE NEXT<br>AND ENTER FOR A CHANCE TO<br>\$500 FUTURE SHOP GIFT<br>Go to: www.futureshopcar<br>& enter the following co | 30 DAYS<br>WIN A<br>CARD,<br>es.ca |
| Group A: 103640<br>Group B: 1537<br>Group C: 008119PU                                                                                                              | U600 §                             |
| ç (                                                                                                                                                                | to<br>1 *                          |

٦.

C Receipt JD/B

# Rustic ille Stadium Plaza 1935 Uxbridge Dr. NW Calgary, Alberta Tel: 403-220-0222 Check #: 132624

# Duplicate

۰<sup>۰</sup> ۰

| er: Jessica<br>ble: 35 -1                                                       |                      | 08/17/2011<br>12:55                                    |
|---------------------------------------------------------------------------------|----------------------|--------------------------------------------------------|
| Pop<br>Spolumbos<br>Coffee<br>Cranberry<br>Southwest<br>Add Chicke<br>Cappucino | & Soda<br>Salad      | 2.95<br>14.00<br>2.95<br>2.95<br>12.00<br>5.00<br>4.50 |
|                                                                                 | SUB-TOTAL :<br>GST : | 44.35<br>2.22                                          |
| TOTA                                                                            |                      | 46.57                                                  |

Thank you for dining with us!

second and the second

Follow us on Twitter! @RedwaterStadium

GST # 587684799

Redwater Rustic arille Stadium Plaz 1935 Uxbridge Dr. NW Calgary, Alberta

|   | sterCard  |        |                        |  |
|---|-----------|--------|------------------------|--|
| 2 | pe        | ;      | PreAuth                |  |
|   | rd Number | 3<br>1 | xxxxxxxxxx9747         |  |
|   | te/Time   | :      | 08/17/2011 01:00:18 PM |  |
|   | ference # | ;      | 66110277 0010018990 S  |  |
|   | eck       | •      | 132624                 |  |
|   | rver Name | ;      | Jessica                |  |
|   | ble       | e<br>c | 35                     |  |
| ÷ | proval #  | *      | 150018                 |  |
|   |           |        |                        |  |

# SUBTOTAL: \$46.57

TIP: \$\_\_\_\_\_ TOTAL: \$\_\_\_\_\_555

01 Approved - Thank You 027

\* Customer Copy \*

| SAIT<br>1301 16th Ave<br>Cad-T2M 0L4 Cal<br>Tax CodeCAGS                                                      | narv           |
|---------------------------------------------------------------------------------------------------------------|----------------|
| P2 Exit 17/08/1.<br>Receipt 096856                                                                            | 1 16:02        |
| Short-Term Parking<br>Mastercard<br>Lot P2<br>17/08/11 14:23 -<br>17/08/11 16:02 -<br>Period Od1h40'<br>(GST) | \$7.00         |
| Total                                                                                                         | \$7.00         |
| Payment Received<br>MC<br>XXXXXXXXXXX9747                                                                     | <b>\$7.</b> 00 |
| Sub Total<br>GST 5%                                                                                           | \$6.67<br>0.33 |
| All Amounts in C.<br>Deliv. Date=Receipt                                                                      | AD,<br>Datte⊨  |

| Hampton,                                                                                | e<br>                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>by Hilton - Calgary U</b><br>all NW • Calgary, AB<br>89-9800 • Fax (403)                                                         | T2M 4L2                                                                                                                              | C Recipt                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EAGLE, CHRIS<br>10030-107 STF<br>14TH FL NOR<br>EDMONTON, A<br>CA                       | REET<br>TH TOWER-ATT                                               | name<br>address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | room number:<br>arrival date:<br>departure date:<br>adult/child:<br>room rate:                                                      | 303/SXBL<br>8/16/2011 8:54:00F<br>8/18/2011<br>1/0<br>119.00                                                                         | If the debit/credit card you are using for check-in<br>is attached to a bank or checking account, a hold<br>will be placed on the account for the full anticipated<br>dollar amount to be owed to the hotel, including<br>estimated inddentals, through your date of check-out<br>and such funds will not be released for 72 business<br>hours from the date of check-out or longer at the<br>discretion of your financial institution. |
|                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RATE PLAN<br>HH# 399354064 F<br>AL: AC #1159<br>CAR:                                                                                | BLUE                                                                                                                                 | F1C                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                         | ON NUMBER :<br>PAGE                                                | 83105969                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | your room. A safety deposit box is availa<br>to be held personally liable in the event tha<br>of these charges. I have accepted del | ble for you in the lobby. I ag<br>It the indicated person, companies<br>ivery of The Globe & Mail<br>Int of an emergency, I, or some | to not leave any money or items of value unattended in<br>pree that my liability for this bill is not waived and agree<br>ny or association fails to pay for any part or the full amount<br>. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit<br>some in my party, require special evacuation assistance due                                                                                                                       |
| date                                                                                    | reference                                                          | and the second sec | tion                                                                                                                                | amount                                                                                                                               | 8                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8/16/2011<br>8/16/2011<br>8/17/2011<br>8/17/2011<br>8/17/2011<br>8/17/2011<br>8/18/2011 | 820232<br>820232<br>820405<br>820405<br>820405<br>820405<br>820473 | GUEST ROOM<br>ROOM TAX<br>GST 129123600 RT 0004<br>GUEST ROOM<br>ROOM TAX<br>GST 129123600 RT 0004<br>MC *9747<br>* * BA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ALANCE * *                                                                                                                          | \$119.00<br>\$4.76<br>\$5.95<br>\$119.00<br>\$4.76<br>\$5.95<br>(\$259.42)<br>\$0.00                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| for reservat<br>account no.                                                             | any other stay<br>STAY IN TOL<br>AND LIKE US                       | rs(R) stays are posted within 72 hou<br>y at more than 3,000 Hilton Family ho<br>JCH WITH US IN BETWEEN STAYS<br>S ON FACEBOOK (FACEBOOK.CO)<br>hampton or visit us online at han                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | otels worldwide, please visit H<br>5! FOLLOW US ON TWITTER<br>M/HAMPTON)                                                            | iltonHHonors.com.                                                                                                                    | thanks.                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| card member                                                                             | name                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8/16/11.20:54:00<br>authorization                                                                                                   | 241114 A <sub>ini</sub>                                                                                                              | tial                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| establishmen                                                                            | HRIS<br>t no. and location                                         | establishment agrees to transmit to card hole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | der for payment 051323<br>purchases & serv                                                                                          | ices                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | taxes                                                                                                                               |                                                                                                                                      | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tips & misc.                                                                                                                        |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| -                                                                                       | of card member                                                     | ann an Allah an Allah an Anna ann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| X                                                                                       | $-\nearrow$                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | total amount                                                                                                                        | -259.42                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| WALDORF<br>ASTORIA<br>ASTORIA                                                           |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | en Inn 900                                                                                                                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |



# Instruction:

· Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement

| Cardholder AND Approve      | r's signatures required where indicated below |                                |                  |
|-----------------------------|-----------------------------------------------|--------------------------------|------------------|
| EAGLE, CHRIS                | PRESIDENT & CEO                               |                                |                  |
| Cardholder's Name           | Cardholder's Position/Title                   | Billing Reporting Period:      | 20/07/2011       |
|                             | SEVENTH STREET PLAZA                          |                                |                  |
| Cardholder's Dept           | Cardholder's Site/Location                    | Total Statement Amount:        | \$218.62         |
| CHRIS.EAGLE@ALBERTAHE       | ALTHSERVICES.CA                               |                                |                  |
| Cardholder's e-mail address |                                               | Last 6 digits of the P-Card #: | XXXXXXXXXX189747 |

| Statement o         | f Transacti | ons                                                             | 2 in 19                  |     |              |      |         |                     |
|---------------------|-------------|-----------------------------------------------------------------|--------------------------|-----|--------------|------|---------|---------------------|
| Transaction<br>Date | Trans ID    | Merchant Name & Description                                     | Trans Original<br>Amount |     | Trans Amount | GST  | Freight | Description         |
| 20/06/2011          | 259285859   | WILDFLOWER RESTAURANT, EATING<br>PLACES, RESTAURANTS            | ¢ 46.00                  | CAD | 46.00        | 1.90 |         | Lunch S. Weatherill |
| 23/06/2011          | 259626621   | UNIVERSITY OF CALGARY,, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | Į72.62                   | CAD | 172.62       | 7.70 |         | Calgary Meetings    |



# Signatures

Cardholder

Cardholder Designate (if Applicable)

# By signing this statement

 I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

JOYCE L. MUR Napus of Cardholder Designate MURRAN

Sygnature of Cardholder Designate

EXA MILL HEAT MARK Carcholder Designate Position/Title 25, 2011

PRESIDENT & CEO Cardholder Position/Title

Date of Signature

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

### EAGLE, CHRIS

By signing this statement

| Name & Gardhouder        |  |
|--------------------------|--|
| etta                     |  |
| (VI)                     |  |
| Country & Stranger alder |  |

Supply of Cercholder

# Approver Designate (if Applicable)

By signing this statement

1 hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a autorized approver,

Name of Approver Designate

Approver Designate Position/Title

Joil

Signature of Approver Designate

Date of Signature

### Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- l acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

| Ken Hughes<br>Name of Approver | 6        | Chair Alberto Health Services<br>Approver Position/Title<br>July 29/11<br>Date of Signature |
|--------------------------------|----------|---------------------------------------------------------------------------------------------|
|                                | <u> </u> | ······································                                                      |

| Attach:<br>• Original itemized receipts<br>• Signed Confliction Statement Report for matter of electronic                       | Address:                                    |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <ul> <li>Signed Cardholder Statement Report (or copies of electronic<br/>signatures if signatures are not on report)</li> </ul> | Alberta Health Services<br>Accounts Payable |
| And where applicable:                                                                                                           | 7th Street Plaza                            |
| <ul> <li>Copies of pre-approvals for travel</li> </ul>                                                                          | 10th Floor, North Tower, 10030-107 Street   |
| <ul> <li>Personal cheque payable to "Alberta Health Services"</li> </ul>                                                        | Edmonton, AB T4J 3E4                        |
| <ul> <li>Return, refund and/or credit receipts</li> </ul>                                                                       |                                             |
| Disputes letter                                                                                                                 |                                             |

| Accounts Payable only: | · · · · ·    |       |
|------------------------|--------------|-------|
| Reference #:           | Reviewed by: | Date: |

Board



# 111 SUSAN T

.

.

,× •

| Tb1 |                                                                                   | Chk 537<br>'11 12:0 | Gst<br>4PM                                                     | 2 |
|-----|-----------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|---|
| 1   | TEA<br>COFFEE<br>MIXED VEG<br>TUNA SALAI<br>Subtotal<br>3.00 GST Pe<br>Amount Due | )<br>ercent         | 5.00<br>4.00<br>15.00<br>14.00<br>38.00<br>1.90<br><b>3.90</b> |   |

WILDFLOWER RESTAURANT 10009 107th Street Edmonton, AB T5J 1J1 780-990-1938

\*\* TRANSACTION REVIEW ##

Tran. #: 10294

Check #: 537 Employee #: 111 Employee Name: SUSAN T Workstation #: 1

MasterCard Pre-Auth Purchase xxxxxxxxxx9747 S

Amount \$39.90

<u>62</u> Tip \$\_\_\_

TOTAL \$ 46

.

APPROVED 150216 00-001 150216 S000110001/WILDFC01 079001001004 2011/06/20 13:02:15

Customer Copy

Maaring with Sheila Westher 111

Page 1 of 1





169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 W HOTELALMA.CA



EAGLE, CHRIS

# 14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

Room Number: 707 Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1 / 0

| ARRIVAL   | DEPARTU   | RE CREDIT CARD            | RATE PLAN           | CATEGORY                                             | ACCOUNT     |
|-----------|-----------|---------------------------|---------------------|------------------------------------------------------|-------------|
| 21-Jun-11 | 22-Jun-11 | XXXXXXXXXXXX9747          | AHS                 | COR                                                  | 20090116722 |
| DATE      | ROOM NO   | DESCRIPTION               | REFERENCE           | e é fei<br>e anna an ann ann an an an an an an an an | AMOUNT      |
| 21-Jun-11 | 707       | ROOM CHARGE               | #707 EAGLE, CHRIS   | anna a chairtean ann an Anna an Anna                 | \$154.00    |
| 21-Jun-11 | 707       | GST                       | GST                 |                                                      | \$7.70      |
| 21-Jun-11 | 707       | DESTINATION MARKETING FEE | DESTINATION MARKETH | NG FEE                                               | \$4.76      |
| 21-Jun-11 | 707       | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEV | Y                                                    | \$6.16      |
| 22-Jun-11 | 707       | MASTERCARD                | MASTERCARD          |                                                      | (\$172.62)  |

1. Meeting with OR NUESS CLINICIAN GROUP FMC. 7. CLINICAL MONASCIMENT TROM 3. Mayor WEAShi 3. Mayor WEAShi

CREDIT DUE:

(\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGKEE TO DE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

Eintered 2/11



# **Travel & Employee Expense Claim Form**

|                                      | s 17(1) 17(4)(g)(i)                                        |                                                          |
|--------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| Out-of-Province Travel:              | Prior Approval Date (related to Out-of-<br>Province only): | Prior Approved by (related to Out-of-<br>Province only): |
| Name: ChRis EAGLE                    | Employee #:                                                | Union Name:                                              |
| Position (Title): PRESIDENS & CEC    | Department:                                                | Location: 14th Flash Strenth year                        |
| Business Phone #:                    | Travel Period From:                                        | to PLOZA                                                 |
| What former entity payroll system is | the employee being paid from? (please                      | e 🗸 one from below)                                      |
|                                      | Calgary Health                                             | East Central                                             |
| Alberta Cancer Board                 | Capital Health                                             | Northern Lights                                          |
| Alberta Mental Health Board          | Chinook                                                    | Pailiser Health                                          |
| Aspen                                | David Thompson                                             | Peace Country                                            |

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

|                                |                             | Summary of                               | Travel & Employ<br>(by Expense Account) | ee Expenses                           | , <u> </u>     |                        |
|--------------------------------|-----------------------------|------------------------------------------|-----------------------------------------|---------------------------------------|----------------|------------------------|
|                                | Finance Code                | / Accounting Distribu<br>(if applicable) | Non-Canadian<br>Currency                | Exchange Rate                         | Canadian<br>\$ |                        |
| Corp/BU/Org<br>(if applicable) | Location<br>(if applicable) | Functional<br>Centre/Primary             | Expense/Secondary<br>Account            |                                       |                |                        |
| <i>io1</i>                     | 0923                        | 71110101058                              | 6402,0000                               |                                       |                | <u>146.35</u><br>44.10 |
| 101                            | 0923                        | 71110101053                              | 67603000                                |                                       |                | 44.10                  |
| 101                            | 0923                        | 71110101058                              | 62300200                                |                                       |                | 86.07                  |
|                                | ······                      | Alberta Health                           |                                         | · · · · · · · · · · · · · · · · · · · |                |                        |
| Total GST                      |                             | Accounts F                               | ayable                                  |                                       |                |                        |
| Subtotal                       |                             |                                          | 2011                                    |                                       |                |                        |
| Less Cash Ac                   | <b>ivance (if applic</b>    | able)                                    |                                         |                                       |                |                        |
| Total                          |                             | RECEI                                    | VED                                     |                                       |                | 276.52                 |

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature:

Date:

Aug. 15, 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

V

| Approved By (please print): (ATHY ROTEN | Title: Vice / having Board | Phone #        |
|-----------------------------------------|----------------------------|----------------|
| Signature: / ale Vag                    | Cavering for ten Huges -   | Date: 08/19/11 |
| Approved By (please print):             | Title:                     | Phone #        |
| Signature:                              |                            | Date:          |

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

# **EXPENSE CLAIM DETAILS**

| Date<br>(DD/MM/YY) | Particulars (Describe<br>Purpose of Trip & Location) | GST<br>\$                             | Accommodation<br>\$                   | Meal Type<br>B, L or D | Meals<br>\$    | Course Registration &<br>Material \$ | Transportation<br>\$ | Other<br>\$ | Mileage<br>km |
|--------------------|------------------------------------------------------|---------------------------------------|---------------------------------------|------------------------|----------------|--------------------------------------|----------------------|-------------|---------------|
| 11/8/11            | Telus Mubility                                       | 7.62 0                                | ×                                     |                        |                |                                      |                      | 138.73      |               |
|                    |                                                      |                                       |                                       |                        |                |                                      |                      |             |               |
| 3/8/11             | Linch - Frey 14y Clyb                                | 2.10                                  |                                       |                        |                |                                      |                      | 42.00       |               |
|                    | STEPHEN Duckett                                      |                                       |                                       |                        |                |                                      |                      | 10,         |               |
| 29/7/11            | Tours @ -38                                          | \$ \$ 226.                            | SOKM                                  |                        |                |                                      | 86.00                |             |               |
|                    | LEDIE, WETOSKIWIN,                                   |                                       |                                       |                        |                |                                      |                      |             |               |
| ļ                  | PONOKA                                               |                                       |                                       |                        |                |                                      |                      |             |               |
|                    | ,                                                    |                                       |                                       |                        |                |                                      |                      |             |               |
| [                  |                                                      |                                       |                                       |                        |                |                                      | - <u>'</u>           |             |               |
|                    |                                                      |                                       |                                       |                        |                |                                      |                      |             |               |
|                    |                                                      |                                       |                                       |                        | ,,,,           |                                      |                      |             |               |
| Total KM           |                                                      | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                        |                |                                      |                      |             |               |
| Applicable         | Mileage rate @                                       |                                       |                                       |                        | ···· · · ····  |                                      | ,                    |             |               |
| Totals             |                                                      | 9.72 0                                |                                       |                        |                |                                      | 86.00                | 180.73      |               |
|                    | Note: Re                                             |                                       | tal amount for ea                     | ch expense ca          | ategories from | above to the summary tal             |                      |             |               |

EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

# 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

# 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

# 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0,505 per km for approved travel in a fiscal year.

- · Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.

• Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

• Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

# 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Mileage – Dr. Chris Eagle July 29, 2011

Tour

r

,

.

Edmonton/Leduc Community Hospital Leduc/Wetaskiwin Hospital and Care Centre Wetaskiwin/Ponoka – Centennial Centre for Mental Health & Brain Injury Ponoka/Edmonton

226.5 km x .38¢ = \$86.07

PAGE 1 of 3

BILL DATE : 16-Jul-11

\$

CLIENT Nº :

s.17(1), 17(4)(e.1)



| Staying connected when traveling just got<br>easier                                                                                                                                                                                                                                      | MOBILITY BILL SUMMARY<br>CURRENT CHARGES                                                                                                                                        | Contract Term : 3 yr                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| At TELUS, we've reduced our data and voice<br>international rates by up to 60% until September<br>30. Plus, you'll no longer need an international<br>pass or passport. For more information visit<br>www.telusmobility.com/intl                                                         | iPhone 100 - Double mins<br>Long Distance Charges<br>Data and Other Services<br>Value Added Services<br>Other Charges and Credits<br>Taxes                                      |                                            | \$ 100.00<br>\$ 22.70<br>\$ 0.75<br>\$ 27.00<br>\$ 2.00 |
| This bill may be arriving to you late<br>As a result of the Canada Post work disruption,                                                                                                                                                                                                 | GST/HST<br>Total Taxes<br>Total Current Charges                                                                                                                                 | 7.62                                       | \$ 7.62<br><b>\$ 160.07</b>                             |
| this TELUS paper bill may be arriving to you<br>later than usual. If you have already paid it<br>through your online account, please simply store<br>this for your records.                                                                                                              | YOUR LAST BILL                                                                                                                                                                  |                                            | <del></del>                                             |
| To avoid any future mail disruptions, sign up for<br>e.bill. You'll be able to easily view and pay your<br>bills from the convenience of your computer or                                                                                                                                | Amount of Last Bill 16-Jun-11<br>Payments<br>Payment Reversals<br>Total Previous Charges Brought Forward                                                                        | -                                          | \$ 161.28<br>\$ -175.00<br>\$ 0.00<br><b>\$ -13.72</b>  |
| phone then print them for your records. To sign<br>up, log into your online account at<br>telusmobility.com/youraccount then select<br>"Billing".                                                                                                                                        | Payment received after 13-Jul-11 may not be refle<br>For inquiries please call Client Care by Dialing *611 from<br>your handset or see reverse for local and toll-free numbers. | ected on this invoice.<br>Total Amount Due | \$ 146.35                                               |
| Go paper free and save a tree                                                                                                                                                                                                                                                            |                                                                                                                                                                                 |                                            |                                                         |
| TELUS e.Bill is convenient, reduces clutter and<br>best of all - it saves trees. With e.Bill you get up<br>to 18 months of historical bills, call filtering and<br>reporting, secure 24/7 access, email and text<br>notifications. To view your e.Bill visit<br>telusmobility.com/ebill. |                                                                                                                                                                                 |                                            |                                                         |
| TELUS e.Bill is convenient, reduces clutter and<br>best of all - it saves trees. With e.Bill you get up<br>to 18 months of historical bills, call filtering and<br>reporting, secure 24/7 access, email and text<br>notifications. To view your e.Bill visit                             |                                                                                                                                                                                 |                                            |                                                         |



|                        | Payable o | online or through most financial institutions |
|------------------------|-----------|-----------------------------------------------|
| Mobility Client Number | Bill Date | Total Amount if received                      |
|                        |           | by 11-Aug-11                                  |
|                        | 16-Jui-11 | \$ 146.35                                     |

÷. . ÷. ... .. ... .

Additional fees apply for late payments

57

Amount of Payment

Please do not staple

PTLPS01A E S 17774 00000085 205(T)

s.17(1), 17(4)(g)(i)

CHRIS J. EAGLE

الاد ما ما ما در ال

Please make cheques payable to TELUS

t

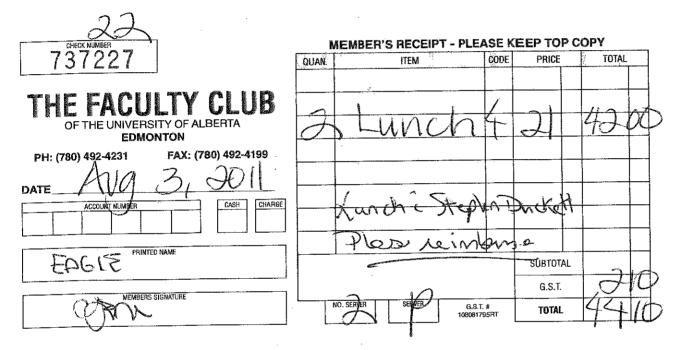
CLIENT Nº :

BILL DATE : 16-Jul-11 PAGE 3 of 3

# s.17(1), 17(4)(g)(i)



| chris J. Eagle $s.17(1), 17(4)(g)(i)$                                                       |                                   |                        |                                                                                                                 |                       |                 |           |
|---------------------------------------------------------------------------------------------|-----------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|-----------|
| Current Charges - Detail                                                                    |                                   | Contract Terr          | m:3yr                                                                                                           |                       |                 |           |
| Monthly Service Plans Jul 17 to Aug 16                                                      |                                   |                        |                                                                                                                 |                       |                 |           |
| Service Plan Name                                                                           |                                   |                        |                                                                                                                 |                       | Total           |           |
| iPhone 100 - Double mins                                                                    |                                   |                        |                                                                                                                 |                       | 100.00          |           |
| Total                                                                                       |                                   |                        |                                                                                                                 |                       | ••••            | \$ 100.00 |
| Additional Local Airtime "Free Airtime includes: bon                                        | us minutes, birthday calling, eve | nings & weekends, free | incoming; *611 and Ir                                                                                           | Network Calling       |                 |           |
| Service                                                                                     | Total                             | *Free                  | Included<br>Airtime                                                                                             | Chargeable<br>Airtime | Total           |           |
| Phane (minutes)                                                                             | Airtime<br>653:00                 | Airtime<br>135:00      | 518:00                                                                                                          | 0:00                  | 0.00            |           |
| Phone (minutes)<br>Total                                                                    | 0.50.00                           | 100.00                 | 010.00                                                                                                          |                       |                 | \$ 0.00   |
| Long Distance Charges                                                                       |                                   |                        |                                                                                                                 |                       |                 |           |
| Service                                                                                     | Total                             | Free                   | Included                                                                                                        | Chargeable            | Total           |           |
|                                                                                             | LD Minutes                        | LD Minutes             |                                                                                                                 | LD Minutes            |                 |           |
| Domestic Phone                                                                              | 427:00                            | 0:00                   | 200:00                                                                                                          | 227:00                | 22.70           | ê 00 70   |
| Total                                                                                       |                                   |                        |                                                                                                                 |                       |                 | \$ 22.70  |
| Data and Other Services                                                                     |                                   |                        | ·                                                                                                               |                       |                 |           |
| Service                                                                                     |                                   |                        | Total<br>Events                                                                                                 | Event<br>Type         | Total           |           |
| Text Messaging - Sent                                                                       |                                   |                        | 3                                                                                                               | Msg                   | 0.45            |           |
| Data Usage<br>Text Messaging - Received                                                     |                                   |                        | 103.941<br>2                                                                                                    | MB<br>Msg             | 0.00<br>0.30    |           |
| Total                                                                                       |                                   |                        |                                                                                                                 | ······                |                 | \$ 0.75   |
| Value Added Services                                                                        |                                   | ·                      |                                                                                                                 |                       |                 |           |
| Service *                                                                                   |                                   |                        |                                                                                                                 |                       | Total           |           |
| 200 mins Cdn LD @ 10¢ (Jul 17 to Aug 16)                                                    |                                   |                        |                                                                                                                 |                       | 20.00           |           |
| 3 GB included data (Jul 17 to Aug 16)                                                       |                                   |                        |                                                                                                                 |                       | Free<br>7.00    |           |
| Feature Bundle - Small (Jul 17 to Aug 16)<br>Visual Voicemail for iPhone (Jul 17 to Aug 16) |                                   |                        |                                                                                                                 |                       | Free            |           |
| Total                                                                                       |                                   |                        |                                                                                                                 |                       |                 | \$ 27.00  |
| Other Charges and Credits                                                                   |                                   |                        | a el astronomica de la composición de l |                       |                 |           |
| Charges and Credits                                                                         |                                   |                        |                                                                                                                 |                       | Total           |           |
| Summary Paper Bill Fee                                                                      |                                   |                        |                                                                                                                 |                       | 2.00            |           |
| Total                                                                                       |                                   |                        |                                                                                                                 |                       | <b>1</b> 11 - 1 | \$ 2.00   |
| Taxes                                                                                       | n na shekarar                     |                        | 40 440 Y Ye Y                                                                                                   |                       | Total           |           |
| GST                                                                                         |                                   |                        |                                                                                                                 |                       | 7.62            | \$ 7.62   |



. .

67

· · · · ·

enture's shuff ///



# **Travel & Employee Expense Claim Form**

| Out-of-Province Travel:                                                                      | Prior Approval Date (related to Out-of-<br>Province only): $s.17(1), 17(4)(g)(i)$ | Prior Approved by (related to Out-of-<br>Province only): |  |  |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|--|--|
| Name: ChRIS FAGLE                                                                            | Employee #:                                                                       | Union Name:                                              |  |  |
| Position (Title): President +160                                                             | Department:                                                                       | Location: /Yth Flack Sof EVANON.                         |  |  |
| Business Phone #: 790.342-2003                                                               | Trave! Period From:                                                               | to                                                       |  |  |
| What former entity payroll system is the employee being paid from? (please - one from below) |                                                                                   |                                                          |  |  |
|                                                                                              | Calgary Health                                                                    | East Central                                             |  |  |
| Alberta Cancer Board                                                                         | Capital Health                                                                    | Northern Lights                                          |  |  |
| Alberta Mental Health Board                                                                  | Chinook Palliser Health                                                           |                                                          |  |  |
| Aspen                                                                                        | David Thompson                                                                    | Peace Country                                            |  |  |

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

| Summary of Travel & Employee Expenses<br>(by Expense Account) |                             |                                                 |                                 |                          |               |                |
|---------------------------------------------------------------|-----------------------------|-------------------------------------------------|---------------------------------|--------------------------|---------------|----------------|
|                                                               | Finance Code                | <pre>/ Accounting Distrib (if applicable)</pre> |                                 | Non-Canadlan<br>Currency | Exchange Rate | Canadian<br>\$ |
| Corp/BU/Org<br>(If applicable)                                | Location<br>(If applicable) | Functional<br>Centre/Primary                    | Expense/Secondary<br>Account    |                          |               |                |
| 101                                                           | 0923                        | 7111010158                                      | 62400000<br>6960000<br>68300200 |                          |               | 25.00          |
|                                                               |                             |                                                 | 69600000                        |                          |               | 62.95          |
|                                                               |                             |                                                 | 62300200                        |                          |               | 239.40         |
|                                                               |                             |                                                 | 64020000                        |                          |               | 161.28         |
| Total GST                                                     |                             |                                                 |                                 |                          |               |                |
| Subtotal                                                      |                             |                                                 |                                 |                          |               |                |
| Less Cash Ac                                                  | dvance (if applic           | able)                                           |                                 |                          |               | ``             |
| Total                                                         |                             |                                                 |                                 |                          |               | 488.63         |

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature:

MA

Date: July 26,0011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

| Approved By (please print) = KED HUGHES | Title: Chair, AHS Board | Phone #         |
|-----------------------------------------|-------------------------|-----------------|
| Signature: Ken Hil                      |                         | Date: 1 4 24/11 |
| Approved By (please print):             | Title:                  | Phone #         |
| Signature:                              |                         | Date:           |

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

#### **EXPENSE CLAIM DETAILS**

| Date<br>(DD/MM/YY) | Particulars (Describe<br>Purpose of Trip & Location)                                                | GST<br>\$ | Accommodation<br>\$ | Meal Type<br>B, L or D | Meals<br>\$ | Course Registration &<br>Material \$ | Transportation<br>\$ | Other<br>\$ | Mileage<br>km |
|--------------------|-----------------------------------------------------------------------------------------------------|-----------|---------------------|------------------------|-------------|--------------------------------------|----------------------|-------------|---------------|
| 8/6/11             | MEDL AHS BOARDMEETIN                                                                                | ÿ         |                     |                        | 19.20       |                                      | ·····                |             |               |
| 916/11             | MEN AHS BOOLD MEETIN                                                                                |           |                     |                        | 29.25       |                                      |                      |             |               |
| 15/6/11            | Kinch - Colgory Mecan                                                                               | AC.       |                     |                        | 14.50       |                                      |                      |             |               |
| 21-22/6/11         | CALGARY MEETINGS                                                                                    | /         |                     |                        | •           |                                      |                      | -384 ×      | 630KM         |
|                    | 92P CUNSOR MARNE                                                                                    | nex       |                     |                        |             |                                      |                      |             |               |
|                    | TEOM MOYNE NEWS                                                                                     |           |                     |                        |             |                                      |                      |             |               |
| 24/6/11            | POLKING (Tolus PLOZA)                                                                               |           |                     |                        |             |                                      | 25.00                |             |               |
| 16/6/11            | Teas                                                                                                | 7.68      |                     |                        |             |                                      |                      | 153.60      |               |
|                    |                                                                                                     |           |                     |                        |             |                                      |                      | ,           |               |
|                    |                                                                                                     |           |                     |                        |             |                                      |                      |             |               |
|                    |                                                                                                     |           |                     |                        |             |                                      |                      |             |               |
| Total KM           |                                                                                                     |           |                     |                        |             |                                      |                      |             |               |
| Applicable         | Mileage rate @                                                                                      |           |                     |                        |             |                                      |                      |             |               |
| Totals             |                                                                                                     | 7.68.     |                     |                        | 62.95 .     |                                      | 025.00               | 153.60      | 239.40        |
|                    | Note: Record the total amount for each expense categories from above to the summary table on page 1 |           |                     |                        |             |                                      |                      |             |               |

#### EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

#### 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

#### 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

#### 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

- .Vehicle owners are responsible for any losses that may arise.
- •Business car insurance is reimbursable up to \$500 per year with receipts.
- . Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

#### 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

| pls rein                    | iburze         |
|-----------------------------|----------------|
| IMPARK LOT N<br>TELUS MLAZA |                |
| GST #89731                  |                |
| 06-24-2011 FR               | ;<br>? 84      |
| VO-24-2011 /K               |                |
| 5 HOLR<br>Total             | 25.00<br>25.00 |
| CATEND                      | 25.00          |
| CHANE                       | 0.00           |
|                             |                |

15:8 13:48TM

.

,

1

TRILATERAL MASTER AGREEMENT MORTING

1CL



5

τ

.

MOXIE'S CLASSIC GRILL MARKET MALL O223 Table 31 #Party 1 189\*TIM P SvrCk: 13 18:44 06/09/11 DINING ROOM

| 1                                |            |
|----------------------------------|------------|
| 80Z WOIF BLY LAB CAB-SAU         | 11.03      |
| WARTER SPRING MIX SALAD          |            |
| E JE CLATCO CALLON A TIL         | 5.75 🗸     |
| NEPLE GLAZED SALMON, W/Wild rice | 13. 50 🗸 - |

|             | Sub    | Totai. | aut. 25 |
|-------------|--------|--------|---------|
|             | GST    | \$     | 2.01    |
| 06/09 19:18 | TOTAL: | 42     | .26     |

GREAT DRINK SPECIALS EVERY DAY OF THE WEEK Moxie's gift cards available \*\*\*\*Ploase pay your server\*\*\*\* G.S.T.#868413642

Rinber 2925

**Best Copy Possible** 

|           | - 14 T            |
|-----------|-------------------|
| Kisa tad  |                   |
|           |                   |
|           |                   |
|           |                   |
|           | 1.50              |
|           | 4.0               |
|           | 2815              |
| · ·       | $\bigcirc q 4' d$ |
| 化增生补偿 泡沫的 | , 1920            |
| Reinbur , | A22               |

AHS BODDO MEETING

# **Best Copy Possible**

|      | de su Trans                                                                                                     | 12          |
|------|-----------------------------------------------------------------------------------------------------------------|-------------|
| ~    | Photo and a second                                                                                              | $r^{2} = 4$ |
| -    | · · · · · · · · · · · · · · · · · · ·                                                                           |             |
| 1000 | mente de la servición de la composición | 1           |
|      |                                                                                                                 | 4<br>N      |
|      |                                                                                                                 |             |
|      | ÷                                                                                                               | 50          |

į

ş

· · · · · · · · · ·

X B

Rimbus "1450

U OF C - BISTRO 2500 UNVRSTY DR NW RM110 <sup>3</sup> CALGARY AB T2N1N4 403-220-6290 TERM 10: 002

۰. -

·\_\_\_\_\_v

VISA ID: 16880231261

# SALE .

.

٠

•

 XXXXXXXXXX6893

 VISA
 ENTRY METHOD:
 (BFP 1)
 -E5

 O6/15/11
 20:
 27

 INV #:
 000021
 APPR COL
 -38

 BATCH #:
 000153
 REF #:
 021

AMOUNT \$33.60 TIP 59 TOTAL 59

сарыны NEB СПРА

Mileage – Dr. Chris Eagle June 21-22, 2011 Calgary Meetings

•

.

- 1. OR Nurse Clinician Group (Foothills Medical Centre)
- 2. FMC Clinical Management Team Meeting
- 3. Mayor Nenshi

630 km x .38¢ = \$239.40

BILL, DATE : 16-Jun-11 PAGE 1 of 3

CLIENT Nº :

s.17(1), 17(4)(g)(i)



| · · · · · · · · · · · · · · · · · · ·                                                        |                                                                | Sar Canada              |            |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------|------------|
| Important TELUS rate changes                                                                 | MOBILITY BILL SUMMARY                                          |                         |            |
| 411 Directory Assistance                                                                     | CURRENT CHARGES                                                | Contract Term : 3 yr    |            |
| Starting August 10, 2011 the TELUS 411                                                       | iPhone 100 - Double mins                                       |                         | \$ 100.00  |
| Directory Assistance rate will increase from                                                 | Long Distance Charges                                          |                         | \$ 24.30   |
| \$2/listing to \$2.50/listing. TELUS 411 Directory                                           | Data and Other Services                                        |                         | \$ 0.30    |
| Assistance gives you quick and easy access to                                                | Value Added Services                                           |                         | \$ 27.00   |
| published phone numbers and addresses within<br>Canada and the U.S.                          | Other Charges and Credits<br>Taxes                             |                         | \$ 2.00    |
|                                                                                              | GST/HST                                                        | 7.68                    |            |
| Pay per use text message rate                                                                | Total Taxes                                                    |                         | \$ 7.68    |
| As of August 10, the pay per use rate for<br>sending and receiving text messages within      | Total Current Charges                                          |                         | \$ 161.28  |
| Canada will increase from \$0.15/message to                                                  |                                                                |                         |            |
| \$0.20/message. This new rate also applies to                                                | YOUR LAST BILL                                                 | 7                       |            |
| text messages that are sent from Canada                                                      | TOOK LAST BILL                                                 |                         |            |
| to the U.S.                                                                                  | Amount of Last Bill 16-May-11                                  |                         | \$ 159.86  |
|                                                                                              | Payments                                                       |                         | \$ -159.86 |
| Don't currently have a text messaging package?                                               | Payment Reversals                                              |                         | \$ 0.00    |
| Add one to your account today and text for less,                                             | Total Previous Charges Brought Forward                         | <del>_</del>            | \$ 0.00    |
| Visit telusmobility.com/textmessaging or call us at 1-866-558-2273 to learn how you can save | Payment received after 13-Jun-11 may not be refl               | ected on this invoice   | ¥ 0.00     |
| with our text packages.                                                                      | For inquiries please call Client Care by Dialing *611 from     | Letter on this invoice. |            |
| with our text packages.                                                                      | your handset or see reverse for local and toll-free numbers.   | Total Amount Due        | \$ 161,28  |
| Access your account online                                                                   | ye na shaka masha shakar a marka a ka ku a a sa sa sa sa sa sa |                         |            |
|                                                                                              |                                                                |                         |            |
| Managing your account online is as free as it is                                             |                                                                |                         |            |
| simple! With a TELUS online account, you have                                                |                                                                |                         |            |
| secure 24-hour access to your information, bills                                             |                                                                |                         |            |
| and account activity in real-time. You can also                                              |                                                                |                         |            |
| update your rate plan and features and switch to                                             |                                                                |                         |            |
| paperless billing. To register or login to your<br>online account, visit                     |                                                                |                         |            |
| telusmobility.com/youraccount.                                                               |                                                                |                         |            |
| terusmobility.com/youraccount.                                                               |                                                                |                         |            |
| Every customer helps us give where we live.                                                  |                                                                |                         |            |
| Over \$211 million given to help our neighbours                                              |                                                                |                         |            |
| across Canada.                                                                               |                                                                |                         |            |
| Find out how at telus.com/community                                                          |                                                                |                         |            |
|                                                                                              | ę                                                              |                         |            |
|                                                                                              |                                                                |                         |            |

|                                        | · · · · · · · · · · · · · · · · · · ·    | Payable   | online or through most financial institutions                                                                     |
|----------------------------------------|------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| TELUS                                  | Mobility Client Number                   | Bill Date | Total Amount if received                                                                                          |
| s.17(1), 17(4)(g)(i)                   |                                          | 16-Jun-11 | by 17.5tel.11<br>\$ 161.28                                                                                        |
| PTLPS01A E S 17217<br>000000082 205(V) | Reimbre<br>16/23<br>s.17(1), 17(4)(g)(t) | ₹7<br>77  | Additional fees apply for fate payments Amount of Payment ease make cheques payable to TELUS Please do not staple |

117 1:00555-9001:

CLIENT Nº :

BILL DATE : 16-Jun-11 PAGE 3 of 3

s.17(1), 17(4)(g)(i)



| ACCOUNT DETAIL                                                                              |                                                                                                                 |                        |                         |                          |              |           |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|--------------------------|--------------|-----------|
| chris J. Eagle $s.17(1), 17(4)(g)(i)$                                                       |                                                                                                                 |                        |                         |                          |              |           |
| Current Charges - Detail                                                                    |                                                                                                                 | Contract Ter           | m:3 yr                  |                          |              |           |
| Monthly Service Plans Jun 17 to Jul 16                                                      |                                                                                                                 |                        |                         |                          |              |           |
| Service Plan Name                                                                           |                                                                                                                 |                        |                         |                          | Total        |           |
| iPhone 100 - Double mins                                                                    |                                                                                                                 |                        |                         |                          | 100.00       |           |
| Total                                                                                       |                                                                                                                 |                        |                         |                          |              | \$ 100.00 |
| Additional Local Airtime "Free Airtime includes: bond                                       | us minutes, birthday calling, eve                                                                               | nings & weekends, free | e incoming, *611 and le | n Network Calling        |              |           |
| Service                                                                                     | Total                                                                                                           | *Free                  | Included                | Chargeable               | Total        |           |
| Dhana (minutan)                                                                             | Airtime                                                                                                         | Airtime                | Airtime                 | Airtime                  | 0.00         |           |
| Phone (minutes)<br>Total                                                                    | 824:00                                                                                                          | 115:00                 | 709:00                  | 0:00                     | 0.00         | \$ 0.00   |
|                                                                                             |                                                                                                                 |                        |                         |                          |              | \$ 0.00   |
| Long Distance Charges<br>Service                                                            | Total                                                                                                           | Free                   | المتعالية والمتعا       | Chaincable               | Total        |           |
| Service                                                                                     |                                                                                                                 | LD Minutes             |                         | Chargeable<br>LD Minutes | iOldi        |           |
| Domestic Phone                                                                              | 443:00                                                                                                          | 0:00                   | 200:00                  | 243:00                   | 24.30        |           |
| Total                                                                                       |                                                                                                                 |                        |                         |                          |              | \$ 24.30  |
| Data and Other Services                                                                     |                                                                                                                 |                        |                         |                          |              |           |
| Service                                                                                     |                                                                                                                 |                        | Total                   | Event                    | Total        |           |
|                                                                                             |                                                                                                                 |                        | Events                  | Туре                     |              |           |
| Text Messaging - Sent                                                                       |                                                                                                                 |                        | 1                       | Msg                      | 0.15         |           |
| Data Usage<br>Text Messaging - Received                                                     |                                                                                                                 |                        | 140.633                 | MB<br>Msg                | 0.00<br>0.15 |           |
| Total                                                                                       |                                                                                                                 |                        |                         | 1413g                    | 0.10         | \$ 0.30   |
| Value Added Services                                                                        | ande della ser i ser en ste nel ser e ser i ser e s |                        | <u></u>                 |                          |              | <b>.</b>  |
| Service                                                                                     |                                                                                                                 |                        |                         |                          | Total        |           |
| 200 mins Cdn LD @ 10¢ (Jun 17 to Jul 16)                                                    |                                                                                                                 |                        |                         |                          | 20.00        |           |
| 3 GB included data (Jun 17 to Jul 16)                                                       |                                                                                                                 |                        |                         |                          | Free         |           |
| Feature Bundle - Small (Jun 17 to Jul 16)<br>Visual Voicemail for iPhone (Jun 17 to Jul 16) |                                                                                                                 |                        |                         |                          | 7.00<br>Froo |           |
| Total                                                                                       |                                                                                                                 |                        |                         | <u></u>                  | Free         | \$ 27.00  |
| Other Charges and Credits                                                                   | <u> </u>                                                                                                        | <u> </u>               | <u> </u>                | · · · ·                  |              |           |
| Charges and Credits                                                                         |                                                                                                                 |                        |                         |                          | Total        |           |
| Summary Paper Bill Fee                                                                      |                                                                                                                 |                        |                         |                          | 2.00         |           |
| Total                                                                                       |                                                                                                                 |                        |                         |                          | <u> </u>     | \$ 2.00   |
| Taxes                                                                                       | n in the second seco |                        |                         |                          | Total        | · · · · · |
| GST                                                                                         |                                                                                                                 |                        |                         | -                        | 7.68         |           |
| Total                                                                                       |                                                                                                                 |                        |                         |                          |              | \$ 7.68   |
|                                                                                             |                                                                                                                 |                        | Total Ci                | urrent Charge            | S            | \$ 161.28 |

118 1100 5 5 5 5 900 1

Entered July 5/11



# **Travel & Employee Expense Claim Form**

| Out-of-Province Travel:              | Prior Approval Date (related to Out-of-<br>Province only): $s.17(1), 17(4)(g)(i)$ | Prior Approved by (related to Out-of-<br>Province only): |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| Name: Cheis Engle                    | Employee #:                                                                       | Union Name:                                              |
| Position (Title): Pprsdent - CEO     | Department:                                                                       | Location: 14th Floor 7th Sneer Ploz.                     |
| Business Phone #: 780-340. 2003      | Travel Period From:                                                               | to                                                       |
| What former entity payroll system is | the employee being paid from? (please                                             | ✓ one from below)                                        |
| AADAC                                | Calgary Health                                                                    | East Central                                             |
| Alberta Cancer Board                 | Capital Health                                                                    | Northern Lights                                          |
| Alberta Mental Health Board          | Chinook                                                                           | Palliser Health                                          |
| Aspen                                | David Thompson                                                                    | Peace Country                                            |

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

|                                             |                                       | Summary of                               | Fravel & Employ<br>(by Expense Account) | /ee Expenses  |                |        |
|---------------------------------------------|---------------------------------------|------------------------------------------|-----------------------------------------|---------------|----------------|--------|
|                                             | Finance Code                          | / Accounting Distribu<br>(if applicable) | Non-Canadian<br>Currency                | Exchange Rate | Canadian<br>\$ |        |
| Corp/BU/Org<br>(if applicable)              | Location<br>(if applicable)           | Functional<br>Centre/Primary             | Expense/Secondary<br>Account            |               |                |        |
| 101                                         | 0923                                  | 71110101058                              | 6300200                                 |               |                | 508.44 |
|                                             |                                       | ······                                   |                                         |               |                |        |
| - Y- 11-11-11-11-11-11-11-11-11-11-11-11-11 |                                       |                                          |                                         |               |                |        |
|                                             |                                       |                                          |                                         |               |                |        |
|                                             |                                       |                                          |                                         |               |                |        |
| Total GST                                   | · · · · · · · · · · · · · · · · · · · |                                          |                                         |               |                |        |
| Subtotal                                    |                                       | ••••••••••••••••••••••••••••••••••••••   |                                         |               |                |        |
| Less Cash Ad                                | dvance (if applic                     | able)                                    |                                         |               |                |        |
| Total                                       |                                       |                                          |                                         |               |                | 508.44 |

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

| Approved By (please printy // ) | Hughes Title: Chair AHS Board | Phone #        |
|---------------------------------|-------------------------------|----------------|
| Signature:                      |                               | Date: Ing 24/1 |
| Approved By (please print)      | Title:                        | Phone #        |
| Signature:                      |                               | Date:          |

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

A

#### EXPENSE CLAIM DETAILS

| Date<br>(DD/MM/YY) | Particulars (Describe<br>Purpose of Trip & Location) | GST<br>\$    | Accommodation<br>\$ | Meal Type<br>B, L or D | Meals<br>\$     | Course Registration &<br>Material \$ | Transportation<br>\$ | Other<br>\$ | Mileage<br>km |
|--------------------|------------------------------------------------------|--------------|---------------------|------------------------|-----------------|--------------------------------------|----------------------|-------------|---------------|
| 8-11/6/11          | EdMONTON-Colgopy                                     |              |                     |                        | ·               |                                      |                      |             | <u> </u>      |
| · · · / /          | RETURN + FOURLIN                                     |              |                     |                        |                 |                                      |                      |             | -             |
|                    | CALGARY 678K                                         | <i>P</i> .38 |                     |                        |                 |                                      | 257.64               |             |               |
| /                  | BOARD MEETING                                        |              |                     |                        |                 |                                      |                      |             |               |
| 15-17/6/11         | Edmonton - Colgpan                                   |              |                     |                        |                 |                                      |                      |             |               |
| ,,,                | RETURN + FRANCLIN                                    |              |                     |                        |                 |                                      |                      |             |               |
|                    | Colgory 660KM                                        | @.38         |                     |                        |                 |                                      | 250.80               |             |               |
|                    | Lige                                                 |              |                     |                        |                 |                                      |                      |             |               |
|                    | Southpat                                             |              |                     |                        |                 |                                      |                      |             |               |
|                    | Children's Hospital                                  |              |                     |                        |                 |                                      |                      |             |               |
|                    | /                                                    |              |                     | :                      |                 |                                      |                      |             |               |
| Total KM           |                                                      |              |                     |                        |                 |                                      |                      |             |               |
| Applicable         | Mileage rate @                                       |              |                     |                        |                 |                                      |                      |             |               |
| Totals             |                                                      |              |                     |                        |                 |                                      | 508.44               |             |               |
|                    | Note: R                                              | ecord the to | tal amount for ea   | ch expense (           | categories from | above to the summary ta              |                      |             |               |

#### EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

#### 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

#### 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

#### 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

- . Vehicle owners are responsible for any losses that may arise.
- •Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

#### 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

120

entered day 9/1



# **Travel & Employee Expense Claim Form**

| Out-of-Province Travel:                 | Prior Approval Date (related to Out-of-<br>Province only): S.17(1), $17(4)(g)(1)$ | Prior Approved by (related to Out-of-<br>Province only): |
|-----------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| Name: ChRis FALLE                       | Employee #:                                                                       | Union Name:                                              |
| Position (Title) DRES: JEM . 100        | Department: EXECUTIVE                                                             | Location: 14th SST EDMOMON                               |
| Business Phone #:                       | Travel Period From:                                                               | to                                                       |
| What former entity payroll system is th | e employee being paid from? (please                                               | ∋ ✓ one from below)                                      |
| AADAC                                   | 🖉 Calgary Health                                                                  | East Central                                             |
| Alberta Cancer Board                    | Capital Health                                                                    | Northern Lights                                          |
| Alberta Mental Health Board             | ] Chinook                                                                         | Palliser Health                                          |
| Aspen                                   | David Thompson                                                                    | Peace Country                                            |

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

|                                |                                       | Summary of                               | Fravel & Employ<br>(by Expense Account) | ee Expenses              |               | · · · · · · · · · · · · · · · · · · · |
|--------------------------------|---------------------------------------|------------------------------------------|-----------------------------------------|--------------------------|---------------|---------------------------------------|
|                                | Finance Code                          | / Accounting Distribu<br>(if applicable) |                                         | Non-Canadian<br>Currency | Exchange Rate | Canadian<br>S                         |
| Corp/BU/Org<br>(If applicable) | Location<br>(if applicable)           | Functional<br>Centre/Primary             | Expense/Secondary<br>Account            |                          |               |                                       |
| 101                            | 0923                                  | 7111010158                               | 66021000                                |                          |               | 8,968.56                              |
|                                |                                       |                                          |                                         |                          |               |                                       |
|                                |                                       |                                          |                                         |                          |               |                                       |
|                                |                                       |                                          |                                         |                          |               |                                       |
| Total GST                      | L                                     |                                          | <u>[</u>                                |                          |               |                                       |
| Subtotal                       | · · · · · · · · · · · · · · · · · · · |                                          | 4                                       |                          |               |                                       |
| Less Cash Ad                   | <b>ivance (if applic</b> a            | able)                                    |                                         |                          |               |                                       |
| Total                          |                                       |                                          | ····                                    |                          |               | 8,968.56                              |

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

**Employee Signature:** 

Date: h: All 2011

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

| Approved By (please print): Ken Hughes | Title: Chair, AHS Board | Phone #            |
|----------------------------------------|-------------------------|--------------------|
| Signature: K H                         |                         | Date: 1. 4. 2.9/11 |
| Approved By (please print):            | Title:                  | Phone #            |
| Signature:                             |                         | Date:              |

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. À See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

#### **EXPENSE CLAIM DETAILS**

| Date<br>(DD/MM/YY) | Particulars (Describe<br>Purpose of Trip & Location) | GST<br>\$                         | Accommodation<br>\$ | Meal Type<br>B, L or D | Meals<br>\$      | Course Registration &<br>Material \$ | Transportation                        | Other     | Mileage<br>km |
|--------------------|------------------------------------------------------|-----------------------------------|---------------------|------------------------|------------------|--------------------------------------|---------------------------------------|-----------|---------------|
| 31/5/11            | MEMBERSHIP FEE                                       |                                   |                     |                        | ¥                |                                      | <u> </u>                              | 8.968.56  | 1             |
|                    | MEMBERSHIP FEE<br>Raypl. GIENDRACLUB                 |                                   |                     |                        |                  |                                      |                                       | 0,760.29  |               |
|                    | (per Employment Con                                  | (RACT)                            |                     |                        |                  |                                      | · · · · · · · · · · · · · · · · · · · |           |               |
|                    | 9                                                    |                                   |                     |                        |                  |                                      |                                       |           |               |
|                    |                                                      |                                   |                     |                        |                  |                                      | · · · · · · · · · · · · · · · · · · · |           |               |
|                    |                                                      |                                   | -                   |                        |                  |                                      |                                       |           |               |
|                    |                                                      |                                   |                     |                        |                  |                                      |                                       |           |               |
|                    |                                                      |                                   |                     |                        |                  |                                      |                                       |           |               |
|                    |                                                      |                                   |                     |                        |                  |                                      |                                       |           |               |
|                    |                                                      |                                   |                     |                        |                  |                                      |                                       |           |               |
| Tatal              |                                                      | · · · · · · · · · · · · · · · · · |                     |                        |                  |                                      |                                       |           |               |
| Total KM           |                                                      |                                   |                     |                        |                  |                                      |                                       |           |               |
| Applicable I       | Vileage rate @                                       |                                   |                     |                        |                  |                                      |                                       |           |               |
| Totals             |                                                      |                                   |                     |                        |                  |                                      |                                       | 8.968.56  |               |
| · · · ·            | Note: Re                                             | ecord the to                      | tal amount for eac  | ch expense ca          | ategories from a | above to the summary tal             | ble on page 1                         | 0,101 201 |               |

EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

#### 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

#### 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

#### 3. Travel

• Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

- . Vehicle owners are responsible for any losses that may arise.
- •Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

• Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

#### 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



, ۵,

ε.

| Dr. Chris Eagle      |                     | MEMBER NUMBER     | STATEMENT DATE |
|----------------------|---------------------|-------------------|----------------|
|                      |                     |                   | May 31/11      |
| s.17(1), 17(4)(g)(i) | s.1                 | 7(1), 17(4)(g)(i) | BALANCE DUE    |
|                      | AMOUNT ENCLOSED: \$ |                   |                |

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

| DATE REFERENCE DESCRIPTION AMOUNT SERVICE CHARGE G.S.T. TOTAL CHARGE                                                                                                                                                                                                                                                     |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| May 10/11       March       Transfer Balance       -8,604.57       0.00       0.00       -8,604.57         May 10/11       000003       Debit May Active Dues       305.00       0.00       15.25       320.25         May 10/11       000004       Debit May Capital Levy       41.66       0.00       2.08       43.74 | * |
|                                                                                                                                                                                                                                                                                                                          |   |
|                                                                                                                                                                                                                                                                                                                          |   |
| s.17(1), 17(4)(g)(1) #8, 968.56                                                                                                                                                                                                                                                                                          |   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 |                                                                                                   |                                                                           |                                                     |                                                                                                          |                                                                                            | 4857                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| ٩                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Best                                                                                                                                                                                                | Copy Pos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | 1.15                                                            | RECE                                                                                              | EIVI                                                                      |                                                     |                                                                                                          |                                                                                            | i 🗸 🗸 i                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 | NOV 0                                                                                             |                                                                           |                                                     | r<br>Transformation<br>Transformation                                                                    |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | st: 184 ⊌≉ *                                                                                                                                                                                        | 2 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 | :                                                                                                 | -                                                                         |                                                     |                                                                                                          |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 mm                                                                                                                                                                                                | a Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | Accessed                                                        | FINA                                                                                              | NC                                                                        | Canton .                                            |                                                                                                          |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Servic                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RAVEL, HO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SPITAL                                                                              | YTL                                                             | & HOSTI                                                                                           | NG E)                                                                     | KPE                                                 | NSE CLA                                                                                                  | IM FOR                                                                                     | M                                                                                                               |
| SECTIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PLEASE DO                                                                                                                                                                                           | NU - USL LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TER KLY TO NA<br>(for AHS Staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VIGATE                                                                              | hiis f                                                          | ori. → Usi                                                                                        | E TAB,                                                                    | ARR                                                 | OW KEYS O                                                                                                | R MOUSE                                                                                    |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter Employ                                                                                                                                                                                        | ree # (old) and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Employee # (E-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | People) if                                                                          | you h                                                           | eve migrate                                                                                       | d to the                                                                  | : Nov                                               | v E-People p                                                                                             | avroli svs                                                                                 | tem.                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NICKIE FVM I                                                                                                                                                                                        | a me Emdiove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e # (E-People)   <br>and payroll has n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VOD DOM                                                                             | ಡಿ ಕೇಂಚೆ ಸ                                                      | niorated in i                                                                                     | then Manu                                                                 | - 22 D                                              | cómila, mais mult                                                                                        | 8                                                                                          | 4                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ee # (010);                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Employee # (E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E-People                                                                            | ):<br>):                                                        |                                                                                                   | Nam                                                                       | 0: Ch                                               | vis Eagle                                                                                                | <u>0 # [E-F0]</u>                                                                          | opie).                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 (Title): Presi                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ? 7 <sup>**</sup> Street                                                            | Plaza                                                           | Dept: C                                                                                           |                                                                           |                                                     |                                                                                                          | Province                                                                                   | Travel:                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | iness Phone #.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                 | -                                                                                                 | Travi                                                                     | el Pe                                               | riod from:                                                                                               | 27/09/11 to                                                                                | 13/10/11                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mer entity p                                                                                                                                                                                        | ayroll system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | m is the emplo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | yee curr                                                                            | ently                                                           | being paid                                                                                        |                                                                           |                                                     |                                                                                                          | from be                                                                                    | 6W                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rta Cancer Bi                                                                                                                                                                                       | aand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Calgary H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                 |                                                                                                   |                                                                           |                                                     | Central                                                                                                  |                                                                                            | 1                                                                                                               |
| and the second design of the balance | rta Mental He                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Capital He                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | saith                                                                               |                                                                 |                                                                                                   |                                                                           |                                                     | em Lights /                                                                                              | ek /H                                                                                      | 14 Dues n                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 | icensult                                                                                          |                                                                           |                                                     | r Health                                                                                                 |                                                                                            | /                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | David The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                 |                                                                                                   | deservice in success                                                      |                                                     | Country                                                                                                  |                                                                                            | 1                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | inance Cod                                                                                                                                                                                          | e Loging &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total Claim -<br>ng Distribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - Emm                                                                               | Comp                                                            | viete separ                                                                                       | ate Pa                                                                    | ge 2                                                | for each Fi                                                                                              | Inctional                                                                                  | Centre                                                                                                          |
| Bal Unit<br>(3 cher)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Location                                                                                                                                                                                            | Functional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Centre (FC) (11 c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                   | pg                                                              | Travel Sc                                                                                         | 1                                                                         | pg                                                  | Other \$s                                                                                                |                                                                                            | dion<br>tai                                                                                                     |
| 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0923                                                                                                                                                                                                | 711101010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 | 8330 62 <sup>077</sup>                                                                            | s insurant of                                                             | r¤<br>3                                             |                                                                                                          | \$330.                                                                                     |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and in a second s | ****                                                                                |                                                                 | N.146.32                                                                                          |                                                                           | 3                                                   |                                                                                                          | \$1,14                                                                                     | the second se |
| _3. •••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     | Health Servic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | .gel                                                                                | 2 <b>C</b>                                                      |                                                                                                   |                                                                           | 3                                                   | \$114.35                                                                                                 | \$114.                                                                                     |                                                                                                                 |
| and the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                     | ounts Payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | 2D                                                              |                                                                                                   |                                                                           | 3                                                   |                                                                                                          |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -1-1-00                                                                                                                                                                                             | <del>7 2 7 2011</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 |                                                                                                   |                                                                           |                                                     | Currency \$<br>if applicable                                                                             |                                                                                            |                                                                                                                 |
| -→Claim :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | should includ                                                                                                                                                                                       | e a minimum.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of 2 pages + rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -<br>eints                                                                          |                                                                 | F693 A89                                                                                          | 71 AWAY                                                                   | ·                                                   | TAL CLAI                                                                                                 |                                                                                            |                                                                                                                 |
| ſ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TANT NOTE ->                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                 |                                                                                                   |                                                                           |                                                     |                                                                                                          | V \$1,59                                                                                   |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | In orde<br>+ Em                                                                                                                                                                                     | m is not filler<br>r to facilitate<br>all approvals,<br>• Employee<br>vince Travel –                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d in correctly, I<br>processing of<br>physical signal<br># refers to the n<br>the approver <u>M</u><br>r the Travel Pol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | legibly a<br>this clai<br>ture stam<br>tumber in<br>tUST ens                        | nd co<br>m, pli<br>p or s<br>idicate<br>sure al                 | mpletely, I<br>case review<br>imilar devic<br>xd on emple<br>il document                          | the fon<br>w the fill<br>>e are g<br>cyce's  <br>lation a                 | n wi<br>ollov<br><u>rot</u> a<br>pay s<br>ind a     | ving notes<br>coeptable<br>stub                                                                          | _                                                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IF - Authorit                                                                                                                                                                                       | zation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 |                                                                                                   |                                                                           |                                                     |                                                                                                          | and and a state of the state of the                                                        |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     | the second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                 | ·                                                                                                 |                                                                           |                                                     | · · ·                                                                                                    |                                                                                            | 1                                                                                                               |
| If applicabl<br>questions,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | le, <u>print</u> the na<br>contact can be                                                                                                                                                           | e oasiy made.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | on (other than cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                                 |                                                                                                   |                                                                           |                                                     |                                                                                                          |                                                                                            | 1.4                                                                                                             |
| If applicabl<br>questions,<br>Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | le, <u>print</u> the na<br>contact can be<br>and approval s                                                                                                                                         | e oasliy made.<br>Signatures requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ired as well as D(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OFA level                                                                           |                                                                 |                                                                                                   |                                                                           |                                                     |                                                                                                          |                                                                                            | 1.4                                                                                                             |
| If applicabl<br>questions,<br>Employee<br>Claim Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | la, <u>print</u> the na<br>conlact can be<br>and approval a<br>apared by (P                                                                                                                         | e easily made.<br>signatures requ<br><u>RINT ONLY</u> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ired as well as DC<br>Joyce C. Murrey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OFA level                                                                           | (deleg                                                          | pation of au                                                                                      | thority                                                                   | level                                               | ) and Position<br>Phone # 7                                                                              | 60.342.201                                                                                 | approver.                                                                                                       |
| If applicabl<br>questions,<br>Employee<br>Claim Pre<br>i hereby ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | le, <u>print</u> the na<br>contact can be<br>and approval a<br>epared by (P<br>entify that the c                                                                                                    | e easily made,<br>signatures requ<br>RINT ONLY)<br>xpenses listed :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ired as well as D<br>Joyce C: Muney<br>above are in acco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFA level                                                                           | (deleg                                                          | ation of au                                                                                       | thority                                                                   | level<br>Se inc                                     | ) and Position<br>Phone # 7                                                                              | n# of the a<br>80.342.201                                                                  | approver.                                                                                                       |
| If applicabl<br>questions,<br>Employee<br>Claim Pro<br>I hereby ce<br>business a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | le, <u>print</u> the na<br>contact can be<br>and approval a<br>epared by (P<br>entify that the c                                                                                                    | s easily made.<br>Signatures requ<br>RINT ONLY)<br>Xpenses listed :<br>Sen previously :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ired as well as D<br>Joyce C: Muney<br>above are in acco<br>claimed by me or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OFA level                                                                           | (deleg                                                          | pation of au<br>able policier<br>m Alberta H                                                      | thority<br>and water                                                      | levei<br>as inc<br>prvice                           | ) and Position<br>Phone # 7<br>surred on Albu<br>as or other on                                          | n # of the a<br>60.342.201<br>erta Health<br>janization                                    | approver.<br>1<br>Services                                                                                      |
| If applicabl<br>questions,<br>Employee<br>Claim Pro<br>i hereby ce<br>business a<br>Employee<br>I hereby ce<br>proved i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | le, <u>print</u> the na<br>contact can be<br>and approval a<br>epared by (P)<br>entify that the ep<br>and have not be<br>e Signature:<br>nify that 1 have<br>claim form with                        | e easily made,<br>signatures requinant<br>RINT ONLY)<br>xpenses listed i<br>con previously of<br>con previously of<br>con previously of<br>con previously of<br>con previously of<br>con previously of the<br>contemport of th | ired as well as D<br>Joyce C. Murray<br>above are in acco<br>claimed by me or<br>ALL<br>expenses and the<br>id be sent by the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OFA level<br>ordance to<br>on my be                                                 | deleg<br>applic<br>half fro                                     | able policies<br>m Alberta H                                                                      | thority<br>and wa<br>calth Se<br>Date:                                    | level<br>Pis inc<br>Prvice                          | ) and Position<br>Phone # 7<br>corred on Alba<br>as or other or<br>27 a b cc<br>coloring (Patient        | n # of the a<br>60 342 201<br>erta Heatth<br>janization<br>17, 2                           | approver.<br>1<br>Services                                                                                      |
| If applicabl<br>questions,<br>Employee<br>Claim Pro<br>i hereby ce<br>business a<br>Employee<br>I hereby ce<br>proved i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | le, <u>print</u> the na<br>contact can be<br>and approval a<br>epared by (P)<br>entify that the ep<br>and have not be<br>e Signature:<br>nify that 1 have<br>claim form with                        | e easily made,<br>signatures herou<br><u>RINT ONLY</u><br>xpenses listed i<br>sen previously of<br>con previously of<br>con previously of<br>con previously of<br>con previously of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ired as well as D<br>Joyce C. Murray<br>above are in acco<br>claimed by me or<br>ALL<br>expenses and the<br>id be sent by the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OFA level<br>ordance to<br>on my be<br>cy are in a<br>approver                      | deleg<br>applic<br>half fro                                     | astion of au<br>able policies<br>m Alberta H<br>ince with the<br>to Account                       | thority<br>and wa<br>calth Se<br>Date:<br>applica<br>s Payab              | level<br>as inc<br>ervice<br>Oc<br>able p           | ) and Position<br>Phone # 7<br>aurred on Alba<br>so or other org<br>27 = b                               | n # of the a<br>60 342 201<br>erta Heatth<br>janization<br>17, 2                           | approver.<br>1<br>Services<br>0//<br>3. CF-04)                                                                  |
| If applicabl<br>questions,<br>Employee<br>Claim Pro<br>i hereby ce<br>business a<br>Employee<br>I hereby ce<br>proved i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | le, <u>print</u> the na<br>contact can be<br>and approval is<br>epared by (P<br>entify that the ex<br>nd have not be<br>e Signature:<br>mily that I have<br>claim form with<br>I By <u>centr on</u> | e easily made,<br>signatures requinant<br>RINT ONLY)<br>xpenses listed i<br>con previously of<br>con previously of<br>con previously of<br>con previously of<br>con previously of<br>con previously of the<br>contemport of th | ired as well as D<br>Joyce C. Murray<br>above are in acco<br>claimed by me or<br>ACL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFA level<br>ordance to<br>on my be<br>ty are in a<br>approver i<br>DOI             | l (deleg<br>applic<br>helf fro<br>occorda<br>directly<br>FA Jav | able policies<br>m Alberta H<br>ince with the<br>to Account<br>el Posi                            | thority<br>and wi<br>calth Se<br>Date:<br>applics<br>s Payab<br>ition # e | level<br>as inc<br>ervice<br>Oc<br>ble for<br>O 0 C | and Position<br>Phone # 7<br>zurred on Alba<br>as or other on<br>27 - 5 - 20-<br>processing<br>00000 / 1 | + of the ;<br>60.342.201<br>enta Health<br>janization<br>/ /, J<br>y #'s CF-0:<br>Phone F4 | approver.<br>1<br>Services<br>0//<br>3. CF-04)<br>3-1149                                                        |
| If applicabl<br>questions,<br>Employee<br>Claim Pro-<br>i hereby ce<br>business a<br>Employee<br>I hereby ce<br>proved<br>Approved<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | le, <u>print</u> the na<br>contact can be<br>and approval is<br>epared by (P<br>entify that the ex<br>nd have not be<br>e Signature:<br>mily that I have<br>claim form with<br>I By <u>centr on</u> | e easily made,<br>signatures requinance,<br>signatures requinance,<br>spenses listed i<br>pen previously of<br>the reviewed line,<br>receipts strougher<br>Ly Ken Hugher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ired as well as D<br>Joyce C. Murray<br>above are in acco<br>claimed by me or<br>ACL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFA level<br>ordance to<br>on my be<br>evare in a<br>approver i<br>DOP<br>le: (j) 4 | l (deleg<br>applic<br>helf fro<br>occorda<br>directly<br>FA Jav | ation of au<br>able policies<br>im Alberta H<br>ince with the<br>to Account<br>al Posi<br>A H S I | thority<br>and wi<br>calth Se<br>Date:<br>applics<br>s Payab<br>ition # e | level<br>as inc<br>ervice<br>Oc<br>ble for<br>O 0 C | ) and Position<br>Phone # 7<br>zorred on Alba<br>as or other org<br>27 a b x2<br>processing<br>00000 / F | + of the ;<br>60.342.201<br>enta Health<br>janization<br>/ /, J<br>y #'s CF-0:<br>Phone F4 | approver.<br>1<br>Services<br>0//<br>3. CF-04)                                                                  |

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies -1 of 3 -

09704pos(Rev2011-10)

1

| <b>F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                        |                                                |                                                                                                                                                                                                                                              |                             | E                                     | XPENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIM DET                                                                                                       | AILS                                           |                                           |                          |                                                                                                                  |                                            |                                                                                                                  |                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Enter Finance<br>Coding as per<br>page 1 101. 0923.71110101058<br>bal unit (3 char), location (4 char), and<br>functional centre (11 char)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                        |                                                | Please print extra copies of this page if expenses incurred are for multiple FC's (one EC per page) OR additional lines required for the same FC.<br>Label this first page with A, and each additional page continue labeling with B, C etc. |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           |                          | · · · · · · · · · · · · · · · · · · ·                                                                            | Page 2<br>(enter A, B or<br>C as required) |                                                                                                                  |                                                                        |
| SECTIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DNC                                    | Tra                                    | vel & Educa                                    | tion Exper                                                                                                                                                                                                                                   | 1968                        | · · · · · · · · · · · · · · · · · · · | NOTE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If expenses                                                                                                     | do not                                         | fall into                                 | thes                     | e categor                                                                                                        | les. ao to                                 | SECTION D                                                                                                        |                                                                        |
| Ensure sep<br>Secondary/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | arate lines<br>Expense co              | are us<br>ides s                       | sed for claim items t<br>are not required to b | hat differ in provin<br>e indicated in this                                                                                                                                                                                                  | nce of expents section as f | se. Enté<br>hey are j                 | v total & am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | NEATON LAND                                    |                                           |                          |                                                                                                                  |                                            | anny anna fan San Anna Anna Anna Anna Anna Anna Ann                                                              | ,<br>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                              |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Purpos                                 | e of T                                 | ravel/Education                                | Proy of Exp Hotel S                                                                                                                                                                                                                          |                             | Meals \$ (Type B. L. D or A for All)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the second se |                                                |                                           | Transportation \$        |                                                                                                                  | Course Reg /                               | / Mileage                                                                                                        |                                                                        |
| (đđ/mm/yy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ************************************** |                                        |                                                | (ie A8.BC, etc)                                                                                                                                                                                                                              | riotei a                    | Туре                                  | w/receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | w/o receipt or per diem                                                                                         | Taxi \$                                        | Airfare                                   | Bus                      | Parking                                                                                                          | Rental Car                                 | Material \$                                                                                                      | (km)                                                                   |
| 27/09/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | *·····                                 | ·····                                  | nton/Calgary/                                  |                                                                                                                                                                                                                                              |                             | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           |                          |                                                                                                                  |                                            |                                                                                                                  | 870.00                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Leduc/Ec                               |                                        |                                                |                                                                                                                                                                                                                                              |                             |                                       | and the second states of the second se |                                                                                                                 |                                                | :                                         |                          |                                                                                                                  |                                            |                                                                                                                  |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vanous r                               | MGG(II.                                | igs - Sept. 27-29                              | -                                                                                                                                                                                                                                            |                             |                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                |                                           |                          |                                                                                                                  |                                            |                                                                                                                  |                                                                        |
| 1/10/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AMA/CM                                 | A Mer                                  | nbership Fee                                   | ·····                                                                                                                                                                                                                                        |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           |                          |                                                                                                                  |                                            | 1999 (tel: 11) allfa xan a Mais Marendary                                                                        | North Contraction (1997)                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                        | ant Contract)                                  | -                                                                                                                                                                                                                                            |                             | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | 1777 + 1786/10 (1 <sub>7</sub> 78/18/4 (19/19) |                                           |                          |                                                                                                                  |                                            | 1146.32                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | 8                                      |                                                | -                                                                                                                                                                                                                                            |                             | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                                           | · · · · · · · · · · · · · · · · · · ·          |                                           |                          |                                                                                                                  |                                            | in een eftekken en meer jaarde verstelijke eftekken op de stelen op de stelen op de stelen op de stelen op de s  |                                                                        |
| an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | 2074 - BUDDY MARAJAN                   | ·······                                        |                                                                                                                                                                                                                                              | ******                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · ·                                                                                                         |                                                |                                           |                          | -                                                                                                                |                                            | -27 - 27 - 27 - 27 - 27 - 27 - 27 - 27                                                                           |                                                                        |
| 10 ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                        |                                                |                                                                                                                                                                                                                                              | ·····                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | -                                              |                                           |                          |                                                                                                                  |                                            |                                                                                                                  | ann - Sainte a Marsanna (Marsan) an Sainte (Marsan a Sainte Sainte     |
| V=-1-1-17 (ASV: A. AND ALTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                        |                                                |                                                                                                                                                                                                                                              | ······                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           |                          |                                                                                                                  |                                            |                                                                                                                  | . M. AMERICAN COMPANY & MARRIED AND AND AND AND AND AND AND AND AND AN |
| 1874 March 1877 (1979)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                        |                                                |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                                           |                                                |                                           | ······                   |                                                                                                                  |                                            |                                                                                                                  | ***                                                                    |
| 1000.000.001.001.001.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | Million servers - response             |                                                |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                | i                                         |                          | and the second |                                            | APPALIE                                                                                                          |                                                                        |
| naturan de la canada a grazi da Alia da Canada da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | •••••••••••••••••••••••••••••••••••••• | X //                                           |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           | ·                        |                                                                                                                  | · ·                                        | White -                                                                                                          |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                        |                                                |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           | Y                        |                                                                                                                  |                                            | ~w/7-                                                                                                            | ***                                                                    |
| THE ONE OF STREET, STR | enterna state a succession of          |                                        | able columns) SUB1                             |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           |                          |                                                                                                                  |                                            | 1146.32                                                                                                          | Total Kms                                                              |
| TRAVEL E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | XPENSE                                 | LIMI                                   | rs - (Refer to CF                              | -04 for terms ar                                                                                                                                                                                                                             | nd condition                | is, exce                              | pt where c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ollective                                                                                                       | *. > .449996                                   | l                                         |                          |                                                                                                                  |                                            | n a constant all a constant a const | 870.00                                                                 |
| Meal Exper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nses & Al                              | lowa                                   | nces                                           |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | ļ                                              |                                           | Enter :                  | on ono AK L                                                                                                      | ate per Unioi                              | n Agreement                                                                                                      | 0.380                                                                  |
| Actual cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of the me                              | al as                                  | shown on the rec                               | eipt, excluding                                                                                                                                                                                                                              | alcoholic b                 | everage                               | IS,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                |                                           |                          |                                                                                                                  |                                            | Mileage \$s                                                                                                      | 330.60                                                                 |
| աստանցեր                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | / W 10% 0                              | natur                                  | ty and GST to a m<br>Lunch → \$12              | naximum (with a                                                                                                                                                                                                                              | or without r                | ecelpt) ;                             | as indicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d below,                                                                                                        |                                                |                                           | 1- 1-1-1-1-20 <b>000</b> |                                                                                                                  | Travel                                     | \$'s Subtotal                                                                                                    |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                        |                                                |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                | 10/20/20/20/20/20/20/20/20/20/20/20/20/20 |                          | Enter on p                                                                                                       | age 1 TOTAL                                | TRAVEL \$s                                                                                                       | 1476.92                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                        |                                                |                                                                                                                                                                                                                                              |                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                |                                           |                          | Please ente<br>onto page                                                                                         | er above total<br>1. Section B             | for each page                                                                                                    | 2 separately                                                           |

SECTION D Other Expenses

### **EXPENSE CLAIM DETAILS**

NOTE: If expenses are for travel or education (courses etc) go to SECTION C

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

ightarrow If no "Other" expenses are being claimed, this page does not have to be submitted.

 $\rightarrow$  Gas receipts & business insurance are claimed here in Section D – Other Expenses.

# Subtotal "Other Expenses" for <u>each</u> functional centre separately and enter <u>each subtotal</u> on page 1

| Date<br>(dd/mm/yy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Purpose of Expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Functional Centre<br>(ie. 101.0767.71355000007)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | al Centre Secondary/Expense Code (16: 4100000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If GST is included on till slip/receipt, enter<br>total amount into column A, if not included<br>enter amount into column B |                                                                                                                 |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a series a fabrica a series of the series and the series and the series of |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A-GST on receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B-GST not on receip                                                                                                         | 44                                                                                                              |  |  |
| 16/9/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Telus Mobiity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 101.0923.71110101058                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 64020000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6,65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | F<br>1 Z                                                                                                                    | 114.35                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | annaartaa taasta ayoonna 1, 27, 37 (2006) ka daa daa ay oo yay ki kuuninaanaanaanaanaanaa daa 1, 5, 5, 5, 5, 5, 5 (2008)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and the second |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | an Mrz                                                                                                                      | с 5.997 ° — «МАТИЛАНИЯ МАТИЛАН Г. — У насоліція ріць нароннация)                                                |  |  |
| at a factor of the state of the | การกรุงการระดาย และแน่น และแก่สนอสายแห่งการการการการการการการการการการการการการก                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1998-1997 - 1999-1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul> <li>I publick desperance in a net call destrict (second second se</li></ul>                                                                                                                                                                                                                                    | M. Vr                                                                                                                       | nadel de la ferrer activitation de la casa de |  |  |
| ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ร<br>- กรุษที่นายระบบ และสมารณสมารณสุป (ปรุษที่ เป็นประชาชาติการกระบบ ล. 9 ทรงสุดรู้) เป็นประกู เป็นและเป็นเหตุกระบ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Commercial Control of the Control of the Control of the Control of Control | W1                                                                                                                          |                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nanan ka kamana ka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9 (4-10-10) Barrara Barra (9 (9) (9) (9) (9) (9) (9) (9) (9) (9)                                                            |                                                                                                                 |  |  |
| an in a succession of the second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | анган 2 с. 567 с.15 адлабията (менен жилин англияна) обр.20 болгонуу (2055) болгон жил салбооссонундог                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n ander som en sen sen sen sen sen sen sen sen sen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n maan na maan na anan na anna an anna a              |                                                                                                                 |  |  |
| - 1979 - 2013 Alas arayan manazaran manazara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | การการการการการการการการการการการการการก                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9993 (1977)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n yn de rann gebrunn an annan mannan gynnau e agebre en ji rywyn yw a'r arwydd yn ar yn yr arwydd ar an yr rawy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                                                                 |  |  |
| 1 A15-55310-10-10-00-00-00-00-00-00-00-00-00-00-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nation denotes en activité de la construction de la construction de la construction de la construction de la c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | чабан <u>Манин на маникан как как как как как как как ка</u> как как                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | al monormal management of the state of the state of the State State State State State State State State State S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | al mit o s, - , or - Maniford Address, - , , , , , , , , , , , , , , , , ,                                                  |                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n 1999 en 19 european a anna anna an seo an tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | งพระพร.พระ 1 การสตับว่านอ่างว่าสาขตัว 15 กลั่งกล่างกลุก (เลยสายสาย และแกรและและและ ค                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n 1 May 20 Mar (Mart 1997) 1997 1995 - 1997 1997 1997 1997 1997 1997 1997 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | 100000 (100000000) (10000000000000000000                                                                        |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | na na mana na m<br>Na mana na mana n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | na n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | การการการการการการการการการการการการการก                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a se a companya de la companya de l              |                                                                                                                 |  |  |

| 0.50000                                  |                  | ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.                                                                                                                                                                                                |
|------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECTION E                                | Foreign Currency | All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the expense and the exchange rate will be used from the Bank of Canada for the date of the expense. |
| 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | -                | will complete the currency exchange if not indicated on the receipt/document.                                                                                                                                                                                    |

| Date<br>(dd/mm/yy) Purpose of Expense | Purpose of Expense                                                                                    | Functional Centre<br>(le. 101.0767.71355000007                                                                                          | Secondary/Expense Code                                                                                          | Foreign Currency                             | For AP use ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|---------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                       | an a                                                              |                                                                                                                                         | (le: 4100000)                                                                                                   | Amt (\$)                                     | Exch Rate CDN Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Will Bildebald Bildly del gry y wear  | ν τα το το την προτειατική του το από ματική του το βατική του το |                                                                                                                                         |                                                                                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|                                       | anaalahahadigha (peptuminining terver) yangkani manalahini punipula ariyayya Crassigan anag           | аниянанын кака кака кака кака кака кака кака                                                                                            |                                                                                                                 | na manana ana ang kang kang kang kang kang k | n a Anna ann an Anna ann ann ann an Anna ann an Anna ann an Anna ann an Anna ann ann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|                                       | a ha fa fa a fa a fa a fa a fa a fa a f                                                               |                                                                                                                                         | the second se |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|                                       | n nadd ferman i nadal s alog z po'n erna ar brennar ferman i hit ar o 19000 60'n alog byferer i new   | аналда раст с балу и дине с имали навропорт (раду А. – 9.– 40.– 11.– 61.) у колонализациото с 1,4. – 4. – 4. – 4. – 4. – 4. – 4. – 4. – |                                                                                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| l                                     |                                                                                                       |                                                                                                                                         |                                                                                                                 |                                              | B) A second and a second second<br>second second second<br>second second se<br>second second s<br>second second se |  |  |
|                                       |                                                                                                       |                                                                                                                                         | Total Converted \$s                                                                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |

Expenses Paid (Retain a copy for your records)

# Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

09704pos(Rev2011-10)

CHRIS J. EAGLE

•

| BILL DATE : 16-Sep-11<br>PAGE 1 of 3 |  |
|--------------------------------------|--|
|                                      |  |

# client n° : s.17(1), 17(4)(g)(i)

7 a



| Staying connected when traveling just got<br>easier                                                                                                                                                | MOBILITY BILL SUMMARY<br>CURRENT CHARGES                                                                                   | Contract Term : 3 yr                                                                                            | 1942 anna anna Stara                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| At TELUS, we've reduced our data and voice<br>international rates by up to 60% until September<br>30. Plus, you'll no longer need an international<br>pass or passport. For more information visit | iPhone 100 - Double mins<br>Data and Other Services<br>Value Added Services<br>Other Charges and Credits<br>Taxes          |                                                                                                                 | \$ 100.00<br>\$ 4.00<br>\$ 27.00<br>\$ 2.00                                                                     |
| www.telusinobility.com/intl<br>Do you have a complaint regarding your<br>telecommunications services?                                                                                              | GST/HST<br>Total Taxes<br>Total Current Charges                                                                            | 6.65                                                                                                            | \$ 6.65<br>\$ 139.65                                                                                            |
| If so, call us at 1-866-558-2273 or *611 from<br>your mobile phone. If we can't resolve your<br>complaint, the independent Commissioner for                                                        | YOUR LAST BILL                                                                                                             |                                                                                                                 | 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - |
| Complaints for Telecommunications Services                                                                                                                                                         | Amount of Last Bill 16-Aug-11                                                                                              |                                                                                                                 | \$ -25,30                                                                                                       |
| (CCTS) may be able to assist you:<br>www.ccls-cprst.ca or 1-888-221-1687.                                                                                                                          | Payments<br>Payment Reversals                                                                                              |                                                                                                                 | \$ 0.00<br>\$ 0.00                                                                                              |
| main many and a manager should be                                                                                                                                                                  | Total Previous Charges Brought Forward                                                                                     | -                                                                                                               | \$ -25.30                                                                                                       |
|                                                                                                                                                                                                    | Payment received after 13-Sep-11 may not be refle                                                                          | cted on this invoice.                                                                                           |                                                                                                                 |
|                                                                                                                                                                                                    | For inquiries please call Client Care by Dialing *611 from<br>your handset or see reverse for local and toil-free numbers. | Total Amount Due                                                                                                | \$ 114.35                                                                                                       |
|                                                                                                                                                                                                    |                                                                                                                            | en din na minangan kanangan ka |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                            |                                                                                                                 |                                                                                                                 |

| TELUS                                                    |                        | Payable       | online or through most financial institutions                |
|----------------------------------------------------------|------------------------|---------------|--------------------------------------------------------------|
| 2 IELUS                                                  | Mobility Client Number | Bill Date     | Total Amount if received                                     |
| s.17(1), 17(4                                            | $(\mathbf{j})$         |               | by 11-Oct-11                                                 |
| 5117(1), 17(1                                            |                        | 16-Sep-11     | \$ 114.35                                                    |
| PTLPS01A E S 17795<br>000000086 205(W)<br>CHRIS J. EAGLE | Peimbon                | $\frac{1}{2}$ | Additional fees apply for late payments<br>Amount of Payment |
| s.17(1), 17(4)(g)(i)                                     | s.17(1), 17(4)(g)(i    |               | ase make cheques payable to TELUS<br>Please do not staple    |

. CHRIS J. EAGLE

~

.

<u>\_\_\_\_\_</u> BILL DATE : 16-Sep-11 PAGE 3 of 3

CLIENT Nº : s.17(1), 17(4)(g)(i)



ACCOUNT DETAIL

| ACCOUNT DETAIL                                          |                                  |                                           |                      |                                                                |               |                                                       |
|---------------------------------------------------------|----------------------------------|-------------------------------------------|----------------------|----------------------------------------------------------------|---------------|-------------------------------------------------------|
| CHRIS J. EAGLE S.17(1), 17(4)(g)(i)                     |                                  |                                           |                      |                                                                |               |                                                       |
| Current Charges - Detail                                |                                  | Contract Ter                              | mi:3 yr              |                                                                |               |                                                       |
| Monthly Service Plans Sep 17 to Oct 16                  |                                  |                                           |                      |                                                                |               | <b>7.86.1976</b> .000.000.000.000.000.000.000.000.000 |
| Service Plan Name                                       |                                  |                                           |                      |                                                                | Total         |                                                       |
| iPhone 100 - Double mins                                |                                  |                                           |                      |                                                                | 100.00        |                                                       |
| Total                                                   |                                  |                                           |                      | ********                                                       |               | \$ 100.0                                              |
| Additional Local Airtime Fire Adding Includes boll      | s minutes, bitliday calling, eve | rings & weekends, free                    | inconing: 1611 and I | n Network Calling                                              |               |                                                       |
| Service                                                 | Total                            | *Free                                     | Included             | Chargeable                                                     | Total         |                                                       |
| Phone (minutes)                                         | Airtime<br>269:00                | Airtime<br>55:00                          | Airtime<br>214:00    | Airtime<br>0:00                                                | 6 65          |                                                       |
| Total                                                   | 2003.000                         | 50.00                                     | 214770               | 0.00.                                                          | 0.00          | \$ 0.0                                                |
| Long Distance Charges                                   |                                  | lanna anti dida da Makrii Barniyyan ya ya | W                    |                                                                |               | <u>, , , , , , , , , , , , , , , , , , , </u>         |
| Service                                                 | Total                            | Free                                      | Included             | Chargeable                                                     | Total         |                                                       |
|                                                         | LD Minutes                       | LD Minutes                                | LD Minutes           | LD Minutes                                                     |               |                                                       |
| Domestic Phone<br>Total                                 | 188:00                           | 0:00                                      | 188:00               | 0:00                                                           | 0.00          |                                                       |
|                                                         |                                  |                                           |                      |                                                                |               | \$ 0.01                                               |
| Data and Other Services                                 |                                  |                                           | / /                  |                                                                |               |                                                       |
| Service                                                 |                                  |                                           | Total<br>Events      | Event<br>Type                                                  | Total         |                                                       |
| Text Messaging - Sent                                   |                                  |                                           | 6                    | Msq                                                            | 1.20          |                                                       |
| Data Usage                                              |                                  |                                           | 123.752              | MB                                                             | 0.00          |                                                       |
| Text Messaging - Received<br>Total                      |                                  |                                           | 14                   | Msg                                                            | 2.80          |                                                       |
| Value Added Services                                    |                                  |                                           |                      |                                                                |               | \$ 4.00                                               |
| Value Added Services<br>Service                         |                                  |                                           |                      |                                                                |               |                                                       |
| Service<br>200 mins Cdn LD @ 10¢ (Sep 17 to Oct 16)     |                                  |                                           |                      |                                                                | Total         |                                                       |
| 3 GB included data (Sep 17 to Oct 16)                   |                                  |                                           |                      |                                                                | 20.00<br>Free |                                                       |
| Feature Bundle - Small (Sep 17 to Oct 16)               |                                  |                                           |                      |                                                                | 7.00          |                                                       |
| Visual Voicemail for iPhone (Sep 17 to Oot 16)<br>Total |                                  |                                           |                      | <del></del>                                                    | Free          |                                                       |
| Other Charges and Credits                               |                                  |                                           |                      |                                                                |               | \$ 27.0                                               |
| Charges and Credits                                     |                                  |                                           |                      |                                                                | *Tis 41       |                                                       |
| Summary Paper Bill Fee                                  | <u>.</u>                         |                                           |                      |                                                                | Total<br>2.00 |                                                       |
| Total                                                   |                                  |                                           |                      | - <del>100-44-1</del> 4-14-14-14-14-14-14-14-14-14-14-14-14-14 | <u>جربابا</u> | \$ 2.00                                               |
| Taxes                                                   |                                  |                                           |                      |                                                                | Total         |                                                       |
| SST                                                     |                                  |                                           |                      |                                                                | 6.65          |                                                       |
| latal                                                   |                                  |                                           | ·                    |                                                                |               | \$ 8.65                                               |
|                                                         |                                  |                                           | Total Cu             | irrent Charges                                                 |               | \$ 139.65                                             |

#### Nieed to geb reimbaned **Payment Confirmation** ALBERTA MEDICAL ASSOCIATION Thank you, your was paid successfully. Please refer to your payment transaction details below. s.17(1), 17(4)(g)(i) Member # AMA/CMA Membership \$1,146.32 Member Name CHRISTOPHER J. EAGLE Fees (inc GST: \$34,11) Order # mhp1747967301 TOTAL PAYMENT \$1,146.32 **Card Type** V Card # \*\*\*6893 s.17(1), 17(4)(g)(i) **Card Expiry** 1012 Auth. Date 2011-10-01 Auth. # 027 Alberta Medical Association 12230 106 Ave Edmonton AB T5N 3Z1 T 780.482.2626 TF 1.800.272.9680 F 780.482.5445

www.albertadoctors.org

YOUR MEMBER CARD/RECEIPT WILL BE ISSUED AFTER OCT 1, 2011 AND PLEASE RETAIN THE LETTER FOR TAX PURPOSES.

Print This Page

Return To AMA Home

THY Mrt-05



### **Travel & Employee Expense Claim Form**

| Out-of-Province Travel:                                       | Prior Approval Date (related to Out-of-<br>Province only): | Prior Approved by (related to Out-of-<br>Province only): |
|---------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| Name: <u>Chois Engle</u><br>Position (Title): President ~ CEO | Employee #:                                                | Union Name:                                              |
| Position (Title): Resident " CEO                              | Department: $17(1), 17(4)(g)(i)$                           | Location: / YHA FLOOR SSP, Edministra                    |
| Business Phone #: 780- 342-20.                                | 3 Travel Period From:                                      | to                                                       |
| What former entity payroll system is                          | the employee being paid from? (please                      | ✓ one from below)                                        |
| AADAC                                                         | Calgary Health                                             | East Central                                             |
| Alberta Cancer Board                                          | Capital Health                                             | Northern Lights                                          |
| Alberta Mental Health Board                                   | Chinook                                                    | Palliser Health                                          |
| Aspen                                                         | David Thompson                                             | Peace Country                                            |

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

|                           | Finance Code                         | / Accounting Distribu<br>(if applicable) | Non-Canadlan<br>Currency     | Canadian                              |   |         |  |
|---------------------------|--------------------------------------|------------------------------------------|------------------------------|---------------------------------------|---|---------|--|
| Corp/BU/C<br>(if applicat |                                      | Functional<br>Centre/Primary             | Expense/Secondary<br>Account | 1                                     |   | •       |  |
| 101                       | 0923                                 | 71110101058                              | 62300200                     |                                       |   | 357.20  |  |
|                           |                                      | ·                                        | 69000000                     |                                       |   | 11.00   |  |
|                           | Alberta Health Ser                   |                                          | 64020000                     |                                       |   | 129.50  |  |
|                           | Accounts Payat                       | e i                                      |                              |                                       |   | 10-1.30 |  |
|                           | SEP 2 6 20                           |                                          |                              |                                       |   |         |  |
| Total GS                  | En Street St. Street St. J. Born St. |                                          | <u> </u>                     |                                       | 1 | 7.03    |  |
| Subtotal                  |                                      |                                          | 1                            | · · · · · · · · · · · · · · · · · · · |   | 1.00    |  |
| Less Casl                 | Advance (if applica                  | able)                                    |                              |                                       |   |         |  |
| Total                     |                                      |                                          |                              |                                       |   | 504.73  |  |

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature:

Date: Sept. 16, 201

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

 $(\gamma)$ 

| Approved By (please print): Hen Hughes | Title: Chair, AHS Board | Phone #      |
|----------------------------------------|-------------------------|--------------|
| Signature:                             |                         | Date: 122//1 |
| Approved By (please print):            | Title:                  | Phone # 7    |
| Signature:                             |                         | Date:        |

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

M

#### EXPENSE CLAIM DETAILS

| Date<br>(DD/MM/YY)   | Particulars (Describe<br>Purpose of Trip & Location) | GST<br>\$                             | Accommodation<br>\$ | Meal Type<br>B, L or D | Meals<br>\$ | Course Registration &<br>Material \$ | Transportation                                                                                                                                                                                                                             | Other                                 | Mileage<br>km |    |
|----------------------|------------------------------------------------------|---------------------------------------|---------------------|------------------------|-------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|----|
| 16-18/08/11          | CALGARY HERRINGS                                     |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            | <b>•</b>                              |               |    |
|                      | Milesge.                                             |                                       |                     |                        | \           |                                      | ·····                                                                                                                                                                                                                                      |                                       | 9400.3        | 81 |
| 18/08/11             | SECOND CUP                                           | .55                                   |                     |                        | 11.00       |                                      |                                                                                                                                                                                                                                            |                                       | 1 recie       | 24 |
| 18/08/11<br>16/08/11 | Telus Mobility                                       | 6.48                                  |                     |                        |             |                                      |                                                                                                                                                                                                                                            | 129.50                                |               |    |
|                      | J                                                    |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            |                                       |               |    |
|                      |                                                      | · · · · · · · · · · · · · · · · · · · |                     |                        |             |                                      |                                                                                                                                                                                                                                            |                                       |               |    |
|                      |                                                      |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            |                                       |               |    |
|                      |                                                      |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            | · · · · · · · · · · · · · · · · · · · |               |    |
|                      |                                                      |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            |                                       |               |    |
|                      |                                                      |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            |                                       |               |    |
|                      |                                                      |                                       |                     |                        |             |                                      | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , , |                                       |               |    |
| Total KM             |                                                      |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            |                                       |               |    |
| Applicable I         | Mileage rate @                                       |                                       |                     |                        |             |                                      |                                                                                                                                                                                                                                            |                                       |               |    |
| Totals               |                                                      | 7.03                                  |                     |                        | 11.00       |                                      |                                                                                                                                                                                                                                            | 129.50                                | 357.20        | Ø  |
|                      | Note: Re                                             | ecord the to                          | tal amount for ea   | ch expense c           |             | bove to the summary tal              | ple on nage 1                                                                                                                                                                                                                              |                                       | 1             | -  |

# EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

### 1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

# 2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

#### 3. Travel

•Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.

- Vehicle owners are responsible for any losses that may arise.
- •Business car insurance is reimbursable up to \$500 per year with receipts.

• Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

• Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

#### 4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

# Second Cup

Calgary T2G 0M3 2025 - 16th Avenue NW

(403)282~6778 DUPLICATE RECEIPT

۰ ج: به

| 9393 1 1                       | 13319                 |
|--------------------------------|-----------------------|
| ł                              |                       |
| LG Latte                       | 4.3                   |
| LG Latte                       | 4.3                   |
| LG Coffee                      | 2.3                   |
| GST                            | .5                    |
| TN CAFE                        | 11.5                  |
| 100                            |                       |
| LA. <b>H \$20</b>              | 20.0                  |
| Change                         | 8.4                   |
| GST NUMBER: 8620<br>2011-08-18 | 45770RT0001<br>6:58 / |

132

Mileage – Dr. Chris Eagle August 16-18, 2011 Calgary Meetings

- 1. OR Nurse Clinician Group, Dr. Norm Campbell, Don Johnson
- 2. Jack Davis

, , , ,

3

•

- 3. Irene Lewis, SAIT
- 4. Chen Fong
- 5. Meeting with Physicians & Staff Strathmore
- 6. Meeting with Physicians and Staff High River
- 7. Meeting with Physicians and Staff Black Diamond

940 km @ .38¢ = \$357.20

**CHRIS J. EAGLE** 

BILL DATE : 16-Aug-11 PAGE 1 of 3



| BILL DATE : 16-Aug-11<br>PAGE 1 of 3 s.17(1), 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7(4)(g)(i)                                                                                                                 |                                       |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|
| Questions about your bill?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MOBILITY BILL SUMMARY                                                                                                      |                                       |                                         |
| Questions about your bing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CURRENT CHARGES                                                                                                            | Contract Term : 3 yr                  |                                         |
| If you have any questions about your bill, dial<br>*611 on your phone. Sign up for paperless billing<br>and get 24/7 secure access to your bill, tools to<br>manage your account and email or text<br>reminders when your bill is ready - all while                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iPhone 100 - Double mins<br>Data and Other Services<br>Value Added Services<br>Other Charges and Credits                   | -L                                    | \$ 100.0<br>\$ 0.5<br>\$ 27.0<br>\$ 2.0 |
| helping the environment. Register for paperless<br>billing by logging into your account at<br>telusmobility.com/youraccount and selecting "go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Taxes<br>GST/HST<br>Total Taxes                                                                                            | 6.48                                  | \$6.4                                   |
| paperless".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total Current Charges                                                                                                      |                                       | \$ 0.40<br>\$ 135.91                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
| Staying connected when traveling just got                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YOUR LAST BILL                                                                                                             |                                       |                                         |
| easier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of Last Bill 16-Jul-11                                                                                              |                                       | \$ 146.3                                |
| At TELUS, we've reduced our data and voice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Payments                                                                                                                   |                                       | \$ -307.6                               |
| international rates by up to 60% until September                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Payment Reversals                                                                                                          |                                       | \$ 0,0                                  |
| 30. Plus, you'll no longer need an international                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total Previous Charges Brought Forward                                                                                     |                                       | \$ -161.2                               |
| pass or passport. For more information visit<br>www.telusmobility.com/intl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Payment received after 13-Aug-11 may not be ref                                                                            | lected on this invoice.               |                                         |
| , and the second s | For inquiries please call Client Care by Dialing *611 from<br>your handset or see reverse for local and toll-free numbers. | Total Amount Due                      | \$ -25,3                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            | · · · · · · · · · · · · · · · · · · · | · · · · · · ·                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                       |                                         |

CLIENT Nº :

TELUS

s.17(1), 17(4)(g)(i)

PTLPS01A E S 17820 00000086 205(P) CHRIS J. EAGLE

| D | 5 reinbure |
|---|------------|
| 7 | 12598      |

**Mobility Client Number** 

فريديا والمرارات

| Payable online or through most financial institutions |
|-------------------------------------------------------|
|-------------------------------------------------------|

| Bill Date | Total Amount if received |
|-----------|--------------------------|
|           | by 12-Sep-11             |
| 16-Aug-11 | \$ -25.30                |

Additional fees apply for late payments

| Amount of | Payment |
|-----------|---------|
|           |         |

Please make cheques payable to TELUS Please do not staple

s.17(1), 17(4)(g)(i)

# CHRIS J. EAGLE

æ≓

CLIENT Nº :

BILL DATE : 16-Aug-11 PAGE 3 of 3

ACCOUNT DETAIL



s.17(1), 17(4)(g)(i)

| CHRIS J. EAGLE s.17(1), 17(4)(g)(i)                                                | . <u></u>                             |                                       |                       |                          |              |           |
|------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-----------------------|--------------------------|--------------|-----------|
| Current Charges - Detail                                                           | <u></u>                               | Contract Ter                          | m:3.yr                |                          |              |           |
| Monthly Service Plans Aug 17 to Sep 16                                             |                                       | L                                     |                       |                          |              |           |
| Service Plan Name                                                                  |                                       |                                       |                       |                          | Total        |           |
| iPhone 100 - Double mins                                                           |                                       |                                       |                       |                          | 100.00       |           |
| Total                                                                              |                                       | · · · · · · · · · · · · · · · · · · · | "                     |                          |              | \$ 100.00 |
| Additional Local Airtime "Free Airtime includes: bonu                              | is minutes, birthday calling, eve     | nings & weekends, free                | incoming, "611 and li | Network Calling          |              |           |
| Service                                                                            | Total<br>Airtime                      | *Free<br>Airtime                      | Included<br>Airtime   | Chargeable<br>Airtime    | Total        |           |
| Phone (minutes)                                                                    | 289:00                                | 24:00                                 | 265:00                | 0:00                     | 0.00         |           |
| Total                                                                              |                                       |                                       |                       |                          |              | \$ 0.00   |
| Long Distance Charges                                                              |                                       |                                       |                       |                          |              |           |
| Service                                                                            | Total<br>LD Minutes                   | a second second second second         | LD Minutes            | Chargeable<br>LD Minutes | Total        |           |
| Domestic Phone Total                                                               | 174:00                                | 0:00                                  | 174:00                | 0:00                     | 0.00         | \$ 0.00   |
| Data and Other Services                                                            |                                       |                                       |                       |                          |              |           |
| Service                                                                            |                                       |                                       | Total<br>Events       | Event<br>Type            | Total        |           |
| Text Messaging - Sent                                                              |                                       |                                       | 1                     | Msg                      | 0.15         |           |
| Data Usage<br>Text Messaging - Received                                            |                                       |                                       | 108.82<br>2           | MB<br>Msg                | 0.00<br>0.35 |           |
| Total                                                                              |                                       | ·····                                 | ÷.                    |                          |              | \$ 0.50   |
| Value Added Services                                                               | · · · · · · · · · · · · · · · · · · · |                                       |                       | ** *****<br>* * * *      |              |           |
| Service                                                                            |                                       |                                       |                       |                          | Totai        |           |
| 200 mins Cdn LD @ 10¢ (Aug 17 to Sep 16)                                           |                                       |                                       |                       |                          | 20.00        |           |
| 3 GB included data (Aug 17 to Sep 16)<br>Feature Bundle - Small (Aug 17 to Sep 16) |                                       |                                       |                       |                          | Free<br>7.00 |           |
| Visual Voicemail for iPhone (Aug 17 to Sep 16)                                     |                                       |                                       |                       |                          | Free         |           |
| Total                                                                              |                                       |                                       |                       |                          |              | \$ 27.00  |
| Other Charges and Credits                                                          |                                       |                                       |                       |                          |              |           |
| Charges and Credits                                                                |                                       |                                       |                       |                          | Total        |           |
| Summary Paper Bill Fee Total                                                       |                                       |                                       |                       | <del></del>              | 2.00         | \$ 2.00   |
| Taxes                                                                              | <u></u>                               |                                       |                       | <u></u>                  | Total        | <u>-</u>  |
|                                                                                    | ، به د اند در ده دد از ا              | n and sheet the                       | <u></u>               |                          | 6.48         |           |
| Totai                                                                              |                                       |                                       |                       |                          |              | \$ 6.48   |
|                                                                                    |                                       |                                       | Total C               | urrent Charge            | S            | \$ 135,98 |

135 

76



# P-Card details Online ® Cardholder Statement Report

Instruction:

淋腦

ξ. ž.

#### · Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement

| <ul> <li>Cardho</li> </ul> | older AND | Approver's | signatures r | required wh | ere indicated | below |
|----------------------------|-----------|------------|--------------|-------------|---------------|-------|
|                            |           |            |              |             |               |       |

Alberta Health

Services

| <br>EAGLE, CHRIS             | PRESIDENT & CEO                                    | Billing Reporting Period:      | 20/10/2011         |
|------------------------------|----------------------------------------------------|--------------------------------|--------------------|
| Cardholder's Dept            | SEVENTH STREET PLAZA<br>Cardholder's Sile/Location | Total Statement Amount:        | \$9,116,22         |
| CHRIS.EAGLE@ALBERTAHEALTHSER | /ICES.CA                                           | Last 6 digits of the P-Card #: | XXXXXXXXXXXX189747 |

| Transaction<br>Date | Trans ID  | Merchani, Name & Description                                   | Trans Original<br>Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Currency | Trans Amount | 687   | ž        | Description                                                                                                     |
|---------------------|-----------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|-------|----------|-----------------------------------------------------------------------------------------------------------------|
| 19/09/2011          | 266216730 | AIR CAN 0142199733750, AIR CANADA                              | 6 515.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CAD      | 515.81       | 00.   | DO,      | AMA Meeting Calgary                                                                                             |
| 21/09/2011          | 256323555 | WILDFLOWER RESTAURANT, EATING<br>PLACES, RESTAURANTS           | Carris 458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CAD      | 45.85        | 1.85  |          | Lunch Meeting Dr. D. Mador                                                                                      |
| 26/09/2011          | 266708280 | AIR CAN 0142199994204. AIR CANADA                              | 0 510.31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CAD      | 610.31       | .00   | .00      | Soard Meeling Fort McMurray                                                                                     |
| 27/09/2011          | 266821803 | COLLINS LIMOUSINE LTD., LIMOUSINES<br>AND TAXICABS             | 65 <sup>-6</sup> 340.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · ·      | 140,00       | 5.67  |          | Transportation - AMA Maeting                                                                                    |
| 28/09/2011          | 266928369 | RED WATER RUSTIC GRILL, EATING<br>PLACES, RESTAURANTS          | C 30 15856                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ×        | 156.50       | 6.50  |          | Dinner - Staff Meeting                                                                                          |
| 29/09/2011          | 267098056 | WESTJET, Westjot Aldines                                       | 0 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CAD      | 7.35         | D0.   |          | CCHL Meeting Victoria                                                                                           |
| 29/09/2011          | 267098057 | WESTJET, Washel Alklines                                       | ¢                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SSCAD    | 7.35         | .00   |          | CCHL Meeting Victoria                                                                                           |
| 29/09/2011          | 267098058 | WESTJET, Westjel Alflines                                      | ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s CAD    | 492.36       | .00   | .00      | Speaker - CCHL Maeting                                                                                          |
| 30/09/2011          | 267098055 | UNIVERSITY OF CALGARY, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | (Je 453.84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ſ.       | 353.84       | 16.85 |          | totet - Sentor Leaders Meeting                                                                                  |
| 03/10/2011          | 267468575 | UNION BANK INN-RESTAUR, EATING<br>PLACES, RESTAURANTS          | 9 151.78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | T.       | 151.78       | 7.23  |          | Hotel Charged in Error                                                                                          |
| 03/10/2011          | 267456576 | UNION BANK INN-RESTAUR, EATING<br>PLACES, RESTAURANTS          | 0-451.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | -151.78      | -7.23 |          | Refund                                                                                                          |
| 03/10/2011          | 267456577 | LINION BANK INN-RESTAUR, EATING<br>PLACES, RESTAURANTS         | 1 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GAD      | 215.85       | 8.65  | .oc.<br> | Dinner - David Levine & Jay<br>Ramotar                                                                          |
| 05/10/2011          | 267576466 | Carilas Health03/10 15, AUTOMOBILE<br>PARKING LOTS AND GARAGES | 0 - 222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | 12.25        | .58   |          | Parking Misercordia Hospital Tou                                                                                |
| 07/10/2011          | 267735649 | LONDON DRUGS 14, DRUG STORES,<br>PHARMACIES                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 XS 1   | 33.59        | 3.60  |          | feadset                                                                                                         |
| 07/10/2011          | 267902227 | AIR CAN 0142100370976, AIR CANADA                              | © 4(969.8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1        | 4.969.B1     | D0.   |          | CIHI Board Meeting (Reimbursed<br>by CIHI                                                                       |
| 12/10/2011          | 266092807 | CHATEAU NOVA FORT MCMU, LODGING<br>HOTELS, MOTELS, RESORTS     | 2 178 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | manet:   | 178.56       | 7.31  | , Di     | Board Meeting - Dinner Oct, 12/                                                                                 |
| 13/10/2011          | 268467286 | STOLLERY CHILD HOSP FD,<br>ORGANIZATIONS, CHARITABLE AND       | Contraction of the second seco | CAD      | 700.00       | .00   |          | Tickets - Stollery Children's<br>Hospital Foundation Gala                                                       |
| 14/10/2011          | 268353962 | CHATEAU NOVA FORT MCMU, LODGING<br>HOTELS, MOTELS, RESORTS     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CAD      | 412.02       | 18.90 |          | Hotel - Board Meeting                                                                                           |
| 18/10/2011          | 268572567 | FUTURE SHOP #10, ELECTRONICS<br>BALES                          | 114.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - CAD    | 114.77       | 5.74  |          | 1. The second |

| Transaction         | s without R | eceipts or supporting documentation                      | Ale and a second         | مرتبع المحرفي | <u> Andrea</u> |            | ann bair b | <u> an </u> |
|---------------------|-------------|----------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------|----------------|------------|------------|-------------------------------------------------|
| Transaction<br>Date | Trans ID    | Merchant Name & Description                              | Trans Original<br>Amount | Carefordy                                                                                                     | Trans Annaust  | <u>GST</u> | Freight    | Description                                     |
|                     |             | DE II HOSPITAL FOUNDAT,<br>ORGANIZATIONS, CHARITABLE AND | <b>1</b> 50.03           | CAD                                                                                                           | 150,80         | 11.<br>11. |            | Maing for receipt attacked                      |

#### Proprietary and Confidential Powered by BMO Spend & Payment Solutions



| Signatures                                                                                                                      | 4 4 4<br>4 4 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                                    |                                        |                                                                                                                |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|
| Cardholder Gesignete (if Applicable)                                                                                            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>an an a</u>      | ·····                                  | na spinister de la companya de la c |  |  |
| By signing this statement                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| <ul> <li>I hereby certify that I have reviewed and reconciled<br/>Policies, Program User Guide and Training. I have</li> </ul>  | d this statement in E<br>allocated the trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MO details Online® to the action(s) to the proper co | ie best of my at<br>st centre.         | ility in accordance to AHS Corporate                                                                           |  |  |
| TRAFE [ MillPaul                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | The cur be                                           | 11 M                                   |                                                                                                                |  |  |
| Name of Cardholder Designate                                                                                                    | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EXECUTIVE ASS<br>archolder Designate Po              | ISI 0.VI                               |                                                                                                                |  |  |
| _                                                                                                                               | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                        |                                                                                                                |  |  |
| Somet- Thurson                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | October 26, d                                        | 2011                                   |                                                                                                                |  |  |
| Signature of Cardholder Designate                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ate of Signature                                     |                                        |                                                                                                                |  |  |
| Cardholder                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| By signing this statement<br>• I hereby certify that the P-Card issued to be was us<br>promote these Codes                      | sed for legitimate bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | isiness purposes in acco                             | rdarice to AHS                         | Corporate Policies and AHS P-Card                                                                              |  |  |
| Program User Guide.  I acknowledge that the above Cardholder Designal                                                           | te has completed re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | views and reconciliation                             | in BMO details                         | Online® on my behalf (if applicable).                                                                          |  |  |
| EAGLE, CHRIS                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| Name of Cardholder                                                                                                              | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RESIDENT & CEO<br>ardholder Position/Title           | ···-                                   |                                                                                                                |  |  |
|                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                        |                                                                                                                |  |  |
| PIN                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 21/1/20                                              | AN                                     |                                                                                                                |  |  |
| Signature of Cardholder                                                                                                         | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ate of Signature                                     |                                        |                                                                                                                |  |  |
| Approver Designate (if Applicable)                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        | ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩                                                                          |  |  |
| By signing this statement                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| <ul> <li>I hereby certify that i have reviewed and approved<br/>Guide and Training on behalf of a autorized approved</li> </ul> | this statement in Bh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AO details Online® in ac                             | cordance to AH                         | S Corporate Policies, Program User                                                                             |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /                                                    | DCI                                    | and a                                                                                                          |  |  |
| Patti Grier                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VPy Chief                                            | ot Xa                                  | 4, AHS Board                                                                                                   |  |  |
| Name of Approver Designate                                                                                                      | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pprover Designate Posit                              | ion/Title                              | )                                                                                                              |  |  |
|                                                                                                                                 | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | or an                                                | 1011                                   |                                                                                                                |  |  |
| Signature of Approver Designate                                                                                                 | Ž                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>86 EC</u>                                         | 011                                    |                                                                                                                |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| Approver<br>By signing this statement                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| <ul> <li>I hereby certify that the P-card issued to be was us</li> </ul>                                                        | ed for legitimate hu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | siness numoses in accor                              | dance to AHS (                         | Omorate Pailcies and AMS D Cord                                                                                |  |  |
| Program User Guide and hereby approve the trans                                                                                 | actions as listed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                        | Solution - Caldes and Ario - Cald                                                                              |  |  |
| <ul> <li>I acknowledge that the above Approver Designate</li> </ul>                                                             | has completed revie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ws and approvals in BM                               | O details Online                       | () on my behalf (if applicable)                                                                                |  |  |
| 1/1/11/                                                                                                                         | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pi ~ ~                                               | . 0                                    | A                                                                                                              |  |  |
| Ren 11-Aughes                                                                                                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | bair, BH                                             | <u>5 Boar</u>                          | d                                                                                                              |  |  |
| Name d'Adprove                                                                                                                  | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pprover Position/Title                               | 1                                      |                                                                                                                |  |  |
| He-th I                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AL 25                                                | · / //                                 |                                                                                                                |  |  |
| Signalize of Approver                                                                                                           | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ale of Signature                                     |                                        |                                                                                                                |  |  |
| Ciginario et Hillord                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | _/                                     |                                                                                                                |  |  |
| Submit approved statement with attachments to Accou                                                                             | ints Payable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                        | an a                                                                       |  |  |
| Attach:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address:                                             |                                        |                                                                                                                |  |  |
| Original itemized receipts                                                                                                      | olontronia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                        |                                                                                                                |  |  |
| <ul> <li>Signed Cardholder Statement Report (or copies of<br/>signatures if signatures are not on report)</li> </ul>            | SIRCEOFIIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Alberta Health Servic                                | 285                                    |                                                                                                                |  |  |
| signatures it signatures are not on report)     Accounts Payable       And where applicable:     7th Street Plaza               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| Copies of pre-approvals for travel     Copies of pre-approvals for travel     Copies of pre-approvals for travel                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| <ul> <li>Personal cheque payable to "Alberta Health Service</li> </ul>                                                          | es"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Edmonton, AB T5J 3                                   |                                        |                                                                                                                |  |  |
| Return, refund and/or credit receipts                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
| Disputes letter                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                        |                                                                                                                |  |  |
|                                                                                                                                 | and the second sec |                                                      | <del>ris sin tanakana</del> kanakana   | And a second |  |  |
| Accounts Payable only:                                                                                                          | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | f f.,                                                |                                        | ninensel i ninen mangele förgenste systemisteringen av sökkönder att i sen som som som som som som som som som |  |  |
| Reference #:                                                                                                                    | Reviewed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Siff-                                                | [ c                                    | Date: <u>NOV 30 //</u>                                                                                         |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11                                                   | ************************************** | an a                                                                       |  |  |

1785 7.00

#### Proprietary and Confidential Powered by BMO Spend & Payment Solutions

PAGE NO: 2

## **Joyce Murray**

AMA Representative Forum GUEST SPEAKER

From: Sent: To: Subject: Air Canada [confirmation@aircanada.ca] Monday, September 19, 2011 3:26 PM Joyce Murray Air Canada - 24-Sep: Edmonton - Calgary (booking ref: PLMIQR) - seat selected

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*\* Itinerary/Receipt Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board. Scan this barcode to check in at any Air Canada x check in klosk. Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances. X Need a hotel in Calgary? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase. Need ground transportation, sightseeing or attractions? X Need a car in Calgary? Great rates and additional Aeropian Miles. 

| <b>Booking Informa</b>                                           | tion               |                                     |                                                  |
|------------------------------------------------------------------|--------------------|-------------------------------------|--------------------------------------------------|
| Booking Reference:                                               | PLMIQR             |                                     | Customer Care                                    |
| Electronic Ticketing co<br>Main Contact:<br>Dr Christopher Eagle | onfirmed. This is  | your official itinerary/receipt.    | <b>Air Canada</b><br>1-888-247-2262              |
| joyce.murray@albertahe<br>Mobile:                                | althservices.ca    |                                     | Flight Arrivals and Departures<br>1-888-422-7533 |
| Home:<br>Work: 1-780-3422029                                     | s.17(1), 17(       | (4)(g)(i)                           |                                                  |
| Online Services                                                  |                    |                                     |                                                  |
| Manage my booking onl                                            | ine (view/change   | my booking; select seats*).         |                                                  |
| Request an upgrade                                               |                    | e i i i <del>g</del> er i ini i i e |                                                  |
| Alert me of flight status                                        | changes directly t | o my mobile phone or email.         |                                                  |
| Flight Arrivals & Depai                                          | rtures - check onl | ine if my flight is on time.        |                                                  |
| Check-in online and pri                                          | nt my boarding pa  | 155.                                |                                                  |

\* Can my booking be changed online?

# **Flight Itinerary**

| Flight              | From                                                          | То                                                                    | Stops | Duration | Aircraft   | Fare Type Meal                |
|---------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|-------|----------|------------|-------------------------------|
| AC8139 <sup>1</sup> | Edmonton, Edmonton<br>Int'l (YEG)<br>Sat 24-Sep 2011<br>10:00 | Calgary (YYC)<br>Sat 24-Sep 2011<br>10:51                             | 0     | 0hr51    | <u>DH3</u> | Tango<br>Plus W               |
| AC284               | <b>Calgary (YYC)</b><br>Sat 24-Sep 2011<br>17:30              | <b>Edmonton, Edmonton<br/>Int'l (YEG)</b><br>Sat 24-Sep 2011<br>18:19 | 0     | 0hr49    | <u>E90</u> | <u>Tango</u><br><u>Plus</u> W |

Operated by: <sup>1</sup> Air Canada Express - Jazz

## **Passenger Information**

| 1: Dr Christopher Ea  | gle : Adult (16+), Ticket Number: 0                                                                            | 142199733750      |      |
|-----------------------|----------------------------------------------------------------------------------------------------------------|-------------------|------|
| Air Canada - Aeroplan | s.17(1), 17(4)(g)(i)                                                                                           | Meal Preference : | None |
| Credit Card:          | XXXX-XXXX-XXXX-9747                                                                                            | Special Needs:    | None |
| Seat Selection:       | AC8139 8C , AC284 22D                                                                                          |                   |      |
|                       | a de la constante de la consta |                   |      |

### Purchase Summary

| Fare Summary                                               |          |
|------------------------------------------------------------|----------|
| Passenger Type                                             | Adult    |
| Departing Flight - Tango Plus                              | 204.00   |
| Return Flight - Tango Plus                                 | 204.00   |
| Surcharges                                                 | 24.00    |
| Taxes, Fees and Charges                                    |          |
| Canada Airport Improvement Fee                             | 45.00    |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 24.56    |
| Air Travellers Security Charge (ATSC)                      | 14.25    |
| Total airfare and taxes before options (per passenger)     | 515.81   |
| Number of passengers                                       |          |
| Total                                                      | 515.81   |
| RBC Travel Insurance (declined)                            | 0.00     |
| Grand Total - Canadian dollars                             | \$515.81 |

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$515.81 (Airfare - per ticket)

Ticket number(s): 0142199733750

### Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango Plus Return Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

Changes:

- Prior to day of departure Change fee per direction, per passenger, is \$50 CAD plus 0 applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
- Airport same-day changes (subject to availability) are permitted at a flat fee of \$75 0 CAD/USD per direction, per passenger. Same-day flights only.
- 0 Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary. 0
- Cancellations:
  - Tickets are non-refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure. 0
  - Provided the original booking is cancelled prior to the original flight departure, the value of 0 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 a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.

Please read important information and notices regarding Air Canada's general conditions of carriage.



#### 111 SUSAN T

~

· · ·

.

· • ,

| Tb1 54/1 1942<br>Sep21 11 12:20F                        | Gst<br>M               | 2 |
|---------------------------------------------------------|------------------------|---|
| 2 SOFT DRINK © 3.00<br>1 KOBE BURGER<br>1 PAUL'S BURGER | 6.00<br>15.00<br>16.00 |   |
| Subtotal<br>37.00 GST Percent<br>Amount Due <b>38</b>   | 37.00<br>1.85<br>.85   |   |

WILDFLOWER RESTAURANT 10009 107th Street Edmonton, AB T5J 1J1 780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 10663

Check #: 1942 Employee #: 111 Employee Name: SUSAN T Workstation #: 1

MasterCard Pre-Auth Purchase xxxxxxxxxx9747 S

Amount \$38.85

Tip \$\_7.2 TOTAL \$ 45.5

APPROVED 150143 00-001 150143 S0001T0001/WILDFC01 268001001002 2011/09/21 13:01:43

Customer Copy

Lunch DR. DAVID MADOR

69600000 V

# Joyce Murray

| From:    |  |
|----------|--|
| Sent:    |  |
| To:      |  |
| Subject: |  |

Air Canada [confirmation@aircanada.ca] Monday, September 26, 2011 1:26 PM Joyce Murray Air Canada - 12-Oct: Edmonton - Fort Mcmurray (booking ref: PZHV6Z) - seat selected

\*\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*\*

# Itinerary/Receipt

| Your booking is confirm,<br>financial records (for taxati<br>reconciliation purposes). W<br>look forward to welcoming | on, expense clai<br>e thank you for | m or credit card          |                   | e to check in at any Air Cana       | ada 🗙                                                       |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------|-------------------|-------------------------------------|-------------------------------------------------------------|
| <b>Looking for Travel</b>                                                                                             | Insurance? Pro                      | tect yourself and your fa | mily against unfo | preseen circumstances.              |                                                             |
| Need a hotel in For                                                                                                   | <b>t Mcmurray?</b> C                | ompetitive room pricing   | for the state     | Aeroplan Miles for every p          | surchase.                                                   |
| Need a car in Fort                                                                                                    | Mcmurray? Gre                       | at rates and additional A |                   |                                     | (1977) Martin Schnieder Antoninger (1976) Antoninger (1977) |
| Booking Informat                                                                                                      | ion                                 |                           |                   |                                     |                                                             |
| Booking Reference:                                                                                                    | PZHV6Z                              |                           |                   | Customer Care                       |                                                             |
| Electronic Ticketing co<br>Main Contact:                                                                              | firmed. This is                     | your official itinerary   | /receipt.         | <b>Air Canada</b><br>1-888-247-2262 |                                                             |

Dr Christopher Eagle joyce.murray@albertahealthservices.ca Mobile: Home: s.17(1), 17(4)(g)(i)Work: 1-780-3422029 Flight Arrivals and Departures 1-888-422-7533

AHS BOOKD MEETING

Manage my booking online (view/change my booking; select seats\*). 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**

**Online Services** 

| Flight              | From                                                          | То                                                            | Stops | Duration | Aircraft   | Fare Type Meal                |
|---------------------|---------------------------------------------------------------|---------------------------------------------------------------|-------|----------|------------|-------------------------------|
| AC8380 <sup>1</sup> | Edmonton, Edmonton<br>Int'l (YEG)<br>Wed 12-Oct 2011<br>07:20 | Fort Mcmurray (YMM)<br>Wed 12-Oct 2011<br>08:27               | 0     | 1hr07    | <u>DH3</u> | <u>Tango</u><br><u>Plus</u> W |
| AC83891             | Fort Mcmurray (YMM)<br>Fri 14-Oct 2011<br>16:50               | Edmonton, Edmonton<br>Int'l (YEG)<br>Fri 14-Oct 2011<br>18:00 | 0     | 1hr10    | DH3        | <u>Tango</u><br><u>Plus</u> Q |

Operated by:

<sup>1</sup> Air Canada Express - Jazz

#### **Passenger Information**

1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142199994204

| Air Čanada - Aeroplan |                       | Meal Preference :                     | None | an markan an a |
|-----------------------|-----------------------|---------------------------------------|------|-------------------------------------------------|
| Credit Card:          | xxxx-xxxx-xxxx-9747   | Special Needs:                        | None |                                                 |
| Seat Selection:       | AC8380 7D , AC8389 5D | · · · · · · · · · · · · · · · · · · · |      | •                                               |

#### **Purchase Summary**

| Passenger Type                                             | Adult    |
|------------------------------------------------------------|----------|
| Departing Flight - Tango Plus                              | 224.00   |
| ๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛                    |          |
| Return Flight - <u>Tango Plus</u>                          | 269.00   |
| <u>Surcharges</u>                                          | 24.00    |
| Taxes, Fees and Charges                                    |          |
| Canada Airport Improvement Fee                             | 50.00    |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 29.06    |
| Air Travellers Security Charge (ATSC)                      | 14.25    |
| Total airfare and taxes before options (per passenger)     | 610.31   |
| Number of passengers                                       | 1        |
| Total                                                      | 610.31   |
| RBC Travel Insurance (declined)                            | 0.00     |
| Grand Total - Canadian dollars                             | \$610.31 |

The following charges (tax inclusive) will appear on your credit card statement: Air Canada: \$610.31 (Airfare - per ticket) Ticket number(s): 0142199994204

### **Fare Rules**

Departing Flight Edmonton (YEG) To Fort Mcmurray (YMM) - Tango Plus Return Flight Fort Mcmurray (YMM) To Edmonton (YEG) - Tango Plus

- Changes:
  - Prior to day of departure Change fee per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
  - **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
  - **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
  - o Flights can only be used in sequence from the place of departure specified on the itinerary.
- Cancellations:
  - o 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 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 a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
  - o Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.

Please read important information and notices regarding Air Canada's general conditions of carriage.

### **Important Information**

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262

s.17(1), 17(4)(e.1) Ĵ AUTHORIZATION NO/Nº D'AUTORISATION CATTIS EAGLE AB NEALTH SERVICES DATE D'EXPINATION VERIFIEE ci nereio 301 DMATCHE AMOUNT - MONTANT DESCRIPTION CUSTOMER COPY COPIE DU CLIENT SALES DRAFT / FACTURE TAX TAXE CARDHOLDERS SIGNATURE TIP 20 Ó TOTAL S CDN CAN VISA **Wester**Card ŝ. 00 Marth F

AMA Representative Freim, Colgory

Stor MERTING

÷

.

REDWATER RUSTIC GRILLE 9223 MacLeod Tr. South Calgary, Alberta

| MasterCard<br>Type<br>Card Number<br>Date<br>Reference #<br>Check<br>Server Name<br>Table |   | PreAuth<br>xxxxxxxxxx9747<br>09/28/2011 07:49:06 PM<br>00120691 0010014180 S<br>223621<br>S-Katrina<br>241<br>214905 |
|-------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------|
| Approval #                                                                                | - | 214906                                                                                                               |

Sub Total: \$136.50 Tip: <u>\$</u>20 10 Total: \$ 156 50

01 Approved - Thank You 027

\* Customer Copy \*

REDWATER RUSTIC GRILLE 9223 MacLeod Tr. South Calgary, Alberta Tel: 403-253-4266

Check #: 223621 Duplicate

5

| Serve<br>Tab     | r: S-Katrina<br>1e: 241 -1<br>Client                     | Time:                                                                                              | 09/28/2011<br>19:45            |
|------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------|
| 3<br>3<br>1<br>2 | Half Romaine Hea<br>Halibut<br>Cappucino<br>Decaf Cofiee | irts                                                                                               | 21.00<br>99.00<br>5.00<br>5.00 |
| • بمنت ، و       | SUB                                                      | -TOTAL :<br>GST                                                                                    | 130.00<br>: 6.50               |
|                  | TOTAL :                                                  | 1000 - 100 - 100 - 100 - 100 - 100<br>1000 - 100 - 100 - 100 - 100<br>1000 - 100 - 100 - 100 - 100 | 136.50                         |

Please call for Reservations 253.4266 GST#819584947RT0001

V

`ب

,

V

| Home                      | View Itinerary                    | City Guides Hel                                     |                               |                                                    |                                 | My Profile                                                          |
|---------------------------|-----------------------------------|-----------------------------------------------------|-------------------------------|----------------------------------------------------|---------------------------------|---------------------------------------------------------------------|
| TRIP TO<br>VICTO<br>CANAL | RIA BC,                           | PREPARED FOR<br>MR CHRIS E/                         |                               | RESERVATION CODE<br>JVJWYD                         | travel g<br>Nov 10              | -                                                                   |
|                           | Overview ,                        | Air                                                 |                               |                                                    |                                 |                                                                     |
|                           | ursday Nov 10                     | YEG<br>EDMONTON I<br>CANADA                         |                               | YYJ<br>VICTORIA BC, CA                             | NADA                            | NEXT STEPS                                                          |
| WEST<br>WS 03             | JET                               | Departing At<br>4:45pm<br>Terminal<br>Not Available | ny Chun bethe                 | Arriving At<br>5:25pm<br>Terminal<br>Not Available | αιματά του 21,4000 - 4,4000 - 1 | Print Itinerary<br>E-mail Itinerary<br>Add to Calender              |
|                           | NGER NAME                         |                                                     | Seats                         | MIUM / On Request                                  |                                 | Add to Calendar with Info<br>View eTicket Receipt<br>Add to MyTrips |
|                           |                                   |                                                     | Duration                      |                                                    | :41min(s)                       |                                                                     |
| Status                    |                                   | Confirmed                                           |                               | · · · · · · · · · · · · · · · · · · ·              |                                 |                                                                     |
| Aircraf                   |                                   | BOEING 737-600<br>JET                               | Gate                          |                                                    | ck for latest<br>information    |                                                                     |
| <b>A</b>                  |                                   |                                                     | Stop(s)                       |                                                    | 0                               |                                                                     |
| Smokir                    |                                   | No<br>Please verify flight tin                      | Distance (<br>nes prior to de |                                                    | 0542                            |                                                                     |
|                           | create or log in t<br>reyour trip | to your profile to<br>Receive flight notifications  | : Upd                         | ate your social network                            | Log In                          |                                                                     |
| Mo                        | nday Nov 14                       | YYJ<br>VICTORIA BC,                                 |                               | YEG<br>EDMONTON INTL<br>CANADA                     | <b>АВ</b> ,                     | Where do you want to go?                                            |
| WEST.<br>WS 01            |                                   | Departing At<br>7:30pm                              | analona holizaren 24 200 - 13 | Arriving At<br>9:59pm                              | Control - Stategor - K          | Maps   Directions                                                   |
|                           |                                   | Terminal<br>Not Available                           |                               | Terminal<br>Not Available                          |                                 |                                                                     |
| PASSE                     | NGER NAME                         |                                                     | Seats                         |                                                    |                                 |                                                                     |
| MR CHI                    | RIS EAGLE                         | i.                                                  | 07D / PREI<br>Duration        | MIUM / On Request                                  | :29min(s)                       |                                                                     |
| Status                    |                                   | Confirmed                                           |                               | 0114(9)                                            | .23(111(3)                      |                                                                     |
| Aircraft                  |                                   | BOEING 737-700<br>JET                               | Gate                          |                                                    | k for latest<br>nformation      |                                                                     |
|                           |                                   | 1 14 14 10 - 1000 - 1000 - 1000 - 1000 - 1000       | Stop(s)                       |                                                    | 0                               |                                                                     |
| Smokin                    | 9                                 | No<br>Please verify flight tim                      | Distance (i                   |                                                    | 0542                            |                                                                     |

Privacy Policy Copyright and Trademark Notices Terms and Conditions

145



English Leg In 12 hrs display

Home View Itinerary City Guides Help

My Profile MyTrips

Print e-Tickel

eTicket Receipt

### Prepared For

EAGLE/CHRIS MR

|                                 | -000000-00000-00000-0000-0000- |
|---------------------------------|--------------------------------|
| WESTJET RESERVATION CODE JVJWYD | 4                              |
| TICKET ISSUE DATE 29Sep2011     |                                |
| TICKET NUMBER 8382176417623     |                                |
| ISSUING AIRLINE WESTJET         |                                |
| ISSUING AGENT WestJet/SSW       |                                |

### **Itinerary** Details

| TRAVEL<br>DATE | AIRLINE           | DEPARTURE                                     | ARRIVAL                                       | OTHER NOTES                                                                                                                                                                        |
|----------------|-------------------|-----------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10Nov          | WESTJET<br>WS 373 | EDMONTON INTL AB,<br>CANADA<br>Time<br>4:45pm | VICTORIA BC, CANADA<br>Time<br>5/26pm         | Seat Number 11D PREMIUM (WAIVED)<br>Baggage Allowence 1PC<br>Booking Status CONFIRMED<br>Fare Basis LBRO1<br>Not Valid Before 10 NOV<br>Not Valid After 10 NOV                     |
| 14Nov          | WESTJET<br>WS 192 | VICTORIA BC, CANADA<br>Time<br>7:30pm         | EDMONTON INTL AB,<br>CANADA<br>Time<br>9:59pm | Seat Number (70 PREMIUM (PAID)<br>Conf. 333051581481<br>Baggage Allowance 1PC<br>Booking Status CONFIRMED<br>Fare Basis LBRP1<br>Not Valid Before 14 NOV<br>Not Valid After 14 NOV |

### Payment/Fare Details

| Form of Payment                       | CREDIT CARD - MASTERCARD : XXXXXXXXXXX 9747                              |
|---------------------------------------|--------------------------------------------------------------------------|
| Endorsement / Restrictions            | NONREF - FEE FOR CHG/CXL                                                 |
| Fare Calculation Line                 | YEA WS YYJ189.00LBRO1 WS YEA199.00LBRP1<br>CAD388.00END                  |
| Fare                                  | CAD 388.00                                                               |
| Taxes / Fees / Charges                | CAD 14.25 CA (AIR TRANSPORTATION TAX)                                    |
|                                       | CAD 22.31 XG (GOODS AND SERVICES TAX GST)                                |
|                                       | CAD 67.20 XT (COMBINED TAXES)                                            |
| Total Fare                            | CAD 492.36                                                               |
| Additional Fees not included in Fare  | CAD 0.00 - YEG YYJ - (PREMIUM SEAT FEE)                                  |
| · · · · · · · · · · · · · · · · · · · | CAD 7.00 (0.35 XG) - YYJ YEG - IK XXXXXXXXXXXX9747<br>(PREMIUM SEAT FEE) |

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet Highl. If you're travelling with one of our <u>airlines partners</u> as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive Identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States,
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure
   of their flight.

Page 1 of 1

,

CHELALMA

 The State NW
 State NW

 State NW
 State

Serior LEDDRES Meeting

### SUCHOWERSKY, OKSANA

## 14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

| ARRIVAL   | DEPARTU   | RE CREDIT CARD             | RATE PLAN                | CATEGORY                                                                                                        | ACCOUNT     |
|-----------|-----------|----------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
| 26-Sep-11 | 29-Sep-11 | XXXXXXXXX × X9747          | AHS                      | COR                                                                                                             | 20090119822 |
| DATE      | ROOM NO.  | DESCRIPTION                | REFERENCE                | e i i i i i i i i i i i i i i i i i i i                                                                         | AMOUNT      |
| 26-Sep-11 | 705       | PARKING                    | PARKING CHARGE           | n de Ministra de La Ministra de California de La California de California de California de California de Califo | \$8.00      |
| 26-Sep-11 | 705       | ROOM CHARGE                | #705 SUCHOWERSKY, OKS/   | ANA                                                                                                             | \$144.00    |
| 26-Sep-11 | 705       | DESTINATION MARKETING FEE  | DESTINATION MARKETING    | FEE                                                                                                             | \$4.45      |
| 26-Sep-11 | 705       | ALBERTA TOURISM LEVY       | ALBERTA TOURISM LEVY     |                                                                                                                 | \$5.76      |
| 27-Sep-11 | 705       | PARKING                    | PARKING CHARGE           |                                                                                                                 | \$8.00      |
| 27-Sep-11 | 705       | ROOM CHARCE                | #705 SUCHOWERSKY, OKS/   | \NA                                                                                                             | \$154.00    |
| 27-Sep-11 | 705       | DESTINATION MARKETING FEE  | DESTINATION MARKETING    | FEE                                                                                                             | \$4.76      |
| 27-Sep-11 | 705       | ALBERTA TOURISH LEVY       | ALBERTA TOURISM LEVY     |                                                                                                                 | \$6.16      |
| 28-Sep-11 | 705       | PARKING                    | PARKING CHARGE           |                                                                                                                 | \$8.00      |
| 28-Sep-11 | 705       | ROOM CHARGE                | #705 SUCHOWERSKY, OKSA   | <b>NA</b>                                                                                                       | \$154.00    |
| 28-Sep-11 | 705       | DESTINATION MARINETING FEE | DESTINATION MARKETING    | FEE                                                                                                             | \$4.76      |
| 28-Sep-11 | 705       | ALBERTA TOURISM : EVY      | ALBERTA TOURISM LEVY     |                                                                                                                 | \$6.16      |
| 29-Sep-11 | 705       | DIRECT BILL                | DIRECT BILL #20090119822 | · · ·                                                                                                           | (\$154.21)  |
| 29-Sep-11 | 705       | MASTERCARD                 | MASTERCARD               |                                                                                                                 | (\$353.84)  |

Room Number: 705 Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1/0

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. LAGREE THAT CHALUABILITY FURTHED BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE IDENTIFICATION OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF PHARGEN.

The Destination Marketing Fee is subject to 5% GS1 and 4% ATL GST R#108102864

TOTAL DUE:

\$0.00

En.

<sup>1</sup>811 ON BANK INN-REST 10053 JASPER AVENUE EDMONTON AB T5J1S5 780-423-3600

1

,

MER(HHNT ID: 97016120024 TERM ID: 001 OP ID: 13

### SALE

88888888888888889747 MASTERCARD ENTRY METHOD: CHIP 10/03/11 21:10:13 N 4: 000022 APPR CODE: 231012 BATCH #: 000012 REF #: 022 AMOUNT \$131.78 TIP \$20.00 -----TOTAL \$151.78

PIN VERIFIED BY CARD ISSUER CARDHOLDER AGREES TO PAY ABOUE TOTAL AMOUNT IN ACCORDANCE WITH CARD ISSUER'S AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION

### CARDHOLDER COPY

### APPROVED

APPLICATION LABEL: MasterCard AID: A0000000041010 UNION BANK INN-REST 10053 JASPER AVENUE EDMONTON AB T5J1S5 780-423-3600

MERCHANT E: 97016120024 TERM ID: 001 OP ID: 13

### REFUND

XXXXXXXXXXXXX9747 MASTERCARD ENTRY METHOD: CHIP 10/03/11 21:12:48 INV #: 000023 APPR CODE: BATCH #: 000012 REF #: 023

## AMOUNT

\$151.78

i agree to pay above total amount in accordance with card issuer's Horeement (Merchant Austement if credit voucher) Retain this copy for statement Verification

X\_\_\_\_

.

MERCHANT SIGNATURE CARDHOLDER COPY

### APPROVED

APPLICATION LAREL : Mastances

Charged in Error TO C. Englis MOSTACORD Roturd processed.

| UNION BANK INN-REST<br>10053 JASPER AVENUE<br>EDMONTON AB T5J1S5<br>780-423-3600 | MADISON'S GRILL<br>10053-Jasper Ave<br>Edmonton, Alberta<br>780-401-2222 |                       |  |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------|--|
| Merchant ID: 97016120024                                                         | Server: K <b>a</b> t<br>Table 10 <b>/1</b>                               | 10/03/2011<br>9:11 PM |  |
| SALE<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     | Guests: 3<br>Reprint #: 1                                                | 10020                 |  |
|                                                                                  |                                                                          |                       |  |

| MASTERCAR | D      | ENTRY METHOD: CHIP |  |  |
|-----------|--------|--------------------|--|--|
| 10/03     | ⁄11    | 21:13:57           |  |  |
| INV #:    | 000024 | APPR CODE: 231356  |  |  |
|           |        | BATCH #: 000012    |  |  |
|           |        | REF #: 024         |  |  |
| AMOUN"    | r      | \$185.85           |  |  |
| ΤIΡ       |        | \$30.00            |  |  |
|           |        |                    |  |  |
| TOTAL     |        | \$215.85           |  |  |

. ۳

PIN VERIFIED BY CARD ISSUER CARDHOLDER AGREES TO PAY ABOVE TOTAL AMOUNT IN ACCORDANCE WITH CARD ISSUER'S AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION

į

### MERCHANT COPY

### APPROVED

APPLICATION LABEL: MasterCard AID: A0000000041010 TUR: 00 00 00 80 00 TSI: ER 00

| Edmonton, Alberta<br>780-401-2222                                                                                                                           |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Server: Kat<br>Table 10/1<br>Guests: 3<br>Reprint #: 1                                                                                                      | 10/03/2011<br>9:11 PM<br>10020                                   |
| SCR Tenderloin 7 oz<br>Coffee Tea (2 @3.50)<br>Espresso<br>Glass Pinot Gris<br>Beet Salad (2 @12.00)<br>Four Whistle Duck Breast<br>Soft Drink<br>Mahi Mahi | 47.00<br>7.00<br>4.0<br>11.00<br>24.00<br>39.00<br>3.50<br>41.00 |
| Subtotal                                                                                                                                                    | 177,00                                                           |
| GST Exclusive Tax                                                                                                                                           | 8.85                                                             |
| Total                                                                                                                                                       | 185.85                                                           |
| Bajlance Du \$                                                                                                                                              | 185.85                                                           |
| GRATUITY :                                                                                                                                                  |                                                                  |
| TOTAL :                                                                                                                                                     |                                                                  |
| SIGNATURE :                                                                                                                                                 |                                                                  |

ROOM #:\_\_\_\_\_

PRINT NAME\_\_\_\_\_ THANK YOU Please Come Again Soon

DINNER DAVID LEVINE, " JOY RAMOTAR

DETACH RECEIPT FROM TICKET DISPLAY THIS SIDE UP ON DASHBOARD AMOUNT PAID TIME ISSUED DATE ISSUED EXPIRATION TIME EXPIRATION DATE Haraka ang Landra and a line and a nenamette AMOUNT PAID 90900 \$ <u>12.25 16480000 15:07</u> CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION PARKLINK 64082764 RECEIPT PRECISE PARKLINK\* 64082764 NON TRANSFERABLE

Ŧ

6

k

.

jour Missecuedia Hapital.

1 ... LOOKING FUR WURK? WWW.Iondonarugs.com SAMSUNG HEADSET 29.99 H CUSTOMER NUMBER 49001000001 \*\*\*\* TAX 3.60 BAL 33.59 VE Mastercard 33.59 XXXXXXXXXXXXX9747 AUTH: 163806 .00 CHANGE (L)ST .00 (H)ST 3.60 10/07/11 13:38 0014 14 0252 47095 (L)ST = LOWER HST TAX RATE LONDON DRUGS LIMITED HST #R103378972

a second second

....

ે ત્ર્યુ

,

CREDIT CAPD TRANSACTION RECORD

127-3995 QUADRA ST. VICTORIA, BC V8X TUB

Į

CASH REG.: 014 EMPLOYEE: 47096 1

NO.: XXXXXXXXXXXXX9747

AMOUNT \$33.59

Mastercard PURCHASE

10/07/11 13:38:06 AUTH: 163806 REFERENCE: 66173038 0013391340 C

APL: MasterCard, APN: AID: (#100000041010, TVR: 98000

( APPROVED - THANK YOU 027

IMPORTANT: Retain this copy for your records.

0014 014 47096 0252

|                                                                                                                        | Search Selec                                                                  | t Review Passe                                                                                                 | ngers Purchase Seats 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tinerary |                    |          |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|----------|
| Your booking is confirmed. Please<br>taxation, expense claim or credit car<br>Canada and look forward to welcomi       | d reconciliation purposes                                                     | or your financial rea<br>a). We thank you fo                                                                   | zords (for<br>or choosing Air                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                    |          |
| Booking Information                                                                                                    |                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Al       | R CANADA 🏵         |          |
| Booking Reference: NAQ8                                                                                                | SMA                                                                           |                                                                                                                | Customer Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                    |          |
| Electronic Ticketing confirmed. 1                                                                                      | his is your official itin                                                     | erary/receipt,                                                                                                 | Air Canada<br>1-888-247-2262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | And laco           | LA ATLIT |
| Main Contact:<br>Mr Christopher Eagle<br>joyce.murray@albertahealthservices<br>Mobile:<br>Home:<br>Work: 1-780-3422029 | .ca<br>7(1), 17(4)(g)                                                         | (i)                                                                                                            | Flight Arrivals and<br>Departures<br>1-888-422-7533                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1        | <i>Reimburst</i> o | J CHIL   |
| Flight Itinerary                                                                                                       |                                                                               |                                                                                                                | annessure and the first of the system of the |          |                    |          |
| Flight From T                                                                                                          | o s                                                                           | tops Duration                                                                                                  | Aircraft Fare Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Meal     | ······             |          |
| Edmonton Int'l II<br>(YEG) W                                                                                           | oronto, Pearson<br>a <b>t'i (YYZ)</b><br>fed 23-Nov 2011<br>5:35 - Terminal 1 | 0 3hr35                                                                                                        | 320 Executive Class<br>Flexible C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                    |          |
| Int'i (YYZ) Ei<br>Fri 25-Nov 2011 (Y<br>15:00 - Terminal 1 Fr                                                          | dmonton,<br>dmonton Int'l<br>(EG)<br>† 25-Nov 2011<br>7:02                    | 0 4hr02                                                                                                        | 319 Executive Class<br>Flexible C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | м        |                    |          |
| M: Meal (Non Specific)                                                                                                 |                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                    |          |
| Air Canada - Aeroplan :<br>Credit Card: xxxx-xxxx-<br>Seat Selection: AC126 2D , A                                     |                                                                               | Meal Preference<br>Special Needs:                                                                              | :: Regular<br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                    |          |
| Purchase Summary                                                                                                       |                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                    |          |
| Fare Summary                                                                                                           |                                                                               | ·····                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                    |          |
| Passenger Type<br>Departing Flight - Executive Class Flex                                                              |                                                                               | -                                                                                                              | Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                    |          |
| Return Flight - Executive Class Flexibl<br>Surcharges                                                                  | e                                                                             |                                                                                                                | 2313.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                    |          |
| Taxes, Fees and Charges                                                                                                | an balan a basin jing da.                                                     |                                                                                                                | 46.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                    |          |
| Canada Airport Improvement Fee<br>Canada Goods and Services Tax (GST,                                                  | /HST #10009-7287 PTO                                                          |                                                                                                                | 45.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                    |          |
| Canada Harmonized Sales Tax (GST/H                                                                                     | IST #10009-2287 RT000                                                         | 1)                                                                                                             | 235.31<br>3.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                    |          |
| Air Travellers Security Charge (ATSC)<br>Total airfare and taxes before options                                        | (per passenger)                                                               | - · <u>-</u>                                                                                                   | 14.25<br>4969.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                    |          |
| Number of passengers<br>Total                                                                                          |                                                                               | · ···· ·· ·· ·                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                    |          |
| RBC Travel Insurance (declined)                                                                                        |                                                                               | -                                                                                                              | 4969.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                    |          |
| Grand Total - Canadian dollars                                                                                         |                                                                               | ·· . Lata                                                                                                      | \$4969.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                    |          |
| Grand Total<br>Total including travel options, taxes, fe                                                               | es and charner                                                                |                                                                                                                | 1 adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                    |          |
|                                                                                                                        |                                                                               | \$4                                                                                                            | 969.81 CAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                    |          |
| are Rules                                                                                                              |                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                    |          |
| Departing Flight Edmonton (YEG)                                                                                        |                                                                               | The second s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                    |          |
| Return Flight Toronto (YYZ) To Ed                                                                                      | monton (YEG) - Exect                                                          | utive Class Flex                                                                                               | ible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                    |          |
| Changes:     O Changes are semilited as if                                                                             |                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                    |          |
| <ul> <li>Changes are permitted and</li> </ul>                                                                          | a change fee does no                                                          | apply,                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                    |          |



- 1

t

CHATEAU NOVA

(780) 75 5582

# Patrick

| Tb1 1/1 Chk 3417                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gst 5                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Oct12'11 09:1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5PM                                              |
| 1 Milk<br>1 Side Caeser<br>1 Janeni<br>2 Janeni | 2,50<br>5,95<br>12,00<br>29,95<br>65,85<br>30,00 |

145

۰,

| Chatery Nova         |  |  |  |  |
|----------------------|--|--|--|--|
| # 500 159 AIRPORT RD |  |  |  |  |
| EDMONTON, AB T55 UNG |  |  |  |  |
| 780-791-6682         |  |  |  |  |
| 99149965727          |  |  |  |  |

κ.

| TERM ID: F9914996                                            | BATCHE: 251<br>SHIFTA: 004 |  |  |  |
|--------------------------------------------------------------|----------------------------|--|--|--|
| INVH: 00000<br>MCARD<br>************************************ |                            |  |  |  |
| Amount: \$                                                   | 153 <b>.56</b>             |  |  |  |
| Tip: \$                                                      | 2500                       |  |  |  |
| Total:CAD\$                                                  | 17852                      |  |  |  |
| APPROVED 002216<br>001-00<br>12-0:11<br>2:2:16               |                            |  |  |  |

.

Secon

## Susan Best

From: Sent: To: Subject: Attachments: Terri MacKenzie Thursday, October 13, 2011 3:42 PM Susan Best 2011 Snowflake Gala Registration Receipt Tax\_Receipt.pdf

If this HTML email does not render correctly, click here for the online version.

Oct 13, 2011

Don and Moora Glassican press SNOW FLAKE 72011

Chris Eagle Alberta Health Services 10030 - 107 Street Edmonton, AB T5J 3E4 780-342-2021 susan.best@albertahealthservices.ca

## RECEIPT

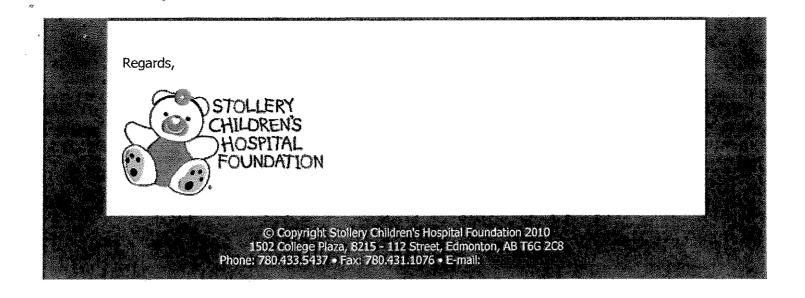
Thank you for supporting the 2011 Snowflake Gala! Attached you will find an official tax receipt for the charitable portion of your ticket purchase. Please print this receipt for year end purposes as a paper receipt will not be issued. Should you have any questions or concerns or if you did not complete all attendee information, please contact Maria Pigarowa at (780) 431-4616 or <u>marie.pigarowa@stollerykids.com</u>.

Registration ID: 8007323 Topic: 15th Annual Snowflake Gala Date: Dec 12 2011 6:00PM - 11:00PM Location: Shaw Conference Centre, 9797 Jasper Avenue, Edmonton, Alberta

Payment Information: Receipt No.: 20168253 Confirmation Code: 174137 Payment Method: creditcard

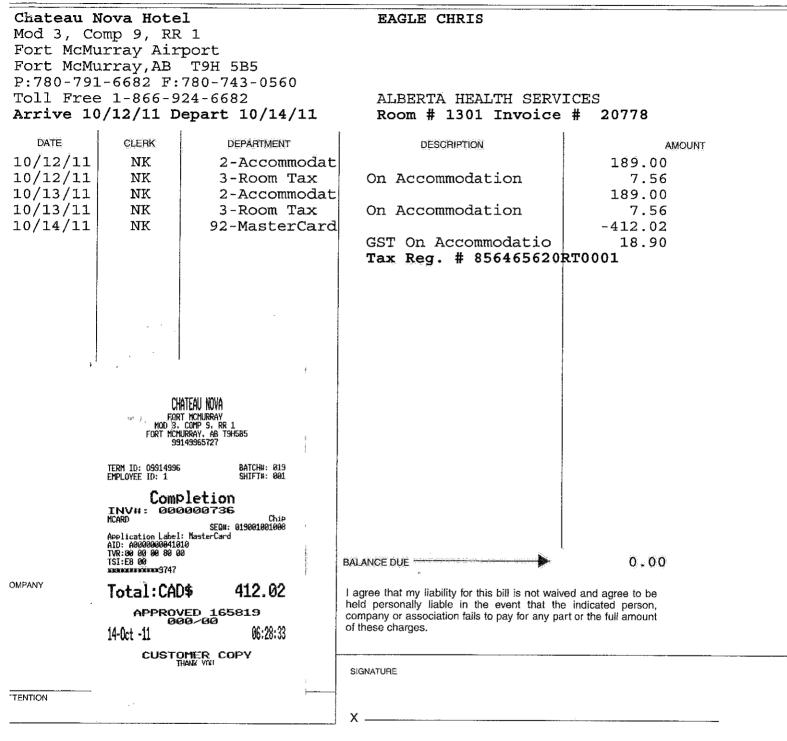
| Item     | Price  | Qty       | Total     |
|----------|--------|-----------|-----------|
| Adults   | 350.00 | 2         | 700.00    |
|          |        | Sub-Total | \$ 700.00 |
|          | Г.     | Fotal GST | \$ 0.00   |
| <u> </u> |        | al Amount | \$ 700.00 |

1



÷

NOVA HOTELS



"Where Comfort and Service are at their best!"

# Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta - Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurrary

Saskatchewan – Kindersley

NWT & Nunavut - Inuvik, Igaluit

| CCRECEIPS<br>Thank you for s<br>Future Shop<br>exciting s<br>3450 Uptown Boules<br>250-419-1<br>Keep your s                                                                                          | Saanich<br>stuff<br>vard, Saan<br>7670<br>receipt | ich              | NOP WEUTURESHOP |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------|-----------------|
|                                                                                                                                                                                                      |                                                   | L'ALI ILL        | â               |
| Val #: 1355-5273-3688-5                                                                                                                                                                              |                                                   | <b>F</b> 4 1 1 4 | R               |
| 0010 005 8928 10/18/11                                                                                                                                                                               |                                                   | EIXY             |                 |
| SALE                                                                                                                                                                                                 | S                                                 |                  | l.              |
| 10143631 DX-C114195<br>DYNEX 10FT USB 2 A/B<br>Associate # E1XY                                                                                                                                      |                                                   | 29.99            |                 |
| 10068757 103267<br>HAMM PAPER 500 SHEET<br>Associate # E1XY                                                                                                                                          |                                                   | 5.99             | Ŕ               |
| 10158920 ML-1865<br>SAMSUNG ML-1865<br>Associate # E1XY                                                                                                                                              |                                                   | 59, <b>99</b>    | doHS 320        |
| 10091594 BC EHF PRIN<br>BC EHF PRINTERS<br>Associate # E1XY                                                                                                                                          |                                                   | 6.50             | ær.             |
| ŝil                                                                                                                                                                                                  | BTOTAL                                            | iu.              | A               |
|                                                                                                                                                                                                      | HST BC                                            | 12 50            | TENET:          |
|                                                                                                                                                                                                      | TOTAL                                             | 114.77           |                 |
| Transaction Record SALE<br>xxxxxxxxxxxx9747 C MAST<br>Approved 180540<br>TERM: 0010 005 C<br>SEQ NO: 001001001994<br>ACI/ISO 001/00<br>10/18/2011 15:05:39<br>AID: A0000000041010<br>APN: MasterCard | Ercard                                            | İ14,77           | 4               |
| ن کې کې د<br>افغو                                                                                                                                                                                    | ۰<br>مر                                           | ¥                | 51-01:          |

A.

# **QEII** Hospital Foundation

- <u>Home</u>
- <u>About</u>
- <u>News</u>
- <u>Get Involved</u>
  <u>Education</u>
- <u>Education</u>
   <u>Give a Gift</u>

# Thank You

Donate Education Participate YouTubeFacebookTwitter News RSS Feed

# **Thank You**

# **Payment Overview**

## Class/Event:

<u>Festival of Trees Gala</u> November 17, 2011 Dr. Chris Eagle [ 1 x C \$150.00]

Primary Registrant: Dr. Chris Eagle Payment Type: CC Payment Date: October 11, 2011 Amount Paid/Owed: C \$150.00 Payment Status: Completed Registration ID: 4ebc1acd640bc6.92566216

© 2011 QEII Hospital Foundation. All Rights Reserved.



'- ~₽ \*\*\*

| Alberta Health              |               |                                                                 | Alberta Health<br>Accounts P<br>DEC 1/2 | 'ayable                      |                     | ardh             | older      | P-Car<br>details Online (<br>Statement Repo |
|-----------------------------|---------------|-----------------------------------------------------------------|-----------------------------------------|------------------------------|---------------------|------------------|------------|---------------------------------------------|
|                             |               |                                                                 | RECE                                    | VED                          |                     |                  |            | ······································      |
| Instruction                 | :             |                                                                 | E E Prov. Vol. Collect                  |                              |                     |                  |            |                                             |
| <ul> <li>Attache</li> </ul> | ed ALL origii | nal detailed receipts and supporting docu                       | uments in the san                       | ne order as                  | it appears on th    | is statem        | ent        |                                             |
| <ul> <li>Cardho</li> </ul>  | der AND A     | pprover's signatures required where indi                        | cated below                             |                              |                     |                  |            |                                             |
| EAGLE, CH                   | DIC           | PRESIDENT & CEO                                                 |                                         |                              |                     |                  | -          |                                             |
| Cardholder's                |               | Cardholder's Position                                           | /Title                                  | Billin                       | Reporting Perio     | od:              | 20/11/201  | 1                                           |
|                             |               | SEVENTH STREET                                                  |                                         |                              |                     | -                | 20,111201  |                                             |
| Cardholder's                | Dept          | Cardholder's Site/Loc                                           |                                         | Total                        | Statement Amou      | int <sup>,</sup> | \$1,447.82 | ,                                           |
|                             | •             | RTAHEALTHSERVICES.CA                                            |                                         |                              |                     | -                |            |                                             |
| Cardholder's                |               |                                                                 |                                         | Loeti                        | 6 digits of the P-( | ard #            | *****      | (XXX190747                                  |
|                             |               | ·                                                               |                                         |                              |                     |                  |            |                                             |
| Statement                   | of Transacti  | ons.                                                            |                                         | an ang balanta tang man<br>S |                     | م<br>چ           |            |                                             |
| Transaction<br>Date         | Trans ID      | Merchant Name & Description                                     | Trans Original<br>Amount                |                              | Trans Amount        | GST              | Freight    | Description                                 |
| 21/10/2011                  | 268834509     | MONK OFFICE ROYAL OAK, STATIONERY<br>OFFICE SUPPLIES, PRINTING  | 20,57                                   | CAD                          | 20.57               | .98              |            |                                             |
| 24/10/2011                  | 269166790     | WESTJET, Westjet Airlines                                       | 296.36                                  | CAD                          | 296.36              | 14.11            | .00        | Board Meetng Grande Prairie                 |
| 29/10/2011                  | 269590717     | MLDFLOWER RESTAURANT, EATING<br>PLACES, RESTAURANTS             | 55.25                                   | CAD                          | 55.25               | 2.25             |            | Lunch - Fay Orr MH Patient<br>Advocate      |
| 02/11/2011                  | 269908639     | IMPARK00020001U, AUTOMOBILE<br>PARKING LOTS AND GARAGES         | <b>9</b> 10.00                          | CAD                          | 10.00               | .48              | .00        | Parking - Glenrose Hospital                 |
| 04/11/2011                  | 270090609     | IMPARK00020001U, AUTOMOBILE<br>PARKING LOTS AND GARAGES         | Ø 20.00                                 | CAD                          | 20.00               | .95              | .00        | Parking - albertaREHAB<br>Conference        |
| 04/11/2011                  | 270229879     | HOTEL MCDONALD F/B, EATING PLACES,<br>RESTAURANTS               | 48.00                                   | CAD                          | 48.00               | .00              | .00        | Meeting with Andre Picard                   |
| 06/11/2011                  | 270229878     | FOUR POINTS CALGARY AI, LODGING<br>HOTELS, MOTELS, RESORTS      | ······································  | ÇAD                          | 111.15              | .00              | .00        |                                             |
| 08/11/2011                  | 270397489     | UNIVERSITY OF CALGARY,, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | 167.86                                  | CAD                          | 167.86              | 7.99             |            | Late Cancellation Charge                    |

| Transaction<br>Date | Trans ID  | Merchant Name & Description | Trans Original<br>Amount |     | Trans Amount | GST | Freight | Description              |
|---------------------|-----------|-----------------------------|--------------------------|-----|--------------|-----|---------|--------------------------|
| 24/10/2011          | 269166789 | WESTJET, Westjet Airlines   | J 6.30                   | CAD | 6,30         | .00 | .00     | Seat Selection           |
| 14/11/2011          | 270958254 | WESTJET, Westjet Airlines   | S -3.15                  | CAD | -3.15        | .00 |         | No Receipt - Seat Refund |
| 14/11/2011          | 270958255 | WESTJET, Westjet Airlines   | 9 <sup>-3.15</sup>       | CAD | -3.15        | 00, |         | No receipt - Seat Refund |
| 14/11/2011          | 270958256 | WESTJET, Westjet Airlines   | a 11.20                  | CAD | 11.20        | .00 | .00     | Seat Selection           |
| 17/11/2011          | 271236601 | WESTJET, Westjet Airlines   | -3.15                    | CAD | -3.15        | .00 | ······· | No receipt - Seat Refund |

CAD

CAD

🖗 CAD

CAD

199/00 CAD

315

190,0

\$ 208 03

47

105.60 CAD

Ø

O

\$

66

3.15

190.05

208.03

199.00

4.75

105.60

.

.0Q

.00

.00

9.48

.23

.00

.00Seat Selection

Symposium

.00 Fare Difference GP to YYC

.00Calgary Feeling Better

Symposium Tickets

Parking - Victoria BC

.00 Executive Planning Session

AHS.roc

08/11/2011

08/11/2011

08/11/2011

09/11/2011

14/11/2011

15/11/2011

270519968

270519969

270519970

270718624

271069829

271236600

WESTJET, Westjet Airlines

WESTJET, Westjet Airlines

WESTJET, Westjet Airlines

PAYPAL \*PURENORTHSE,

PROFESSIONAL SERVICES NOT ROBBINS PKG, AUTOMOBILE PARKING LOTS AND GARAGES

RED DEER LODGE, LODGING HOTELS, MOTELS, RESORTS

|                                                                                                                  | P-Ca                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 🖉 Alberta Health                                                                                                 | details Online                                                                                                                                                                                                                                           |
| Services                                                                                                         | Cardholder Statement Rep                                                                                                                                                                                                                                 |
| ignatures                                                                                                        |                                                                                                                                                                                                                                                          |
| Cardholder Designate (if Applicable)                                                                             | <u> 1997 - Andrea Andrea, and an </u>                                                                                                                                                                                |
| a second and a second | t in BMO details Online® to the best of my ability in accordance to AHS Corporate                                                                                                                                                                        |
| Policies, Program User Guide and Training, I have allocated the C                                                | realisations in the proper deriver at                                                                                                                                                                                                                    |
| Name of Cardholder Designate                                                                                     | EXELUTIVEASSISTERT<br>Cardholder Designate Position/Title                                                                                                                                                                                                |
| Name of Cardholder Designate                                                                                     | Novi 25 Juli                                                                                                                                                                                                                                             |
| Gunt - Mulery                                                                                                    | Nov: 25 2011<br>Date of Signature                                                                                                                                                                                                                        |
| Signature of Cardholder Designate                                                                                | Date of Synakov                                                                                                                                                                                                                                          |
| Cardifolder<br>3y signing this stalement                                                                         |                                                                                                                                                                                                                                                          |
| <ul> <li>I hereby certify that the P-Card issued to be was used for legitima<br/>program liser Gride</li> </ul>  | ate business purposes in accordance to AHS Corporate Policies and AHS P-Card                                                                                                                                                                             |
| I acknowledge that the above Cardholder Designate has complet                                                    | ted reviews and reconciliation in BMO details Online® on my behalf (if applicable).                                                                                                                                                                      |
| EAGLE, CHRIS                                                                                                     | PRESIDENT & CEO                                                                                                                                                                                                                                          |
| Name of Gardholder                                                                                               | Cardholder Position/Title                                                                                                                                                                                                                                |
| COTEN                                                                                                            | NOVI 29 2011<br>Date of Signature                                                                                                                                                                                                                        |
| Signature of Cardholder                                                                                          | Date of Signature                                                                                                                                                                                                                                        |
| Patti (TILEX<br>Name of Approver Designate                                                                       | VPA Chief of Staff, Atts Board<br>Approver Designate Position/Tille                                                                                                                                                                                      |
| A COL                                                                                                            | Dec 2, 2011<br>Date of Signature                                                                                                                                                                                                                         |
| Signature of Approver Designate                                                                                  | Date of Signature                                                                                                                                                                                                                                        |
| Dreamon Liser Cuide and hereby approve the transactions as its                                                   | Table business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>sted.<br>ad reviews and approvals in BMO details Online® on my behalf (If applicable).<br><u>AHS Board Chair</u><br>Approver Position/Title<br><u>Deteor Signature</u> |
| Submit approved statement with attachments to Accounts Payable                                                   | or<br>O                                                                                                                                                                                                                                                  |
| Attach:<br>• Original itemized receipts                                                                          | Address:                                                                                                                                                                                                                                                 |
| Signed Cardholder Statement Report (or copies of electronic                                                      | Alberta Health Services<br>Accounts Payable                                                                                                                                                                                                              |
| signatures if signatures are not on report)<br>And where applicable:                                             | 7th Street Plaza                                                                                                                                                                                                                                         |
| Conjes of pre-approvals for travel                                                                               | 10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB 15J 3E4                                                                                                                                                                                        |
| <ul> <li>Personal cheque payable lo "Alberta Health Services"</li> </ul>                                         | Eamonion, Ap 153 3E4                                                                                                                                                                                                                                     |
| Return, retund and/or credit receipts     Disputes letter                                                        |                                                                                                                                                                                                                                                          |
|                                                                                                                  |                                                                                                                                                                                                                                                          |
| Accounts Payable only:                                                                                           |                                                                                                                                                                                                                                                          |
| Reference #: Reviewed b                                                                                          |                                                                                                                                                                                                                                                          |
|                                                                                                                  |                                                                                                                                                                                                                                                          |

L

ē.

# Proprietary and Confidential Powered by BMO Spend & Payment Solutions



| Signatures                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                      | :                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Cardholder Designate (if Applicable)<br>By signing this statement<br>• I hereby certify that I have reviewed and reconcile                                                                                                                                                                                                                                                                         | led this statement in BMO details Online® to the best of my ability in acc<br>ve allocated the transaction(s) to the proper cost centre.                             | cordance to AHS Corporate  |
| Name of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                                       | EXELUTIVE Assistant<br>Cardholder Designate Position/Title<br>Nov: 25 2011                                                                                           |                            |
| Signature of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                                  | Date of Signature                                                                                                                                                    |                            |
| Program User Guide.                                                                                                                                                                                                                                                                                                                                                                                | used for legitimate business purposes in accordance to AHS Corporate nate has completed reviews and reconciliation in BMO details Online® c                          |                            |
| EAGLE, CHRIS<br>Name of Gardholder                                                                                                                                                                                                                                                                                                                                                                 | PRESIDENT & CEO<br>Cardholder Position/Title                                                                                                                         |                            |
| Signature of Cardholder                                                                                                                                                                                                                                                                                                                                                                            | NOV 29 2011<br>Date of Signature                                                                                                                                     |                            |
| Approver Designate (if Applicable)<br>By signing this statement<br>I hereby certify that I have reviewed and approve<br>Guide and Training on behalf of a autorized appr                                                                                                                                                                                                                           | ed this statement in BMO details Online® in accordance to AHS Corporatory rover.                                                                                     | ate Policies, Program User |
| Name of Approver Designate                                                                                                                                                                                                                                                                                                                                                                         | Approver Designate Position/Title                                                                                                                                    | -                          |
| Signature of Approver Designate                                                                                                                                                                                                                                                                                                                                                                    | Date of Signature                                                                                                                                                    |                            |
| Program User Guide and hereby approve the tra                                                                                                                                                                                                                                                                                                                                                      | used for legitimate business purposes in accordance to AHS Corporate<br>ansactions as listed.<br>te has completed reviews and approvals in BMO details Online® on my |                            |
| Name of Approver                                                                                                                                                                                                                                                                                                                                                                                   | Approver Position/Title                                                                                                                                              |                            |
| Signature of Approver                                                                                                                                                                                                                                                                                                                                                                              | Date of Signature                                                                                                                                                    |                            |
| Submit approved statement with attachments to Acc                                                                                                                                                                                                                                                                                                                                                  | counts Payable                                                                                                                                                       |                            |
| <ul> <li>Attach: <ul> <li>Original itemized receipts</li> <li>Signed Cardholder Statement Report (or copies signatures if signatures are not on report)</li> </ul> </li> <li>And where applicable: <ul> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Serventer Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul> </li> </ul> | Address:         of electronic       Alberta Health Services         Accounts Payable         7th Street Plaza         10th Floor, North Tower, 10030-107 Street     |                            |
| Accounts Payable only:                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                      |                            |
| Reference #:                                                                                                                                                                                                                                                                                                                                                                                       | Reviewed by: A mes Date:                                                                                                                                             | Dec p111                   |

| MONK OFFICE #24<br>101-4430 WEST SAANICH  <br>VICTORIA, BC V8Z REC<br>Store Phone# 250.47° 84                                                                                                                         |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <pre>&gt;mer: 240000 - 0001<br/>K CASH SALES<br/>J0 WEST SAANICH RD<br/>LA, BC V8X 4V1<br/>3.8663<br/>:<br/>Time Order no. Invo<br/>'11 14:15 84101030-000 24<br/>Derson: TABETHA B</pre>                             | ice no.<br>1377862 |
| iption                                                                                                                                                                                                                | Amount             |
|                                                                                                                                                                                                                       | 3.39               |
| TIC EXPANDING FILF LTR B                                                                                                                                                                                              | 12.99              |
| .0112BK 1 @ 12.99<br>ILIGHTER BASICS YLW ≭EACH<br>1305207EA 2 @ .99                                                                                                                                                   | 1.98               |
| total                                                                                                                                                                                                                 | 18.36              |
| /HST                                                                                                                                                                                                                  | .00<br>2.21        |
| . tal                                                                                                                                                                                                                 | 20.57              |
| TAIL MASTERCARD                                                                                                                                                                                                       | 20.57              |
| Ital Paid<br>Thanks for shopping at<br>MONK OFFICE SUPPLY LIF<br>ww.monk.ca<br>ST# 10374 9313<br>JIN A \$200 GIFT CERTIFICATE!<br>So to www.monk.ca/retailsurvey<br>to complete a briaf customer sur<br>enter to win. | 20.57<br>vey and   |
| 30 - DAY MERCHANDISE RETURN PO                                                                                                                                                                                        | DLICY              |

Ø

, .

۲.



# MONK OFFICE ROYAL CAK 109-4430 hest saanich rd

.

VICTORIA, BC. V8Z 3E9 MONK OFFICE (250) 479-8663

TERM 10: A4257022 BATCH#: 155 SHIFT#: 001

Sale [NVII: 000000018 [ARD 

### otal:CAD\$ 57

APPROVED 171551 001/00 01-11 14 14:15:51

۷

CUSTOMER COPY

CC Developt

i

-----



Home View Itinerary City Guides Help

English Log In 12 hrs display

My Profile MyTrips

Print e-Ticket

# eTicket Receipt

### **Prepared For**

Ô

EAGLE/CHRISTOPHER MR

| 7.4901     | OF SMARTY / A MARTINE MARTINE AND A COLUMN AND A REPORT OF A DATA DATA DATA DATA DATA DATA DATA D | KENA MARKINSTONDEREN BARREN BARREN IN HANNER AN HANNER AND HANNER AND HANDERE |  |
|------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 10110-0011 | WESTJET RESERVATION CODE                                                                          | GBEKMW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| i          | TICKET ISSUE DATE                                                                                 | 24Oct2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|            | TICKET NUMBER                                                                                     | 8382176973674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 1          | ISSUING AIRLINE                                                                                   | WESTJET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|            | ISSUING AGENT                                                                                     | WestJet/SSW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

# **Itinerary Details**

| TRAVEL<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AIRLINE           | DEPARTURE                                      | ARRIVAL                                        | OTHER NOTES                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17Nov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WESTJET<br>WS 167 | EDMONTON INTL AB,<br>CANADA<br>Time<br>1:35pm  | GRANDE PRAIRIE AB,<br>CANADA<br>Time<br>2:34pm | Seat Number CHECK-IN REQUIRED<br>Baggage Allowance 1PC<br>Booking Status CONFIRMED<br>Fare Basis PARO1<br>Not Valid Before 17 NOV<br>Not Valid After 17 NOV |
| 200 served to a server of the | WESTJET<br>WS 302 | GRANDE PRAIRIE AB,<br>CANADA<br>Time<br>3:10pm | EDMONTON INTL AB,<br>CANADA<br>Time<br>4:09pm  | Seat Number CHECK-IN REQUIRED<br>Baggage Allowance 1PC<br>Booking Status CONFIRMED<br>Fare Basis PARP1<br>Not Valid Before 18 NOV<br>Not Valid After 18 NOV |

# Payment/Fare Details

| and a set of the second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | na z dzi z stala tradinani na na ini na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form of Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CREDIT CARD - MASTERCARD : XXXXXXXXXX 9747                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Endorsement / Restrictions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NONREF - FEE FOR CHG/CXL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Fare Calculation Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YEA WS YQU99.00PARO1 WS YEA109.00PARP1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CAD208.00END                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Fare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CAD 208.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Taxes / Fees / Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CAD 14.11 XG (GOODS AND SERVICES TAX GST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| له من                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CAD 60.00 XT (COMBINED TAXES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Total Fare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CAD 296.36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| THE ALL AND ALL A | N TEAL PERSON NUMBER OF STREAM PERSON STREAM PERSON NUMBER OF ST |

164

# 11/24/2011



### 105 ERIN S

Ы,

× ,

| b] 54/1 Chk 1714<br>Oct28'11 12:04P                                               | Gst<br>M                               | 2 |
|-----------------------------------------------------------------------------------|----------------------------------------|---|
| 1 COFFEE<br>1 CHICKPEA SALAD<br>1 ADD CHICKEN<br>1 LN BEET & SPIN<br>1 ADD SALMON | 4.00<br>14.00<br>5.00<br>15.00<br>7.00 |   |
| AS.00 GST Percent                                                                 | 45.00<br>2.25<br>- <b>25</b>           |   |

WILDFLOWER RESTAURANT 10009 107th Street Edmonton, AB T5J 1J1 780-990-1938

\*\* TRANSACTION RECORD \*\*

Tran. #: 28616

Check #: 1714 Employee #: 105 Employee Name: ERIN S Workstation #: 1

MasterCard Pre-Auth Purchase xxxxxxxxxxx9747 S

Amount \$47.25

Tip \$\_\_\_\_\_\_\_.\_\_\_\_

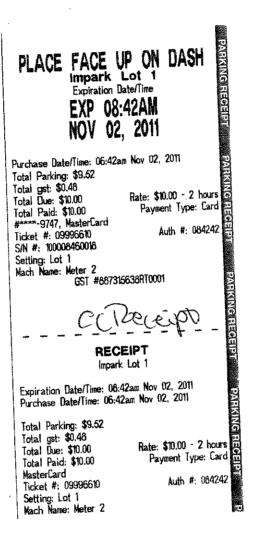
TOTAL \$ 55.25

1

APPROVED 145048 00-001 145048 S0001T0001/WILDFC01 342001001005 2011/10/28 12:50:48

Customer Copy

FAYORR MENTOL HEALTH DOTIENT ADVOCATE



Ŀ

RESEARCH BREakfast GlenRose Rehab Hospital ForNDATION



÷.

PARKING - alberta REHAB Conference

V

Fairmont Hotels & Resorts Fairmont Hotel Macdonald The Harvest Room 10065-100 Street Edmonton, Alberta T5JON6 (780) 424 5181 CHECK : 1516 TABLE: 306/1 SERVER : 155 Douglas NOV04'11 7:23AM DATE: CARD TYPE: MASTERCARD ACCT #: XXXXXXXXXXXX9747 EXP DATE: XX/XX AUTH CODE: 092345 CHRIS. EAGLE

e,

۰.

| SUBTOTAL :  | 42.00 |
|-------------|-------|
| GRATUITY    | G m   |
| TOTAL       | 48 50 |
| SIGNATURE   | A5    |
| OTRIGUEIONE |       |

PLEASE RETURN A SIGNED COPY TO YOUR SERVER

## Fairmont Hotel Macdonald The Harvest Room

155 Douglas \_\_\_\_ **3C6**/1 CHK 1516 GST 2 NOV04'11 6:52AM 1 ALPINE BRKFST 15.00 1 VANILLA DATML 11.00 1 COFFEE 4.00 2 ORANGE JUICE 10.00 Food 40.00 40.00 GST 2,00 Total Due .. \$42.00 FAIRMONT HOTEL MACDONALD GST# 846543619 GRATUITY\_\_\_\_\_ 482 TOTAL

ROOM #\_\_\_\_\_

PRINT NAME

SIGNATURE

NOT A CREDIT CARD VOUCHER PLEASE PAY YOUR SERVER

MEETINg - ANDRE' Picoro

Four Points By Sheraton Calgary Airport 2875 Sunridge Way NE Calgary, AB t1y7k7 Canada Tel: 403-648-3180 Fax: 403-648-3179 Invoice Nbr: 111383 Christopher Eagle Page Number : 1 Arrive Date: 04-NOV-11 14:44 Guest Number: 77158 : EX-A Depart Date: 05-NOV-11 Folio ID No. Of Guest: 1 Room Number : 329 Room Rate : 99.00 s.17(1), 17(4)(g)(i) Email: CHRIS.EAGLE@ALBERTAHEALTH Club Account: SPG s.17(1), 17(4)(g)(i) SERVICES CA ABHEAL - Alberta Health Servic

Tax ID: 829610872 RT0001 Four Points Calgary 05-NOV-11 02:08 KLESTER

23

۰.

| Date      | Reference | Description               | Amount  |
|-----------|-----------|---------------------------|---------|
| 04-NOV-11 | RT329     | Room Charge               | 99.00   |
| 04-NOV-11 | RT329     | GST                       | 4.95    |
| 04-NOV-11 | RT329     | Tourism Levy              | 3.96    |
| 04-NOV-11 | RT329     | DMF Tax                   | 3.24    |
| 05-NOV-11 | MC        | MasterCard / Dinners Intl | -111.15 |
|           |           | ** Total Charges          | 111.15  |
|           |           | ** Total Credits          | -111.15 |
|           |           | *** Balance               | 0.00    |

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

Continued on the next page

1

Page 1 of 1

è,





169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N IN4 1.877.498.3203 T 403.220.3203 F 403.284.4184 W HOTELALMA.CA

EAGLE, CHRIS

14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA Room Number: Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1 / 0

| ARRIVAL   | DEPARTUR  | RE CREDIT CARD       | RATE PLAN            | CATEGORY                                | ACCOUNT     |
|-----------|-----------|----------------------|----------------------|-----------------------------------------|-------------|
| 08-Nov-11 | 09-Nov-11 | XXXXXXXXXXXX9747     | AHS                  | COR                                     | 20090120532 |
| DATE      | ROOM NO.  | DESCRIPTION          | REFERENCE            |                                         | AMOUNT      |
| 07-Nov-11 |           | CANCELLED            | CANCELLATION CHARGE  | *************************************** | \$154.00    |
| 07-Nov-11 |           | GST                  | GST                  |                                         | \$7.70      |
| 07-Nov-11 |           | ALBERTA TOURISM LEVY | ALBERTA TOURISM LEVY |                                         | \$6.16      |
| 07-Nov-11 |           | MASTERCARD           | MASTERCARD           |                                         | (\$167.86)  |

CREDIT DUE:

(\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.



Home View Itinerary City Guides Help

English Log In 12 hrs display Sign up Now

GBEKMW

08Nov2011

WESTJET

WestJet/GJF

8382177293557

My Profile My

Print e-Tick

# eTicket Receipt

Prepared For EAGLE/CHRISTOPHER MR

> WESTJET RESERVATION CODE TICKET ISSUE DATE TICKET NUMBER ISSUING AIRLINE ISSUING AGENT

# Itinerary Details

| TRAVEL<br>DATE | AIRLINE           | DEPARTURE                    | ARRIVAL                      | OTHER NOTES                                                                                                |
|----------------|-------------------|------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------|
| 17Nov          | WESTJET<br>WS 167 | EDMONTON INTL AB,<br>CANADA  | GRANDE PRAIRIE AB,<br>CANADA | Seat Number 04D PREMIUM (PAID)<br>Conf: 8380616084745<br>Baggage Allowance 1PC<br>Booking Status CONFIRMED |
|                |                   | Time                         | Time                         | Fare Basis PARO1<br>Not Valid Before 17 NOV                                                                |
|                |                   | 1:35pm                       | 2:34pm                       | Not Valid After 17 NOV                                                                                     |
| 18Nov          | WESTJET<br>WS 302 | GRANDE PRAIRIE AB,<br>CANADA | CALGARY INTL AB,<br>CANADA   | Seat Number 04D PREMIUM (WAIVED)<br>Baggage Allowance 1PC<br>Booking Status CONFIRMED<br>Fare Basis QBR    |
|                |                   | Time                         | Time                         | Not Valid Before 18 NOV<br>Not Valid After 18 NOV                                                          |
|                |                   | 3:10pm                       | 5:30pm                       |                                                                                                            |

# Payment/Fare Details

| rtually There - eTicket Receipt      | Page 2 of :                                          |
|--------------------------------------|------------------------------------------------------|
| Form of Payment                      | CREDIT CARD - MASTERCARD : XXXXXXXXXXX 9747          |
| Endorsement / Restrictions           | CAD333.00 NONREFUNDABLE NONREF - FEE FOR CHG/C>      |
| Fare Calculation Line                | YEA WS YQU99.00PARO1 WS YYC234.00QBR<br>CAD333.00END |
| Exchanged Ticket                     | 8382176973674                                        |
| Fare                                 | CAD 333.00                                           |
| Taxes / Fees / Charges               | CAD 14.25 CA (AIR TRANSPORTATION TAX)                |
|                                      | CAD 20.66 XG (GOODS AND SERVICES TAX GST)            |
|                                      | CAD 66.00 XT (COMBINED TAXES)                        |
| Total Fare                           | CAD 433.91                                           |
| Total Additional Collection          | CAD 190.05 CARAGE HOSIEN TO CALGARY                  |
| Additional Fees not included in Fare | CAD 3.00 (0.15 XG) - YEG YQU - CA XXXXXXXXXXX9747    |
|                                      | (PREMIUM SEAT FEE)                                   |

CAD 0.00 - YQU YYC - (PREMIUM SEAT FEE) + 3.15

Positive identification required for airport check in

Notice:

Virtu

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- · We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- · Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- · Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- . Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- . Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in

. . .

Virtually There - eTicket Receipt



| Home | View Itinerary | Citv Guides | Help |
|------|----------------|-------------|------|

Sign up Now

Log In

Ŧ

English

12 hrs display

Print e-Tick

# eTicket Receipt

Prepared For EAGLE/CHRIS MR

WESTJET RESERVATION CODE TICKET ISSUE DATE TICKET NUMBER ISSUING AIRLINE ISSUING AGENT

# GSLGDU 08Nov2011 8382177294112 WESTJET WestJet/GJF

# **Itinerary Details**

| TRAVEL<br>DATE | AIRLINE           | DEPARTURE                  | ARRIVAL                     | OTHER NOTES                                                                                                |
|----------------|-------------------|----------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------|
| 20Nov          | WESTJET<br>WS 167 | CALGARY INTL AB,<br>CANADA | EDMONTON INTL AB,<br>CANADA | Seat Number 04D PREMIUM (PAID)<br>Conf: 8380616244608<br>Baggage Allowance 1PC<br>Booking Status CONFIRMED |
|                | -<br>-<br>        | Time<br>12:10pm            | Time<br>12:59pm             | Fare Basis QAR<br>Not Valid Before 20 NOV<br>Not Valid After 20 NOV                                        |

# Payment/Fare Details

| 2 7 24 17 I                | • 1.17 27 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20 |
|----------------------------|-----------------------------------------------------------|
| Form of Payment            | CREDIT CARD - MASTERCARD : XXXXXXXXXXX 9747               |
| Endorsement / Restrictions | NONREF - FEE FOR CHG/CXL                                  |
| Fare Calculation Line      | YYC WS YEA154.00QAR CAD154.00END                          |
| Fare                       | CAD 154.00                                                |

Vistually There - eTicket Receipt

Taxes / Fees / Charges

**Total Fare** 

Additional Fees not included in Fare

CAD 9.91 XG (GOODS AND SERVICES TAX GST)

CAD 37.00 XT (COMBINED TAXES)

CAD 208.03

CAD 3.00 (0.15 XG) - YYC YEG - IK XXXXXXXXXXXXX9747
 (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

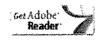
Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure
  of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please click here.
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our <u>contact us</u> page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.



Important Legal Notices



Get Adobe Reader®

1

# Secure payments by PayPal

**Payment Receipt** 

Receipt ID 3518-4115-8959-0239

Total \$199.00 CAD transaction will appear on your statement as PayPal \*PURENORTHSE.

Paid to Pure North S'energy Foundation kara.lipischak@purenorth.ca 4039845078 We'll send a confirmation email to chris.eagle@albertaheatlhservices.ca. This

Shipped to Chris Eagle 14th Floor Seventh Street Plaza 10030 - 107 Street Edmonton Alberta T5J 3E4 Canada

### Your shopping cart

| Description                      | Price                                    | Quantity   | Amount       |
|----------------------------------|------------------------------------------|------------|--------------|
| Alberta Health Symposium Tickets | \$199.00                                 | 1          | \$199.00     |
|                                  | - an | item total | \$199.00     |
|                                  |                                          | Tax        | \$0.00       |
|                                  |                                          | Total      | \$199.00 CAD |

| •                                                                                                                                                                                                        |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| C J                                                                                                                                                                                                      | Deupt                                                                                                   |
| ROYAL JUBILE<br>VICTORI                                                                                                                                                                                  |                                                                                                         |
| <pre>     Computer Number:     shier:     ansaction Number:     tered:     ited:     Troket #64771     i:     aa:     ie:         king Fee:         itercand Augebon;     dit Cound Number;     A </pre> | Id<br>25<br>11/14/2011 0<br>11/14/2011 1<br>Dispenser #3<br>Lu<br>Art<br>VarRat<br>\$ 4<br>\$ 4<br>\$ 4 |
| dit Card Number:<br>al Paid:                                                                                                                                                                             | \$ 4                                                                                                    |
| Thank                                                                                                                                                                                                    | you                                                                                                     |

ð r

× \*

CCHL PRESENTATION NOV. 14/11 VIGUEIA PARKing Charges

Date 11/16/11 Time 07:14 Page 1

÷ نۍ

> RED DEER LODGE 4311 49 AVE RED DEER, ALBERTA T4N 5Y7 1-800-661-1657 (403) 346-8841

> > やいや

Acct# P08973-00 Room# 660

Rate Code PG Group Room Type TNK Room Rate 96.00

Arrive NOV 15 11 21:58 Depart NOV 16 11

EAGLE, CHRIS

Payment MC XXXXXXXXXXXXX9747

ARR 3PM ALBERTA HEALTH SERVICES 10030 107 ST EDMONTON AB T5J 3E4

Exp: 06/14

| 1 aymente 1                                              |                                                                                                                                                  |                                                                                        |                              |                                    |                           |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------|------------------------------------|---------------------------|
| Date                                                     | Description                                                                                                                                      | Reference                                                                              | Room                         | Charges                            | Credits                   |
| NOV 15<br>NOV 15<br>NOV 15<br>NOV 15<br>NOV 15<br>NOV 16 | ROOM CHARGE<br>G.S.T.<br>TOURISM LEVY<br>DESTINATION MARK FEE<br>MASTERCARD<br>==G.S.T.=subtotal: 4                                              | THANK YOU                                                                              |                              | 96.00<br>4.80<br>3.84<br>.96       | 105.60                    |
| I agree t<br>responsik<br>Privacy k                      | TOURIS subtotal:<br>TOURIS subtotal:<br>That my liability for to<br>the if the indicated part<br>Policy:you may opt-out<br>365650352 Direct Bill | 3.84 Balance<br>this bill is not waiv<br>arty fails to pay the<br>of having certain pe | Due:<br>ved & ag<br>e charge | oo <br>gree to be p<br>s in part c | personally<br>or in full. |

RED DEER LODGE 4311 - 49TH AVENUE RED DEER, AB T4N5Y7 403-346-8841

**24** 

. :

TERM 1D: 019

TERCARD 10: 27502760085

### FORCE SALE

 XXXXXXXXX9747

 IRCARD
 ENTRY METHOD: MANUAL

 '16./11
 O6:17:55

 :
 000002
 APPR CODE: 235302

 BATCH #:
 000379

 REF #:
 002

JNT \$105.60

CARDHOLDER COPY

EXECUSIVE STRATESIC PLONNING JESSION NOV. 15,- 16, 2011

|              | INVOICE#                              | INVOICE DATE                                                                         | UNIE 12                                    | 01/17 CHEQUE # 104074 | VENDOR 1017       |
|--------------|---------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------|-----------------------|-------------------|
| CE           | agle BOD Travel Nov                   | 11/11/23                                                                             | AMOUNT                                     | TRANSACTION #         |                   |
|              |                                       |                                                                                      | 5,036.81                                   | 1006662               | NET AMO           |
|              |                                       |                                                                                      |                                            | 1000662               | 5,                |
| 1            |                                       |                                                                                      |                                            | 1                     |                   |
| 1            |                                       |                                                                                      |                                            |                       |                   |
| 1            |                                       | -                                                                                    |                                            |                       |                   |
|              |                                       |                                                                                      |                                            | 1                     |                   |
|              |                                       |                                                                                      |                                            |                       |                   |
| 1            |                                       |                                                                                      |                                            |                       |                   |
|              |                                       | / H                                                                                  | 1. 12                                      | bursme                | 1                 |
| ł            |                                       | $\bigcirc$                                                                           | 1 REAM                                     | DUS ME                | 207               |
|              |                                       | 1                                                                                    |                                            |                       | - , ,             |
|              |                                       |                                                                                      |                                            |                       |                   |
|              |                                       |                                                                                      |                                            | 1                     |                   |
|              | [                                     |                                                                                      |                                            |                       |                   |
|              |                                       |                                                                                      |                                            |                       |                   |
|              |                                       |                                                                                      |                                            |                       |                   |
|              |                                       |                                                                                      |                                            |                       |                   |
|              |                                       |                                                                                      |                                            | 1                     |                   |
|              | 1                                     |                                                                                      |                                            |                       |                   |
|              |                                       |                                                                                      |                                            | · · · ·               |                   |
|              |                                       | · · ·                                                                                |                                            |                       |                   |
|              |                                       |                                                                                      |                                            |                       |                   |
|              | 1                                     |                                                                                      |                                            |                       |                   |
| •            |                                       | 1                                                                                    |                                            |                       |                   |
|              |                                       |                                                                                      |                                            |                       |                   |
| TOT          | AL                                    |                                                                                      |                                            | -                     |                   |
|              |                                       |                                                                                      | 5,036.81                                   |                       |                   |
|              |                                       |                                                                                      |                                            |                       | 5,036.81          |
|              |                                       |                                                                                      |                                            |                       |                   |
|              |                                       | 3<br>-                                                                               |                                            |                       |                   |
|              |                                       |                                                                                      | r asia a                                   |                       |                   |
| •            |                                       |                                                                                      |                                            |                       | -                 |
| madian insl  | litute 495 Gramman                    | •                                                                                    | TD CANADA TRUST                            |                       |                   |
| riealth Info | Ormation Suite 500                    | 495 ohemin Richmond<br>burnau 800<br>HB Ottawa Ontario K2A 4H6<br>Fax: 16131241-8120 | 55 King Street West<br>Toronto, ON M5K 1A2 | CHEQUE NO.            |                   |
| titut canadi | en #7. (213) 241-7850<br>Sur la santé | Fax: (612) 241-8120                                                                  | 004-10202                                  |                       | 104074            |
|              | _                                     | -                                                                                    |                                            | DATE                  | 20120117          |
|              | BALLY AIDO                            | rta Health Some                                                                      |                                            |                       | YYYYMMDD          |
| En /         |                                       | United Off Vic                                                                       | es <b>5 <i>5 .036</i>.81</b> 0             |                       |                   |
| LIVE         | INCUSAND THIRTY S                     | X DOLLARS AND 04                                                                     |                                            |                       |                   |
| EORDER       | OF                                    |                                                                                      | -EN12                                      |                       | <b>Ø</b> \$\$\$\$ |
| Alber        | ta Health Servi                       |                                                                                      |                                            |                       | \$***5,036.81     |
|              |                                       |                                                                                      |                                            | 1-1-1                 |                   |
|              | #1 ·                                  |                                                                                      |                                            | 771.1                 |                   |
| <u>14CU</u>  | floor North Tow<br>ton, AB T5J 3E4    | er                                                                                   |                                            | Z. Oquin.             | *                 |

# 4795183#

E Alberta Kealth

Services

 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 EAGLE, CHRIS PRESIDENT & CEO Cardholder's Name Cardholder's Position/Title Billing Reporting Period: 20/10/2011 SEVENTH STREET PLAZA Cardholder's Dept Cardholder's Site/Location CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA Total Statement Amount: \$9,116.22 Cardholder's e-mail address Last 6 digits of the P-Card #: XXXXXXXXXX189747 Statement of Transactions Transaction Trans ID Merchant Name & Description Date Trens Original Currency Trans Amount 19/09/2011 GST 266216730 Freight Description AIR CAN 0142199733750, AIR CANADA Amount 515.81 CAD 21/09/2011 515.8 256323666 WILDFLOWER RESTAURANT, EATING .00 DOAMA Meeting Calgary PLACES, RESTAURANTS 45.85 CAD 26/09/2011 AIR CAN 0142199994204, AIR CANADA 45.85 266708280 1.8 unch Meeting Dr. D. Mador 610.31 CAD 27/09/2011 266821803 COLLINS LIMOUSINE LTD., LIMOUSINES 610.31 .00 .00Board Meeting Fort McMunay ND TAXICABS 140.00 CAD 28/09/2011 140.00 RED WATER RUSTIC GRILL, EATING PLACES, RESTAURANTS 266928369 6.6 Transportation - AMA Meeting 156.5 CAD 29/09/2011 156.60 267098056 6.50 WESTJET, Westjet Alnines Doner States

| 1             | . 1        | I Wester Amines                                           |         | t        | 1        |            | Primer - Staff Meeting                                    |
|---------------|------------|-----------------------------------------------------------|---------|----------|----------|------------|-----------------------------------------------------------|
| 29/09/2011    |            |                                                           |         | 7.35 CAD | 7.3      | d          |                                                           |
|               | 287098057  | WESTJET, Westjet Airlines                                 |         |          | 1        | ٥ <u>.</u> | .00CCHI_ Meeting Victoria                                 |
| 29/09/2011    |            |                                                           | 1       | 7.35 CAD | 7.3      | I          |                                                           |
|               | 267098058  | WESTJET, Westjet Airlines                                 |         |          | 1.50     | -oq        | .00CCHL Meeting Victoria                                  |
| 30/09/2011    | 267098055  | 1                                                         | 49      | 2.36 CAD | 492.36   | II         | 1                                                         |
|               | 207090000  |                                                           |         |          |          | 00.        | .00Speaker - CCHL Meeting                                 |
| 03/10/2011    | 267466575  |                                                           | · 353   | .84 CAD  | 353.84   | 16.85      | 1                                                         |
|               | 1000075    | NITUN BANK ININ OCTOTAL                                   |         |          |          | 10.69      | Hotel - Senior Leaders Meeting                            |
| 03/10/2011    | 267466576  |                                                           | 151     | .79 CAD  | 151.78   | 7.23       | = 6                                                       |
|               | 1          | UNION BANK INN RESTAUR, EATING                            |         |          | 1        | 1.29       | OCHotel Charged in Error                                  |
| 03/10/2011    | 267466577  | L T T T T T T T T T T T T T T T T T T T                   | -151.   | 78 CAD   | -151.78  | -7.23      | 1                                                         |
|               |            | UNION BANK INN-RESTAUR, EATING                            |         | <u></u>  |          | -1-2.3     | .00Refund                                                 |
| 05/10/2011    | 267576466  | C                                                         | 215.    | 89 CAD   | 215.85   | 8.85       |                                                           |
| Ł             |            | Centes Health03/10 15, AUTOMOBILE                         | 123     |          | L        | 0.00       | .00Dinner - David Levine & Jay                            |
| 07/10/2011    | 267735649  | PARKING LOTS AND GARAGES                                  | 1 124   | 25 CAD   | 12.25    | .58        | A ANTIOTAL                                                |
|               |            | LONDON DRUGS 14, DRUG STORES,<br>PHARMACIES               | 33.5    | 0.015    |          | -7         | Parking Misercordia Hospital Tour                         |
| 07/10/2011    |            |                                                           |         | 9 CAD    | 33.59    | 3.60       |                                                           |
|               |            |                                                           | 4,969.8 | 1-010-1  |          | 1          | Headset $s.17(1), 17(4)(g)(i)$                            |
| 12/10/2011    | 268092807  | HATEALLACOVA                                              | 1       | CAD      | 4,969.81 | .00        | 5.1/(1), 1/(4)(g)(1)                                      |
|               | F          | HATEAU NOVA FORT MCMU, LODGING<br>IDTELS, MOTELS, RESORTS | 178.56  | CAD      |          |            | .00CiHI Board Meeting (Reimbursed                         |
| 13/10/2011    | 68487286   | TOLLERY CHILD HOSP FD.                                    |         |          | 178.56   | 7.31       |                                                           |
|               |            | RGANIZATIONS, CHARITABLE AND                              | 700.00  | CAD      |          | 1          | .00Board Meeting - Dinner Oct. 12/11                      |
| 14/10/2011 2  | 68353962   | ATEAL NOVA FORTABLE AND                                   |         | 0.00     | 700.00   | .00        |                                                           |
|               | H          | HATEAU NOVA FORT MCMU, LODGING<br>DTELS, MOTELS, RESORTS  | 412.02  | CAD      |          |            | Trokets - Stollery Children's<br>Hospital Foundation Gata |
| 18/10/2011 26 | 8572567 FL | TURE SHOP #10, ELECTRONICS                                |         |          | 412.02   | 18.90      | .00 totel - Board Meeting                                 |
|               | SA         | LES                                                       | 114.77  | CAD      |          | [          | oodro Meebug                                              |
|               |            |                                                           |         |          | 114.77   | 5.74       |                                                           |
|               |            |                                                           |         |          |          |            |                                                           |

# Transactions without Receipts or supporting documentation

| Transaction | Trane ID  |                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | and the second se |   |
|-------------|-----------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Dete        | mans to   | Merchant Name & Description   | 1                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - |
| Date        |           | a nescription                 | Trans Original Currency | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 |
| 19/40/00/4  |           |                               | Contenic                | / Irans Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GST Freinhe  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 |
| 13/10/2011  | 268235708 | DE II HOSPITAL FOUNDAT,       | Amount                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Coli Freight | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - |
| · 1         |           | DEGANUSTINAL FOUNDAT,         |                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ł |
|             |           | DRGANIZATIONS, CHARITABLE AND | 150.00 CAD              | 150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |
|             |           |                               |                         | horod h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .00          | Alaiting to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 |
|             |           |                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | Waiting for receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 |
|             |           |                               |                         | and the second se |              | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 |

Receipt to 2001. 9000. 0 - . 01136099 - Legacy 101 0006 0 - . 01135500 - RID

ж.

71115-71120 71125-71135 71140 71155 65

# \*\* ALBERTA HEALTH SERVICES \*\* CORPORATE OFFICE - CAPITAL HEALTH AUTHORITY

30-JAN-12

v

• ~~

en:

#### SUNDRY CASH

PAGE 1

# RECEIPT NO 0440969

PROCESSED BY E06440 RECEIPT DATE 30-JAN-12

|      | REFUNDED/RECEIVED              | FROM  | CIHI      | Receipt date                  | 30-JAN-12 |
|------|--------------------------------|-------|-----------|-------------------------------|-----------|
| ITEM | PARTICULARS<br>MIS CODE        |       |           | MAR 1-5-2012 SITE CODE        | AMOUNT    |
| 001  | C EAGLE BOD TRAVE<br>01F 11499 | L NOV | CHQ104074 | CO K<br>CASH RECEIPT CLEARING | 5,086.81  |

TOTAL AMOUNT \_\_\_\_\_5,086.81

| CODES                |                      |                              |
|----------------------|----------------------|------------------------------|
| A - AMERICAN EXPRESS | F - FOREIGN CURRENCY | P - PREAUTHORIZED WITHDRAWAL |
| C - CASH             | I - INTERAC          | T - TRANSFER                 |
| D - DIRECT DEPOSIT   | K - CHEQUE           | V - VISA                     |
| E - EXCHANGE         | M - MASTERCARD       | W - WRITE OFF                |

.



#### 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

| EAGLE, CHRIS<br>Cardholder's Name | PRESIDENT & CEO<br>Cardholder's Position/Title | Billing Reporting Period:      | 20/12/2011       |
|-----------------------------------|------------------------------------------------|--------------------------------|------------------|
|                                   | SEVENTH STREET PLAZA                           |                                |                  |
| Cardholder's Dept                 | Cardholder's Site/Location                     | Total Statement Amount:        | \$1,788,87       |
| CHRIS.EAGLE@ALBERTAHEALTHSER      | VICES CA                                       | e de l'etatomoner anount.      | <i>\(\phi\)</i>  |
| Cardholder's e-mail address       |                                                |                                |                  |
| L                                 | ······································         | Last 6 digits of the P-Card #: | XXXXXXXXXX189747 |

| Transaction<br>Date | Trans ID  | Merchant Name & Description                                     | Trans Original<br>Amount | Currency | Trans Amount | GST   | Freight | Description                      |
|---------------------|-----------|-----------------------------------------------------------------|--------------------------|----------|--------------|-------|---------|----------------------------------|
| 21/11/2011          | 271478632 | UNIVERSITY OF CALGARY,, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | 651.25                   | CAD      | 651.25       | 29.05 |         | Calgary Meetings                 |
| 21/11/2011          | 271570894 | CALGARY PARKING AUTHOR,<br>AUTOMOBILE PARKING LOTS AND          | <u>, 5.00</u>            | CAD      | 5.00         | .24   | ·       | Symposium Parking                |
| 21/11/2011          | 271570895 | CALGARY PARKING AUTHOR,<br>AUTOMOBILE PARKING LOTS AND S.170    | 1), 17(4)(g              | CAD      | 22.00        | 1.05  |         |                                  |
| 23/11/2011          | 2/1919986 |                                                                 | 67.00                    | CAD      | 67.00        | 3.19  | .00     | To be reimbursed by CIHI         |
|                     |           | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                          | <b>9</b> 241.45          | CAD      | 241.45       | 11.50 | .00     | October Trips                    |
|                     | 271919987 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                          | S17.65                   | CAD      | 517,65       | 24.65 | .00     | September Trips                  |
|                     | 272675069 | Amazon.ca, COMPUTER<br>NETWORK/INFORMATION SERVICES             | £ 22.06                  | CAD      | 22.06        | .00   | .00     | Book                             |
|                     | 273634305 | MPARK00030179U, AUTOMOBILE<br>PARKING LOTS AND GARAGES          | 8,38                     | CAD      | 8.38         | .40   | .00     | Parking - Report to the          |
| 15/12/2011          | 273634303 | BARCLAY S/ IS/BANQUETS, EATING<br>PLACES, RESTAURANTS           | <u>6</u> 39.65           | CAD      | 39.65        | 1.89  |         | Community                        |
| 15/12/2011          | 273634304 | UNIVERSITY OF CALGARY,, COLLEGES,                               |                          | CAD      | 180.62       | 7.70  |         | lotel - Calgary Meetings         |
| 16/12/2011          | 273779092 | UNION BANK INN-RESTAUR, EATING<br>PLACES, RESTAURANTS           | 33.81                    | CAD      | 33.81        | 1.61  | _ !     | Breakfast Meeting - Dr. Corriver |

| Alberta Health<br>Services       JAN 18 2012       P-C<br>details Online<br>Cardholder Statement Rep<br>Cardholder Statement Rep         Standards       Exercises       Interviewed and recordiate the taisenest in BMO deals Online to the back of my stilly in accordance to ArtS Cooperate<br>Progent Controlser Displants       Model of the taisenest in BMO deals Online to the project content.         Statement Rep       Progent Controlser Displants of the project content.       Model of the project content.         Statement Rep       Progent Controlser Displants of the project content.       Model of the project content.         Statement Rep       Progent Controlser Displants of the project content.       Model of the project content.         State of Controlser Displants of the project content.       Displants of the project content.       Displants of the project content.         State of Statement Rep       Displants of the project content.       Displants of the project content.       Displants of the project content.         State of Statement Rep       Displants of the project content.       Displants of the project content.       Displants of the project content.         State of Statement Rep       Displants of the project content.       Displants of the project content.       Displants of the project content.         State of Statement Rep       Displants of the project content.       Displants of the project content.       Displants of the project content.         State of Statement Rep       Displants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>r</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Alberta Health Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Services     Services     Cardholder Statement Re     Cardholder Statement Re     Cardholder Statement Re     Cardholder Statement Re     Cardholder Statement     Re     Cardholder Statement     Re     Cardholder Statement     Cardholder Sta      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Accounts Payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |
| Services     Services     Cardholder Statement Re     Cardholder Statement     Program User Guide and Training. Inave allocated the transaction(b) to the proper core cases     Cardholder Designate     Cardholder     Suppliced Cardholder Designate     Cardholder     Cardh      | Alberta Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IAN 1 8 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | P-C                                                                                                                                                                                                 |
| Sector of the statement Register of Applicable       Received and recorded this statement in BMO details Online® to the basi of my stallity in secondance to AHS Corporate Policies and AHS P-Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | details Onlin                                                                                                                                                                                       |
| If Signature       Provide Designate (fl Applicable)         Prisping his statement       Interfy certify that I have reviewed and reconciled this statement in BMO dealis Online® to the best of my ability in accurdance to AHS Corporate         James V certify that I have reviewed and reconciled this statement in BMO dealis Online® to the best of my ability in accurdance to AHS Corporate         James V certify that I have reviewed and reconciled the transaction(s) to the proper cost center.         James V certify that I have reviewed and reconciled the transaction(s) to the proper cost center.         James V certify that I have reviewed and the statement in BMO dealis Online® to AHS Corporate Policies and AHS P-Card         Program User Guide.       Date of Signature         Particle Cardholder       Period Signature         Program User Guide.       Descondance to AHS Corporate Policies and AHS P-Card         Program User Guide.       Period Signature         Signature       Period Signature         Signature       Descondance to AHS Corporate Policies. and AHS P-Card         Program User Guide and training on balance in association in BMO dealis Online® in accordance to AHS Corporate Policies. Program User         Signature       Descondance to AHS Corporate Policies. Program User         Program User Guide and training on balance of a storic dat approver.       Date of Signature         Signature of Approver Designate       Policies for Signature         Proder cerify th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cardholder Statement Re                                                                                                                                                                             |
| Cardholder Dasignate (If Applicable)       4       7         By sping it is aliament       Intercey certify that I trave reviewed and reconciled this statement in BMO dealts Oxise® to the best of my ability in accordance to AHS Corporate Policies, Program Use Oxide and Training, I have allocated (as transaction(s) to the proper cosi cartue.       1         United Controlstor Designate       Date of Signature       Date of Signature         Stipping the ACcordination Designate       Date of Signature       Date of Signature         Stipping the statement       Intercepting the statement in BMO dealts Oxise® in accordance to AHS Corporate Policies and AHS P-Card         Stipping the statement       Intercepting the statement in BMO dealts Oxise® in accordance to AHS Corporate Policies and AHS P-Card         Program User Guide       PRESIDENT & CCO       Cardholder Designate         Program User Guide       Designate for Signature       PRESIDENT & CCO         Stripting this statement in       Decomber 1, 23, 20, 11       Date of Signature         Signature Cardholder       Designate       Decomber 2, 23, 20, 11         Date of Signature       Decomber 2, 23, 20, 11       Date of Signature         Signature of Applicable)       By storing this statement in BMO dealts Oxise to AHS Corporate Policies, Program User       Date of Signature         Signature of Applicable and heaving approve the transactions as itseed.       Date of Signature       Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signatures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| Interby calify that i have reviewed and reconciliated in the statement in BMO details Online® to the post or my ability in accordance to AHS Corporate     Designate     Designate Address of the statement is a stochastic to the post or or center.     Designate Address of the post of the po      | Cardholder Designate (if Applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| Junit of Cardinalder Designate       Junit of Cardinalder Designate         Starting of Cardinalder Designate       Junit of Cardinalder Designate         By storing this statement       Junit of Cardinalder Designate         By storing this statement       Interthy cardity that the P-Card Issued to be was used for legitimate business purposes in accordance to AHS Carporate Policies and AHS P-Card         By storing this statement       PPC grant there Galder         I tacknowledge that the showe Cardinalder Designate has completed trainers and reconclusion in BMO details Online® on my behalf (if applicable).         EAGL ONLY       PPC STIDENT & CEO         Cardinalder Position/Tile       December 25, 20:11         Date of Signature       Date of Signature         Stype storing the statement       Date of Signature         Stype storing that there reviewed and approver       Distor of Signature         VP, Chr.dt of Staff, Corp Sec., Boccod.       Approver Designate (if Applicable)         Stype storing that there reviewed and approver.       Date of Signature         Prover       Designate for Applicable)       Date of Signature         Stype storing the statement       Date of Signature       Date of Signature         By storing the statement       Date of Signature       Date of Signature         Stype storing the statement       Date of Signature       Approver Designate       Appro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul> <li>I hereby certify that I have reviewing and and</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| Approver       Description         By signify of Cardholder Designate       Description         By signify of Cardholder Designate       Description         Cardholder Designate       Description         By signify of Cardholder Designate       Description         By signify of Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my benail (if applicable).         Exclusion of Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my benail (if applicable).         Signature of Cardholder       Description         By signify if a statement       Description         By signify of a statement       Description         By signify of a statement       Description         By signify of a statement       BMO details Online® in accordance to AHS Corporate Policies, Program User         By signify of a statement       Description         By signify of a statement       BMO details Online® in accordance to AHS Corporate Policies, Program User         By signify of the statement       Description         By signify the statest the pocard issued to be was useed for legitimate ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Policies, Program User Guide and Training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I have allocated the transaction(s) to the prope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o the best of my ability in accordance to AHS Corporate                                                                                                                                             |
| StepStyle MCacholise Designate       Date of Signature         StepStyle MCacholise Designate       Date of Signature         By signing this statement       Interview and reconcilation in BMO details Online® on my behall (if applicable).         Approver Designate       PRESIDENT & CEO         Signifume of Cacholider       Description of the statement         Signifume of Cacholider       PRESIDENT & CEO         Signifume of Cacholider       Description of the statement         Signifume of Approver Designate       VP, Christ A State of AHS Corporate Policies, Program User         Signifume of Approver       Description of Signifume business purposes in accordance to AHS Corporate Policies and AHS P.Card         Approver       Signifume of Approver <td>JOHCET MURRA</td> <td></td> <td>A</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JOHCET MURRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A                                                                                                                                                                                                   |
| Cardholder By signing his salarment I hareby confit that the P.Cand issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P.Cand Program User Guide. I acknowledge that the showe Cardholder Designate has completed reviews and reconcilation in BMO details Online® on my behalf (if applicable). EACLE, CHRIS PRESIDENT & CEO Cardholder By signing the salarment By signing that linave reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a activitized approver. PATTI FRIER Name of Approver By signing this statement I hareby cortify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a activitized approver. PATTI FRIER Name of Approver Designate I hareby cortify that I have reviewed and approved this statement I cardbody corporate Policies, Program User Guide and Training on behalf of a activitized approver. Pattin FRIER Name of Approver Designate Designate Designate Position/Title Date of Signature Signature of Approver Designate to AHS Corporate Policies and AHS P.Card Program User Guide and hereby approve the transactions as lated. I technodege that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the t | A Low                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cardholder Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Position/Title                                                                                                                                                                                      |
| Cardholder By storing file statement I hereby contributed the P.Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P.Card Program User Guide. I schnowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). EAGLE, CHRIS Name of Cardholder By storing file addition of the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). Decomplex: 0.5, 20:11 Date of Signature PACTOR Designate of the above dard approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a autorized approver. Pactor Gradbolder Date of Signature Pactor Gradbolder Date of Signature Date of Signature Date of Signature Signature of Approver Designate for autorized approve the transactions as lated. I acknowledge that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies, Program User Signature of Approver Designate for autorized approver. Date of Signature Signature of Approver Designate for the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. I acknowledge that the above Approver the transactions as lated. Date of Signature Signature of Approver Cardholar Signatures Cardholar Signatures Cardholar Signatures are not or report And where applicable: Cardholar Signatures are not or report Program User Catch and the optic spin (or copies of electoric disprover Signations for travel Pressited choce payshie to "Abord receiptis Cardholar Signatures are not or report Program User Catch and the Cardin Cardinards Cardholar Signatures are not or report Program User Catch and the copies of electoric Signatures Tapprover Prover Testin Approver Prover Tes | Signature of Cardholder Desironate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dec 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2011                                                                                                                                                                                                |
| I Haraby certify that the P-Card Issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide     I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).     EAGLE, CHRIS     Name of Cardholder     PRESIDENT & CEO     Cardholder     Def Def Cardholder      | Cardhoider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| Acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).     PRESIDENT & CEO     Cardholder     Dete of Signature     VP, Chief of Staff, Corp Sec., Board -     Approver     Signature of Approver Designate     Dete of Signature     Carposer Designate     Carposer Designate     Dete of Signature     Carposer Designate     Carposer Des      | By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| Acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).     PRESIDENT & CEO     Cardholder     PRESIDENT & CEO     Cardholder     Determine Cardholder     Determine Cardholder     Determine Cardholder     PRESIDENT & CEO     Cardholder     Determine Cardholder     Determine Cardholder     Determine Cardholder     VP, Chief of Stantare     VP, Chief of Stantare     VP, Chief of Stantare     VP, Chief of Stantare     VP, Chief of Staff, Corp Sec., Board -     Approver     Designate       | Program User Guide.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | was used for legitimate business purposes in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | cordance to AHS Corporate Policies and AHS P-Card                                                                                                                                                   |
| Name of Cardholder       PRESIDENT & CEO         Style feature UI Cardholder       Cardholder Position/Tile         Style feature UI Cardholder       Date of Signature         Approver Designate (IA pplicable)       By storing in this statement         By storing in this statement       IBMO details Online® in accordance to AHS Corporate Policies, Program User         PATTI CRIER       VP, Chief of Staff, Corp Sec., Board.         Name of Approver Designate       Date of Signature         Signature of Approver Designate       Date of Signature         Signature of Approver Designate       Date of Signature         Approver Signate of Approver D -fonce tensocions as listed.       I acknowledge that the above Approver D -fonce tensocions as listed.         I acknowledge that the above Approver D -fonce tensocions as listed.       Bod Actieve Position/Title         Mame of Approver       Bod Actieve Position/Title         Signature of Approver       Approver Position/Title         Signature of Approver/       Copolin Mamil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul> <li>I acknowledge that the above Cardholder De</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | signale has completed reviews and reconcillati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | n in BMO details Onlines to my telest of                                                                                                                                                            |
| Name       Cardholder       Cardholder Position/Title         Signature       December 28, 2011         Approver Designate (If Applicable)       By signing this statement         By signing this statement       December 28, 2011         Date of Signature       December 28, 2011         PATTI FRIER       VP Chief of Staff, Corporate Policies, Program User         Name of Approver Designate       VP, Chief of Staff, Corp Sec., Board.         Approver       Approver Designate         Signature of Approver Designate       Date of Signature         By signing this statement       Date of Signature         I hereby certify that the P-card issued to be was used for legifimate business purposes in accordance to AHS Corporate Policies and AHS P-Card         Program User Guide and hereby approve the transactions as lated.       Date of Signature         I acknowledge that the above Approver D **nonste has completed reviews and approvals in BMO delates Online@ on my behalf (if applicable).         Carthourse       Maprover         Ward of Approver       Base of Signature         Signature of Approver       ************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and a sound of manow of my benan (if applicable).                                                                                                                                                   |
| Approver Designate (If Applicable)         By signing this statement         Interesty certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User         PATTI GRIER         Name of Approver Designate         By signing this statement         Signature of Approver Designate         By signing this statement         I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card         Approver         By signing this statement         I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Stude and hereby approve the transactions as listed.         I acknowledge that the above Approver D =transections as listed.         I acknowledge that the above Approver D =transections as listed.         I acknowledge that the above Approver D =transections as listed.         Bignature of Approver         Name of Approver         Signature of Approver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name Di Cardioider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8                                                                                                                                                                                                   |
| Approver Designate (If Applicable)         By signing this statement         Interesty certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User         PATTI GRIER         Name of Approver Designate         By signing this statement         Signature of Approver Designate         By signing this statement         I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card         Approver         By signing this statement         I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Stude and hereby approve the transactions as listed.         I acknowledge that the above Approver D =transections as listed.         I acknowledge that the above Approver D =transections as listed.         I acknowledge that the above Approver D =transections as listed.         Bignature of Approver         Name of Approver         Signature of Approver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature of Catchokter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | December                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 28,2011                                                                                                                                                                                             |
| By spring this statement         • Inereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User         PATTI GRIER         Name of Approver Designate         By signing this statement         • I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User         PATTI GRIER       VP, Chick of Staff, Corp Sec., Board -         Approver       Date of Signature         By signing this statement       Date of Signature         Program User Guide and hereby approve the transactions as fisted.       I acknowledge that the above Approver D = "unate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).         Cathering Approver       Board Aug         Mare of Approver       Signature         Signature of Approver       Signature as a not or report)         Antech:       Original liemized receipts         Signatures of explored statement with attachmants to Accourties Psyable;       Address:         Accourts Psyable to "Alberta Health Services"       Address:         • Copies of pre-approvals for travel       Address:         • Copies of ore approvals for travel       Address:         • Disputes letter       Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Announ Barlant (It )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Late of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| Stgnature of Approver       Date of Signature         Approver       By signing this statement         • I hereby certify that the P-card issued to be was used for legitifinate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.         • I acknowledge that the above Approver D = innate has completed reviews and approvels. In BMO details Online@ on my behalf (if applicable).            (afficiency Kozen, Name of Approver         Signature  of the approval statement Report (or copies of electronic algoa ture applicable:         Signature of pre-approvals for travel         Signature of pre-approvals for travel         Personal cheque payable to "Aberta Health Services"         Return, refund and/or credit receipts         Disputes letter                                                                                                                                                                    | By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oved this statement in BMO details Online® in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | accordance to AHS Corporate Policies Program Lines                                                                                                                                                  |
| Approver       By signing this statament         • I hereby certify that the P-card issued to be was used for legifimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.         • I acknowledge that the above Approver D = transactions as listed.         • I acknowledge that the above Approver D = transactions as listed.         • I acknowledge that the above Approver D = transactions as listed.         • Marke of Approver         • Marke of Approver         • Signature of Approver         • Signature of Approver         • Original itemized receipts         • Signed Cardholder Stement 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By signing this statement<br>i hereby certify that I have reviewed and appr<br>Guide and Training on behalf of a autorized a<br>Patti GRIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| Approver         By signing this statement         - I hereby certify that the P-card issued to be was used for legififmate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.         - I acknowledge that the above Approver D = innate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).         Cathering Kozen,         Name of Approver         Signature of Approver         Approver         Signature of Approver         Signature of Approver         Signature of Approver         Attach:         Original itemized receipis         Signatures if signatures are not on report)         And where applicable:         Copies of pre-approvals for travel         Personal choque payable to "Alberta Health Services"         Return, refund and/or credit receipts         Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | By signing this statement<br>i hereby certify that I have reviewed and appr<br>Guide and Training on behalf of a autorized a<br>Patti GRIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| <ul> <li>I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>I acknowledge that the above Approver D = Innate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> <li> <i>Gatherine Kozen</i>,         <i>Name of Approver Signature of Approver Address: Address: Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accounts Payable Th Sineet Plaza Dispulse letter Approvals for travel Dispulse letter Approvals for travel Approvals for travel Approvals for travel Approvals for travel Approvals for trave</i></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | By signing this statement<br>• I hereby certify that I have reviewed and appr<br>Guide and Training on behalf of a autorized a<br>PaTTI GRIER<br>Name of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP, Chief of<br>Approver Designate Po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Staff, CorpSec, Board.                                                                                                                                                                              |
| <ul> <li>Facknowledge that the above Approver D = Innate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> <li> <u>Gatherine Kozen</u> <u>Board</u> <u>Board</u> <u>Board</u> <u>Gatherine</u> <u>Board</u> /li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | By signing this statement<br>I hereby certify that I have reviewed and appr<br>Guide and Training on behalf of a autorized a<br>PATTI GRIER<br>Name of Approver Designate<br>Signature of Approver Designate<br>Approver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VP, Chief of<br>Approver Designate Po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Staff, CorpSec, Board.                                                                                                                                                                              |
| Warme of Approver       BOArd Chair         Name of Approver       Approver Position/Title         Signature of Approver       Date of Signature         Signature of Approver       Date of Signature         Submit approved statement with attachments to Accounts Payable:       Date of Signature         Attach:       • Original iternized receipts         • Original iternized receipts       Address:         • Signed Cardholder Statement Report (or copies of electronic algnatures if signatures are not on report)       Address:         And where applicable:       Address:         • Copies of pre-approvals for travel       Th Street Plaza         • Personal cheque payable to "Alberta Health Services"       Alberta Flaza         • Return, refund and/or credit receipts       Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | By signing this statement<br>I hereby certify that I have reviewed and appr<br>Guide and Training on behalf of a autorized a<br>PaTTI GRIER<br>Name of Approver Designate<br>Signature of Approver Designate<br>Approver<br>By signing this statement<br>I hereby certify that the P-card iscued to have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VP, Chief of<br>Approver Designate Po<br>Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Statt, CorpSec, Board.                                                                                                                                                                              |
| Name of Approver       Doard Chair         Name of Approver       Approver Position/Title         Signature of Approver       Date of Signature         Submit approved statement with attachments to Accounts Payable:       Date of Signature         Attach:       • Original iternized receipts         • Signed Cardholder Statement Report (or copies of electronic algnatures if signatures are not on report)       Address:         And where applicable:       Address:         • Copies of pre-approvals for travel       Aberta Health Services         • Personal cheque payable to "Alberta Health Services"       Alberta Float         • Return, refund and/or credit receipts       Edmonton, AB T5J 3E4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | By signing this statement <ul> <li>Thereby certify that I have reviewed and appr<br/>Guide and Training on behalf of a autorized a</li> <li>PATTI GRIER</li> <li>Name of Approver Designate</li> </ul> Signature of Approver Designate Approver By signing this statement <ul> <li>Thereby certify that the P-card issued to be war Program User Guide and hereby approve the</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VP, Chief of Approver Designate Po<br>Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Staff, CorpSec., Board.                                                                                                                                                                             |
| Signature of Approver       Dark of Signature         Submit approved statement with attachments to Accounts Payable:         Attach:       • Original itemized receipts         • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not or report)       Address:         And where applicable:       • Copies of pre-approvals for travel         • Personal cheque payable to "Alberta Health Services"       • Alberta Health Services"         • Return, refund and/or credit receipts       • Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By signing this statement <ul> <li>Thereby certify that I have reviewed and appr<br/>Guide and Training on behalf of a autorized a</li> <li>PATTI GRIER</li> <li>Name of Approver Designate</li> </ul> Signature of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be we<br/>Program User Guide and hereby approve the<br/>I acknowledge that the above Approver D = inc</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP, Chief of Approver Designate Po<br>Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Staff, CorpSec., Board.                                                                                                                                                                             |
| Stibinit approved statement with attachments to Accounts Payable:         Attach:         • Original liemized receipts         • Signed Cardholder Statement Report (or copies of electronic algnatures 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | By signing this statement<br>I hereby certify that I have reviewed and appr<br>Guide and Training on behalf of a autorized a<br>PATTI GRIER<br>Name of Approver Designate<br>Signature of Approver Designate<br>Signature of Approver Designate<br>Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be we<br>Program User Guide and hereby approve the<br>I acknowledge that the above Approver D = Inc<br>Cathemare Koozen,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VP, Chief of Approver Designate Po<br>Date of Signature<br>Date of Signature<br>as used for legilimate business purposes in acc<br>transactions as fisted.<br>Thate has completed reviews and approvals in B<br>Board                                                                                                                                                                                                                                                                                                                                                 | Staff, CorpSec., Board.<br>ition/Tille<br>ordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>Chair                                             |
| Stibilit approved statement with attachments to Accounts Payable:         Attach:         • Original Iternized receipts         • Signed Cardholder Statement Report (or copies of electronic algnatures 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | By signing this statement<br>I hereby certify that I have reviewed and appr<br>Guide and Training on behalf of a autorized a<br>PATTI GRIER<br>Name of Approver Designate<br>Signature of Approver Designate<br>Signature of Approver Designate<br>Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be we<br>Program User Guide and hereby approve the<br>I acknowledge that the above Approver D = Inc<br>Cathemare Koozen,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VP, Chief of Approver Designate Po<br>Date of Signature<br>Date of Signature<br>as used for legilimate business purposes in acc<br>transactions as fisted.<br>Thate has completed reviews and approvals in B<br>Board                                                                                                                                                                                                                                                                                                                                                 | Staff, CorpSec., Board.<br>ition/Tille<br>ordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>Chair                                             |
| Attach:       Original itemized receipts       Address:         • Signed Cardholder Statement Report (or copies of electronic algnatures if signatures are not on report)       Alberta Health Services         And where applicable:       Alberta Health Services         • Copies of pre-approvals for travel       Th Street Plaza         • Personal cheque payable to "Alberta Health Services"       10th Floor, North Tower, 10030-107 Street.         • Return, refund and/or credit receipts       Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | By signing this statement <ul> <li>Thereby certify that I have reviewed and appr<br/>Guide and Training on behalf of a autorized a</li> <li>PATTI GRIER</li> <li>Name of Approver Designate</li> </ul> Signature of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the interprogram User Guide and hereby approve the interprover Designation of Approver <ul> <li>Gathemne Koozen, Name of Approver</li> <li>Mare of Approver</li> </ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP, Chief of<br>Approver Designate Po<br>Date of Signature<br>as used for legifimate business purposes in acc<br>transactions as listed.<br>Insate has completed reviews and approvals in B<br>Board<br>Approver Position/Title                                                                                                                                                                                                                                                                                                                                       | Staff, CorpSec., Board.<br>ition/Tille<br>ordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>Chair                                             |
| <ul> <li>Signed Cardholder Statement Report (or copies of electronic algnatures if signatures are not on report)</li> <li>And where applicable:</li> <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> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | By signing this statement <ul> <li>Thereby certify that I have reviewed and appr<br/>Guide and Training on behalf of a autorized a</li> <li>PaTTI GRIER</li> </ul> Name of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be we<br/>Program User Guide and hereby approve the</li> <li>I acknowledge that the above Approver D = Inc.</li> </ul> Cathemae Koozen, Name of Approver Signature of Approver Signature of Approver Signature of Approver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VP, Chief of<br>Approver Designate Po-<br>Date of Signature<br>as used for legilimate business purposes in acc<br>transactions as listed.<br>Thate has completed reviews and approvals in B<br>Board<br>Approver Position/Title<br>Date of Signature                                                                                                                                                                                                                                                                                                                  | Staff, CorpSec., Board.<br>ition/Tille<br>ordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>Chair                                             |
| And where applicable:     Copies of pre-approvals for travel     Personal cheque payable to "Alberta Health Services"     Return, refund and/or credit receipts     Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | By signing this statement <ul> <li>Thereby certify that I have reviewed and approved and Training on behalf of a autorized a</li> <li>PATTI (FRIER</li> </ul> Name of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the information of Approver Designate</li> <li>I hereby certify that the above Approver Designate</li> <li>I acknowledge that the above Approver Designature of Approver</li> <li>Signature of Approver</li> <li>Signature of Approver</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VP, Chief of<br>Approver Designate Po<br>Date of Signature<br>as used for legilimate business purposes in acc<br>transactions as listed.<br>Insite has completed reviews and approvals in B<br>BOArd<br>Approver Position/Tille<br>Date of Signature<br>Date of Signature                                                                                                                                                                                                                                                                                             | Staff, CorpSec., Board.<br>ition/Tille<br>ordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>Chair                                             |
| Copies of pre-approvals for travel     Copies of pre-approvals for travel     Personal cheque payable to "Alberta Health Services"     Return, refund and/or credit receipts     Disputes letter     Th Street Plaza     Th Street Plaza     10th Floor, North Tower, 10030-107 Street     Edmonton, AB T5J 3E4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | By signing this statement <ul> <li>Thereby certify that I have reviewed and approved and Training on behalf of a autorized a</li> <li>Patti GRIER</li> </ul> Name of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the interprotection of Approver Designate</li> <li>I hereby certify that the above Approver Designation of Approver Designation of Approver Designate</li> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the interprotection of Approver Designation /li></ul>       | VP, Chief of P<br>Approver Designate Po<br>Date of Signature<br>as used for legitimate business purposes in acc<br>transactions as listed.<br>Inate has completed reviews and approvals in B<br>BOArd<br>Approver Position/Title<br>Date of Signature<br>Cooursis Payable:<br>Address:                                                                                                                                                                                                                                                                                | Staff, CorpSec., Board                                                                                                                                                                              |
| Personal cheque payable to "Alberta Health Services"     Return, refund and/or credit receipts     Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | By signing this statement <ul> <li>Thereby certify that I have reviewed and approved and Training on behalf of a autorized a</li> <li>Patti GKIER</li> </ul> Name of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the information of Approver Designate</li> <li>I hereby certify that the above Approver Designate</li> <li>I acknowledge that the above Approver Designature of Approver</li> <li>Signature of Approver</li> <li>Signature of Approver</li> </ul> Signature of Approver Signature of Proventies to Attach: <ul> <li>Original Iternized receipts</li> <li>Signatures if signatures are not on report</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VP, Chief of Approver Designate Portage         Date of Signature         Date of Signature         as used for legitimate business purposes in accuransactions as listed.         mate has completed reviews and approvals in B         BO a r d         Approver Position/Title         Date of Signature         Coounts Payable:         s of electronic                                                                                                                                                                                                          | Staff, CorpSec., Board                                                                                                                                                                              |
| - Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | By signing this statement <ul> <li>Thereby certify that I have reviewed and approved and Training on behalf of a autorized a</li> <li>PaTTI <u>FRIER</u></li> <li>Name of Approver Designate</li> </ul> Signature of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the interproper of the above Approver Designate</li> <li>I hereby certify that the above Approver Designation of Approver Designate</li> <li>I hereby certify that the D-card issued to be were program User Guide and hereby approve the interprover Designation of Approver Designation of Designating Designation of Designation of Designation of Designation of Des</li></ul> | VP, Chief of Signature         Approver Designate Po         Date of Signature         as used for legitimate business purposes in accuransactions as listed.         nate has completed reviews and approvals in B         BOArd         Approver Position/Tritle         Date of Signature         Coounts Payable:         Address:         st of electronic         Alberta Health Serv         Accounts Payable         Th Street Plaza         St of electronic | Staff, CorpSec., Board.<br>inition/Tille<br>billion/Tille<br>bordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>CHG/T<br>SISO12.              |
| Accounts Payable only:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | By signing this statement <ul> <li>Thereby certify that I have reviewed and approved and Training on behalf of a autorized a</li> <li>PaTTI <u>FRIER</u></li> <li>Name of Approver Designate</li> </ul> Signature of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the interprotection of the above Approver Designate</li> <li>I hereby certify that the above Approver Designate</li> <li>I acknowledge that the above Approver Designation of Approver</li> <li>Signature of Approver</li> <li>Code and the statement with attachments to Approver</li> <li>Signature of Approver</li> <li>Code and the statement Report (or copie algorithms if signatures are not on report)</li> <li>And where applicable:</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Se</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP, Chief of Approver Designate Poly         Date of Signature         Date of Signature         as used for legilimate business purposes in accuransactions as listed.         nate has completed reviews and approvals in B         BOArd         Approver Position/Title         Date of Signature         Coounits Payable:         st of electronic         Alberta Health Serv         Accounits Payable         Th Street Plaza         10th Floor, North To                                                                                                   | Staff, CorpSec., Board.<br>inition/Tille<br>bordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>CHAIN<br>SIZES<br>CES<br>wer, 10030-107 Street |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | By signing this statement <ul> <li>I hereby certify that I have reviewed and approved and Training on behalf of a autorized a</li> <li>PaTTI (FRIER)</li> </ul> Name of Approver Designate Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be were program User Guide and hereby approve the information of Approver Designate</li> <li>I hereby certify that the above Approver Designate</li> <li>I hereby certify that the above Approver Designate</li> <li>I acknowledge that the above Approver Designature of Approver</li> <li>Signature of Approver</li> </ul> Signature of Approver Submit approved statement with attachments to Air Attach: <ul> <li>Original llemized receipts</li> <li>Signed Cardholder Statement Report (or copies algnatures if signatures are not or report)</li> </ul> And where applicable: <ul> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Se</li> <li>Return, refund and/or credit receipts</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VP, Chief of Approver Designate Poly         Date of Signature         Date of Signature         as used for legilimate business purposes in accuransactions as listed.         nate has completed reviews and approvals in B         BOArd         Approver Position/Title         Date of Signature         Coounits Payable:         st of electronic         Alberta Health Serv         Accounits Payable         Th Street Plaza         10th Floor, North To                                                                                                   | Staff, CorpSec., Board.<br>inition/Tille<br>bordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>CHAIN<br>SIZES<br>CES<br>wer, 10030-107 Street |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | By signing this statement <ul> <li>Thereby certify that I have reviewed and appr<br/>Guide and Training on behalf of a autorized a</li> <li>PATTI GRIER</li> <li>Name of Approver Designate</li> </ul> Approver By signing this statement <ul> <li>I hereby certify that the P-card issued to be we<br/>Program User Guide and hereby approve the<br/>I acknowledge that the above Approver D = inc<br/>(a-theme kozen,<br/>Name of Approver)</li> <li>Signature of Approver</li> <li>Jacknowledge that the above Approver D = inc<br/>(a-theme kozen,<br/>Name of Approver)</li> </ul> Submit approved statement with attachments to A Attach: <ul> <li>Original Itemized receipts</li> <li>Signatures if signatures are not on report)</li> </ul> And where applicable: <ul> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Se</li> <li>Return, refund and/or credit receipts</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VP, Chief of Approver Designate Poly         Date of Signature         Date of Signature         as used for legilimate business purposes in accuransactions as listed.         nate has completed reviews and approvals in B         BOArd         Approver Position/Title         Date of Signature         Coounits Payable:         st of electronic         Alberta Health Serv         Accounits Payable         Th Street Plaza         10th Floor, North To                                                                                                   | Staff, CorpSec., Board.<br>inition/Tille<br>bordance to AHS Corporate Policies and AHS P-Card<br>MO details Online® on my behalf (if applicable).<br>CHAIN<br>SIZES<br>CES<br>wer, 10030-107 Street |

1511-112

# Proprietary and Confidential Powered by BMO Spend & Payment Solutions

PACE NO: 2



UNIVERSITY OF CALGARY 169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 W HOTELALMA.CA

theipt

#### EAGLE, DR CHRIS

#### 14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

Room Number: 707 Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1 / 0

| ARRIVAL   | DEPARTU        | RE CREDIT CARD            | RATE PLAN             | CATEGORY | ACCOUNT     |
|-----------|----------------|---------------------------|-----------------------|----------|-------------|
| 16-Nov-11 | 20-Nov-11      | XXXXXXXXXXXX9747          | AHS                   | COR      | 20090122233 |
| DATE      | <b>ROOM NO</b> | . DESCRIPTION             | REFERENCE             |          | AMOUNT      |
| 16-Nov-11 | 707            | ROOM CHARGE               | #642 EAGLE, DR CHRIS  |          | \$119.00    |
| 16-Nov-11 | 707            | GST                       | GST                   |          | \$5.95      |
| 16-Nov-11 | 707            | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE      | \$3.68      |
| 16-Nov-11 | 707            | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  |          | \$4.76      |
| 17-Nov-11 | 707            | ROOM CHARGE               | #707 EAGLE, DR CHRIS  |          | \$154.00    |
| 17-Nov-11 | 707            | GST                       | GST                   |          | \$7.70      |
| 17-Nov-11 | 707            | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE      | \$4.76      |
| 17-Nov-11 | 707            | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  |          | \$6.16      |
| 18-Nov-11 | 707            | ROOM CHARGE               | #707 EAGLE, DR CHRIS  |          | \$154.00    |
| 18-Nov-11 | 707            | GST                       | GST                   |          | \$7.70      |
| 18-Nov-11 | 707            | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE      | \$4,76      |
| 18-Nov-11 | 707            | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  | ,        | \$6.16      |
| 19-Nov-11 | 707            | ROOM CHARGE               | #707 EAGLE, DR CHRIS  |          | \$154.00    |
| 19-Nov-11 | 707            | GST                       | GST                   |          | \$7.70      |
| 19-Nov-11 | 707            | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE .    | \$4.76      |
| 19-Nov-11 | 707            | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  |          | \$6.16      |
| 20-Nov-11 | 707            | MASTERCARD                | MASTERCARD            |          | (\$651.25)  |

TOTAL DUE:

\$0.00

Calgooy Meetings Nov. 17, 18, 19, 20/11 62312000

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST  $\rm R\#108102864$ 

184

CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY 1 i franca ni BRT 2 na. 01125 19023 5 17598949341 Haler L. SZC C cheer of ond to be FRIDAY 18 NOV 11 3:00 PM **Best Copy Possible** in . . . Si si si ) THAM RECEIPTING THEFT CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY 1 **RTSORITY** CALGARY PARKING AUTHORITY CALGARY PARKING AUTHORITY CALGARY PARKING AU C.C. Decapt A A AND AND A SAME . CALGARY PARKING AUTRORITY CALGARY PARKING AUTHORITY CALGARY PARKING AU ITHURITY FEELING Better i Living Longer Sympsium Colgory, Nov. 18; 19/11 Porking Fees

۲ ۲ ۴

623120001

AAroport Limousine NorthYork, ON M3H 2S5 416-225-1555

e'

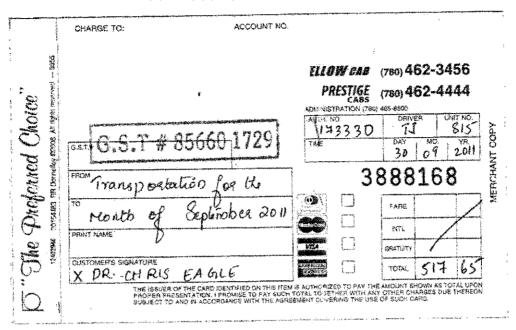
Date: 11/23/11 17:39 Trx: 1336718 Card: MC 9747 Aprv: 174250 Fare: 60.00 Tip: 7.00 Total: 67.00 Veh: 0047/4722

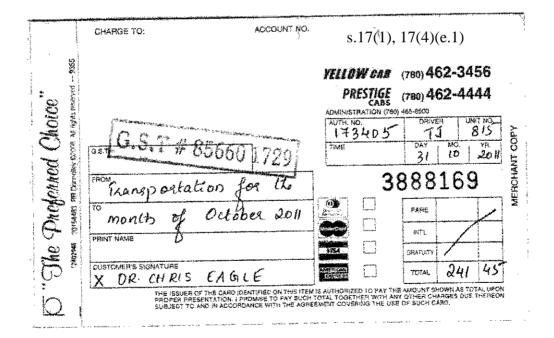
on ove cu.

Thank You for Using Our Service

CIHI BONED MEETING

s.17(1), 17(4)(e.1)





# STATEMENT FOR THE MONTH OF OCTOBER 2011

-----

٠

1

۰ ۲

Ŧ

ı.

| NO     | DATE            | TIME        | NAME     | DESTINATION                     | AMOUNT     |
|--------|-----------------|-------------|----------|---------------------------------|------------|
| 1      | 06              | 09:00       | Dr.Eagle | Telus to AHS to<br>Airport      | \$76.70 。  |
| 2      | 12              | 05:30       | Dr.Eagle | Residence to<br>Airport         | \$74.75 🧯  |
| 3      | 14              | 18:00       | Dr.Eagle | Airport to<br>Residence to Shaw | \$90.00 \$ |
|        |                 |             |          |                                 | -          |
|        |                 |             |          |                                 |            |
|        |                 |             |          |                                 |            |
|        |                 |             |          |                                 |            |
|        |                 |             |          |                                 |            |
| All pi | rices are inclu | sive of GST |          |                                 |            |
|        |                 |             |          | TOTAL                           | \$241.45   |

# STATEMENT FOR THE MONTH OF SEPTEMBER 2011

٠

.

د ,

.

÷

| NO             | DATE            | TIME        | NAME           | DESTINATION                 | AMOUNT               |
|----------------|-----------------|-------------|----------------|-----------------------------|----------------------|
| 1              | 01              | 08:30       | Mrs & Mr.Gould | Airport to SSP to<br>Westin | \$76.70              |
| 2              | 01              | 16:30       | Mr.Gould       | SSP to Westin               | \$50.00 @            |
| 3              | 02              | 19:30       | Mr.Gould       | Westin to SSP               | \$50.00 %            |
| 4              | 03              | 18:15       | Mrs & Mr.Gould | Westin to Airport           | \$66.70 <sub>ø</sub> |
| 5              | 14              | 18:15       | Dr.Eagle       | Residence to<br>Airport     | \$74.75 <i>p</i>     |
| 6              | 15              | 16:15       | Dr.Eagle       | Municipal airport<br>to SSP | \$50.00 0            |
| 7              | 24              | 08:30       | Dr.Eagle       | Residence to<br>Airport     | \$74.75 6            |
| 8              | 24              | 18:20       | Dr.Eagle       | Airport to<br>Residence     | \$74.75 ¥            |
|                |                 |             |                |                             |                      |
| 4 <i>11 pi</i> | rices are inclu | sive of GST | L              | 1                           | 1                    |
| , ··,          |                 | <u> </u>    |                | TOTAL                       | \$517.65             |



Amazon.com.ca, Inc. c/o ACFSI 6363 Millcreek Drive Mississauga, ON L5N 1L8 Canada

Billing Address/Adresse de correspondance: Jennifer Hamstra Alberta Health Services 10180 101 Street NW Suite 700 Edmonton, Alberta T5J 3S4 Canada Shipping Address/Adresse d'expédition: Jennifer Hamstra Alberta Health Services 10180 101 Street NW Suite 700 Edmonton, Alberta T5J 3S4 Canada

#### Invoice for/Bon de livraison pour

Your order of/Votre commande du:December 5, 2011 Order ID/N° commande: 701-0653504-8638630 Invoice number/N° bon de livraison DGVBIImBR December 5, 2011

| Quantity/Quantité | Item/Article                                                                                                           | Description/Description                | Our Price/Notre prix   | Total/Tota  |
|-------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|-------------|
| 1                 | Designing Health Care: Using Operations<br>Management to Improve Performance and<br>Delivery<br>(** E-8 **) 142217560X | Hardcover                              | CDN\$ 13.53            | CDN\$ 13.53 |
|                   | · · · · · · · · · · · · · · · · · · ·                                                                                  | Subtotal/Sous-total                    | - 110 - 110 - 110 - 11 | CDN\$ 13.53 |
|                   |                                                                                                                        | Shipping and Handling/Frais de<br>port |                        | CDN\$ 7.48  |
|                   |                                                                                                                        | GST/HST/TPS/TVH                        |                        | CDN\$ 1.05  |
|                   |                                                                                                                        | PST/TVP                                |                        | CDN\$ 0.00  |
|                   |                                                                                                                        | Order Total/Montant total              |                        | CDN\$ 22.06 |
|                   |                                                                                                                        | Paid via/Payé par Mastercard           |                        | CDN\$ 22.06 |
|                   |                                                                                                                        | Balance Due/Montant dû                 |                        | CDN\$ 0.00  |

This shipment completes your order.

You can always check the status of your orders from the "Your Account" link on our home page.

#### Thanks for shopping at Amazon.ca, and please come again!

#### Cette livraison complète votre commande.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca,Inc. 410 Terry Avenue North Seattle, WA 98109-5210 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001

41090000



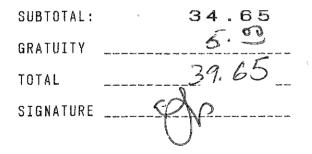
\* t

۲,

x

Dimer à hentlughes Rarchay's

| Sheraton  | Suites  | Calgary       |
|-----------|---------|---------------|
| Älberta,  |         |               |
| G.S.T. #  | 8465436 | 319RT0002     |
| CHECK:    |         | 53            |
| TABLE:    | 62      | / 1           |
| SERVER:   | 127     | KATIE         |
| DATE:     |         | 14'11 5:26PM  |
| CARD TYPE |         |               |
| ACCT #:   | XXXX    | (XXXXXXXX9747 |
| EXP DATE: | XX/X    | X             |
| AUTH CODE | E: 1926 | 547           |
|           | CHRIS.  | . EAGLE       |



#### PLEASE RETURN A SIGNED COPY TO YOUR SERVER

### Sheraton Suites Calgary GST #846543619RT0002

#### 127 KATIE

|                                                          | ······································  |
|----------------------------------------------------------|-----------------------------------------|
| 62/1<br>DEC14/1                                          | CHK 4453 GST 2                          |
|                                                          | 1 5:13PM                                |
| 1 *SM COFFEE<br>1 *SOFT DRINKS<br>1 CALAMARI<br>1 HUMMUS | 4.25<br>3.75<br>13.00<br>12.00          |
| FOOD<br>MINERAL<br>GST<br>Total Due                      | 29.25<br>3.75<br>1.65<br><b>\$34.65</b> |

| GRATUITY                                                         |
|------------------------------------------------------------------|
| TOTAL                                                            |
| ROOM #                                                           |
| PRINT NAME                                                       |
| SIGNATURE<br>NOT A CREDIT CARD VOUCHER<br>PLEASE PAY YOUR SERVER |

Page 1 of 1

ء <sup>1</sup>

A MA

169 UNIVERSITY GATE NW

W HOTELALMA.CA

IVERSITY OF CALGARY

CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184

Receipt

EAGLE, DR CHRIS

14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

Room Number: 711 Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1/0

| ARRIVAL.  | DEPARTU   | RE CREDIT CARD            | RATE PLAN             | CATEGORY | ACCOUNT     |
|-----------|-----------|---------------------------|-----------------------|----------|-------------|
| 14-Dec-11 | 15-Dec-11 | XXXXXXXXXXXX9747          | AHS                   | COR      | 20090121809 |
| DATE      | ROOM NO.  | DESCRIPTION               | REFERENCE             |          | AMOUNT      |
| 14-Dec-11 | 711       | PARKING                   | PARKING CHARGE        |          | \$8.00      |
| 14-Dec-11 | 711       | ROOM CHARGE               | #711 EAGLE, DR CHRIS  |          | \$154.00    |
| 14-Dec-11 | 711       | GST                       | GST                   |          | \$7.70      |
| 14-Dec-11 | 711       | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE      | \$4.76      |
| 14-Dec-11 | 711       | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  |          | \$6.16      |
| 15-Dec-11 | 711       | MASTERCARD                | MASTERCARD            |          | (\$180.62)  |

CREDIT DUE:

(\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864

193

\$

\*

(CRECEIPO Brechfost à Corrivers

UNION BANK INN-REST 10053 JASPER AVENUE EDMONTON AB T5J1S5 780-423-3600

MERCHANT ID: 97016120024 TERM ID: 001 OP 10: 8

#### SALE

| 3747               |
|--------------------|
| ENTRY METHOD: CHIP |
| 08:01:08           |
| APPR CODE: 100108  |
| BATCH #: 000086    |
| REF #: 002         |
| \$29.40            |
| \$4.41             |
|                    |
| \$33.81            |
|                    |

PIN VERIFIED BY CARD ISSUER CARDHOLDER AGREES TO PAY ABOVE TOTAL AMOUNT IN ACCORDANCE WITH CARD ISSUER'S AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION

#### CARDHOLDER COPY

#### APPROVED

APPLICATION LABEL: MasterCard AID: A000000041010 TVR: 00 00 00 80 00 696000000 TS1: E8 00 .

Provided report matcher AP ba total



Office of the President and Chief Executive Officer of Alberta Health Services

#### Dr. Chris Eagle, President and CEO

Expenses submitted during the period of October 1 - December 31, 2011

#### 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. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

#### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

| Statement<br>Date | Transaction<br>Date | Location/<br>Destination | Purpose                                                                    | Airfare | Meals       | Accomm<br>-odation | Other<br>Travel | Professional<br>Development | Hosting and<br>Hospitality | Other  |
|-------------------|---------------------|--------------------------|----------------------------------------------------------------------------|---------|-------------|--------------------|-----------------|-----------------------------|----------------------------|--------|
| 5-Oct             | 16-Aug              | 2                        | Monthly cellular charges-Aug                                               |         |             |                    |                 |                             |                            | 135.98 |
| 5-Oct             | Aug 16-18           | Calgary AB               | Calgary operational meetings; Site Tour Strathmore,<br>High River, Okotoks |         | 11.55       |                    | 357.20          |                             |                            | 135.98 |
| 20-Dec            | 1-Sер               | Edmonton, AB             | Travel to various meetings                                                 |         |             |                    | 126.70          |                             |                            |        |
| 20-Dec            | 2-Sep               | Edmonton, AB             | Travel to various meetings                                                 |         |             |                    | 50.00           |                             |                            | ·      |
| 20-Dec            | 3-Sep               | Edmonton, AB             | Travel to various meetings                                                 |         | а<br>•<br>• |                    | 66.70           |                             |                            |        |
| 20-Dec            | Sept 14-16          | Medicine Hat AB          | September AHS Board Meeting                                                |         |             |                    | 124.75          |                             |                            |        |
| 4-Nov             | 16-Sep              |                          | Monthly cellular charges-Sept                                              |         |             |                    |                 |                             |                            | 114.35 |
| 20-Oct            | 19-Sep.             | Edmonton AB              | Lunch meeting with employee (2 people)                                     |         |             |                    |                 |                             | 45.85                      |        |
| 20-Oct            | 24-Sep              | Calgary AB               | Calgary - Guest speaker at AMA Representative<br>Forum                     | 515.81  |             |                    |                 |                             | 40.05                      |        |
| 20-Dec            | 24-Sep              | Calgary AB               | Calgary - Guest speaker at AMA Representative<br>Forum                     |         |             |                    | 149.50          |                             |                            |        |

| 20-Oct | Sept 26-29  | Calgary A8       | Calgary operational meetings                                            |        |   | 353.84        | 140.00      |        | <u></u>                               |                                   |
|--------|-------------|------------------|-------------------------------------------------------------------------|--------|---|---------------|-------------|--------|---------------------------------------|-----------------------------------|
| 4-Nov  | Sept 26-29  | Calgary AB       | Calgary operational meetings                                            |        |   |               |             |        | -                                     |                                   |
|        |             |                  |                                                                         |        |   |               | 330.60      |        |                                       |                                   |
| 20-Oct | 29-Sep      | Calgary AB       | Dinner with Staff (3 people)                                            | _      |   |               |             |        | 156.50                                |                                   |
| 4-Nov  | 1-Oct       |                  | AMA/CMA Membership Fee                                                  |        |   |               |             |        |                                       | 1146.                             |
| 20-Oct | 3-Oct       |                  | Office supplies                                                         |        |   |               | <del></del> |        |                                       | · · · · · · · · · · · · · · · · · |
| 20-Oct | 3-Oct       | Edmonton AB      | Lunch with government official (3 people)                               | -      |   |               |             |        |                                       | 33.                               |
|        |             |                  |                                                                         |        |   | $\rightarrow$ |             |        | 215.85                                |                                   |
|        | 6-Oct       | Edmonton AB      | Edmonton operational meetings                                           |        |   |               | 76.70       |        |                                       |                                   |
| 20-Oct | Oct 12-14   | Fort McMurray AB | October AHS Board meeting dinner with Board<br>Members (5 People)       | 610.31 |   | 112.02        |             |        | 178.56                                |                                   |
|        | Oct 12-14   | Fort McMurray AB | October AHS Board meeting                                               |        |   |               | 164.75      | ······ |                                       | <u> </u>                          |
| 20-Oct | 13-Oct      | Edmonton AB      | Tickets for 2 Foundation event                                          |        |   | +             |             |        |                                       | 700.                              |
| 20-Oct | 18-Oct      |                  | Office supplies                                                         |        |   |               |             |        |                                       | 114.                              |
| 20-Nov | 18-Oct      |                  | Office supplies                                                         |        |   |               |             |        |                                       | 20.5                              |
| 20-Nov | 24-Oct      |                  | Airfare Cancelled - Credit Applied                                      | 296.36 |   |               |             |        |                                       |                                   |
| 20-Nov | 28-Oct      | Edmonton AB      | Lunch with public agency official (2 people)                            |        |   |               |             |        | 55.25                                 |                                   |
|        | 4-Nov       | Edmonton AB      | Lunch with private organization (2 people)                              |        |   |               |             |        | 48.00                                 |                                   |
| 20-Nov | Nov 4-5     | Calgary AB       | Travel to Calgary for operational meetings                              |        | 1 | 11.15         |             |        |                                       |                                   |
| 20-Nov | 7-Nov       | Calgary AB       | Travel expense                                                          |        | 1 | 67.86         |             |        |                                       |                                   |
| 20-Nov | 8-Nov       |                  | Airfare Cancelled - Credit Applied                                      | 190.05 |   |               |             |        |                                       |                                   |
| 20-Oct | Nov 10-14   | Victoria BC      | CCHL Meeting-Guest Speaker                                              | 518.26 |   |               |             |        | · · · · · · · · · · · · · · · · · · · |                                   |
| 20-Nov | 15-Nov (    | Red Deer AB      | continue on to Calgary to attend Operational<br>meetings and conference |        | 1 | 05.60         |             |        |                                       | i'                                |
| 20-Oct | 17-Nov      |                  | Two tickets for Foundation event                                        |        |   |               |             |        |                                       | 150.0                             |
| 20-Nov | Nov 16-19 ( | Calgary AB       | Feeling Better and Living Longer Symposium                              | 208.03 |   |               |             | 199.00 |                                       | 150.0                             |
| 20-Dec | Nov 16-19 ( | laloary AB       | Feeling Better and Living Longer Symposium                              |        |   | 51.25         |             | 135.00 |                                       |                                   |

•

| 20-Dec | Nov 23-25 | Toronto ON  | CiHI Board Meeting                                                   | 4969.81 | /     |         | 67.00   |        |        |         |
|--------|-----------|-------------|----------------------------------------------------------------------|---------|-------|---------|---------|--------|--------|---------|
| 20-Dec | 5-Dec     | -<br>       | Educational materials-Books                                          |         |       |         |         |        |        | 22.06   |
|        | 16-Dec    | Edmonton AB | Breakfast with government official (2 people)                        |         |       |         |         |        | 33.81  |         |
| 20-Dec | Dec 14-15 | Caigary AB  | Travel to Calgary operational meetings and lunch<br>with Board Chair |         | 39.65 | 180.62  |         |        |        |         |
|        | Oct-Dec   |             | Various local parking expenses to attend meetings/sessions           |         |       |         | 82.38   |        |        |         |
|        |           |             | -                                                                    | 7308.63 | 51.20 | 1982.34 | 1736.28 | 199.00 | 733.82 | 2437.64 |

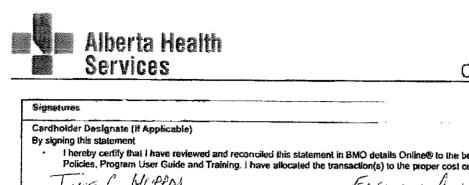
ß



| -                           | receipts and supporting documents in the sa<br>gnatures required where indicated below | ame order as it appears on this state | ment                                          |
|-----------------------------|----------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| EAGLE, CHRIS                | PRESIDENT & CEO                                                                        | ····································  | , <u>, , , , , , , , , , , , , , , , , , </u> |
| Cardholder's Name           | Cardholder's Position/Title                                                            | Billing Reporting Period:             | 20/01/2012                                    |
|                             | SEVENTH STREET PLAZA                                                                   |                                       |                                               |
| Cardholder's Dept           | Cardholder's Site/Location                                                             | Total Statement Amount:               | \$1,190.22                                    |
| CHRIS.EAGLE@ALBERTAHEALTH   | ISERVICES.CA                                                                           |                                       |                                               |
| Cardholder's e-mail address | ······································                                                 | Last 6 digits of the P-Card #:        | XXXXXXXXXX189747                              |

| Transaction<br>Date | Trans ID  | Merchant Name & Description                           |          | Original<br>Amount |     | Trans Amount | GST   | Freight | Description                         |
|---------------------|-----------|-------------------------------------------------------|----------|--------------------|-----|--------------|-------|---------|-------------------------------------|
| 23/12/2011          | 274175313 | ALLEGRO ITALIAN KITCHE, EATING<br>PLACES, RESTAURANTS | V        | 291.12             | CAD | 291.12       | 9.65  |         | Staff Christmas Lunch               |
| 28/12/2011          | 274481529 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                | <b>V</b> | 290.95             | CAD | 290.95       | 13.85 | .00     |                                     |
| 09/01/2012          | 275063184 | WILDFLOWER RESTAURANT, EATING<br>PLACES, RESTAURANTS  | J        | 46.95              | CAD | 46.95        | 1.95  |         | Lunch - Sheila Weatherill           |
| 13/01/2012          | 275404963 | Amazon.ca, COMPUTER<br>NETWORK/INFORMATION SERVICES   | V        | 544.23             | CAD | 544.23       | .00   | .00     | Books - Governance as<br>Leadership |
| 19/01/2012          | 275963897 | RICKY SALL DAY GRILL, EATING PLACES,<br>RESTAURANTS   | V        | 16.97              | CAD | 16.97        | .70   |         | Breakfast - Guy Smith AUPE          |

| Alberta Health Services<br>Accounts Payable |
|---------------------------------------------|
| FEB 0 7 2012                                |
| FEB 0 7 2012<br>RECEIVED                    |



P-Card details Online ® Cardholder Statement Report

| Signatures                                                                                                                                                                                                          |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cardholder Designate (if Applicable)<br>By signing this statement<br>I hereby certify that I have reviewed and reconciled this statement in<br>Policies, Program User Guide and Training. I have allocated the tran | BMO details Online® to the best of my ability in accordance to AHS Corporate isaction(s) to the proper cost centre.                                      |
| Jane C. MLPED<br>Name of Cardholder Designate<br>Amp/C. Musicary                                                                                                                                                    | Exclusion Assistant<br>Cardholder Designate Position/Title                                                                                               |
| Symplurg of Cardholder Designation                                                                                                                                                                                  | Date of Signature                                                                                                                                        |
| By signing this statement <ul> <li>I hereby certify that the P-Card issued to be was used for legitimate Program User Guide.</li> </ul>                                                                             | business purposes in accordance to AHS Corporate Policies and AHS P-Card reviews and reconciliation in BMO details Online® on my behalf (if applicable). |
|                                                                                                                                                                                                                     |                                                                                                                                                          |
| EAGLE, CHRIS                                                                                                                                                                                                        | PRESIDENT & GEO<br>Cardholder Position/Tule                                                                                                              |
| A                                                                                                                                                                                                                   |                                                                                                                                                          |
| Signative of Cardholder                                                                                                                                                                                             | Date of Signature                                                                                                                                        |
| Guide and Training on behall of a autorized approver.                                                                                                                                                               | BMO details Online® in accordance to AHS Corporate Policies, Program User                                                                                |
|                                                                                                                                                                                                                     | V. P. Chief of Staff, Corp Secretary<br>Approver Designate Position/Tille                                                                                |
| Signature of Approver Designate                                                                                                                                                                                     | Date of Signature                                                                                                                                        |
| Approver<br>By signing this statement<br>• I hereby certify that the P-card issued to be was used for legitimate to<br>Program User Guide and hereby approve the transactions as listed.                            | ousiness purposes in accordance to AHS Corporate Policies and AHS P-Card                                                                                 |
| I acknowledge that the above Approver Designate has completed rem                                                                                                                                                   | views and approvals in BMO details Online® on my behalf (if applicable).                                                                                 |
| Name of Approver                                                                                                                                                                                                    | INTERIM CHAILE                                                                                                                                           |
| Call Vage                                                                                                                                                                                                           | Teb 02/2012.<br>Date of Signature                                                                                                                        |
| Submit approved statement with attachmente to Accounts Payable                                                                                                                                                      |                                                                                                                                                          |
| Attach:<br>Original itemized receipts                                                                                                                                                                               | Address:                                                                                                                                                 |
| <ul> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul>                                                                                         | Alberta Health Services<br>Accounts Pavable                                                                                                              |
| And where applicable:                                                                                                                                                                                               | 7th Street Plaza                                                                                                                                         |
| Copies of pre-approvals for travel     Personal cheque payable to "Alberta Health Services"                                                                                                                         | 10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB 75J 3E4                                                                                        |
| Personal cheque payable to "Aubenta Health Services"     Return, refund and/or credit receipts                                                                                                                      |                                                                                                                                                          |
| Disputes letter                                                                                                                                                                                                     |                                                                                                                                                          |
| Accounts Payable only:                                                                                                                                                                                              |                                                                                                                                                          |

#### Proprietary and Confidential Powered by BMO Spend & Payment Solutions

# XMPS LW CH

\*

2

r,

| ALLEGRO ITALIAN | TCHEN |
|-----------------|-------|
| 10011 10        | +:ET  |
| EDMONTUN        | AB    |

#### CARD \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

| CARD TYPE  | MASTERCARD     |
|------------|----------------|
| DATE       | 2011/12/23     |
| TIME       | 8302 13:43:45  |
| RECEIPT NU | MBER           |
| C06103813  | -001-225-017-0 |
|            |                |
| PURCHASE   |                |
| AMOUNT     | \$253.15       |
| TIP        | \$37.97        |
| TOTAL      |                |
|            | \$291.12       |
|            | 42.21 . 12     |

MasterCard A000000041010 3DCB8EEAFB19365A 0000008000 ED6E21CF41FCAEAE

APPROVED

-027

Allegro Italian Kitcher 10011-109th Street Edmonton, Alberta 780-424-5644

### Your GST# 896140894

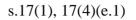
| S OLMON | 122 | JENNY |
|---------|-----|-------|
|---------|-----|-------|

| Check: 1165 | Gues |
|-------------|------|

### 12/23/2011 12:12PM

| 2<br>2<br>1<br>1<br>2<br>1<br>2<br>1<br>2<br>1<br>2 | ALE STRONE DI VERDUR<br>ZITTI CON POLLO<br>AGG BOLOGNESE<br>FETT VENEZIA<br>Cardinale<br>INSALATA DI MARE<br>DOUBLE EXPRESSO<br>TEA<br>CAPPUCINO<br>COFFEE<br>Auto-Gratuity | $\begin{array}{c} 17.90\\ 33.90\\ 38.00\\ 22.00\\ 19.00\\ 40.00\\ 6.50\\ 3.25\\ 8.50\\ 3.90\\ 50.55\end{array}$ |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Ţ                                                   | Subtotal<br>G.S.T.<br>Service Chrg<br>otal Due                                                                                                                              | 192.95<br>9.65<br>50.55<br><b>\$253.15</b>                                                                      |

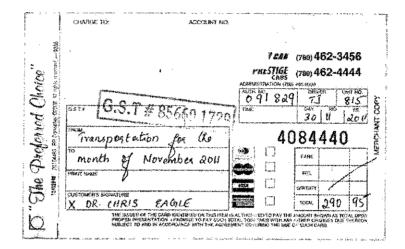
\*\*Plesse Pay Server\*\*



i

•

.



## **STATEMENT FOR THE MONTH OF NOVEMBER 2011**

\$

s ř ъ

| NO    | DATE            | TIME        | NAME                    | DESTINATION          | AMOUNT   |
|-------|-----------------|-------------|-------------------------|----------------------|----------|
| 1     | 11              | 14:45       | Dr.Eagle &<br>Dr.Oksana | Residence to Airport | \$74.75  |
| 2     | 15              | 10:45       | Dr.Eagle                | Airport to Residence | \$74.75  |
| 3     | 23              | 09:00       | Dr.Eagle                | AHS to Airport       | \$66.70  |
| 4     | 25              | 15:00       | Dr.Eagle                | Airport to Residence | \$74.75  |
|       |                 |             |                         |                      |          |
|       |                 |             |                         |                      |          |
|       |                 |             |                         |                      |          |
|       |                 |             |                         |                      |          |
|       |                 |             |                         |                      |          |
|       |                 |             |                         |                      |          |
|       |                 |             |                         |                      |          |
|       |                 |             |                         |                      |          |
| All p | rices are inclu | sive of GST |                         |                      |          |
|       |                 |             |                         | TOTAL                | \$290.95 |

WILDFLOWER RESTAURANT 10009 107th Street Edmonton, AB T5J 1J1 780-990-1938

5-1 6

\*\* TRANSACTION RECORD \*\*

Tran. #: 710

Ş.

•

Check #: 1094 Employee #: 103 Employee Name: ALLISON Workstation #: 1

MasterCard Pre-Auth Purchase xxxxxxxxx9747 S

Amount \$40.95

Tip \$\_\_\_\_\_ 4695 TOTAL \$\_\_\_

APPROVED 144551 00-001 144551 S0001T0001/WILDFC01 488001001001 2012/01/09 12:45:51

Customer Copy

Sheila Weatherill



#### 103 ALLISON

| Tb1 | 33/1 Chk 1094<br>Jan09'12 12:10P | Gst   | 3 |
|-----|----------------------------------|-------|---|
|     |                                  |       |   |
| 1   | SOFT DRINK                       | 3,00  |   |
| 1   | STDE JUTCE                       | 1.00  |   |
|     | TFA                              | 5.00  |   |
| -   | MIXED VEG SALAD                  | 0100  |   |
|     | <b>@</b> 15.00                   | 30.00 |   |
|     | Subtotal                         | 39.00 |   |
| 30  | 0.00 GST Percent                 | 1.95  |   |
| 00  |                                  | .95   |   |
|     |                                  |       |   |



M

Amazon.com.ca, Inc. c/o ACFSI 6363 Millcreek Drive Mississauga, ON L5N 1L8 Canada

Billing Address/Adresse de correspondance: Joyce Murray 10030 107 Street NW 14th Floor North Tower Edmonton, Alberta T5J 3E4 Canada Shipping Address/Adresse d'expédition: Joyce Murray 10030 107 Street NW 14th Floor North Tower Edmonton, Alberta T5J 3E4 Canada

### Invoice for/Bon de livraison pour

Your order of/Votre commande du:January 10, 2012 Order ID/N° commande: 701-3170600-8809016 Invoice number/N° bon de livraison DCTHp2mlR January 11, 2012

| Quantity/Quantité | Item/Article                                                                                        | Description/Description                | Our Price/Notre prix | Total/Total  |
|-------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|--------------|
| 9                 | Governance as Leadership: Reframing the Work<br>of Nonprofit Boards<br>(** C-5 : C-6 **) 0471684201 | Hardcover                              | CDN\$ 57.59          | CDN\$ 518.31 |
|                   |                                                                                                     | Subtotal/Sous-total                    |                      | CDN\$ 518.31 |
|                   |                                                                                                     | Shipping and Handling/Frais de<br>port |                      | CDN\$ 0.00   |
|                   |                                                                                                     | GST/HST/TPS/TVH                        |                      | CDN\$ 25.92  |
|                   |                                                                                                     | PST/TVP                                |                      | CDN\$ 0.00   |
|                   |                                                                                                     | Order Total/Montant total              |                      | CDN\$ 544.23 |
|                   |                                                                                                     | Paid via/Payé par Mastercard           |                      | CDN\$ 544.23 |
|                   |                                                                                                     | Balance Due/Montant dû                 |                      | CDN\$ 0.00   |

We've sent this portion of your order separately at no extra charge to give you the speediest service possible. The other items in your order are shipping separately, and your total shipping charges for this order will not exceed the amount we originally promised.

You can always check the status of your orders from the "Your Account" link on our home page.

#### Thanks for shopping at Amazon.ca, and please come again!

Nous avons envoyé cette partie de votre commande séparément,sans frais supplémentaries,afin de vous donner le service le plus rapid qui soit.Les autres articles seront expédis séparément,et les frais de port pour cette commande ne dépasseront pas le montant promis à l'origine.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

#### Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca,Inc. 410 Terry Avenue North Seattle, WA 98109-5210 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001

| RICKY'S ALL DAY GRII                                       | L         |
|------------------------------------------------------------|-----------|
| 10140 109TH ST T5.                                         | J1M7      |
| EDMONTON AB                                                |           |
| 22996843                                                   |           |
| FUNCHASE                                                   | ****      |
| 01-19-2012                                                 | 08:21:36  |
| Acct # **********************************                  | 7 C       |
| Exp Date "//" Card                                         | Type MC   |
| Name: CHRIS EAGLE                                          |           |
| A000000041010 Ma                                           | isterCard |
| Trace # 150006 Open<br>FB2299684301                        | ator 555  |
| (nv. # 476                                                 |           |
| Auth # 102137 RRN                                          | 00124/000 |
| Purchase                                                   | \$14.76   |
| Tip                                                        | \$2.21    |
| •                                                          | \$16.97   |
| Total                                                      | *****     |
| (00) APPROVED. THAN<br>Green Smith,<br>Retain this copy to | ik you    |
|                                                            | WOF       |
| Patain this conv to                                        | ryour     |
| Nergin ruis acht                                           | •         |
|                                                            |           |

n, 1 ¥

| *******************<br>CHECK # 922<br>TABLE # 25 |                                                             | DATE 01<br>TIME                  | /19/12<br>7:36       |
|--------------------------------------------------|-------------------------------------------------------------|----------------------------------|----------------------|
| RI                                               | CKY'S : ERNIE                                               | 555                              |                      |
| ITEMS OR                                         | DERED                                                       |                                  | AMOUNT               |
| 1 EGG MU<br>1 TOAST<br>2 COFFEE                  | ff n hash                                                   |                                  | 5.99<br>2.49<br>5.58 |
| ********                                         | ********                                                    | ******                           | *****                |
|                                                  |                                                             |                                  |                      |
| SUBTO                                            | OTAL<br>GST                                                 |                                  | 4.06                 |
|                                                  |                                                             |                                  |                      |
|                                                  | GST                                                         |                                  | 0.70                 |
| TC                                               | GST                                                         | T<br>ESTS<br>GRILL<br>546        | 0.70<br>4.76         |
| T (<br>RIC<br>PI                                 | GST<br>DTAL<br># OF GUI<br>(Y'S ALL DAY (<br>PHONE 421 - 7) | T<br>ESTS<br>GRILL<br>546<br>VER | 0.70<br>4.76<br>2    |

.



| <ul> <li>Cardholder AND Approver</li> </ul> | r's signatures required where indicated below |                                |                  |
|---------------------------------------------|-----------------------------------------------|--------------------------------|------------------|
| EAGLE, CHRIS                                | PRESIDENT & CEO                               |                                |                  |
| Cardholder's Name                           | Cardholder's Position/Title                   | Billing Reporting Period:      | 20/02/2012       |
|                                             | SEVENTH STREET PLAZA                          |                                |                  |
| Cardholder's Dept                           | Cardholder's Site/Location                    | Total Statement Amount:        | \$1,578.56       |
| CHRIS.EAGLE@ALBERTAHE                       | ALTHSERVICES.CA                               |                                |                  |
| Cardholder's e-mail address                 |                                               | Last 6 digits of the P-Card #: | XXXXXXXXXX189747 |

| Statement of        | of Transacti | ions                                                            |                          |     |              |       |         |                        |
|---------------------|--------------|-----------------------------------------------------------------|--------------------------|-----|--------------|-------|---------|------------------------|
| Transaction<br>Date | Trans ID     | Merchant Name & Description                                     | Trans Original<br>Amount |     | Trans Amount | GST   | Freight | Description            |
| 25/01/2012          | 276401508    | AIR CAN 0142103994412, AIR CANADA                               | X 🖏 830.81               | CAD | 830.81       | 39.56 | .00     | Calgary Meetings       |
| 28/01/2012          | 276716007    | UNIVERSITY OF CALGARY,, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | √ 172.62                 | CAD | 172.62       | 7.70  |         | Hotel Alma             |
| 31/01/2012          | 276896451    | COLLINS LIMOUSINE LTD., LIMOUSINES<br>AND TAXICABS              | 1 270.00                 | CAD | 270.00       | 12.86 |         | Transportation Charges |
| 06/02/2012          | 277435009    | AIR CAN 0142104453442, AIR CANADA                               | 260.53                   | CAD | 260.53       | 12.41 | .00     | Air Fare               |
| 10/02/2012          | 277929949    | THE MARC RESTAURANT GR, EATING<br>PLACES, RESTAURANTS           | × 44.60                  | CAD | 44.60        | 1.80  |         | Lunch - Ruby Brown     |



| Signatiiras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cardholder Designate (if Applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nan sense and an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Policies, Program User Guide and Training. I have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate<br>allocated the transaction(s) to the proper cost centre.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| JOHCE C. MURRAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FRANKE ALESSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EXCONTRE INTERN<br>Carcholder Designate Position/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signal Musey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Adv. 22, 20125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sigpature of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Cardholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Program User Guide.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul> <li>I acknowledge that the above Cardholder Designate</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| EAGLE, CHRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PRESIDENT & CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name of Cardholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cardholder Position/Tille                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Feb. 23, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Signature of Cardholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Approver Designete (if Applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul> <li>I hereby certify that I have reviewed and approved to<br/>Control of the second seco</li></ul> | this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Guide and Training on behalf of a sutorized approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Patti Grier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NP, Chief of Staff & Corporate Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Approver Designate Position/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Name of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The second                                                                                                                                                                                                                                                                      |
| Name of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The second                                                                                                                                                                                                                                                                      |
| Name of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Approver Designate Position/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Feb 24, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Signature of Approver Designate Approver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Feb 24, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Signature of Approver Designate Approver By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Teb 24, 3013<br>Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of Approver Designate Approver By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The set of Signature<br>Date of Signature<br>act for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>actions as listed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc I acknowledge that the above Approver Designate h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | An actions as listed.<br>Here and approvals in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc I acknowledge that the above Approver Designate h Catherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | An actions as listed.<br>Here and approvals in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc I acknowledge that the above Approver Designate h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Approver Position/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc I acknowledge that the above Approver Designate h Catherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Approver Position/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc I acknowledge that the above Approver Designate h Catherine Roozen Name of Approver With Manual Manual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Approver Position/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc I acknowledge that the above Approver Designate h Catherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The second action and approvals in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Signature of Approver Designate Approver By signing this statement  I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc  I acknowledge that the above Approver Designate h  Catherine Boozen Name of Approver Signature of Approver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Edition of Signature<br>Date of Signature<br>actions as listed.<br>Mass completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br><u>Interim Chair, AHS Board</u><br>Approver Position/Title<br><u>Mass AGG 1340</u><br>Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Approver Designate Approver By signing this statement I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc I acknowledge that the above Approver Designate h Catherine Roozen Name of Approver With Manual Manual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Edition of Signature<br>Date of Signature<br>actions as listed.<br>Mass completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br><u>Interim Chair, AHS Board</u><br>Approver Position/Title<br><u>Mass Aug 100</u><br>Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Signature of Approver Designate  Approver By signing this statement  I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transa I acknowledge that the above Approver Designate th  Catherine Roozun Name of Approver Signature of Approver  Submit approved statement with attachments to Access                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The of Signature<br>Date of Signature<br>actions as listed.<br>The second approvals in BMO details Online@ on my behalf (if applicable).<br>The second approvals in BMO details Online@ on my behalf (if applicable).<br>The second approvals of BMO details Online@ on my behalf (if applicable).<br>The second approvals of BMO details Online@ on my behalf (if applicable).<br>The second approvals of BMO details Online@ on my behalf (if applicable).<br>The second approvals of BMO details Online@ on my behalf (if applicable).<br>The second approvals of BMO details Online@ on my behalf (if applicable).<br>The second approvals of BMO details Online@ on my behalf (if applicable).<br>The second approvals of BMO details Online@ on my behalf (if applicable).<br>The second approvals of the second approva |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transce         • I acknowledge that the above Approver Designate the<br>Catherine Roozen         Name of Approver         Signature of Approver         Signature of Approver         Submit approved statement with attachments to Accourtattach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of etempts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E De Designation of basis in the E Designation and E Designature<br>Date of Signature<br>actions as listed.<br>Has completed reviews and approvals in BMO details Online@ on my behalf (if applicable).<br>E Designation Chair, AHS Board<br>Approver Position/Title<br>Mach 26 (Dec)<br>Date of Signature<br>Mach 26 (Dec)<br>Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Signature of Approver Designate Approver By signing this statement  I hereby certify that the P-card issued to be was use Program User Guide and hereby approve the transc  I acknowledge that the above Approver Designate h  Catherine Roozen Name of Approver Signature of Approver Submit approved statement with attachments to Account Attach:  Original itemized receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Example to Statement of St                                                        |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transce         • I acknowledge that the above Approver Designate the<br>Catherine Roozen         Name of Approver         Signature of Approver         Signature of Approver         Submit approved statement with attachments to Accourtattach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of etempts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Edition and approver bestern need       Edition as listed.       Date of Signature         Edition for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card actions as listed.         Date of Signature         Edition for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card actions as listed.         Date of Signature         Image: Position/Title         Mathematic Mathematical Address:         Percention         Address:         Alberta Health Services         Accounts Payable       7th Street Plaza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transc         • I acknowledge that the above Approver Designate In<br>Catherine Roozen         Name of Approver         Signature of Approver         Signature of Approver         Signature of Approver         Submit approved statement with attachments to Account         Attach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of esignatures if signatures are not on report)         And where applicable:         • Coples of pre-approvals for travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The second se                                                        |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transc         • I acknowledge that the above Approver Designate the<br>Catherine Boozen<br>Name of Approver         Name of Approver         Signature of Approver         Signature of Approver         Submit approved statement with attachments to Account         Attach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of e<br>signatures if signatures are not on report)         And where applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The second se                                                        |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transc         • I acknowledge that the above Approver Designate In<br>Catherine Roozen         Name of Approver         Signature of Approver         Submit approved statement with attachments to Account         Attach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of esignatures if signatures are not on report)         And where applicable:         • Coples of pre-approvals for travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The second se                                                        |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transc         • I acknowledge that the above Approver Designate In<br>Catherine Roozen         Name of Approver         Signature of Approver         Submit approved statement with attachments to Account         Attach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of esignatures if signatures are not on report)         And where applicable:         • Copies of pre-approvals for travel         • Personal cheque payable to "Alberta Health Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The second se                                                        |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transc         • I acknowledge that the above Approver Designate in<br>Catherine Roozer         Name of Approver         Signature of Approver         Attach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of esignatures if signatures are not on report)         And where applicable:         • Coples of pre-approvals for travel         • Personal cheque payable to "Alberta Health Service         • Return, refund and/or credit receipts         • Disputes letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The second se                                                        |
| Signature of Approver Designate         Approver         By signing this statement         • I hereby certify that the P-card issued to be was use<br>Program User Guide and hereby approve the transc         • I acknowledge that the above Approver Designate In<br>Catherine Roozen         Name of Approver         Name of Approver         Signature of Approver         Attach:         • Original itemized receipts         • Signed Cardholder Statement Report (or copies of esignatures if signatures are not on report)         And where applicable:         • Copies of pre-approvals for travel         • Personal cheque payable to "Alberta Health Service         • Return, refund and/or credit receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The second action into the second into the second action into the second actions as listed.         Approver Position/Title         Mathematical data action and the action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

#### Proprietary and Confidential Powered by BMO Spend & Payment Solutions

#### Joyce Murray

| From:    |  |
|----------|--|
| Sent:    |  |
| To:      |  |
| Subject: |  |

Air Canada [confirmation@aircanada.ca] Wednesday, January 25, 2012 12:51 PM Joyce Murray Air Canada - 26-Jan: Edmonton - Calgary (booking ref: PXYZFA) - seat selected

#### \*\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*\*

# Itinerary/Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

| boar | rd.                                                        | Scan this barcode to check in at any Air Canada check in kiosk. |                                                               |
|------|------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
|      | Looking for Travel Insurance? Protect yourself and your fa | mily against unforeseen circumstances.                          |                                                               |
|      | Need a hotel in Calgary? Competitive room pricing guarante | eed. Earn Aeroplan Miles for every purchase.                    |                                                               |
|      | Need ground transportation, sightseeing or attractions?    |                                                                 |                                                               |
| ×    | Need a car in Calgary? Great rates and additional Aeroplan | Miles                                                           | annannan air du na ruin an ann an an ann an ann an ann ann an |
| Li   | ๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛                     | nan an                         |                                                               |

| <b>Booking Informatio</b>                                                                                                                                   | n              |                      |             |                                                                          |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|-------------|--------------------------------------------------------------------------|---------------------|
| Booking Reference:                                                                                                                                          | PXYZFA         |                      |             | Customer Care                                                            | ******************* |
| Electronic Ticketing co<br>itinerary/receipt.<br>Main Contact:<br>Mr Christopher Eagle<br>joyce murray@albertahe<br>Mobile:<br>Home:<br>Work: 1-780-3422029 |                |                      |             | Air Canada<br>1-888-247-2262<br>Flight Arrivals and De<br>1-888-422-7533 | partures            |
| Online Services                                                                                                                                             |                |                      |             |                                                                          |                     |
| Manage my booking onl<br>Alert me of flight status<br>Flight Arrivals & Depar                                                                               | changes direct | ly to my mobile phon | e or email. | 1                                                                        |                     |

Check-in online and print my boarding pass.

\* Can my booking be changed online?

#### **Flight Itinerary**

| Flight              | From                                                             | То                                               | Stops | Duration | Aircraft   | Fare Meal<br>Type               |
|---------------------|------------------------------------------------------------------|--------------------------------------------------|-------|----------|------------|---------------------------------|
| AC8149 <sup>1</sup> | Edmonton,<br>Edmonton Int'l<br>(YEG)<br>Thu 26-Jan 2012<br>15:00 | <b>Calgary (YYC)</b><br>Thu 26-Jan 2012<br>15:53 | Ũ,    | 0hr53    | <u>DH3</u> | <u>Tango</u><br><u>Plus</u> , M |
| AC81501             | Calgary (YYC)<br>Fri 27-Jan 2012                                 | Edmonton,<br>Edmonton Int'l                      | 0     | 0hr54    | <u>DH3</u> | <u>Tango</u><br>Plus. V         |

| , 15:30                                        | <b>(YEG)</b><br>Fri 27-Jan 2012<br>16:24       |                                                                                                                 |          |
|------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|
| Operated by:<br><sup>1</sup> Air Canada Expres | - Jazz                                         |                                                                                                                 |          |
| Passenger Info                                 | rmation $s.17(1), 17(4)(g)(i)$                 |                                                                                                                 |          |
| 1: Mr Christophe                               | Eagle : Adult (16+), Ticket Numl               | per: 01421039944                                                                                                | 12       |
| Air Canada -<br>Aeroplan :                     |                                                | deal Preference :                                                                                               | None     |
| Credit Card:<br>Seat Selection:                | xxxx-xxxx-xxxx-9747 S<br>AC8149 5F , AC8150 7C | Special Needs:                                                                                                  | None     |
| Purchase Sum                                   | nary                                           | ******                                                                                                          |          |
| Fare Summary                                   |                                                |                                                                                                                 |          |
| Passenger Type                                 |                                                |                                                                                                                 | Adult    |
| Departing Flight - T                           | ngo Plus                                       |                                                                                                                 | 479.00   |
| Return Flight - Tang                           | <u>o Plus</u>                                  | an in die nei de en de eerste de de eerste de de eerste de de eerste de eerste de eerste de de de de de de de d | 224.00   |
| <u>Surcharges</u>                              |                                                |                                                                                                                 | 24.00    |
| Taxes, Fees and C                              | arges                                          |                                                                                                                 |          |
| Canada Airport Imp                             | ovement Fee                                    |                                                                                                                 | 50.00    |
| Canada Goods and S                             | ervices Tax (GST/HST #10009-2287               | RT0001)                                                                                                         | 39.56    |
| Air Travellers Securi                          | <u>y Charge (ATSC)</u>                         |                                                                                                                 | 14.25    |
| Total airfare and tax                          | es before options (per passenger)              |                                                                                                                 | 830.81   |
| Number of passenge                             | rs                                             | n na hann na ran ta chudhdha - chular an chuk chunka hakak kunta na chun                                        | <u>1</u> |
| Total                                          |                                                |                                                                                                                 | 830.81   |
| RBC Travel Insurance                           | e (declined)                                   | an ga a bary na manananya baranan da manana barana na manana na manang barana na manang barya gaya g            | 0.00     |
| Grand Total - Cana                             | dian dollars                                   |                                                                                                                 | \$830.81 |

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$830.81 (Airfare - per ticket)

Ticket number(s): 0142103994412

#### **Fare Rules**

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango Plus Return Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

Changes:

- Prior to day of departure Change fee per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- o Flights can only be used in sequence from the place of departure specified on the itinerary.

#### Cancellations:

- o 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,

Page 1 of 1



UNIVERSITY OF CALCAPY

169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 W HOTELALMA.CA

#### EAGLE, DR CHRIS

14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA Room Number: 716 Daily Rate: 154.00 Room Type: OBKB No. of Guests: 1 / 0

| ARRIVAL   | DEPARTU   | RE CREDIT CARD            | RATE PLAN             | CATEGORY | ACCOUNT     |
|-----------|-----------|---------------------------|-----------------------|----------|-------------|
| 26-Jan-12 | 27-Jan-12 | XXXXXXXXXXXXX9747         | AHS                   | COR      | 20090121336 |
| DATE      | ROOM NO.  | DESCRIPTION               | REFERENCE             |          | AMOUNT      |
| 26-Jan-12 | 716       | ROOM CHARGE               | #716 EAGLE, DR CHRIS  |          | \$154.00    |
| 26-Jan-12 | 716       | GST                       | GST                   |          | \$7.70      |
| 26-Jan-12 | 716       | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE      | \$4.76      |
| 26-Jan-12 | 716       | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  |          | \$6.16      |
| 27-Jan-12 | 716       | MASTERCARD                | MASTERCARD            |          | (\$172.62)  |

**CREDIT DUE:** 

(\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864

210

s.17(1), 17(4)(e.1)

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION CONSERVEZ CETTE COPIE COMME PREVUE DE VOTHE TRANSACTION DESSUS DE CETTE LIGNE AUTHORIZATION NUMBER I NO D'AUTO ARIS EAGLE HEALTH/SERVICES SALES DRAFT - CHARGEX - FACTURE DATE 5592913 BILL NO.-NO DE NOTE CLERKCOMM COPIE DU CLIENT CUSTOMER COPY AMOUNT MONTANT PS×60 00 4 interiori contectori (00 30 TIPS POURBOIRE SIGNATURE DU TITULAIRE CARDHOLDER'S SIG CARLENGEMENT & BEDRIN LITE. "STOWNTONE DU THTDENI GARDHOLDER WILL PAY DYAL ARUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER GEREEMENT WITH CARD ISSUER. I'E TTULARE SERGAGE A REMEMBER L'ÉNETTEUR DE LACANTE DU MONOMIT TOTAL REGIENT L'UTILISTIC DE LA CARTE COMPETION REGIENT L'UTILISTICTIO DE LA CARTE. VISA TOTAL S CDN ♪ CAN 0 0 2 С 0

• 7

Collins Limousine LAD.

#### Joyce Murray

From: Sent: To: Subject: Joyce Murray Wednesday, January 25, 2012 1:43 PM 'collinslimo@telus.blackberry.net' RE: REVISED AGAIN - Transportation for Dr. Chris Eagle - Thursday January 26th and Friday, January 27th

Hi George,

Yes, should have reconfirmed. Thanks, J.

From: collinslimo@telus.blackberry.net [mailto:collinslimo@telus.blackberry.net]
Sent: Wednesday, January 25, 2012 1:42 PM
To: Joyce Murray
Subject: Re: REVISED AGAIN - Transportation for Dr. Chris Eagle - Thursday January 26th and Friday, January 27th

Hi Joyce,

I have the pick up at YYC for Thursday at 3:53pm. I take it the morning trips on friday (7:15 & 9:00) are still a go? Thanks, George Sent on the TELUS Mobility network with BlackBerry

From: Joyce Murray <<u>Joyce.Murray@albertahealthservices.ca</u>> Date: Wed, 25 Jan 2012 13:35:26 -0700 To: 'collinslimo@telus.blackberry.net'<<u>collinslimo@telus.blackberry.net</u>> Subject: REVISED AGAIN - Transportation for Dr. Chris Eagle - Thursday January 26th and Friday, January 27th

Hi George,

Chris is now flying to Calgary.

Thursday, January 26, 2012 - NEW

Arriving 3:53 p.m. Pick up at Calgary International Airport AC8149 for drop off at the Hotel Alma

Friday, January 27, 2012

NO CHANGE 1:30 p.m. Pickup from 906 - 8th Avenue SW (UofC Downtown Campus) for drop off at the Calgary International Airport, departing AC8150 3:30 p.m.

Can you accommodate these changes? Thank you.

Regards, Joyce

**To:** Joyce Murray **Subject:** Re: REVISED SCHEDULE - Transportation for Dr. Chris Eagle - Friday, January 27th

Hi Joyce, I have changed the pick up time to 1:30 (it was 2:30) Thanks, George Sent on the TELUS Mobility network with BlackBerry

From: Joyce Murray <<u>Joyce.Murray@albertahealthservices.ca</u>> Date: Mon, 23 Jan 2012 13:21:41 -0700 To: 'collinslimo@telus.blackberry.net'<<u>collinslimo@telus.blackberry.net</u>> Cc: Susan Best<<u>Susan.Best@albertahealthservices.ca</u>> Subject: REVISED SCHEDULE - Transportation for Dr. Chris Eagle - Friday, January 27th

Hi George,

Could you pick Dr. Eagle up at **1:30 p.m.** on Friday for drop off at Hotel Alma? Location remains the same. Thank you.

Regards, Joyce 780.342.2011

From: collinslimo@telus.blackberry.net [mailto:collinslimo@telus.blackberry.net] Sent: Thursday, January 19, 2012 1:30 PM To: Susan Best Subject: Re: Transportation for Dr. Chris Eagle - Friday, January 27th

Hi Susan, I have reserved the pick ups for Dr. Eagle. Thanks, George Collins Limousine Ltd 403-681-1200 Sent on the TELUS Mobility network with BlackBerry

From: Susan Best <<u>Susan.Best@albertahealthservices.ca</u>> Date: Thu, 19 Jan 2012 13:06:57 -0700 To: 'collinslimo@me.com'<<u>collinslimo@me.com</u>> Subject: Transportation for Dr. Chris Eagle - Friday, January 27th

Hi George,

Dr. Eagle is going to be in Calgary on **Friday, January 27<sup>th</sup>** and needs some transportation to and from his meetings he has booked that day. Could I please make the following arrangements for him:

**7:15 a.m.** - Pick up at front doors Hotel Alma, (UofC, 169 University Gate NW) going to #800, 326 – 11 Avenue SW for 8:00 a.m. appointment.

**9:00 a.m.** - Pick up from 326 – 11 Avenue SW going to 906 - 8th Avenue SW (UofC Downtown Campus) for 9:30 a.m. appointment.

2:30 p.m. - Pick up from 906 - 8th Avenue SW and take back to Hotel Alma.

Will this work ok for you that day?

Thanks a bunch! Susan

#### Susan Best

¢

Executive Assistant Office of the President & Chief Executive Officer **Alberta Health Services** 14th Floor, Seventh Street Plaza 10030 - 107 Street, North Tower Edmonton, AB T5J 3E4 Phone: 780-342-2021 Fax: 780-342-2060 E-mail: <u>susan.best@albertahealthservices.ca</u>

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you. خب ، ۲

ś

|  |  | Page | e 1 of |
|--|--|------|--------|
|  |  |      |        |
|  |  |      |        |
|  |  |      |        |

2

| your financial rec<br>card reconciliatio                                 | cords (for taxation,                                    | e print/retain this pag<br>expense claim or cred<br>ank you for choosing ,<br>ing you on board, | lit                              |                                                            |                 |                               |      |   |              |
|--------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|-----------------|-------------------------------|------|---|--------------|
| Booking Info                                                             | ormation                                                |                                                                                                 |                                  |                                                            |                 | Å Cini                        | nini | 2 | AIR CANADA 🋞 |
| itinerary/recei<br>Main Contact:<br>Dr Christopher E                     | eting confirmed.<br>ipt.<br>agle<br>lbertahealthservice | This is your official                                                                           | Air C<br>1-88i<br>Fligh<br>1-88i | tomer Ci<br>anada<br>8-247-226<br>at Arrivals<br>8-422-753 | 2<br>and Dep    | artures                       |      |   |              |
| Flight Itinera                                                           | ary                                                     |                                                                                                 |                                  |                                                            |                 |                               |      |   |              |
| Flight From<br>AC8152 <sup>1</sup> Caig<br>(YYC<br>Tue 2<br>2012<br>16:3 | ary Edmon<br>C) Int'l (Y<br>21-Feb Tue 21-<br>17:24     | ton, Edmonton                                                                                   | Stops<br>0                       | Duration<br>Ohr54                                          | Aircraft<br>DH3 | Fare Type<br>Tango<br>Plus, W | Meal |   |              |
| Operated by:                                                             |                                                         |                                                                                                 |                                  |                                                            |                 |                               |      |   |              |
| <sup>1</sup> Air Canada Exp                                              | 1633 - Jazz                                             |                                                                                                 |                                  |                                                            |                 |                               |      |   |              |
| Passenger In                                                             | formation <sup>S.1</sup>                                | 17(1), 17(4)(g                                                                                  | g)(i)                            |                                                            |                 |                               |      |   |              |
| 1: Dr Christop                                                           | oher Eagle : Adult                                      | (16+), Ticket Num                                                                               | iber: 0                          | 1421044                                                    | 53442           |                               |      |   |              |
| Air Canada -<br>Aeroplan :                                               |                                                         |                                                                                                 | Meal Pr                          | reference:                                                 | None            | •                             |      |   |              |
| Credit Card:<br>Seat Selection:                                          | <b>хххх-хххх-х</b><br>АС8152 <b>3С</b>                  | xxx-9747                                                                                        | Special                          | Needs:                                                     | None            | •                             |      |   |              |
| Purchase Su                                                              | mmary                                                   |                                                                                                 |                                  |                                                            |                 |                               |      |   |              |
| Fare Summary                                                             |                                                         |                                                                                                 |                                  |                                                            |                 |                               |      |   |              |
| Passenger Type<br>Departing Flight                                       | - Tanoo Plus                                            |                                                                                                 | ~~ m                             | · 1.4***** · · · · · · · · · ·                             | Adul<br>204.0   |                               |      |   |              |
| Surcharges                                                               |                                                         | ***                                                                                             |                                  |                                                            | 12.0            | ··                            |      |   |              |
| Taxes, Fees and                                                          | -                                                       |                                                                                                 |                                  |                                                            | 25.0            | ,                             |      |   |              |
| Canada Airport I<br>Canada Goods a                                       |                                                         | ST/HST #10009-2287                                                                              | RT0001                           | )                                                          | 25.0<br>12.4    |                               |      |   |              |
|                                                                          | curity Charge (ATS                                      | state that the second state                                                                     |                                  | ·                                                          | 7.1             |                               |      |   |              |
| Number of passe                                                          | taxes before option                                     | ns (per passenger)                                                                              | ·····                            |                                                            |                 |                               |      |   |              |
| Total<br>RBC Travel Insur                                                | ance (declined)                                         | ANNO,                                                                                           |                                  | 1                                                          | 260.5           |                               |      |   |              |
| Grand Total - C                                                          |                                                         |                                                                                                 |                                  |                                                            | \$260.53        |                               |      |   |              |
| Grand Total                                                              |                                                         |                                                                                                 |                                  |                                                            | 1 adul          | t                             |      |   |              |
| Total including tr                                                       | avel options, taxes,                                    | , fees and charges                                                                              |                                  | \$20                                                       | 60.53 CAI       | )                             |      |   |              |
| Fare Rules                                                               |                                                         |                                                                                                 |                                  |                                                            |                 |                               |      |   |              |
| *****                                                                    | + Calaani (VVC) *-                                      |                                                                                                 |                                  |                                                            |                 |                               |      |   |              |
| <ul> <li>Departing Fligh</li> <li>Changes:</li> </ul>                    | t Calgary (YYC) To                                      | Edmonton (YEG) - Ta                                                                             | ingo Plu                         | 15                                                         |                 |                               |      |   |              |
| o Prior to d                                                             |                                                         | hange fee per direct<br>e difference. Change:                                                   |                                  |                                                            |                 |                               |      |   |              |

Search Select Review Passengers Purchase Seats Itinerary

o Airport same-day changes (subject to availability) are permitted at a flat fee of \$75 CAD/USD

- Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- o Flights can only be used in sequence from the place of departure specified on the itinerary.
- Cancellations:
  - o Tickets are non-refundable and non-transferable.
  - o Cancellations can be made up to 45 minutes prior to departure.
  - o 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 purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
  - o Customers who no-show their flight will forfeit the fare paid.
- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.
- · Read complete fare rules applicable to this fare.

#### Links

Manage my booking online: Flight Departure & Arrivals: General conditions of carriage: Information and Services

http://www.aircanada.com/mybookings http://www.aircanada.com/flightstatus http://www.aircanada.com/conditionsofcarriage http://www.aircanada.com/travelinfo THE MARC RESTAURANT GROUP LTD. 9940 106 ST NW EDMONTON AB

,

# PURCHASE

e) fé

5

| AMOUNT | \$37.80         |
|--------|-----------------|
| TIP    | \$6 <b>.8</b> 0 |
| TOTAL  |                 |

\$44.60

MasterCard A000000041010 47924988651755AA 0000008000 AC3E552EEBDA82E3

Ruby BROWN APPROVED

AUTH# 150016 01-027 THANK YOU

CARDHOLDER COPY

IMPORTANT - PETA IN THE O

্য

₽M

~

9940 106 Street Edmonton, AB 780-429-2828 www.themarc.ca GST#807555859

## 106 BRANDI

| -           |                                    |                                 |
|-------------|------------------------------------|---------------------------------|
|             | ck: 1665<br>le: 12-1<br>02/10/2012 | Guests: 2<br>12:23PM            |
| 2<br>2<br>2 | COFFEE<br>FISH DE JOUR             | 6.00<br>30.00                   |
| То          | Subtotal<br>G.S.T.<br>Dtal Due     | 36.00<br>1.80<br><b>\$37.80</b> |

\*\*PLEASE PAY SERVER\*\*\* Thank You

F

Last 6 digits of the P-Card #: XXXXXXXXXX189747

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

EAGLE, CHRIS
PRESIDENT & CEO
Cardholder's Name
PRESIDENT & CEO
Cardholder's Position/Title
Billing Reporting Period: 20/03/2012

SEVENTH STREET PLAZA
Cardholder's Site/Location
Total Statement Amount: \$4,949.81

CHRIS.EAGLE@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

|                     |           |                                                                |                        | 1     |              |       |                                                          |
|---------------------|-----------|----------------------------------------------------------------|------------------------|-------|--------------|-------|----------------------------------------------------------|
| Transaction<br>Date | Trans ID  | Merchant Name & Description                                    | Trans Origina<br>Amoun | 1 1   | Trans Amount | GST   | Freight Description                                      |
| 21/02/2012          | 278760537 | AIR CAN 0142104453442, AIR CANADA                              | 78.7                   | 5 CAD | 78,75        | .00   | .00Change Fee                                            |
|                     | 278760536 | UNIVERSITY OF CALGARY, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | <b>, \</b> 172.6       | 2 CAD | 172.62       | 7.70  | Hotel - Calgary Meetings                                 |
|                     | 278918032 | RICKY S ALL DAY GRILL, EATING PLACES,<br>RESTAURANTS           | 45.6                   | 8 CAD | 45.68        | 1.88  | Meeting - Heather Smith                                  |
|                     | 279158398 | AIR CAN 0142105246385, AIR CANADA                              | J 527 3                | 6 CAD | 527.36       | .00   | .00Senior Leaders Meeting                                |
|                     | 279367822 | COLLINS LIMOUSINE LTD., LIMOUSINES<br>AND TAXICABS             | 200.0                  | CAD   | 200.00       | 9.52  | Calgary Meetings                                         |
|                     | 279367823 | MLDFLOWER RESTAURANT, EATING<br>PLACES, RESTAURANTS            | 48.0                   | CAD   | 48.00        | 2.00  | Lunch - James Conway                                     |
|                     | 279539138 | CANADIAN COLLEGE OF HE,<br>ORGANIZATIONS, CHARITABLE AND       | 506.0                  | CAD   | 506.00       | 24.10 | 2012 Membership Fee                                      |
|                     | 279704420 | COLLINS LIMOUSINE LTD., LIMOUSINES<br>AND TAXICABS             | 160.0                  | CAD   | 160.00       | 7.62  | Senior Leaders Meeting<br>Transportation                 |
| 05/03/2012          | 279914432 | INSTITUTE OF CORPORATE, SCHOOLS<br>AND EDUCATIONAL SERVICES    | 68.2                   | CAD   | 68.25        | 3.25  | .00ICD Forum Registration Fee                            |
| 07/03/2012          | 280018813 | AIR CAN 0142105597244, AIR CANADA                              | j <b>1,100,1</b>       | CAD   | 1,100.16     | .00   | .00Montebello Symposium                                  |
|                     | 280324849 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                         | × 241.4                | CAD   | 241.45       | 11.50 | .00Transportation Feb. 2012                              |
|                     | 280324850 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                         | 13.4                   | 1     | 13.40        | .64   | .00Transportation Jan. 2012 Amount<br>should be \$133.40 |
|                     | 280324851 | AIR CAN 0142105684712, AIR CANADA                              | 1.354.8                | CAD   | 1,354.82     | .00   | .00Montebello Symposium                                  |
|                     | 280324852 | AIR CAN 0142105684712, AIR CANADA                              | 105.0                  | CAD   | 105.00       | 5,00  | .00Change Fee                                            |
|                     | 280505268 | SOUNDVIEW EXEC BOOK SU, DIRECT<br>MARKETING - OTHER DIRECT     | V 199:00               | SUSD  | 202.42       | .00   | .00Subscription Renewal -<br>Soundview                   |
| 6/03/2012           | 280763632 | DIGITAL NEWSPAPER, DIRECT<br>MARKETING CONTINUITY/SUBSCRIPTION | 125.90                 | CAD   | 125.90       | 6.00  | Calgary Herald Digital                                   |

| an the second | AHS -<br>Accou    |    |   | ionton<br>ayable |  |
|---------------|-------------------|----|---|------------------|--|
|               | APR               | 1  | 7 | 2012             |  |
|               | Q & C<br>Initials | -J | 0 | mpleted          |  |



;

| Signatures                                                                                                                                                                                                          |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cardholder Designate (If Applicable)<br>By signing this statement<br>I hereby certify that I have reviewed and reconciled this statement in<br>Policies, Program User Guide and Training. I have allocated the tran | n BMO details Online® to the best of my ability in accordance to AHS Corporate resultion(s) to the proper cost centre.                                |
| JOYCE C. MURPAY<br>Name of Cardholder, Designate                                                                                                                                                                    | Executive Assistant<br>Cardholder Designate Position/Title                                                                                            |
| Jorge L'. Numag                                                                                                                                                                                                     | MAR. 26, 2012<br>Date of Signature                                                                                                                    |
| Signature of Cardholder Designate                                                                                                                                                                                   | Date of Signature                                                                                                                                     |
| Program User Guide.                                                                                                                                                                                                 | business purposes in accordance to AHS Corporate Policies and AHS P-Card                                                                              |
| <ul> <li>I acknowledge that the above Cardholder Designate has completed</li> </ul>                                                                                                                                 | reviews and reconciliation in BMO details Online® on my behalf (if applicable).                                                                       |
| EAGLE, CHRIS                                                                                                                                                                                                        | PRESIDENT & CEO AHS - Edmonton                                                                                                                        |
| Name of Cardhoider                                                                                                                                                                                                  | Accounts the                                                                                                                                          |
| CATE                                                                                                                                                                                                                | MAR. 076, 2012,<br>Date of Signature ADD 1 7 2012                                                                                                     |
| Signature of Cardholder                                                                                                                                                                                             | Date of Signature APR 1 7 2012                                                                                                                        |
| Approver Designate (If Applicable)<br>By signing this statement<br>• I hereby certify that I have reviewed and approved this statement in<br>Guide and Training on behalf of a autorized approver.                  | BMO details Online® in accordance to AHS Composed English. Program User                                                                               |
| Name of Approver Designate                                                                                                                                                                                          | Chief of Staffy Corporate Secretary<br>Approver Designate Position/Title Atts BOARD                                                                   |
| Signature of Approver Designate                                                                                                                                                                                     | Date of Signature                                                                                                                                     |
| Program User Guide and hereby approve the transactions as listed.     I acknowledge that the above Approver Designate has completed re                                                                              | business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>eviews and approvals in BMO datalls Online® on my behalf (if applicable). |
| Name of Approver                                                                                                                                                                                                    | Approver Position/Title                                                                                                                               |
| Children Jury no                                                                                                                                                                                                    | april 3/2012                                                                                                                                          |
| Signature of Approver                                                                                                                                                                                               | Daté of Signature                                                                                                                                     |
| Submit approved statement with attachments to Accounts Payable:                                                                                                                                                     |                                                                                                                                                       |
| Attach:                                                                                                                                                                                                             | Address:                                                                                                                                              |
| Original itemized receipts     Signed Cardholder Statement Report (or copies of electronic                                                                                                                          | Alberta Health Services                                                                                                                               |
| signatures if signatures are not on report)                                                                                                                                                                         | Accounts Payable                                                                                                                                      |
| And where applicable:                                                                                                                                                                                               | 7th Street Plaza                                                                                                                                      |
| Copies of pre-approvals for travel                                                                                                                                                                                  | 10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB T5J 3E4                                                                                     |
| <ul> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> </ul>                                                                                             | Summer-resulted by a start of land 1                                                                                                                  |
| Return, rerund anovor predit receipts     Disputes letter                                                                                                                                                           |                                                                                                                                                       |
| Accounts Payable only:                                                                                                                                                                                              |                                                                                                                                                       |
| Reference # Reviewed by:                                                                                                                                                                                            | Date:                                                                                                                                                 |
| Reference # Reviewed by:                                                                                                                                                                                            |                                                                                                                                                       |

1945.00

# Proprietary and Confidential Powered by BMO Spend & Payment Solutions

PAGE NO: 2

>ASSENGER ITINERARY FOR CHRISTOPHER EAGLE

1

AIR CANADA CALGARY CANADA 21 FEBRUARY 12

BOOKING REFERENCE MF712M

IE ARE PLEASED TO CONFIRM THE FOLLOWING TRAVEL ARRANGEMENTS

IIR CANADAAC8150W ECONOMYCONFIRMEDIEPARTTUE 21 FEBRUARY 12CALGARY1530IRRIVETUE 21 FEBRUARY 12EDMONTON INTERNATIONAL1624

ATEST CHECK IN IS 60 MINUTES BEFORE DEPARTURE HIS FLIGHT IS OPERATED BY JAZZ

## **\*\*FREQUENT TRAVELLER\*\***

 . Page 1 of 1



UNIVERSITY OF CALCARY 169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N IN4 1.877.498.3203 T 403.220 3203 F 403.284.4184 W HOTELALMA.CA

EAGLE, DR CHRIS

14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA Room Number: 701 Daily Rate: 154.00 Room Type: OBKL No. of Guests: 1 / 0

| ARRIVAL   | DEPARTUR  | RE CREDIT CARD                        | RATE PLAN                | CATEGORY | ACCOUNT     |
|-----------|-----------|---------------------------------------|--------------------------|----------|-------------|
| 20-Feb-12 | 22-Feb-12 | • • • • • • • • • • • • • • • • • • • | AHS                      | COR      | 20090124124 |
| DATE      | ROOM NO.  | DESCRIPTION                           | REFERENCE                |          | AMOUNT      |
| 20-Feb-12 | 701       | ROOM CHARGE                           | #701 EAGLE, DR CHRIS     |          | \$154.00    |
| 20-Feb-12 | 701       | DESTINATION MARKETING FEE             | DESTINATION MARKETING FI | E        | \$4.76      |
| 20-Feb-12 | 701       | ALBERTA TOURISM LEVY                  | ALBERTA TOURISM LEVY     |          | \$6.16      |
| 21-Feb-12 | 701       | GST                                   | GST                      |          | \$7.70      |
| 21-Feb-12 | 701       | MASTERCARD                            | MASTERCARD               |          | (\$172.62)  |

Calgary Meetings

CREDIT DUE:

(\$0.00)

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

| ***** | *****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ******     | *******  |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| CHECK | # 5501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE       | 02/22/12 |
| TABLE | <b>#</b> 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TIME       | 8:12     |
|       | and definition and below in the second s |            |          |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |
|       | RICKY'S : T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TRANG 654  |          |
| I     | TEMS ORDERED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | AMOUNT   |
| 1     | VEGGIE OMLETTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 10,49    |
|       | 3 CHEESE OMELET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | 18.98    |
|       | COFFEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | i          | 8.37     |
| Q     | CONTLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | 0.07     |
| ***** | ******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | *******    | *****    |
| SI    | JBTOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3          | 37.84    |
|       | GST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | 1.88     |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |
|       | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3          | 39.72    |
|       | <b>#</b> OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GUESTS     | 3        |
|       | RICKY'S ALL C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AY GRILL   |          |
|       | PHONE 421                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |
|       | PLEASE PAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DERVER     |          |
| TH    | iank you for you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ir patrona | GE       |
|       | G.S.T. #8990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 60074      |          |
|       | u.u.i. #0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 00014      |          |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |

RICKY'S ALL DAY GRILL 10140 109TH ST T5J1M7 EDMONTON ÀΒ 22996843 \*\*\*\* PURCHASE \*\*\*\* 02-22-2012 08:21:12 Acct # \*\*\*\*\*\*\*\*\*\*\*\*\*\*9747 Ć Exp Date ''/'' Gard Type MC Name: CHRIS EAGLE A0000000041010 MasterCard **Operator S54** Trace # 490007 F82299684301 Inv: # 2169 Ť. RRN 001201007 Auth # 102113 \$39.72 Purchase \$5.96 Tip 145.68 Total 00) APPROVED-THANK YOU Retain this copy for your -----÷ e )

۰ ۲

×

MEETING with HEathle Smith, UNA

Search Select Review Passengers Purchase Seats Itinerary

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

# **Booking Information**

Booking Reference: PNT6NZ

**Customer Care** 

Air Canada

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

Main Contact: Mr Christopher Eagle susan.best@albertahealthservices.ca Work: 1-780-3422021 1-888-247-2262 Flight Arrivals and Departures

1-888-422-7533

# **Flight Itinerary**

| Flight  | From                                                             | То                                                               | Stops | Duration | Aircraft | Fare<br>Type     | Meal |      |
|---------|------------------------------------------------------------------|------------------------------------------------------------------|-------|----------|----------|------------------|------|------|
| AC83601 | Edmonton,<br>Edmonton Int'l<br>(YEG)<br>Thu 01-Mar 2012<br>07:30 | <b>Calgary (YYC)</b><br>Thu 01-Mar 2012<br>08:23                 | 0     | 0hr53    | DH3      | Tango<br>Plus, W |      | GD   |
| AC81601 | Calgary (YYC)<br>Thu 01-Mar 2012<br>18:30                        | Edmonton,<br>Edmonton Int'l<br>(YEG)<br>Thu 01-Mar 2012<br>19:24 | 0     | 0hr54    | DH3      | Tango<br>Plus, W |      | ( 3D |

<sup>1</sup> Air Canada Express - Jazz

# **Passenger Information**

# 1: Mr Christopher Eagle : Adult (16+), Ticket Number: 0142105246385

| Frequent Flyer Pgm : | None                  | Meal Preference: | None |
|----------------------|-----------------------|------------------|------|
| Credit Card:         | xxxx-xxxx-xxxx-9747   | Special Needs:   | None |
| Seat Selection:      | AC8360 9C , AC8160 9C |                  |      |

223

# **Purchase Summary**

| Fare Summary<br>Passenger Type                             | Adult    |
|------------------------------------------------------------|----------|
| Departing Flight - Tango Plus                              | 207.00   |
| Return Flight - Tango Plus                                 | 207.00   |
| Surcharges                                                 | 24.00    |
| Taxes, Fees and Charges<br>Canada Airport Improvement Fee  | 50.00    |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 25.11    |
| Air Travellers Security Charge (ATSC)                      | 14.25    |
| Total airfare and taxes before options (per passenger)     | 527.36   |
| Number of passengers                                       | 1        |
| Total                                                      | 527.36   |
| RBC Travel Insurance (declined)                            | 0.00     |
| Grand Total - Canadian dollars                             | \$527.36 |

SENIOR LENDER'S Meeting

The following charges (tax inclusive) will appear on your credit card statement:

. Air Canada: \$527.36 (Airfare - per ticket)

## Ticket number(s): 0142105246385

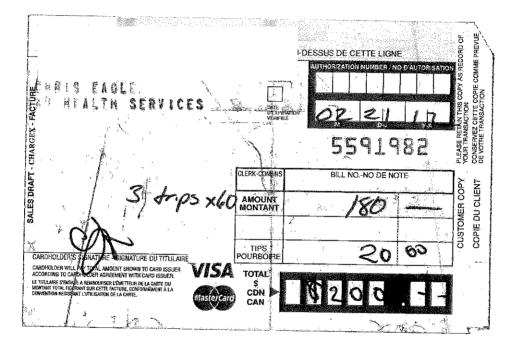
## **Fare Rules**

Departing Flight Edmonton (YEG) To Calgary (YYC) - Tango Plus

Return Flight Calgary (YYC) To Edmonton (YEG) - Tango Plus

- Changes:
  - Prior to day of departure Change fee per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.
  - o Airport same-day changes (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
  - Same-day standby is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (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.
  - o Cancellations can be made up to 45 minutes prior to departure.
  - o 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 purchase

s.17(1), 17(4)(e.1)



Collins Limo Service CAlgue Meetings

# **Joyce Murray**

| From:    | Collinslimo [collinslimo@telus.blackberry.net] |
|----------|------------------------------------------------|
| Sent:    | Tuesday, February 14, 2012 12:36 PM            |
| To:      | Joyce Murray                                   |
| Subiect: | Re: UPDATE - Transportation for Dr. Eagle      |
| ounjeut. | The of DATE - Hansportation of DI. Eagle       |

Hi Joyce,

I have cancelled only the 11:30 pick up on Tuesday February 21st. I have kept everything the same. Thanks,

George

On 2012-02-13, at 5:14 PM, Joyce Murray wrote:

Hi George,

Dr. Eagle will NOT need you to pick him up at Southport Tower at 11:30 a.m. Everything else remains the same. Thank you.

Regards, Joyce

From: Joyce Murray Sent: Monday, February 06, 2012 2:20 PM To: '<u>collinslimo@telus.blackberry.net</u>' Subject: Transportation for Dr. Eagle

Good Day George,

Can you accommodate the following trips?

# Monday, February 20, 2012

1. **8:30 p.m.** pickup (Chris & Oksana) at the Calgary International Airport, arriving WestJet502 from Victoria at 8:21 p.m. for drop off at the Alma Hotel, 169 University Gate NW.

# Tuesday, February 21, 2012

- 1. 6:30 a.m. pickup at the Alma Hotel for drop off at The Loop Breakfast House, 2015 33" Avenue SW
- 2. PICK UP NOT REQUIRED 11:30 a.m. pickup at Southport Tower (10301 Southport Lane SW) for drop off at 3330 Hospital Drive NW, Health Research Innovation Centre (HRIC) Atrium, Faculty of Medicine, University of Calgary

3. **2:00 p.m.** pickup at 3330 Hospital Drive for drop off at Calgary International Airport departing AC8152 at 4:30 p.m.

Thank you.

Regards, Joyce

<Picture (Device Independent Bitmap) 1.jpg>

Joyce Murray Executive Assistant Office of the President & CEO Tel: 780-342-2011 Fax: 780-342-2063

14th Floor North Tower, Seventh Street Plaza 10030 - 107 Street NW Edmonton, AB T5J 3E4

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

<sup>&</sup>lt;Picture (Device Independent Bitmap) 1.jpg>

WILDFLOWER RESTAURANT 10009 107th Street Edmonton, AB T5J 1J1 780-990-1938

**\*\* TRANSACTION RECORD \*\*** 

- Tran, #: 4642

Check #: 1559 Employee #: 109 Employee Name: CHRISTIN Workstation #: 1

MasterCard Pre-Auth Purchase xxxxxxxxxx9747 S

Amount \$42.00



APPROVED 145156 00-001 145156 S0001T0001/W1-DFC01 592001001002 2012/02/29 12:51:38

Customer Copy



## 109 CHRISTIN

| Tb1 | 51/1<br>Fel                                                              | Chk<br>29'12                            | 1559<br>12:09Pl  | Gst<br>M                                        | 2 |
|-----|--------------------------------------------------------------------------|-----------------------------------------|------------------|-------------------------------------------------|---|
| ·   | VIRGIN<br>CHICKPI<br>ADD PR/<br>SIGNATU<br>Subtota<br>0.00 GST<br>Amount | EA SALA<br>WNS<br>JRE CHI<br>1<br>Perce | AD<br>ILI<br>ent | 5.00<br>14.00<br>5.00<br>16.00<br>40.00<br>2.00 |   |
|     |                                                                          |                                         |                  |                                                 |   |

Lunch James Conterpy



CANADIAN COLLEGE OF HEALTH LEADERS COLLÈGE CANADIEN DES LEADERS EN SANTÉ

March 9, 2012

Received from / reçu de :

12964

RECEIPT

REÇU

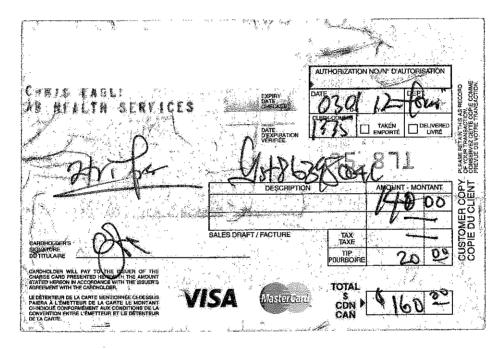
Dr Chris Eagle President and CEO Alberta Health Services 14th Floor, SSP 10030 - 107 Street Edmonton, AB T5J 3E4

| Date        | Invoice / Facture | Description       | Amount / Montant |
|-------------|-------------------|-------------------|------------------|
| Mar-01-2012 | 2012-033937       | CCHSE Member Fees | \$506.00         |

TOTAL RECEIVED / TOTAL REÇU: \$506.00

6602 000

# s.17(1), 17(4)(e.1)



Savial LEADERS MEETING Colgary March 1, 2012

# Susan Best

| From:    | collinslimo@telus.blackberry.net                            |
|----------|-------------------------------------------------------------|
| Sent:    | Monday, February 27, 2012 3:27 PM                           |
| То:      | Susan Best                                                  |
| Subject: | Re: Transportation for Dr. Chris Eagle - Thursday March 1st |

Hi Susan, I have entered the pick ups into my calendar. Thanks, George Sent on the TELUS Mobility network with BlackBerry

From: Susan Best <<u>Susan.Best@albertahealthservices.ca</u>> Date: Mon, 27 Feb 2012 13:27:10 -0700 To: 'collinslimo@me.com'<<u>collinslimo@me.com</u>> Subject: Transportation for Dr. Chris Eagle - Thursday March 1st

Hi George,

Could I please make the following transportation arrangements for Dr. Eagle & Lorinda Prociuk on Thursday, March 1\*:

8:30 a.m. - Pick up at Calgary Airport (arriving on A/C #8360 at 8:23 a.m.) and take to Delta Hotel South

4:30 p.m. - Pick up at Delta Hotel South and take to airport (leaving on A/C #8160 at 6:30 p.m.)

Thanks a bunch! Susan

## Susan Best

Executive Assistant Office of the President & Chief Executive Officer **Alberta Health Services** 14th Floor, Seventh Street Plaza 10030 - 107 Street, North Tower Edmonton, AB T5J 3E4 Phone: 780-342-2021 Fax: 780-342-2060 E-mail: <u>susan.best@albertahealthservices.ca</u>

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

# Joyce Murray

From: Sent: To: Subject: Lorinda Prociuk Monday, March 05, 2012 1:50 PM Joyce Murray FW: Institute of Corporate Directors Purchase Confirmation / Confirmation d'achat

-----Original Message-----From: <u>admin@icd.ca</u> [<u>mailto:admin@icd.ca</u>] Sent: Monday, March 05, 2012 1:02 PM To: Chris Eagle Subject: Institute of Corporate Directors Purchase Confirmation / Confirmation d'achat

You are registered for the following:

Attendee / Participant: Dr Chris Eagle Attendee / Participant ID: 126696 Title / Titre: President & CEO Company / Société/organisme: Alberta Health Services Address / Adresse: 14th Floor, North Tower 10030 107 Street NW Edmonton, AB T5J 3E4

Phone / No de téléphone: (780) 342-2003 Email / Courriel: <u>chris.eagle@albertahealthservices.ca</u>

\*Total Charges: / \*Frais totaux: \$68.25 Charged to CC / Montant imputé à la carte de crédit: XXXXXXXXX9747

\*total charges include everything paid for in this transaction including dues, buying products, events, registering for multiple events and registering multiple people for events.

\*Les frais totaux correspondent à l'ensemble des frais payés à l'égard de cette transaction incluant l'achat de produits, l'inscription à une activité ou à plusieurs activités et inscription de plusieurs personnes à des activités.

Authorization Code / Code d'autorisation: 150219 Order-ID / Code-commande : 20120305150213CHRIS126696VDVP3EDA5E94

Event Code / Code de l'activité: EDBK120315 Event Title / Titre de l'activité: Finding Your Passion Changes Everything Event Total / Frais totaux pour l'activité: \$65.00

Function Code / Code de l'activité: EDBK120315/REG Function Title / Titre de l'activité : ICD Edmonton Breakfast Session Function Description / Description de l'activité: Begin Date / Date de début de l'activité: 03/22/2012 Begin Time / L'activité commence à: 08:00 AM End Date / Date à laquelle se termine l'activité: 03/22/2012 End Time / Heure à laquelle se termine l'activité: 10:00 AM Quantity Ordered / Quantité commandée: 1 Function Price / Coût de l'activité: 65.00 Function Total Price / Coût total de l'activité: 65.00

# Joyce Murray

| From:<br>Sent:<br>To:<br>Subject:     | Air Canada [confirmation@aircanada.ca]<br>Wednesday, March 07, 2012 11:20 AM<br>Joyce Murray<br>Air Canada - 16-Apr: Edmonton - Ottawa (booking ref: NH3UPM) - seat selected     |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | ***** PLEASE DO NOT REPLY TO THIS E-MAIL *****                                                                                                                                   |
| Itinerar                              | y/Receipt                                                                                                                                                                        |
| for your financia<br>credit card reco | is confirmed. Please print/retain this page<br>al records (for taxation, expense claim or<br>nciliation purposes). We thank you for<br>nada and look forward to welcoming you on |

| board. |                                             | Scan this barcode to check in<br>check in kiosk.                                                                | at any Air Canada                                                                                                      |
|--------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|        | oking for Travel Insurance? Protect yourse  |                                                                                                                 |                                                                                                                        |
|        | ed a hotel in Ottawa? Competitive room pr   | icing guaranteed. Earn Aeroplan Miles for e                                                                     | every purchase.                                                                                                        |
|        | ed ground transportation, sightseeing or    | and a second control of the second control of the second control of the second control of the second control of | et Betran et Behreis van ei Erginnen (Erginnen Verängteren Keiteren ein geher Angeleren voor in der ein der Ang<br>Ter |
|        | ed a car in Ottawa? Great rates and additio | - · · · · · · · · · · · · · · · · · · ·                                                                         | ninghaineannathanneadhaigtaitegtarathanachtachtarachtarachtarachtarachtarachtarachtarachtarachtarachtarachtarac        |

# **Booking Information**

| Booking Reference:                                                                                                                          | NHЗUPM              |                 | Custom                                          | ier Care                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------|-------------------------------------------------|--------------------------------|
| Electronic Ticketing co<br>itinerary/receipt.<br>Main Contact:<br>Dr Christopher Eagle<br>joyce.murray@albertahe                            |                     | our official    | Air Canad<br>1-888-24<br>Flight Arr<br>1-888-42 | 7-2262<br>ivals and Departures |
| Mobile<br>Home:<br>Work: 1-780-3422029                                                                                                      | s.17(1), 17(4)(g    | 2)(i)           |                                                 |                                |
| Online Services<br><u>Manage</u> my booking onl<br><u>Request an upgrade</u><br><u>Alert me</u> of flight status<br>Flight Arrivals & Depar | changes directly to | my mobile phone | or email.                                       |                                |
| Check-in online and pri                                                                                                                     | nt my boarding pas  |                 |                                                 |                                |

Flight Itinerary

| Flight From To Stops Du                                       | ration Aircraft Fare Meal |
|---------------------------------------------------------------|---------------------------|
| Edmonton,<br>Edmonton Int'l Ottawa, Ottawa<br>AC104 (YEG) 0 3 | hr44 E90 Tango            |
| Mon 16-Apr 2012 Mon 16-Apr 2012<br>08:15                      | Plus, S                   |

| AC143 | <b>Ottawa, Ottawa<br/>Int'I (YOW)</b><br>Tue 17-Apr 2012<br>19:55 | Edmonton,<br>Edmonton Int'l<br>(YEG)<br>Tue 17-Apr 2012<br>22:10 | 0 | 4hr15 | <u>E90</u> | <u>Tango</u><br><u>Plus</u> , Q |  |
|-------|-------------------------------------------------------------------|------------------------------------------------------------------|---|-------|------------|---------------------------------|--|
|-------|-------------------------------------------------------------------|------------------------------------------------------------------|---|-------|------------|---------------------------------|--|

F: Food for purchase onboard All Onboard Café purchases made on board Air Canada flights are payable only with Visa, MasterCard and American Express credit cards.

# **Passenger Information**

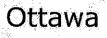
| 1: Dr Christopher Eagle : Adu | lt (16+), Ticket Number: 0142105597244 |
|-------------------------------|----------------------------------------|
| Air Canada -                  | Meal Preference : None                 |
| Aeroplan :                    | s,17(1), 17(4)(g)(i)                   |
| Credit Card: xxxx-xxxx        | r-xxxx-9747 Special Needs: None        |
| Seat Selection: AC104 150     | ), AC143 15D                           |

# **Purchase Summary**

| Fare Summary                                                                     |                                                                       |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Passenger Type                                                                   | Adult                                                                 |
| Departing Flight - <u>Tango Plus</u>                                             | 384.00                                                                |
| Return Flight - Tango Plus                                                       | 557.00                                                                |
| Surcharges                                                                       | 46.00                                                                 |
| Taxes, Fees and Charges                                                          |                                                                       |
| Canada Airport Improvement Fee                                                   | 45.00                                                                 |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)                       | 51.31                                                                 |
| Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)                         | 2.60                                                                  |
| Air Travellers Security Charge (ATSC)                                            | 14.25                                                                 |
| Total airfare and taxes before options (per passenger)                           | 1100.16                                                               |
| Number of passengers                                                             | 1                                                                     |
| Total                                                                            | 1100.16                                                               |
| RBC Travel Insurance (declined)                                                  | 0.00                                                                  |
| Grand Total - Canadian dollars                                                   | \$1100.16                                                             |
| The following charges (tax inclusive) will appear on your credit card statement: | ; - чана мизандониј стордиц нарагорна разран разран у колониј<br>1. ј |
| Air Canada: \$1100,16 (Airfare - per ticket)                                     | 2                                                                     |

enRoute City Guide

Ticket number(s): 0142105597244



×

Long tagged "the town that fun forgot," Canada's capital has made an art of defending itself against its reputation. While the postcard view - the Ottawa River, Parliament Hill, the politicians - tends to dominate the collective consciousness, that's only the beginning...

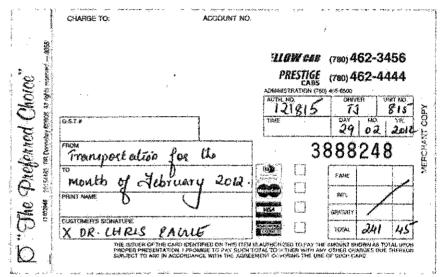


Read the complete guide

What do you think of our new City Guide feature?

# **STATEMENT FOR THE MONTH OF FEBRUARY 2012**

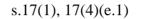
| NO | DATE                                        | TIME  | NAME          | DESTINATION                   | AMOUNT   |
|----|---------------------------------------------|-------|---------------|-------------------------------|----------|
| 1  | 21                                          | 17:24 | Dr.Eagle      | Airport to Residence          | \$74.75  |
| 2  | 28                                          | 21:55 | Dr.Jim Conway | Airport to hotel<br>Macdonald | \$66.70  |
| 3  | 29                                          | 08:00 | Dr.Jim Conway | Hotel Macdonald to<br>SSP     | \$50.00  |
| 4  | 29                                          | 16:30 | Dr.Jim Conway | UofA to hotel<br>Macdonald    | \$50.00  |
|    |                                             |       |               |                               |          |
|    |                                             |       |               |                               |          |
|    |                                             |       |               |                               |          |
|    |                                             |       |               |                               |          |
|    |                                             |       |               |                               |          |
|    |                                             |       |               |                               |          |
|    | 999 - 10 - 14 - 10 - 10 - 10 - 10 - 10 - 10 |       |               |                               |          |
|    |                                             |       |               |                               |          |
|    |                                             |       |               | TOTAL                         | \$241.45 |

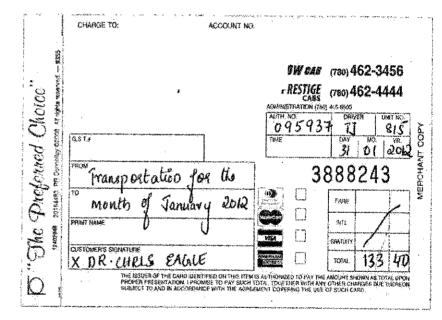


s.17(1), 17(4)(e.1)

# STATEMENT FOR THE MONTH OF JANUARY 2012

| NO | DATE     | TIME                   | NAME                                    | DESTINATION    | AMOUNT   |
|----|----------|------------------------|-----------------------------------------|----------------|----------|
| 1  | 26       | 13:30                  | Dr.Eagle                                | AHS to Airport | \$66.70  |
| 2  | 27       | 16:24                  | Dr.Eagle                                | Airport to AHS | \$66.70  |
|    |          |                        |                                         |                |          |
|    |          |                        |                                         |                |          |
|    |          |                        |                                         |                |          |
|    | Noi      |                        |                                         |                |          |
|    | Ma       | STEL LAED              | Paid \$13.40<br>133.40                  |                |          |
|    | Tob<br>M | DIAS TO C<br>ASTRECARL | ра:d.\$13.40<br>133.40<br>Солтяст<br>>. |                |          |
|    | MLR.     | 2.7//2                 | ,<br>*<br>T                             |                | •        |
|    |          |                        |                                         | TOTAL          | \$133.40 |







## **Fare Summary**

| Passenger: 1 Ticket number 014 2                                                        | 105 684712        |
|-----------------------------------------------------------------------------------------|-------------------|
| Date of issue                                                                           | 09-Mar 2012       |
| Fare Amount in Canadian dollars:                                                        | 2,273.00          |
| (including <u>navigational &amp; other charges</u> )                                    |                   |
| Taxes, Fees & Charges                                                                   |                   |
| Canada Goods and Services Tax (GST/HST #10009-2287) (XG)                                | 64.30             |
| Combined Taxes *see fare calculation below (XT)                                         | 4.52              |
| Total Fare in Canadian dollars:                                                         | <b>L</b> 354.82A  |
| Options                                                                                 | 4                 |
| Change fee in Canadian dollars                                                          | Chauge Fee 100.00 |
| Canada Goods and Services Tax (GST/HST #10009-2287) (XG)                                | ( navye 100- 500  |
| Ticket particularities:<br>AC ONLY                                                      | 0                 |
| AC ONLY                                                                                 |                   |
| *Fare calculation:                                                                      |                   |
| 16APR12YEA AC YOW Q23.00R809.00AC X/YTO AC YEA                                          |                   |
| Q23.00R1418.00CAD2273.00 END ROE1.00 XT0.52RC4.00SQ PD14.25CA                           |                   |
| 51.31XG2.60RC45.00SQ                                                                    |                   |
| Canadian tax registration numbers:<br>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                                                                              |                   |

- 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 and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we
  will try to accomodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

## **Important Information**

This is your E-ticket itinerary/receipt. Keep this document for your travel. Your flight coupons are stored in our reservation system. The Conditions of Contract and other legal notices are provided with this itinerary/receipt.

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

### **Travel Documents**

Air Canada is required by federal government regulations to check identification at the departure gate for all passengers who appear to be 18 years of age or older. The name on the identification must match the name used on the reservation or ticket. The passenger must present: one (1) piece of government-issued ID with photo or two (2) pieces of government-issued ID without photo. For **air travel between Canada and the United States**, all passengers including Canadian and U.S. citizens, are required to present a valid passport or other valid travel document such as a Nexus card. Nexus members are required to carry appropriate immigration and identity documents in addition to their Nexus card. In addition, passengers must present this Itinerary/receipt to immigration authorities upon request. 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 the <u>Travel</u> <u>documentation</u> page for important information on documentation required for travel.

YOU CANNOT TRAVEL IF YOU DO NOT HAVE ALL REQUIRED TRAVEL DOCUMENTS, SUCH AS PASSPORT AND VISA (if applicable).

# Susan Best

From: Sent: To: Subject: Lorinda Prociuk Monday, March 12, 2012 9:37 AM Susan Best FW: Soundview Confirmation for Order #270153

-----Original Message-----From: Chris Eagle Sent: Sunday, March 11, 2012 5:27 PM To: Lorinda Prociuk Subject: FW: Soundview Confirmation for Order #270153

cc receipt

From: <u>service@summary.com</u> [service@summary.com] Sent: March 11, 2012 5:24 PM To: Chris Eagle Subject: Soundview Confirmation for Order #270153

[http://www.summary.com/\_resources/www/soundview/images/email/logo.gif]<<u>http://www.summary.com/</u>>Shipments & Items

1. Shipment #1

s.17(1), 17(4)(g)(i)

Shipping To: Chris EagleAlberta Health Services

Shipping Via: USPS Ground Items Product Price Quantity Total Subscription Renewal - Premium Online \$199.00 1 \$199.00

Totals Subtotal: \$199.00 USFUNDS Shipping: \$0.00 Tax: \$0.00 \$202.42 Total: \$199.00 \$202.42 View Details for Order #270153<<u>https://www.summary.com/account/orders/?customerOrder\_ID=4ffd7595-</u> <u>cdde-4402-aff6-ab870df68040</u>>

© 2012 Concentrated Knowledge Corporation. All rights reserved.

# Susan Best

From: Sent: To: Subject: calgaryherald@reachcanada.com Friday, March 16, 2012 6:26 AM s.17(1), 17(4)(g)(i)Calgary Herald Digital - Your Subscription

×

# Dear Chris Eagle,

Welcome and thank you for subscribing to the **Calgary Herald Digital Edition.** Being an online subscriber gives you access to news and events 24 hours a day, anytime – anywhere.

# Your Subscription

Please take a few moments to review the following information about your subscription

| Subscription Date: 16 Mar 2012 s.17(1), 17(4)(g) | (i) |
|--------------------------------------------------|-----|
| User Name:                                       | (1) |
| 14th Floor, 10030 107 St                         |     |
| Billing Address: Edmonton, AB Canada T53         |     |
| 3E4                                              |     |
| Item(s) purchased: 12 Month Term                 |     |
| Expiry Date: 06/2014                             |     |
| Card #: 9747                                     |     |
| Card Type: MasterCard                            |     |
| Amount: \$119.90                                 |     |
| GST: \$6.00                                      |     |
| Purchase Total: \$125.90                         |     |
| Invoice #: MRBC1CZMKWD1                          |     |

As per the terms of the offer, a charge of the purchase total has been applied to your credit card. This charge will be identified on your statement as "Digital Newspaper".

# View and Manage Your Calgary Herald Digital Edition Subscription

Activities to your account such as updating/changing personal information, viewing account history or inquiring about transactions, can all be done through our secure transaction pages by clicking: http://digital.calgaryherald.com/epaper/AccountingMyAccount.aspx

For subscriber services please contact us at calgaryherald@reachcanada.com or toll free in Canada at 1-800-372-9219

Thank you,

-ROSALINA - JAN 01

. د د پ<sup>ارس</sup> هر ب

| • 1 | - | JHN | $\circ$ |
|-----|---|-----|---------|
|     |   |     |         |

|                                       | Alberta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Health                                        |                                |                           |                     |                       |                        |                           |                                       |                                                                                                               |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|---------------------------|---------------------|-----------------------|------------------------|---------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                       | Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S T                                           | RAVEL, H                       | HOSPITA                   |                     | <b>&amp; НО</b>       | STINC                  | SEXPE                     |                                       |                                                                                                               |
| Partition                             | PLEASE DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NOT USE EN                                    | TER KEY TO                     | NAVIGATE                  | THIS                | FORM -                | USE T                  | AB, ARRO                  | W KEYS OR                             | MOUSE                                                                                                         |
| SECTION                               | VA - Employ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ee Details                                    | (for AHS S                     | taff ONLY                 | )                   |                       |                        |                           |                                       |                                                                                                               |
| <b>*</b> * 1                          | Inter Employé<br>ndicate N/A In<br>7 you are a nev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the Employe                                   | e#(E-Peopl                     | e) if you ha              | ve not              | migrate               | d to the               | New E-Pe                  | oble navroll                          | avstem.                                                                                                       |
| Employe                               | re # (old):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | Employee                       |                           |                     |                       |                        | Vame: Chr                 |                                       |                                                                                                               |
|                                       | (Title): Preside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | Locat                          | ion: 7 <sup>5</sup> Stre  | et Plaza            | Dej                   | pt: Corp               | orate                     | Out-of-P                              | rovince Travel:                                                                                               |
|                                       | 17(1), 17(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | iness Phon                     |                           |                     |                       |                        |                           |                                       | ov/11 to Dec/11                                                                                               |
| What for                              | mer entity pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | yroll syste                                   |                                |                           | rrently             | being                 | paid fr                | om? (Ple                  | ase 🗸 one l                           | rom below)                                                                                                    |
|                                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | 🛛 Calgar                       | ry Health                 |                     |                       | ]                      | East C                    | entral                                |                                                                                                               |
| Alber                                 | ta Cancer Bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ard                                           | Capita                         | I Health                  |                     |                       | ן                      | ] Northe                  | rn Lights                             | ·····                                                                                                         |
| Alber                                 | ta Mental Hea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ith Board                                     | Chinoc                         | ok                        |                     |                       | ] [                    | ] Pallise                 | Health                                |                                                                                                               |
| 🗌 Aspe                                | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | David                          | Thompsor                  | )                   |                       | 1                      | ] Peace                   | Country                               |                                                                                                               |
| SECTION                               | V B – Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Coding &                                      | Total Claim                    | )                         | Con                 | iplete s              | eparat                 | e Pade 2                  | for each Fu                           | nctional Centre                                                                                               |
| F                                     | Inance Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                |                           | ense O              | blect Cod             | e (EOC)/               | secondary c               | ode not require                       | d in this section                                                                                             |
| Bal Unit<br>(3 char)                  | Location<br>(4 char)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                             | Centre (FC)                    |                           | pg                  | Trav                  |                        | pg                        | Other \$s                             | Total                                                                                                         |
| 101                                   | 0923                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 711101010                                     | 58                             |                           | 2A                  | \$250.8               | 0                      | 3                         |                                       | \$250.80                                                                                                      |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                |                           | 2B                  | 1                     |                        | 3                         | · · · · · · · · · · · · · · · · · · · |                                                                                                               |
|                                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                |                           | 2C                  |                       |                        | 3                         |                                       | n 1946 - Connection and Connection and Connection and Connection and Connection and Connection and Connection |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                |                           | 2D/                 |                       |                        | 3                         | \$480.69                              | \$480.69                                                                                                      |
|                                       | Converted Foreign Currency \$s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                |                           |                     |                       |                        |                           |                                       |                                                                                                               |
|                                       | Less Cash Advance if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                |                           |                     |                       |                        |                           |                                       |                                                                                                               |
|                                       | →Claim should include a minimum of 2 pages + receipts TOTAL CLAIM \$731.49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                |                           |                     |                       |                        |                           |                                       |                                                                                                               |
|                                       | IMPORTANT NOTE → Applicable to all Sections A to F<br>If this form is not filled in correctly, legibly and completely, the form will be returned berta Health Services<br>□□ order to facilitate processing of this claim, please review the following notes - Accounts Payable<br>• Email approvals, physical signature stamp or similar device are not acceptable<br>• Employee # refers to the number indicated on employee's pay stub<br>• Out-of-Province Travel – the approver <u>MUST</u> ensure all documentation and approval levels are<br>compliant as per the Travel Policy <u>BEFORE</u> submission to Accounts Payable<br>RECEIVED |                                               |                                |                           |                     |                       |                        |                           |                                       |                                                                                                               |
| SECTION                               | F - Authoriz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ation                                         |                                |                           |                     |                       |                        |                           |                                       |                                                                                                               |
| If applicab<br>questions,<br>Employee | le, <u>print</u> the na<br>contact can be<br>and approval s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | me of the per<br>easily made<br>ignatures req | uired as well :                | as DOFA le                |                     |                       |                        |                           | I) and Position                       | er so if there are any <b>a # of the</b> approver.                                                            |
| 1                                     | epared by (P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | in a share                                    | Joyce C. M                     | -                         |                     |                       |                        |                           | Phone # 7                             |                                                                                                               |
| business a                            | and have not be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | cpenses listed                                | l above are in<br>claimed by n | ne or on my               | e to app<br>behalf  | from Alb              | erta He                | alth Servic               | es or other org                       | ······································                                                                        |
|                                       | e Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                                      | ton                            |                           |                     |                       |                        |                           | cember                                |                                                                                                               |
| Approved                              | claim form with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | receipts shou                                 | uid be sent by                 | nd they are<br>the approv | in acco<br>er direc | rdance w<br>tly to Ac | vith the a<br>counts F | applicable<br>Payable for | policies (Polic<br>processing         | y #'s CF-03, CF-04).                                                                                          |
| Approve                               | d By PRINT ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LY) Ken/Hugt                                  | ies                            |                           | DOFA I              | evel                  | Posit                  | ion #                     | F                                     | hone #                                                                                                        |
| Signature                             | ·K (re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the,                                          |                                | Title:                    | 44                  | R                     |                        |                           | . [                                   | ato: Jeerr                                                                                                    |
| Approve                               | d By (PRINT ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | w V                                           |                                | 1                         | DOFA I              | evel                  | Positi                 | ion #                     |                                       | hone #                                                                                                        |

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies -1 of 3 -

Date:

Title:

09704pos(Rev2011-10)

Signature:

**EXPENSE CLAIM DETAILS** 

# SECTION D Other Expenses

NOTE: If expenses are for travel or education (courses etc) go to SECTION C

# ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

 $\rightarrow$  If no "Other" expenses are being claimed, this page does not have to be submitted.

 $\rightarrow$  Gas receipts & business insurance are claimed here in Section D – Other Expenses.

# <u>Subtotal</u> "Other Expenses" for <u>each</u> functional centre separately and enter <u>each subtotal</u> on page 1

| Date<br>(dd/mm/yy) | Purpose of Expense | Functional Centre<br>(ie. 101.0767.71355000007) | 7) Secondary/Expense Code<br>(ie: 4100000) | If GST is included on<br>total amount into colu<br>enter amount into co | TOTAL Other<br>\$s  |        |  |
|--------------------|--------------------|-------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|---------------------|--------|--|
| (                  |                    | (··· ··· · · · · · · · · · · · · · · ·          | (                                          | A-GST on receipt                                                        | B-GST not on receip | ΨJ     |  |
| 16/11/11           | Telus Mobiity      | 101.0923.71110101058                            | 64020000                                   | 7.51 🖌                                                                  |                     | 157.71 |  |
| 29/11/11           | Dinner Meeting     | 101.0923.71110101058                            | 69600000                                   | 11.93                                                                   |                     | 290.43 |  |
| 9/12/11`           | Office Supplies    |                                                 | 41090000                                   | 1.55                                                                    |                     | 32.55  |  |
|                    |                    |                                                 |                                            |                                                                         |                     |        |  |
|                    |                    |                                                 | :                                          |                                                                         |                     |        |  |
|                    |                    |                                                 |                                            |                                                                         |                     |        |  |
|                    |                    |                                                 |                                            | · · · · · · · · · · · · · · · · · · ·                                   |                     |        |  |
|                    |                    |                                                 |                                            |                                                                         |                     |        |  |
|                    |                    |                                                 |                                            |                                                                         |                     |        |  |
|                    |                    |                                                 |                                            | <u> </u>                                                                | 1 ·                 |        |  |
|                    |                    |                                                 | 1                                          |                                                                         |                     |        |  |

|           |                  | ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.                                                                              |
|-----------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SECTION E | Foreign Currency | All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable |
|           |                  | will complete the currency exchange if not indicated on the receipt/document.                                                                  |

| Date               | Burnone of Expense | Functional Centre         | Secondary/Expense Code | Foreign Currency<br>Amt (\$) | For AP use ONLY |                                        |  |
|--------------------|--------------------|---------------------------|------------------------|------------------------------|-----------------|----------------------------------------|--|
| Date<br>(dd/mm/yy) | Purpose of Expense | (ie. 101.0767.71355000007 | (ie: 4100000)          | Amt (\$)                     | Exch Rate       | CDN Value                              |  |
|                    |                    |                           |                        |                              |                 | ······································ |  |
|                    |                    |                           |                        |                              |                 | · · · · · · · · · · · · · · · · · · ·  |  |
|                    |                    |                           |                        |                              |                 |                                        |  |
|                    |                    |                           |                        |                              |                 |                                        |  |
|                    |                    |                           |                        |                              |                 |                                        |  |
|                    |                    |                           | Total Converted \$s    |                              |                 | · · · · · · · · · · · · · · · · · · ·  |  |

# Expenses Paid (*Retain a copy for your records*)

# Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

- 3 of 3 -

Mileage – Dr. Chris Eagle December 14 – 15, 2011 Calgary Meetings

- 1. Report to the Community
- 2. Libin Cardiovascular Institute of Alberta
- 3. Joint Meeting with AHS/U of C
- 4. Ann McCaig
- 5. Jim Gray

8

660 km @ .38¢ = \$250.80

# s.17(1), 17(4)(g)(i)

# CHRIS J. EAGLE

## BILL DATE : 16-Nov-11 PAGE 1 of 3

-

| TE | : L. U | S <sup>®/MD</sup> |
|----|--------|-------------------|
|----|--------|-------------------|

\$100.00 \$ 20.60 \$ 0.60 \$ 27.00 \$ 2.00

\$ 7.51 \$ 157.71

\$ 137.66 \$-137.66 \$ 0.00 \$ 0.00

\$ 157.71

**Total Amount Due** 

| Roaming text messages are \$0.60/msg                                                                                                                                                                                                                                                               | MOBILITY BILL SUMMARY<br>CURRENT CHARGES                                                                                                                                        | Contract Term : 3 yr |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| The roaming text message rate to send/receive<br>messages when you're outside of Canada is<br>\$0.60/msg. Starting November 27, 2011 this<br>charge will be applied to your bill under<br>"Roaming Txt Msg". To enjoy international<br>passes and reduced rates, visit<br>telusmobility.com/travel | iPhone 100 - Double mins<br>Long Distance Charges<br>Data and Other Services<br>Value Added Services<br>Other Charges and Credits<br>Taxes<br>GST/HST                           | 7.51                 |
| Give where you live through Fundchange,<br>sponsored by TELUS                                                                                                                                                                                                                                      | Total Taxes Total Current Charges                                                                                                                                               |                      |
| Fundchange uses the latest social media tools<br>to reshape the face of fundraising. Visit<br>Fundchange.com to learn more.<br><b>Do you have a complaint regarding your</b><br><b>telecommunications services?</b><br>If so, call us at 1-866-558-2273 or *611 from                               | YOUR LAST BILL<br>Amount of Last Bill 16-Oct-11<br>Payments<br>Payment Reversals<br>Total Previous Charges Brought Forward<br>Payment received after 13-Nov-11 may not be refle | ]                    |
| your mobile phone. If we can't resolve your<br>complaint, the independent Commissioner for<br>Complaints for Telecommunications Services<br>(CCTS) may be able to assist you:<br>www.ccts-cprst.ca or 1-868-221-1687.                                                                              | For inquiries please call Client Care by Dialing *611 from<br>your handset or see reverse for local and toll-free numbers.                                                      | Total Amount Du      |

CLIENT N° :

| s.17(1), 17(4)(g)(i) 16-Nov-11<br>PTLPS01AES 17536 Reimbarle | \$ 157.71<br>Additional fees apply for late payment |
|--------------------------------------------------------------|-----------------------------------------------------|
| PTLPSOIAES 17536 Reinbale                                    | Additional fees apply for late payment              |
| 000000085 205(X)                                             |                                                     |
| CHRIS J. EAGLE                                               | Amount of Payment                                   |
| POID                                                         | (57.7)                                              |

 $(a_{i},b_{i},\cdots,b_{i}) \in (a_{i},a_{i}) \in (a_{$ 

÷

. ...

Please do not staple

s.17(1), 17(4)(g)(i)

# CHRIS J. EAGLE

CLIENT Nº :

BILL DATE : 16-Nov-11 PAGE 3 of 3



s.17(1), 17(4)(g)(i)

| ACCOUNT DETAIL                                          | -                                        |                                        |                       |                                        |                  |           |
|---------------------------------------------------------|------------------------------------------|----------------------------------------|-----------------------|----------------------------------------|------------------|-----------|
| chris J. Eagle $s.17(1), 17(4)(g)(i)$                   |                                          |                                        |                       |                                        |                  |           |
| Current Charges - Detail                                | <u></u>                                  | Contract Ter                           | m:3 yr                |                                        |                  |           |
| Monthly Service Plans Nov 17 to Dec 16                  |                                          |                                        |                       |                                        |                  |           |
| Service Plan Name                                       |                                          |                                        |                       |                                        | Total            |           |
| iPhone 100 - Double mins                                |                                          |                                        |                       |                                        | 100.00           |           |
| Total                                                   |                                          | <u></u>                                |                       |                                        |                  | \$ 100.00 |
| Additional Local Airtime Free Airtime includes: bonus   | minutes, birthday calling, eve           | nings & weekends, free                 | incoming, *611 and Ir | Network Calling                        |                  |           |
| Service                                                 | Total<br>Airtime                         | *Free<br>Airtime                       | Included<br>Airtime   | Chargeable<br>Airtime                  | Total            |           |
| Phone (minutes)                                         | 541:00                                   | 228.00                                 | 313:00                | 0:00                                   | 0.00             | \$ 0.00   |
| Total                                                   | <u> </u>                                 |                                        |                       |                                        |                  | \$ 0.00   |
| Long Distance Charges                                   |                                          |                                        | e cara cara           | á:                                     | <b>T</b> . 4 . 1 |           |
| Service                                                 | Total<br>I D Minutes                     | Free<br>LD Minutes                     |                       | Chargeable<br>LD Minutes               | Total            |           |
| Domestic Phone                                          | 406:00                                   | 0:00                                   | 200:00                | 206:00                                 | 20.60            |           |
| Total                                                   |                                          |                                        |                       | · · · · · · · · · · · · · · · · · · ·  |                  | \$ 20.60  |
| Data and Other Services                                 |                                          | W 20111 10111 1                        |                       |                                        |                  |           |
| Service                                                 |                                          |                                        | Total<br>Events       | Event<br>Type                          | Total            |           |
| Text Messaging - Sent                                   | 1                                        |                                        | 2                     | Msg                                    | 0.40             |           |
| Data Usage                                              |                                          |                                        | 439,934               | MB                                     | 0.00             |           |
| Text Messaging - Received Total                         |                                          |                                        | 1                     | Msg                                    | 0.20             | \$ 0.60   |
| Value Added Services                                    |                                          | ······································ |                       |                                        |                  | <u> </u>  |
| Service                                                 |                                          |                                        |                       |                                        | Total            |           |
| 200 mins Cdn LD @ 10¢ (Nov 17 to Dec 16)                |                                          |                                        |                       |                                        | 20.00            |           |
| 3 GB included data (Nov 17 to Dec 16)                   |                                          |                                        |                       |                                        | Free             |           |
| Feature Bundle - Small (Nov 17 to Dec 16)               |                                          | N                                      |                       |                                        | 7.00             |           |
| Visual Voicemail for iPhone (Nov 17 to Dec 16)<br>Total |                                          |                                        |                       | ·                                      | Free             | \$ 27.00  |
| Other Charges and Credits                               | <u>et en el en el estat</u> er el estate |                                        |                       | <u></u>                                |                  | ÷ 11.00   |
| Charges and Credits                                     | ×.                                       | ł                                      |                       |                                        | Total            |           |
| Summary Paper Bill Fee                                  |                                          | :                                      |                       |                                        | 2.00             |           |
| Total                                                   | a and a subtract of the second second    |                                        |                       |                                        |                  | \$ 2.00   |
| Taxes                                                   |                                          |                                        |                       | ······································ | Total            |           |
| GST                                                     | <u></u>                                  | وہ ہے کہ ان کو چو                      |                       |                                        | 7.51             |           |
| Total                                                   |                                          | 9<br>                                  |                       |                                        |                  | \$ 7.51   |
|                                                         |                                          |                                        | Total C               | urrent Charge                          | s                | \$ 157.71 |

246 1:00 5 5 5 1 900 1:

Plan elimbon Royal Mayfair Golf Club -----Chit Details s.17(1), 17(4)(g)(i) Member: Server: Sophia 22 Area: Dining Room 5 Covers: Table#: 1 Chit #: 02030140 Time: 8:24pm Date: Nov 29/11 Fab Pinot Gri 8oz Gl 8.00 Joel Gott Sauv Bl 80 10.75 10.5 2 Caesar ^ tourtain Juice 4, . 2 Lakr Onion Soup 18. 2 DR Caesar Salad 16.00 64.00 2 Full Jumbo Prawns 30.00 Escabeche Salmon 30.00 Potato Crust Halibut 39.00 Coffee 2.00 4.602 Tea Fountain Pop 1.75 \_\_\_\_\_ 238.50 Sub-Total: T # 119322980 11.93 it Total: Gratuity: lotal: - Nixtert

Signature:

Signature:

. . . . .

x .

į

Christmas Family Buffet December 11th. To reserve rall 780.432.0066 ext 225 Meening with DR. Voena Yiu, Corl Amehein Colleen Stilmore De Daver Megron

# Deimburge STYLUS 10538 102 Ave. 105 (780) 421-0191

۰ ۲ ۲ ۲

~

| 12/09/2011                    | 27PH 01                                                                                      |
|-------------------------------|----------------------------------------------------------------------------------------------|
| 000000#4907                   | (119601                                                                                      |
| Ink Refatts<br>HUSE ST<br>CST | 2 & \$10 00<br>(+\$20 00<br>(+\$11 0)<br>(+31 0)<br>(+31 0)<br>(+31 0)<br>(+31 0)<br>(+31 0) |
| e el 11S                      | 10                                                                                           |
| mar (Vi                       | 532 55                                                                                       |
| C. 18                         | \$40.00                                                                                      |
| Chilada                       | \$7.45                                                                                       |

651#:8046364/0RT0001

| ав<br>               | WAYNE - MAR 13                                                                             |                                                                            |                                                        |                                                         |                                                 |                                                  |                                                                            |                                  |                                                                                                                                                                      |                                       |
|----------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                      | Alberta Hea<br>Services                                                                    |                                                                            | /EL, HOSPI                                             | TALITY                                                  | ′ & HC                                          | DSTIN                                            |                                                                            | Copy Po                          |                                                                                                                                                                      |                                       |
|                      |                                                                                            | • •                                                                        |                                                        |                                                         |                                                 | ್ಷ-೧೯೯                                           | TA BLARE                                                                   |                                  | ann e c<br>A 1160                                                                                                                                                    | ZIRCIVI<br>Bib                        |
| → Ei<br>→ In<br>→ If | A – Employee De<br>Inter Employee # (old<br>dicate N/A in the En<br>you are a new employed | l) and Empl<br>ployee # (I<br>oyee and pa                                  | oyee # (E-Peop<br>E-People) if you<br>ayroli has migra | le) if you<br>have not<br>ted to E-                     | minest                                          | igrated                                          | to the New                                                                 | w E-People                       | payroli s                                                                                                                                                            | ystem.                                |
| 1 cmpioyee           | = # (010).                                                                                 | Emp                                                                        | Hovee # (E-Per                                         | onie):                                                  |                                                 |                                                  | Nama: /                                                                    | 11.1 × ~                         | ALA                                                                                                                                                                  |                                       |
| Position             | (Title): Prisidan                                                                          | · ("L )                                                                    | Location:77                                            | <u>ST. FLA</u>                                          | 24. De                                          | ept: 📿                                           | OF PORS                                                                    | ₩ Out-of                         | Provin                                                                                                                                                               | ce Travel:                            |
| Uui®ù]N¢             | m)e;1/(4)(g)(1)                                                                            | Business                                                                   | Phone #: 73                                            | a 247.                                                  | 200                                             | 3                                                | Travel Pr                                                                  | riod from                        | m. i te                                                                                                                                                              |                                       |
| What form            | ner entity payroll :                                                                       | ystem is t                                                                 | he employee                                            | currently                                               | y being                                         | paid (                                           | from? (P)                                                                  | ease on                          | e from l                                                                                                                                                             | pelow)                                |
|                      |                                                                                            |                                                                            | Calgary Health                                         | · · · · · · · · · · · · · · · · · · ·                   |                                                 |                                                  | 🗌 East (                                                                   | Ceptral                          |                                                                                                                                                                      |                                       |
|                      | a Cancer Board                                                                             |                                                                            | Capilal Health                                         |                                                         |                                                 |                                                  | North                                                                      | ern Lights                       |                                                                                                                                                                      |                                       |
| Alberta              | a Mental Health Bo                                                                         | ard 🗌                                                                      | Chinook                                                |                                                         |                                                 |                                                  | D Patis                                                                    | er Health                        | ·                                                                                                                                                                    |                                       |
| 🔲 Aspen              | 1                                                                                          |                                                                            | David Thomps                                           | on                                                      |                                                 |                                                  | Peace                                                                      | Country                          |                                                                                                                                                                      |                                       |
| SECTION              | B – Finance Codi                                                                           | ng & Total                                                                 | Claim -                                                | Con                                                     | nolete                                          | senara                                           |                                                                            | for each F                       | upofia                                                                                                                                                               |                                       |
| Fi                   | nance Code / Acc                                                                           | ounting Di                                                                 | stribution $\rightarrow i$                             | Expense O                                               | bject Cod                                       | ie (EQC                                          | )/secondary                                                                | code not repui                   | red in this                                                                                                                                                          | section                               |
| Bal Unit<br>(3 char) | Location Func                                                                              | tional Cent                                                                | e (FC) (11 char)                                       | Pg                                                      |                                                 | el/\$s                                           | pg                                                                         | Other \$s                        | ł                                                                                                                                                                    | Total                                 |
| 101                  | 0923 1711                                                                                  | 101010                                                                     | 2.5.5                                                  | 2A                                                      | 17                                              | 30                                               | 3                                                                          |                                  |                                                                                                                                                                      |                                       |
|                      |                                                                                            |                                                                            |                                                        | 28                                                      | 1                                               |                                                  | 3                                                                          | 406.3                            |                                                                                                                                                                      | 13.50                                 |
|                      |                                                                                            |                                                                            |                                                        | 2C                                                      | 1                                               |                                                  | 3                                                                          | 53.4                             |                                                                                                                                                                      | 126.74<br>52.42 0                     |
|                      | · · · · · · · · · · · · · · · · · · ·                                                      |                                                                            |                                                        | 2D/                                                     |                                                 |                                                  | 3                                                                          |                                  | 14                                                                                                                                                                   | 2 X V. V. V                           |
|                      | ···- · · · · ·                                                                             | · · · · · · · · · · · · · · · · · · ·                                      |                                                        |                                                         |                                                 |                                                  |                                                                            | Currency :                       |                                                                                                                                                                      | and the second second                 |
| <b>.</b>             |                                                                                            | -                                                                          |                                                        | <u> </u>                                                | Less                                            | s Cash                                           | Advance                                                                    | if applicat                      | le                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · · |
|                      | iould include a mini                                                                       | mum of 2 p                                                                 | ages + receipt                                         | \$                                                      |                                                 | ·                                                | T                                                                          | OTAL CLA                         | M U                                                                                                                                                                  | 12.64                                 |
| Đ                    | If this form is no<br>In order to faci<br>• Email appr<br>• Empi<br>Out-of-Province Tr     | t filled in c<br>litate proc<br>ovals, phys<br>oyee # refe<br>avel – the a | sical signature s<br>rs to the numb                    | ly and c<br>claim, p<br>stamp or<br>er indica<br>ensure | omple<br>lease<br>similar<br>led on<br>all doci | tely, th<br>review<br>device<br>employ<br>umenta | the form wi<br>the foliov<br>are <u>not</u> a<br>yee's pay a<br>tion and a | wing notes<br>acceptable<br>stub |                                                                                                                                                                      |                                       |
|                      | F - Authorization                                                                          |                                                                            | 1                                                      |                                                         |                                                 |                                                  |                                                                            |                                  | م ان خان الحكم الأن الجميل الما <sup>ري</sup> ة.<br>ويقول المارية ال |                                       |
| Employee ar          | , <u>print</u> the name of th<br>ontact can be easily n<br>nd approval signature           | s required a                                                               |                                                        |                                                         |                                                 |                                                  |                                                                            |                                  |                                                                                                                                                                      |                                       |
| Claim Prep           | pared by (PRINT ON                                                                         | (LY)                                                                       | 3.125 P. 14                                            | UREM                                                    |                                                 |                                                  |                                                                            | Phone #                          | 730 0                                                                                                                                                                | $(1)$ $2 \sim 1$                      |
| dusiness and         | ify that the expenses<br>I have not been previ                                             | listed above<br>ously claime                                               | are in accordan                                        | ce lo ario                                              | icable n                                        | olicies ;<br>erta He                             | and was ind<br>allh Service                                                | surrod on Alb                    | - 1 1 m m                                                                                                                                                            | 10 0                                  |
| Employee             | Signature:                                                                                 | $\sim$                                                                     |                                                        |                                                         |                                                 | C                                                | )ate: FZ                                                                   | in. 24                           | Ja.                                                                                                                                                                  | ) /                                   |
| Uppioved dis         | ify that I have reviewe<br>aim form with receipts                                          | SHOOID DE S                                                                | ent by the appro                                       | e in accor<br>ver direct                                | lance w<br>ly lo Acc                            | ith the                                          | annlicable r                                                               | volicion (Dell                   | cy #'s CF                                                                                                                                                            | -03, CF-04)                           |
| Approved I           | By (PRINT ONLY) Cat                                                                        | herine.                                                                    | Roozen                                                 | DOFA le                                                 |                                                 | Positi                                           |                                                                            |                                  | Phone                                                                                                                                                                | # 403,943.                            |
| Signature:           | Cale 3                                                                                     | (and                                                                       | Title:                                                 | Intern                                                  | n CI                                            | hair                                             |                                                                            |                                  | Date: 7                                                                                                                                                              | 10, <u>61</u> *                       |
|                      | By (PRINT ONLY)                                                                            | 5                                                                          | Γ                                                      | DOFA le                                                 |                                                 | Positi                                           | on #                                                                       |                                  | Phone                                                                                                                                                                | 5 <u>47 G. A.</u> M<br>#              |
| Signature:           |                                                                                            |                                                                            | Title:                                                 | · · ·····                                               | J                                               |                                                  |                                                                            | ·                                |                                                                                                                                                                      |                                       |
|                      |                                                                                            |                                                                            |                                                        |                                                         |                                                 |                                                  |                                                                            |                                  | Date:                                                                                                                                                                |                                       |

WAYNE - MAR 13

NOTE. Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies -1 of 3 -

09704pos(Rev2011-10)

# EXPENSE CLAIM DETAILS

×.

n 19.1 2 /

| Coding as per hat which has been structured at |                                        |                                                |                                                |                     | Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC.<br>Label this first page with A, and each additional page continue labeling with B, C etc. |                                |                                            |                      |           |       |                   |                                | Page 2<br>(enter A, B or<br>C as required) |                 |
|------------------------------------------------|----------------------------------------|------------------------------------------------|------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|----------------------|-----------|-------|-------------------|--------------------------------|--------------------------------------------|-----------------|
| SECTIC                                         | ONC Tra                                | avel & Educa                                   | tion Expen                                     | ses                 |                                                                                                                                                                                                                                                     | NOTE:                          | If expenses                                | do not               | fall into | thes  | e categor         | ies, go to                     | SECTION D                                  |                 |
| Ensure sepa<br>Secondary/E                     | arate lines are u<br>Expense codes :   | sed for claim items the are not required to be | hat differ in provir<br>e indicated in this    | nce of expension as | nse. Ente<br>they are p                                                                                                                                                                                                                             | r total \$ amo<br>pre-determin | ount on slip, <u>DO</u><br>ed by the syste | <u>NOT</u> sep<br>m. | arate GST |       |                   |                                |                                            |                 |
| Date                                           | B                                      |                                                | Prov of Exp                                    |                     | Mea                                                                                                                                                                                                                                                 | Is\$ (Type B                   | , L, D or A for All)                       |                      |           | Trai  | sportation        | \$                             | Course Reg                                 | Milongo         |
| (dd/mm/yy)                                     | Purpose of                             | Travel/Education                               | (ie AB,BC, etc)                                | Hotel \$            | Туре                                                                                                                                                                                                                                                | w/receipt                      | w/o receipt or<br>per diem                 | Taxi \$              | Airfare   | Bus   | Parking           | Rental Car                     |                                            | Mileage<br>(km) |
| 27/09/11                                       | Mileage Edmo                           | onton/Calgary                                  |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            | 250.80          |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
|                                                | <u></u>                                |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            | <b>-</b>             |           |       |                   |                                |                                            |                 |
|                                                |                                        | ·····                                          |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           | ~~    |                   |                                | , <u>.</u>                                 |                 |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            | ·                    |           |       |                   |                                |                                            | ·               |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
| ······                                         | ······································ |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
|                                                | · · · · · · · · · · · · · · · · · · ·  |                                                | -                                              |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            |                 |
|                                                | ·                                      |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            | Total Kms       |
|                                                |                                        | able columns) SUBT                             |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   |                                |                                            | 660.00          |
| agreement                                      | specifies othe                         | ,                                              | -04 for terms a                                | nd conditio         | ons, exce                                                                                                                                                                                                                                           | pt where c                     | ollective                                  |                      |           | Enter | \$0.505 <u>OR</u> | rate per Unio                  | n Agreement                                | 0.380           |
| Actual cost                                    | nses & Allow<br>of the meal as         | s shown on the rec                             | ceipt, excluding                               | alcoholic           | beverage                                                                                                                                                                                                                                            | es,                            |                                            |                      |           |       |                   |                                | Mileage \$s                                | 250.80          |
| a) Breakfas                                    | o to 15% gratu<br>st → \$10 b)         | ity and GST to a n<br>Lunch → \$12             | naximum (with<br><mark>c) Dinner → \$</mark> 2 | or without<br>21    | receipt)                                                                                                                                                                                                                                            | as indicate                    | d below.                                   |                      |           |       |                   | Trave                          | \$'s Subtotal                              |                 |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       | Enter on p        | age 1 TOTAL                    | . TRAVEL \$s                               | 250.80          |
|                                                |                                        |                                                |                                                |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |       |                   | ter above tota<br>1, Section B | l for each page                            | 2 separately    |

| Enter Finance<br>Coding as per<br>page 1 bal unit (3 char), location (4 char), and<br>functional centre (11 char) |                                              |                                                 |                                             |                           |                         | EXPENSE CLAIM DETAILS<br>Please print extra copies of this page if expenses incurred are for multiple FC's (one FC<br>per page) OR additional lines required for the same FC.<br>Label this first page with A, and each additional page continue labeling with B, C etc. |                                             |                 |           |       |            |                               |                 | Page 2<br>(enter A, B or<br>C as required) |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|-----------|-------|------------|-------------------------------|-----------------|--------------------------------------------|
| SECTIO                                                                                                            | NC T                                         | ravel & Educa                                   | tion Expen                                  | ses                       |                         | NOTE:                                                                                                                                                                                                                                                                    | lf expenses                                 | do not          | fall into | these | e categori | es, go to                     | SECTION D       |                                            |
| Ensure separ<br>Secondary/E                                                                                       | rate lines are<br>xpense codes               | used for claim items t<br>are not required to b | hat differ in provin<br>e indicated in this | ce of exper<br>section as | nse. Ente<br>they are p | r total \$ amo<br>re-determin                                                                                                                                                                                                                                            | ount on slip, <u>DO</u><br>ed by the system | <u>NOT</u> sepa | arate GST |       |            |                               |                 |                                            |
| Date                                                                                                              |                                              | f Travel/Education                              | Prov of Exp                                 | Hotel \$                  | Mea                     | <b>s \$</b> (Type B                                                                                                                                                                                                                                                      | L, D or A for All)                          |                 |           | Trar  | sportation | \$                            | Course Reg /    | Mileage                                    |
| dd/mm/yy)                                                                                                         | <u> </u>                                     |                                                 | (ie AB,BC, etc)                             | Hoter a                   | Type                    | w/receipt                                                                                                                                                                                                                                                                | w/o receipt or<br>per diem                  | Taxi \$         | Airfare   | Bus   | Parking    | Rental Car                    |                 | (km)                                       |
| 13/1/12                                                                                                           | FARKIN                                       | <u>ví</u> j                                     | -                                           |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       | 7.50       |                               |                 |                                            |
| 17/1/12                                                                                                           | PARKI                                        | ing                                             |                                             |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       | 5.00       |                               |                 |                                            |
|                                                                                                                   |                                              | <u> </u>                                        |                                             | ······                    |                         |                                                                                                                                                                                                                                                                          |                                             |                 | -         |       |            |                               |                 |                                            |
| ······································                                                                            | · · · · · · · · · · · · · · · · · · ·        |                                                 |                                             |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       |            |                               |                 |                                            |
|                                                                                                                   |                                              | ·                                               |                                             |                           |                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                    |                                             |                 |           |       |            |                               |                 |                                            |
|                                                                                                                   |                                              |                                                 |                                             |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       |            | ·····                         |                 |                                            |
| . <u></u>                                                                                                         |                                              |                                                 |                                             |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       |            |                               |                 |                                            |
|                                                                                                                   | <u>.                                    </u> | ······································          |                                             |                           | -                       |                                                                                                                                                                                                                                                                          |                                             | ;;              |           |       | ·····      |                               |                 |                                            |
|                                                                                                                   |                                              |                                                 |                                             |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       |            |                               |                 |                                            |
| NO. 01-0777 CARACTERISTIC                                                                                         | (sum app                                     | licable columns) SUB                            | TOTALS                                      |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       | 12.50      |                               |                 | Total Kms                                  |
| TRAVEL EX                                                                                                         |                                              | WITS - (Refer to CI                             |                                             | nd conditio               | STREENDCOP 4            | pt where c                                                                                                                                                                                                                                                               | ollective                                   |                 | :         | Enter | I          | ate per Unic                  | on Agreement    |                                            |
| Meal Exper                                                                                                        | nses & Allo                                  |                                                 | ceint excluding                             | alcoholic                 | hoverage                |                                                                                                                                                                                                                                                                          |                                             |                 |           |       | ·          |                               | Mileage \$s     |                                            |
| including up                                                                                                      | o to 15% gra                                 | tuity and GST to a b) Lunch → \$12              | maximum (with                               | or without                | receipt)                | as indicate                                                                                                                                                                                                                                                              | d below.                                    |                 |           |       |            | Trave                         | l \$'s Subtotal |                                            |
|                                                                                                                   |                                              | , , , , , , , , , , , , , , , , , , , ,         | ,                                           |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 |           |       | Enter on p | age 1 TOTA                    | L TRAVEL \$s    | 12.50                                      |
|                                                                                                                   |                                              |                                                 |                                             |                           |                         |                                                                                                                                                                                                                                                                          |                                             |                 | L         |       |            | er above tota<br>1, Section B | I for each page | 2 separately                               |

<u>،</u>

-- \*

.

**EXPENSE CLAIM DETAILS** 

# SECTION D Other Expenses

NOTE: If expenses are for travel or education (courses etc) go to SECTION C

# ALL "OTHER" expenses listed below <u>MUST</u> have a secondary/expense code indicated!

 $\rightarrow$  If no "Other" expenses are being claimed, this page does not have to be submitted.

 $\rightarrow$  Gas receipts & business insurance are claimed here in Section D – Other Expenses.

# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal on page 1

| Date<br>(dd/mm/yy) | Purpose of Expense                    | Functional Centre<br>(ie. 101.0767.71355000007) | Secondary/Expense Code<br>(ie: 4100000) | If GST is included on total amount into coluenter amount into coluenter amount into co | mn A, if not included | TOTAL Other<br>\$s |   |
|--------------------|---------------------------------------|-------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------|-----------------------|--------------------|---|
|                    |                                       |                                                 |                                         | A-GST on receipt                                                                       | B-GST not on receipt  | +-                 |   |
| 16/12/11           | Telus Mobility                        | 101. 092.71110101058                            | 64020000                                | 7.02                                                                                   |                       | 147.42             | T |
| 16/0/12            | Telus Mobility                        |                                                 | 64020000                                | 5.95                                                                                   |                       | 124.95             | Y |
| 12/1/12            | DINNER - MINISTER FRED                | HOENE                                           | 67600000                                | 5.35                                                                                   |                       | 134.35             |   |
| ///                | · · · · · · · · · · · · · · · · · · · |                                                 |                                         |                                                                                        |                       | , . ,              |   |
|                    |                                       |                                                 |                                         |                                                                                        |                       |                    |   |
|                    |                                       |                                                 |                                         |                                                                                        |                       |                    |   |
|                    |                                       |                                                 |                                         |                                                                                        |                       |                    |   |
|                    |                                       |                                                 |                                         |                                                                                        |                       |                    |   |
| 1                  |                                       |                                                 |                                         |                                                                                        |                       |                    |   |
|                    |                                       |                                                 |                                         |                                                                                        |                       | 406.72             |   |

| SECTION E Foreign Currency ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.<br>All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable will complete the currency exchange if not indicated on the receipt/document. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Date       | Burnoon of Exponen | Functional Centre    | and "The second " of the base and the base | Secondary/Expense Code                | Foreign Currency | For AP use O | NLÝ       |
|------------|--------------------|----------------------|--------------------------------------------|---------------------------------------|------------------|--------------|-----------|
| (dd/mm/yy) |                    | (ie. 101.0767.713550 | 00007                                      | (ie: 4100000)                         | Amt (\$)         | Exch Rate    | CDN Value |
| 14/12/11   | BOOK - AMAZON      | 101.092.             | 71110101058                                | 41090000                              | 13.49 US         |              |           |
| 14/12/11   | BULL - AMPZON      | 67                   | 11                                         | · · · · · · · · · · · · · · · · · · · | 12.99 US         |              |           |
| 28/12/11   | BUOK-AMAZIN        | 11                   | 47                                         | 11                                    | 26.94 US         |              |           |
|            |                    |                      | 11                                         |                                       | 53.42            |              |           |
|            |                    |                      |                                            |                                       |                  |              | ·         |
|            |                    |                      |                                            | Total Converted \$s                   |                  |              |           |

# Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

– 3 of 3 –

Dinner 2 Fred Home Royal Mayfair Golf Club ----- Chit Details ------Member: Server: Glenn 51 s.17(1), 17(4)(g)(i) Area: Dining Room Table#: 4 2 Covers: Chit #: 02030639 Date: Jan 12/12 Time: 7:35pm 2.25 Juntain Juice Juntain Juice 2.25 ? Caesar Salad 8.00 ! Caesar Salad 8.00 itato Crust Halibut 30,00 state Crust Halibut 30,00 iffee 2.00 2,00 :a iel Gott Chard 8oz 11.75 10.75 el Gott Sauv Bl 80 کر نے ب 107.00 Sub-Total: GST # 119322980 5.35 \_ \_ \_ \_ Chit Total: \$1 Gratuity: Total: Dura Member Number: s.17(1), 17(4)(g)(i)

Signature

---

÷

\* ,

Happy New Year!

. - -

PTLPS01A 17575 HRI - - 3 - 1 - 10 - - 126505

CLIENT N°:

#### **BILL DATE : 16-Dec-11 PAGE 1 of 3** s.17(1), 17(4)(g)(i)



|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                | Addition Constant                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Do you have a complaint regarding your telecommunications services?                                                                                                                                                                                                               | MOBILITY BILL SUMMARY                                                                                                                                                          | Contract Term : 3 yr                                   |
| If so, call us at 1-866-558-2273 or *611 from<br>your mobile phone. If we can't resolve your<br>complaint, the independent Commissioner for<br>Complaints for Telecommunications Services<br>(CCTS) may be able to assist you:<br>www.ccts-cprst.ca or 1-888-221-1687.            | iPhone 100 - Double mins<br>Long Distance Charges<br>Data and Other Services<br>Value Added Services<br>Other Charges and Credits<br>Taxes                                     | \$ 100.00<br>\$ 9.40<br>\$ 2.00<br>\$ 27.00<br>\$ 2.00 |
| Updated sections on your bill                                                                                                                                                                                                                                                     | GST/HST<br>Total Taxes                                                                                                                                                         | <u> </u>                                               |
| Effective November 27, we're making the                                                                                                                                                                                                                                           | Total Current Charges                                                                                                                                                          | \$ 147.42                                              |
| roaming and international message charges on<br>your bill even easier to understand.                                                                                                                                                                                              | YOUR LAST BILL                                                                                                                                                                 | 7                                                      |
| Roaming text message charges were previously<br>on your bill as a \$0.20/msg domestic charge and<br>a \$0.40/msg roaming charge. As of November<br>27, these have been combined to appear as a<br>single \$0.60/msg charge under "Roaming text                                    | Amount of Last Bill 16-Nov-11<br>Payments<br>Payment Reversals<br>Total Previous Charges Brought Forward                                                                       | \$ 157.71<br>\$ -157.71<br>\$ 0.00<br>\$ 0.00          |
| msg".<br>International text message charges were<br>previously on your bill as a \$0.20/msg domestic<br>charge and a \$0.15/msg international charge. As<br>of November 27, these have been combined to<br>appear as a single \$0.35/msg charge under<br>"CAN to Int'l Text Msg". | Payment received after 13-Dec-11 may not be refi<br>For inquiries please call Client Care by Dialing *611 from<br>your handset or see reverse for local and toll-free numbers. | Total Amount Due \$ 147.42                             |
|                                                                                                                                                                                                                                                                                   | :                                                                                                                                                                              |                                                        |
|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |                                                        |
|                                                                                                                                                                                                                                                                                   | *<br>*                                                                                                                                                                         |                                                        |
|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |                                                        |



#### s.17(1), 17(4)(g)(i)

 PTLPS01A E S
 17575

 000000085
 205(A)

 CHRIS J. EAGLE

Dimbor

an ain air an ann an an an an an an an

**Bill Date** 

16-Dec-11

Amount of Payment 42

Please make cheques payable to TELUS Please do not staple

Payable online or through most financial institutions

Total Amount if received by 11-Jan-12

\$ 147.42

Additional fees apply for late payments

s.17(1), 17(4)(g)(i)

**Mobility Client Number** 

1:00555m9001:

#### 'CHRIŚ J. EAGLE

BILL DATE : 16-Dec-11 PAGE 3 of 3

...

CLIENT Nº :



s.17(1), 17(4)(g)(i)

| ACCOUNT DETAIL                                                                     | en al an |                                                                       |                                        |                   |              |           |
|------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------|--------------|-----------|
| chris J. Eagle $s.17(1), 17(4)(g)(i)$                                              |                                              |                                                                       |                                        |                   |              |           |
| Current Charges - Detail                                                           | · · · · · · · · ·                            | Contract Ter                                                          | m:3yr                                  |                   |              |           |
| Monthly Service Plans Dec 17 to Jan 16                                             | ······································       |                                                                       |                                        |                   |              |           |
| Service Plan Name                                                                  |                                              |                                                                       |                                        |                   | Total        |           |
| iPhone 100 - Double mins                                                           |                                              |                                                                       |                                        |                   | 100.00       |           |
| Total                                                                              |                                              |                                                                       |                                        |                   |              | \$ 100.00 |
| Additional Local Airtime "Free Airtime includes: bon                               | us minutes, birthday calling, eve            | nings & weekends, free                                                | e incoming, *611 and I                 | n Network Calling |              |           |
| Service                                                                            | Total                                        | *Free                                                                 | Included                               | Chargeable        | Total        |           |
| Phone (minutes)                                                                    | Airtime<br>549:00                            | Airtime                                                               | Airtime                                | Airtime           | 0.00         |           |
| Total                                                                              | 549.00                                       | 74:00                                                                 | 475:00                                 | 0:00              | 0.00         | \$ G.00   |
| Long Distance Charges                                                              | 1 20 10 10 10 10 10 10 10 10 10 10 10 10 10  |                                                                       |                                        |                   |              |           |
| Service                                                                            | Total                                        | Free                                                                  | Included                               | Chargeable        | Total        |           |
|                                                                                    | A 11/2017                                    | LD Minutes                                                            | 1. A 12 1 K                            | LD Minutes        | , other      |           |
| Domestic Phone                                                                     | 294:00                                       | 0.00                                                                  | 200:00                                 | 94:00             | 9.40         |           |
| Total                                                                              |                                              |                                                                       | <u></u>                                | <u></u>           |              | \$ 9.40   |
| Data and Other Services                                                            |                                              |                                                                       |                                        |                   |              |           |
| Service                                                                            |                                              |                                                                       | Total<br>Events                        | Event<br>Type     | Total        |           |
| Text Msg - Sent                                                                    |                                              |                                                                       | 2                                      | Msg               | 0.40         |           |
| Data Usage<br>Text Msg - Received                                                  |                                              |                                                                       | 480.269<br>8                           | MB                | 0.00<br>1.60 |           |
| Total                                                                              |                                              |                                                                       | ņ                                      | Msg               | 1.00         | \$ 2.00   |
| Value Added Services                                                               |                                              | ·····                                                                 |                                        |                   |              |           |
| Service                                                                            |                                              |                                                                       |                                        |                   | Total        |           |
| 200 mins Cdn LD @ 10¢ (Dec 17 to Jan 16)                                           |                                              |                                                                       |                                        |                   | 20.00        |           |
| 3 GB included data (Dec 17 to Jan 16)<br>Feature Bundle - Small (Dec 17 to Jan 16) |                                              |                                                                       |                                        |                   | Free<br>7.00 |           |
| Visual Voicemail for iPhone (Dec 17 to Jan 16)                                     |                                              |                                                                       |                                        |                   | Free         |           |
| Totai                                                                              |                                              |                                                                       | unter a constant a constant            |                   |              | \$ 27.00  |
| Other Charges and Credits                                                          |                                              |                                                                       | ······································ |                   |              |           |
| Charges and Credits                                                                | 2                                            |                                                                       |                                        |                   | Total        |           |
| Summary Paper Bill Fee                                                             | 2                                            |                                                                       |                                        | <u></u>           | 2.00         |           |
| Total                                                                              |                                              | na tradica a ang paga jar<br>na ang tang tang tang tang tang tang tan | ter and the second second              |                   |              | \$ 2.00   |
| Taxes                                                                              |                                              |                                                                       |                                        |                   | Total        |           |
| GST                                                                                |                                              |                                                                       | بد بن چر بد                            |                   | 7.02         |           |
| Total                                                                              |                                              |                                                                       |                                        | irrent Charge     | e 60.7%      | \$ 7.02   |

PTLPS01A 17575 HRI - - 3 - 2 - 10 - - 126507

255

' CHRIS J. EAGLE

CLIENT Nº :

TELUS

|                                      |                                       | CLIENT N° :                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TEL                                                                                                            | @/MD                 |
|--------------------------------------|---------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------|
| BILL DATE : 16-Feb-12<br>PAGE 1 of 3 | s.17(1), 17(-                         | 4)(g)(i)                                                  | And                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                              |                      |
|                                      |                                       | MOBILITY BILL S                                           | SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                      |
|                                      |                                       | CURRENT CHARG                                             | GES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contract Term : 3 yr                                                                                           |                      |
|                                      |                                       | iPhone 100 - Double mins                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$ 100.00            |
|                                      |                                       | Value Added Services                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$ 27.00             |
|                                      |                                       | Other Charges and Credits<br>Taxes                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$ -8.00             |
|                                      |                                       | GST/HST                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.95                                                                                                           |                      |
|                                      |                                       | Total Taxes<br>Total Current Charges                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$ 5.95<br>\$ 124.95 |
|                                      |                                       |                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | \$ [24.33            |
|                                      |                                       | YOUR LAST BILL                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ]                                                                                                              |                      |
|                                      |                                       | Amount of Last Bill 16-Jan-12                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$ 137.55            |
|                                      |                                       | Payments                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$ -137.55           |
|                                      |                                       | Payment Reversals                                         | and the state of the second state of the secon | _                                                                                                              | \$ 0.00              |
|                                      |                                       | Total Previous Charges Bro<br>Payment received after 13-F |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cted on this invoice                                                                                           | \$ 0.00              |
|                                      |                                       | For inquiries please call Client Ca                       | re by Dialing *611 from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a second and the second se |                      |
|                                      |                                       | your handset or see reverse for lo                        | cal and toll-free numbers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total Amount Due                                                                                               | \$ 124.95            |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      | ·····                                 | <del></del> ;                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       | , · · · ·                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       | <i>p</i> .                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
| an a sa sa sa                        | · · · · · · · · · · · · · · · · · · · | *************************************                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · •                                                                                                            | -                    |
| A                                    |                                       |                                                           | Payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | online or through most financial                                                                               | institutions         |
|                                      | LUS                                   | Mobility Client Number                                    | Bill Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total Amount if r                                                                                              | eceived              |
|                                      |                                       | ······································                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | by 13-Mar-1                                                                                                    |                      |
| s.17(1), 1                           | 17(4)(g)(i)                           |                                                           | 16-Feb-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 124.95                                                                                                      |                      |
|                                      |                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Additional fees apply for late                                                                                 | e payments           |
| PTLPS01A E S                         | 17436                                 | $\sum_{i=1}^{n}$                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                      |
| 00000085                             | 205(G)                                | Eimphin                                                   | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                      |
| CHRIS J. EAGLE                       | <b>,</b>                              | -,                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount of Payment                                                                                              | :                    |

Amount of Payment Â Y

Please make cheques payable to TELUS Please do not staple

s.17(1), 17(4)(g)(i)

256

. ... ...

CLIENT N° :

BILL DATE : 16-Feb-12 PAGE 3 of 3

s.17(1), 17(4)(g)(i)



| 403-861-3022<br>CHRIS J. EAGLE                                    |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                |
|-------------------------------------------------------------------|--------------------------------------------|---------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------|
| Current Charges - Detail                                          |                                            | Contract Te                           | rm:3yr                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                |
| Monthly Service Plans Feb 17 to Mar 16                            |                                            | •                                     | <u></u>                            | · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                |
| Service Plan Name                                                 |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                 |                |
| iPhone 100 - Double mins<br>Total                                 |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100.00                                | <b>A</b> 400 0 |
|                                                                   | · · · · · · · · · · · · · · · · · · ·      | · · · · · ·                           | ·                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | \$ 100.0       |
| Additional Local Airtime "Free Airline includes: bond.<br>Service | is minutes, birthday calling, eve<br>Total | nings & weekends, fre<br>*Free        | e incoming, *611 and I<br>included | r Network Calling<br>Chargeable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                 |                |
|                                                                   | Airtime                                    | Airtime                               | Airtime                            | Airtime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | iotai                                 |                |
| Phone (minutes)                                                   | 277:00                                     | 42:00                                 | 235:00                             | 0:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.00                                  |                |
| Total                                                             |                                            |                                       | <u></u>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | \$ 0.00        |
| Long Distance Charges                                             |                                            | ÷                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                |
| Service                                                           | Total                                      | Free                                  |                                    | Chargeable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total                                 |                |
| Domestic Phone                                                    | 168:00                                     | LD Minutes<br>0:00                    | 168:00                             | 0:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · 0.00                                |                |
| Total                                                             |                                            |                                       | 100.00                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.00                                  | \$ 0.00        |
| Data and Other Services                                           |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                |
| Service                                                           |                                            |                                       | Total                              | Event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total                                 |                |
|                                                                   |                                            |                                       | Events                             | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                |
| Data Usage<br>Total                                               |                                            |                                       | 526.007                            | MB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.00                                  |                |
| Value Added Services                                              |                                            | <u> </u>                              | <u></u>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · | \$ 0.00        |
| Service                                                           |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                |
| 200 mins Cdn LD @ 10¢ (Feb 17 to Mar 16)                          |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Total</b><br>20.00                 |                |
| 3 GB included data (Feb 17 to Mar 16)                             |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20.00<br>Free                         |                |
| Feature Bundle - Small (Feb 17 to Mar 16)                         |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.00                                  |                |
| Visual Voicemail for iPhone (Feb 17 to Mar 16)<br>Total           |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Free                                  | • •            |
|                                                                   |                                            | · · · · · · · · · · · · · · · · · · · |                                    | 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 20 |                                       | \$ 27.00       |
| Other Charges and Credits<br>Charges and Credits                  |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>.</b>                              |                |
| Network Outage                                                    |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                 |                |
| Summary Paper Bill Fee                                            | м.<br>С                                    |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -10.00<br>2.00                        |                |
| Totał                                                             |                                            |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.00                                  | \$ -8.00       |
| Taxes                                                             | ····                                       |                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                 |                |
| GST                                                               |                                            |                                       |                                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5.95                                  |                |
| Total                                                             | en e   | ويعريك سيرتبر فيومين وتزنين           | 1                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | \$ 5.95        |

257 1:00555....9001:

City of Edmonton Librory Poeksor

Recpt.# 2857+ 01/17/12 20:17 Ticker # 204833

. \*

Cash Paio \$5.00

Reindows IMPARK LOT #101 TELUS PLAZA PARKADE GST #88731 5638 RT0006

01-13-2012 FRI #1

| 1 1/2 HOLR<br>Total | 7.50<br>7.50 |
|---------------------|--------------|
| CATEND<br>CHANGE    | 10, 00       |
| CIPARE              | 2.50         |

ITEN 1 1CL 5961 15=48TM

Dinbm 75°

Marting with Marcia Nelson," Peter Watsol

Dinner with Buredis Executives, Bill Raffas Chris Mazurkewich

þ

SubjectYour Amazon.com Order (D01-3659163-4885945)From"Amazon.com" <digital-no-reply@amazon.com>DateWednesday, December 14, 2011 7:28 amTo

s.17(1), 17(4)(g)(i)

YOUR ACCOUNT) | HELP

Thanks for your order, chris!

amazon.com.

Did you know you can view and edit your orders online, 24 hours a day? Visit Your Account.

**Order Information:** 

E-mail Address:

Billing Address: Chris Eagle s.17(1), 17(4)(g)(i)

Order Summary:

Details:

Order #: D01-3659163-4885945 Subtotal of items: \$13.49

Total before tax:\$13.49Sales Tax:\$0.00

Total for this Order: \$13.49

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

Good Strategy Bad Strategy: The Difference and Why It Matters [Kindle Edition] \$13,49

Sold By: Amazon Digital Services, Inc.

Give Kindle Books No Kindle Required Give Kindle Books to anyone with an e-mail address

The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

amazonkindle

Deimbuse Note WSD

Þ

| Subject | Your Amazon.com Order (D01-9996821-0623565) |
|---------|---------------------------------------------|
| From    | "Amazon.com" < digital-no-reply@amazon.com> |
| Date    | Wednesday, December 14, 2011 7:26 am        |
| То      |                                             |

s.17(1), 17(4)(g)(i)

YOUR ACCOUNT) HELP

Thanks for your order, chris!

amazon.com.

Did you know you can view and edit your orders online, 24 hours a day? Visit Your Account.

Order Information:

E-mail Address:

Billing Address: Chris Eagle

s.17(1), 17(4)(g)(i)

#### Order Grand Total: \$12.99

Order Summary:

Details:

Order #: D01-9996821-0623565 Subtotal of items: \$12.99

Total before tax:\$12.99Sales Tax:\$0.00

Total for this Order: \$12.99

Permbuse Note USD

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

**Change Anything: The New Science of Personal Success** [Kindle Edition] \$12,99 Sold By: Hachette Book Group

Give Kindle Books to anyone with an e-mail address

The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

То

:on.com

s.17(1), 17(4)(g)(i)

YOUR ACCOUNT | HELP

Thanks for your order, chris!

VINCE WILL CHIRZUILCOIN

Did you know you can view and edit your orders online, 24 hours a day? Visit Your Account.

Order Information:

E-mail Address:

Billing Address: Chris Eagle

s.17(1), 17(4)(g)(i)

tesse reindown 26<sup>94</sup> @ onrent exclogge rote R

Order Grand Total: \$26.94

Order Summary:

Details:

Order #: D01-6144431-4892303 Subtotal of items: \$26.94

Total before tax: \$26.94 Sales Tax: \$0.00

Total for this Order: \$26.94

The following item is auto-delivered to your Kindle or other device. You can view more information about this order by clicking on the title on the Manage Your Kindle page at Amazon.com.

Governance as Leadership: Reframing the Work of Nonprofit Boards [Kindle Edition] \$26.94 Sold By: Amazon Digital Services, Inc.

a w

Give Kindle Books No Kindle Required Give Kindle Books to anyone with an e-mail address

The charge for this order will appear on your credit card statement from the merchant 'Amazon Services-Kindle'.

You can review your orders in Your Account. If you've explored the links on that page but still have a question, please visit our online Help Department.

Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply

amazonkindle

b

## WAYNE - MAR 13.

| Alberta     |  |
|-------------|--|
| <br>Sarvira |  |

| <b>JEI AIPE?</b> | TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM FORM                    |
|------------------|---------------------------------------------------------------------|
| PLEASE DO NOT L  | ISE ENTER KEY TO NAVIGATE THIS FORM -> USE TAB, ARROW KEYS OR MOUSE |

| SECTION A - Employee Details                                                                                                    |                                                                                                                                                                                            |                                                         |                                                                          |                                                                                |                                                  |                       |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|
| <ul> <li>→ Enter Employee # (old) and</li> <li>→ Indicate N/A in the Employ</li> <li>→ If you are a new employee</li> </ul>     | ee # (E-People) if you h                                                                                                                                                                   | ave not                                                 | migrated to t                                                            | he New E-P                                                                     | eople payro                                      | li system.            |
| Employee # (old):                                                                                                               | Employee # /E-Pao                                                                                                                                                                          | alo).                                                   |                                                                          | Manao                                                                          | nuni-                                            |                       |
| Position (Title): Persient + []                                                                                                 | $\mathcal{O}$ Location: $\mathcal{O}$                                                                                                                                                      | 1. 6152                                                 | A Dept:                                                                  | SR PSR ARC                                                                     | Out-of                                           | Province Travel:      |
| Union Name), $17(4)(g)(i)$ Bu                                                                                                   | siness Phone #: 7%                                                                                                                                                                         | 5.347                                                   | 2003                                                                     | Travel Pe                                                                      | riod from:                                       | Jurs to Feb 2012      |
| What former entity payroll system                                                                                               |                                                                                                                                                                                            | urrently                                                | being paid                                                               | from? (P                                                                       | ease √ one                                       | e from below)         |
|                                                                                                                                 | Calgary Health                                                                                                                                                                             |                                                         |                                                                          |                                                                                | <u> <u> </u></u>                                 |                       |
| Alberta Cancer Board                                                                                                            | Capital Health                                                                                                                                                                             |                                                         |                                                                          | D North                                                                        | ern Lights                                       |                       |
| Alberta Mental Health Board                                                                                                     | Chinook                                                                                                                                                                                    |                                                         |                                                                          | 🛛 Pallis                                                                       | er Health                                        |                       |
| Aspen                                                                                                                           | David Thompso                                                                                                                                                                              | n                                                       | /                                                                        | Peace                                                                          | e Country                                        |                       |
| SECTION B - Finance Coding &                                                                                                    |                                                                                                                                                                                            |                                                         |                                                                          |                                                                                |                                                  | functional Centre     |
| Finance Code / Account                                                                                                          | ing Distribution $\rightarrow$ E                                                                                                                                                           | xpense Ob                                               | ject Cøde (EO                                                            | C)/secondary                                                                   | code not requi                                   | red in this section   |
|                                                                                                                                 | I Centre (FC) (11 char)                                                                                                                                                                    | pg                                                      | Fravel \$s                                                               | Pg                                                                             | Other \$s                                        | Total                 |
| 10/ 0923 71110                                                                                                                  | 101058                                                                                                                                                                                     | 2A /                                                    | 168.0                                                                    |                                                                                |                                                  | 11.9.00               |
|                                                                                                                                 |                                                                                                                                                                                            | 2 <b>B</b> ⁄                                            | · · · · · · · · · · · · · · · · · · ·                                    | 3                                                                              | 1.533                                            | 87 1533.87            |
|                                                                                                                                 |                                                                                                                                                                                            | 20                                                      |                                                                          | 3                                                                              |                                                  |                       |
|                                                                                                                                 | /                                                                                                                                                                                          | 2D                                                      | Convert                                                                  | 3<br>ad Eoraian                                                                | Currency                                         | to                    |
|                                                                                                                                 | /-                                                                                                                                                                                         |                                                         |                                                                          |                                                                                | if applical                                      |                       |
| →Claim should include a minimur                                                                                                 | n of 2 pages + receipts                                                                                                                                                                    | <br>}                                                   |                                                                          |                                                                                |                                                  | IM #1,701.87          |
| If this form is not fill<br>In order to facilitat<br>• Email approval<br>• Employe<br>• Out-of-Province Travel                  | RTANT NOTE → Ap<br>ed in correctly, legible<br>te processing of this<br>is, physical signature s<br>e # refers to the numb<br>– the approver <u>MUST</u><br>per the Travel Policy <u>B</u> | ly and c<br>claim, p<br>itamp or<br>er indica<br>ensure | ompletely,<br>lease revie<br>similar devie<br>ted on empl<br>all documen | the form w<br>w the follo<br>ce are <u>not</u> :<br>oyee's pay<br>tation and : | wing notes<br>acceptable<br>stub<br>approval lev | 5 —                   |
| SECTION F - Authorization                                                                                                       | 1                                                                                                                                                                                          |                                                         |                                                                          |                                                                                |                                                  |                       |
| If applicable, <u>print</u> the name of the per<br>questions, contact can be easily made<br>Employee and approval signatures re | e.<br>quired as well as DOFA I                                                                                                                                                             | evel (del                                               |                                                                          |                                                                                | el) and Positi                                   | on # of the approver. |
| Claim Prepared by (PRINT ONLY)                                                                                                  |                                                                                                                                                                                            | A                                                       |                                                                          |                                                                                |                                                  | 750.702.2311          |
| I hereby certify that the expenses liste<br>business and have not been previous                                                 |                                                                                                                                                                                            |                                                         |                                                                          | lealth Servic                                                                  | es or other o                                    | organization.         |
| Employee Signature:                                                                                                             |                                                                                                                                                                                            |                                                         |                                                                          | Date: F.                                                                       | 10.15,                                           | 2012                  |
| I hereby certify that I have reviewed th<br>Approved claim form with receipts sho                                               | ould be sent by the appro                                                                                                                                                                  | e in accor<br>ver direct                                | dance with th<br>ly to Account                                           | e applicable<br>s Payable fo                                                   | policies (Pol<br>r processing                    |                       |
| Approved By (PRINT ONLY) C .RD                                                                                                  | zen                                                                                                                                                                                        | DOFA le                                                 | vel Pos                                                                  | ition #                                                                        |                                                  | Phone # 943-1128      |
| Signature: Caller to                                                                                                            | Title: ]                                                                                                                                                                                   | -mex n                                                  | n Chair                                                                  | , AHS B                                                                        | oard                                             | Date: Marak ferra     |
| Approved By (PRINT ONLY)                                                                                                        | ð                                                                                                                                                                                          | DOFA le                                                 | vel Pos                                                                  | ition #                                                                        |                                                  | Phone #               |
| Signature:                                                                                                                      | Title:                                                                                                                                                                                     |                                                         |                                                                          |                                                                                |                                                  | Date:                 |

NOTE: Expense claims must be properly authorized and appropriately supported in accordance with Alberta Health Services Policies - 1 of 3 -

#### EXPENSE CLAIM DETAILS

-

.

| Enter Fi<br>Coding a<br>page 1                       |                                       | hal unit (3 char) location (4 char) and          |                                         |                     | Please print extra copies of this page if expenses incurred are for multiple FC's (one FC per page) <b>OR</b> additional lines required for the same FC.<br>Label this first page with A, and each additional page continue labeling with B, C etc. |                                |                                            |                      |           | Page 2<br>(enter A, B or<br>C as required) |                        |                                |                  |              |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------|-----------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|----------------------|-----------|--------------------------------------------|------------------------|--------------------------------|------------------|--------------|
| SECTIO                                               | N C Tra                               | avel & Educat                                    | tion Exper                              | ISES                |                                                                                                                                                                                                                                                     | NOTE:                          | lf expenses                                | do not               | fall into | these                                      | e categor              | ies, go to                     | SECTION D        |              |
| Ensure sepa<br>Secondary/E                           | rate lines are us<br>xpense codes a   | sed for claim items th<br>are not required to be | at differ in provi<br>indicated in this | nce of expension as | nse. Ente<br>they are p                                                                                                                                                                                                                             | r total \$ amo<br>pre-determin | unt on slip, <u>DO</u><br>ed by the syster | <u>NOT</u> sep<br>n. | arate GST | -                                          |                        |                                |                  |              |
| Date                                                 |                                       |                                                  | Prov of Exp                             | · · ·               | Mea                                                                                                                                                                                                                                                 | Is\$ (Type B,                  | L, D or A for All)                         |                      |           | Tran                                       | sportation             | \$                             | Course Reg       | Mileage      |
| (dd/mm/yy)                                           | Purpose of                            | Travel/Education                                 | (le AB,BC, etc)                         | Hotel \$            | Туре                                                                                                                                                                                                                                                | w/receipt                      | w/o receipt or<br>per diem                 | Taxi \$              | Airfare   | Bus                                        | Parking                | Rental Car                     | Material \$      | (km)         |
| 17/2/12                                              | WEST JET                              | - Charge Fel                                     |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      | 168.0     | 0                                          |                        |                                |                  |              |
|                                                      | CALAA                                 | Ry MLEANY                                        |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      | Ĺ         |                                            |                        |                                |                  |              |
|                                                      | V                                     | <u> </u>                                         |                                         |                     |                                                                                                                                                                                                                                                     |                                | <br>                                       |                      |           |                                            |                        |                                |                  |              |
| 0) maa ili (a immeri an Maraine - alainen (ala ila i | lada la de essenantierre locate en en |                                                  |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            |                        |                                | ·                |              |
| *****                                                | ····                                  | ***************************************          |                                         |                     | _                                                                                                                                                                                                                                                   | <u>.</u>                       |                                            |                      |           |                                            |                        |                                |                  |              |
|                                                      |                                       |                                                  |                                         | <u> </u>            |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            |                        |                                |                  |              |
|                                                      |                                       |                                                  | ·-···                                   |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            |                        |                                |                  |              |
|                                                      |                                       |                                                  |                                         | · .                 |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            |                        |                                |                  |              |
|                                                      |                                       |                                                  |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            |                        |                                | ······           |              |
|                                                      | ··········                            |                                                  |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            | i'                   | <u>.</u>  |                                            |                        |                                |                  | -            |
|                                                      |                                       |                                                  |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            | _ <b>.</b> .         |           |                                            |                        | - <u> </u>                     |                  |              |
|                                                      |                                       | i i i i i i i i i i i i i i i i i i i            |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            |                        |                                |                  |              |
|                                                      |                                       |                                                  |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            |                        |                                |                  |              |
|                                                      | (sum appli                            | cable columns) SUB1                              | OTALS                                   | ~~~~~               |                                                                                                                                                                                                                                                     |                                |                                            |                      | 169.00    | ,<br>,                                     |                        |                                |                  | Total Kms    |
|                                                      | Specifies othe                        | ITS – (Refer to CF<br>erwise.)                   | -04 for terms a                         | ind conditi         | ons, exce                                                                                                                                                                                                                                           | ept where o                    | ollective                                  | Las                  |           | Enter                                      | \$0.505 <u>OR</u>      | rate per Unic                  | on Agreement     |              |
|                                                      | nses & Allow<br>of the meal a         | ances<br>s shown on the rec                      | eipt, excluding                         | alcoholic           | beverage                                                                                                                                                                                                                                            | <b>9</b> 5,                    |                                            |                      |           |                                            |                        |                                | Mileage \$s      |              |
| including up                                         | p to 15% grati                        | uity and GST to a n<br>) Lunch → \$12            | naximum (with                           | or without          | t receipt)                                                                                                                                                                                                                                          | as indicate                    | d below.                                   |                      |           |                                            |                        | Trave                          | el \$'s Subtotal |              |
| -                                                    |                                       |                                                  |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      |           |                                            | Enter on               | page 1 TOTA                    | L TRAVEL \$s     | 168.00       |
|                                                      |                                       |                                                  |                                         |                     |                                                                                                                                                                                                                                                     |                                |                                            |                      | L,        |                                            | Please en<br>onto page | ter above tota<br>1, Section B | al for each page | <i>( ' '</i> |

**EXPENSE CLAIM DETAILS** 

#### SECTION D Other Expenses

NOTE: If expenses are for travel or education (courses etc) go to SECTION C

#### ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

ightarrow If no "Other" expenses are being claimed, this page does not have to be submitted.

 $\rightarrow$  Gas receipts & business insurance are claimed here in Section D – Other Expenses.

# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal on page 1

| Date<br>(dd/mm/yy) Purpose of Expense | Purpose of Expense | Functional Centre<br>(ie. 101.0767.71355000007) | Secondary/Expense Code<br>(ie: 4100000) | If GST is included or<br>total amount into col<br>enter amount into co | TOTAL Other<br>\$s |          |  |
|---------------------------------------|--------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------|--------------------|----------|--|
|                                       |                    |                                                 | (,                                      | A-GST on receipt B-GST not on receip                                   |                    | 43       |  |
| 1/2/12                                | AHS BARD DINNER    | 101.0923.71110101068                            | 69600000                                | 58.29                                                                  |                    | 1,224.13 |  |
| 12/2/12                               | ZAGYFOLD KEYBOARD  | 101.0923.71110101058                            | 41090000                                | 6.00                                                                   |                    | 125.99   |  |
| 16/1/17                               | Telus Mobility     | 121.0923.71110101055                            | 64020000                                | 6.55                                                                   |                    | 137.55   |  |
| 15/8/11                               | Lunch Goro Wirkel  | 121. 0923.7111 0121258                          | 6960000                                 | 2.20                                                                   |                    | 4620     |  |
|                                       |                    |                                                 | · · · · · · · · · · · · · · · · · · ·   |                                                                        |                    | 1.533.87 |  |

|           |                  | ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$'S.                                                                              |
|-----------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SECTION E | Foreign Currency | All expenses will be paid in CDN \$'s and the exchange rate will be used from the Bank of Canada for the date of the expense. Accounts Payable |
|           | l                | will complete the currency exchange if not indicated on the receipt/document.                                                                  |

| Date p     | Purpose of Expense | Functional Centre                        | Secondary/Expense Code<br>(ie: 4100000) | Foreign Currency<br>Amt (\$) | For AP use ONLY                       |           |
|------------|--------------------|------------------------------------------|-----------------------------------------|------------------------------|---------------------------------------|-----------|
| (dd/mm/yy) |                    | (ie. 101.0767.71355000007                | (ie: 4100000)                           | Amt (\$)                     | Exch Rate                             | CDN Value |
|            |                    |                                          |                                         |                              |                                       |           |
|            |                    |                                          |                                         |                              |                                       |           |
| <u></u>    |                    |                                          |                                         |                              |                                       |           |
|            |                    |                                          |                                         |                              | · · · · · · · · · · · · · · · · · · · |           |
|            |                    | n an | Total Converted \$s                     |                              |                                       |           |

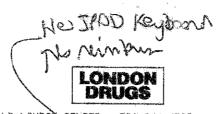
#### Expenses Paid (Retain a copy for your records)

#### Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization.

## Royat Mayfair Golí Club

| Chit Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Anthony 21<br>Anthony 21<br>Anthon                                                                                                                                                                                                              | s.17(1), 17(4)(g)(i)                                                                        |
| <pre>Feb 1/12 Time: 9:01</pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Din                                                                                         |
| 5 Butter Squash Soup<br>9 DR Caesar Salad<br>7 Pork Tenderloin<br>Potato Crust Halibut<br>4 Full Beef Tenderloin<br>Half Beef Tenderloin<br>Half Beef Tenderloin<br>156.00<br>156.00<br>156.00<br>156.00<br>156.00<br>156.00<br>156.00<br>160.00<br>160.00<br>160.00<br>160.00<br>17 VEG<br>2 Mayfair Creme Brule<br>18.00<br>10.00<br>18.00<br>10.00<br>18.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |
| Member Charge ,, 44.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>ე</u>                                                                                    |
| Gratuity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |
| Total:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b></b>                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |

Member & aber:



• • • •

LD LONDON CENTER 780 944 4523 LOOKING FOR WORK? WWW:londendruss.com

١

|          |           | 7.99 6  |                             |                    |
|----------|-----------|---------|-----------------------------|--------------------|
| 1        |           |         |                             |                    |
| ****     | TAX       | 6.90    | BAL                         | 144.88             |
| VF       | MasterCar | ~d      |                             | 144.88             |
|          | XXXXXXXXX | (XXX006 | 59 100                      | r lo. a            |
| AUTH: 08 | 3243S     |         | $\mathcal{A}$ $\mathcal{A}$ | 6.70               |
|          | CHANGE    |         |                             | .00                |
|          | (P)ST     | . 00    | )                           | HINT 09            |
|          | (G)ST     | 6.90    | ) 4                         | #125.99<br>1946 ** |
| 02/12/12 | 2 13:59 6 | ः अक्ष  | 0013 4                      | 1946               |
| ¥¥       | TH        | ¥. it   | ļ                           | ××                 |
| LONDON I | RUGS :    | . : .1  | . #R103                     | 378972             |

CREDIT CARD TRANSACTION RECORD

-------

DRUGS 23 SIST AVENUE INTON, AB T6H0K5

NO.: XXXXXXXXXXXXX0069

AMOUNT \$144,88

MasterCard PURCHASE

02/12/12 13:59:42 AUTH: 08243S REFERENCE: 66172394 0014790130 C

APL: MASTERCARD APN: AID: A0000000041010 TVR: 0000008000

01 APPROVED - THANK YOU 027

IMPORTANT: Retain this copy for your records.

PTLPS01A 17446 HRI -- 3 - 1 - 1 - - 125627

CLIENT Nº :

BILL DATE : 16-Jan-12 PAGE 1 of 3

#### s.17(1), 17(4)(g)(i)



|                                                                                                                                                                                                                                            | MOBILITY BILL SUMMARY                                                                                                             |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Changes to the U.S. roaming rates                                                                                                                                                                                                          | CURRENT CHARGES                                                                                                                   | Contract Term : 3 yr                        |
| As of March 11, 2012 the pay per use rates<br>while roaming in the U.S. are changing. The<br>calling pay per use rate is increasing from<br>\$1.45/min to \$1.50/min and the data pay per use<br>rate is increasing from \$3/MB to \$5/MB. | iPhone 100 - Double mins<br>Data and Other Services<br>Value Added Services<br>Other Charges and Credits                          | \$ 100.00<br>\$ 2.00<br>\$ 27.00<br>\$ 2.00 |
| You could save up to 82% on your U.S. travel                                                                                                                                                                                               | Taxes<br>GST/HST                                                                                                                  | 6.55                                        |
| rates with a U.S. Travel Pass. To learn more or<br>purchase your pass today visit                                                                                                                                                          | Total Taxes                                                                                                                       | \$ 6.55                                     |
| telusmobility.com/travel, call 1-866-558-2273 or                                                                                                                                                                                           | Total Current Charges                                                                                                             | \$ 137.55                                   |
| text 'SAVE' to 7626 from your mobile phone.                                                                                                                                                                                                | YOUR LAST BILL                                                                                                                    |                                             |
|                                                                                                                                                                                                                                            | Amount of Last Bill 16-Dec-11                                                                                                     | \$ 147.42                                   |
|                                                                                                                                                                                                                                            | Payments.                                                                                                                         | \$ -147.42                                  |
|                                                                                                                                                                                                                                            | Payment Reversals                                                                                                                 | \$ 0.00                                     |
|                                                                                                                                                                                                                                            | Total Previous Charges Brought Forward<br>Payment received after 13-Jan-12 may not be refle                                       | \$ 0.00                                     |
|                                                                                                                                                                                                                                            | For inquiries please call Client Care by <b>Dialing *611</b> from<br>your handset or see reverse for local and toll-free numbers. | Total Amount Due \$ 137.55                  |
|                                                                                                                                                                                                                                            |                                                                                                                                   | ~                                           |

TELUS

#### s.17(1), 17(4)(g)(i)

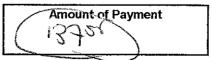
 PTLPS01A E S
 17446

 000000086
 205(A)

 CHRIS J. EAGLE

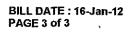
| Payable online or through most financial institutions |           |                          |  |  |  |
|-------------------------------------------------------|-----------|--------------------------|--|--|--|
| Mobility Client Number                                | Bill Date | Total Amount if received |  |  |  |
|                                                       |           | by 13-Feb-12             |  |  |  |
|                                                       | 16-Jan-12 | \$ 137.55                |  |  |  |

Additional fees apply for late payments



Please make cheques payable to TELUS Please do not staple

CLIENT N° :



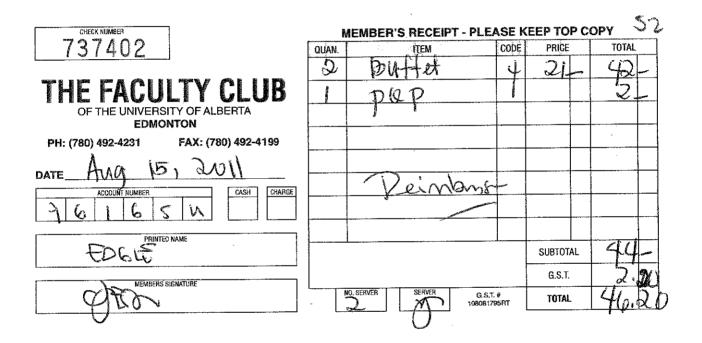


s.17(1), 17(4)(g)(i)

| ACCO | UNT | DETAIL |  |
|------|-----|--------|--|

CHRIS J. EAGLE s.17(1), 17(4)(g)(i)

| CHRIS J. EAGLE                                                                              |                                                                                                                  |                                                                                                                |                                    |                                       |              |           |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|--------------|-----------|
| Current Charges - Detail                                                                    |                                                                                                                  | Contract Ter                                                                                                   | m:3.yr                             |                                       |              |           |
| Monthly Service Plans Jan 17 to Feb 16                                                      |                                                                                                                  |                                                                                                                |                                    |                                       |              |           |
| Service Plan Name                                                                           |                                                                                                                  |                                                                                                                |                                    |                                       | Total        |           |
| iPhone 100 - Double mins                                                                    |                                                                                                                  |                                                                                                                |                                    |                                       | 100.00       |           |
| Total                                                                                       |                                                                                                                  |                                                                                                                |                                    |                                       |              | \$ 100.00 |
| Additional Local Airtime *Free Airtime includes: box                                        | nus minutes, birthday calling, eve                                                                               | nings & weekends, free                                                                                         | incoming, *611 and Ir              | Network Catting                       |              |           |
| Service                                                                                     | Total                                                                                                            | *Free                                                                                                          | Included                           | Chargeable                            | Total        |           |
| Phone (minutes)                                                                             | Airtime<br>167:00                                                                                                | Airtime                                                                                                        | Airtime                            | Airtime                               | 0.00         |           |
| Total                                                                                       | 107.00                                                                                                           | 24:00                                                                                                          | 143:00                             | 0:00                                  | 0.00         | \$ 0.00   |
| Long Distance Charges                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                            | <u></u>                                                                                                        |                                    | <i></i>                               |              | φ υ.υι    |
| Service                                                                                     | Total                                                                                                            | Free                                                                                                           | induate 4                          | Characable                            | Total        |           |
| Jei Nige                                                                                    |                                                                                                                  | LD Minutes                                                                                                     |                                    | Chargeable<br>LD Minutes              | Total        |           |
| Domestic Phone                                                                              | 144:00                                                                                                           | 0:00                                                                                                           | 144:00                             | 0:00                                  | 0.00         |           |
| Total                                                                                       |                                                                                                                  |                                                                                                                |                                    | · · · · · · · · · · · · · · · · · · · |              | \$ 0.00   |
| Data and Other Services                                                                     | - Art                                                                                                            | for any termination of the second |                                    |                                       |              |           |
| Service                                                                                     |                                                                                                                  |                                                                                                                | Total                              | Event                                 | Total        |           |
|                                                                                             |                                                                                                                  |                                                                                                                | Events                             | Туре                                  |              |           |
| Text Msg - Sent                                                                             |                                                                                                                  |                                                                                                                | 5                                  | Msg                                   | 1.00         |           |
| Data Usage<br>Text Msg - Received                                                           |                                                                                                                  |                                                                                                                | 543.893<br>5                       | MB<br>Msg                             | 0.00<br>1.00 |           |
| Total                                                                                       |                                                                                                                  |                                                                                                                | <u>.</u>                           | wsy                                   | 1.00         | \$ 2.00   |
| Value Added Services                                                                        |                                                                                                                  |                                                                                                                |                                    |                                       |              |           |
| Service                                                                                     |                                                                                                                  | ,                                                                                                              |                                    |                                       | Total        |           |
| 200 mins Cdn LD @ 10¢ (Jan 17 to Feb 16)                                                    |                                                                                                                  |                                                                                                                |                                    |                                       | 20.00        |           |
| 3 GB included data (Jan 17 to Feb 16)                                                       | X                                                                                                                | 1                                                                                                              |                                    |                                       | Free         |           |
| Feature Bundle - Small (Jan 17 to Feb 16)<br>Visual Voicemail for iPhone (Jan 17 to Feb 16) |                                                                                                                  |                                                                                                                |                                    |                                       | 7.00         |           |
| Total                                                                                       |                                                                                                                  |                                                                                                                |                                    | · <u>*</u>                            | Free         | \$ 27.00  |
| Other Charges and Credits                                                                   |                                                                                                                  |                                                                                                                |                                    |                                       |              |           |
| Charges and Credits                                                                         |                                                                                                                  |                                                                                                                |                                    |                                       | Tatal        |           |
| Summary Paper Bill Fee                                                                      |                                                                                                                  |                                                                                                                |                                    |                                       | Total        |           |
| Total                                                                                       |                                                                                                                  |                                                                                                                |                                    |                                       | 2.00         | \$ 2.00   |
| Taxes                                                                                       |                                                                                                                  |                                                                                                                | <del>88</del>                      |                                       | Total        | + 2.00    |
| GST                                                                                         |                                                                                                                  |                                                                                                                |                                    |                                       | 6.55         |           |
| Total                                                                                       | و چو هو افغا دیکر کې چې دې د کې د د د د د د د د د د د د د د د                                                    | ىرى، بىيەمىرىيە يېرىدىيەرىت<br>                                                                                | ا ، الانتخاب جيون العادي.<br>منابع |                                       | 0.00         | \$ 6.55   |
|                                                                                             | a second and a second | ·····                                                                                                          | Total Cu                           | rrent Charge                          | s            | \$ 137.55 |
|                                                                                             |                                                                                                                  |                                                                                                                |                                    |                                       |              |           |



، مان کر در ت TICKET ISSUE DATE

#### 03Feb2012

#### s.17(1), 17(4)(g)(i)

ş

÷.

ŝ 4 is

ŝ 3

ŝ

ŝ

| Total Additional Collection | (CAD 168.00) ( $s.17(1), 17(4)(g)(i)$ | х<br>1    |
|-----------------------------|---------------------------------------|-----------|
|                             |                                       | · * # 2 4 |
| •<br>4<br>5<br>2            |                                       | ,         |
| 2<br>1<br>2                 | ** *                                  | ŗ         |
| , джий нь,<br>б<br>л<br>д   | s.17(1), 17(4)(g)(i)                  |           |

| 001 | RHA5 | 101.0923 | .71110101058 | TRAVEL | CHQ10 | 7202 I  | RA    | Κ   | 388.76 |
|-----|------|----------|--------------|--------|-------|---------|-------|-----|--------|
|     | 01F  | 11499    |              |        | CASH  | RECEIPT | CLEAR | ING |        |

TOTAL AMOUNT 388.76

Non-Responsive

5

| CODES                |                      |                              |
|----------------------|----------------------|------------------------------|
| A - AMERICAN EXPRESS | F - FOREIGN CURRENCY | P - PREAUTHORIZED WITHDRAWAL |
| C - CASH             | I - INTERAC          | T - TRANSFER                 |
| D - DIRECT DEPOSIT   | K – CHEQUE           | V - VISA                     |
| E - EXCHANGE         | M - MASTERCARD       | W - WRITE OFF                |

| AUG-12 | SUNDRY | CASH | PAGE | 1 |
|--------|--------|------|------|---|
|        |        |      |      |   |

#### RECEIPT NO 0454143

#### REFUNDED/RECEIVED FROM CIHI

| ITEM | PARTICULARS<br>MIS CODE | · · · · · · · · · · · · · · · · · · · | SITE CODE AMOUNT |  |  |  |  |
|------|-------------------------|---------------------------------------|------------------|--|--|--|--|
|      |                         |                                       |                  |  |  |  |  |

10-A

х.

J.

PROCESSED BY E06440 RECEIPT DATE 10-AUG-12

Non-Responsive CANADIAN INSTITUTE FOR REALTH INFORMATION DATE 12/08/01 CHEQUE # 107202 **VENDOR 101781** INVOICE# INVOICE DATE AMOUNT TRANSACTION # NET AMOUNT BOD Mitg Reg Jun 12/06/21 388.76 1011905 388 76 Mella congreption provide to Deb ou howe the Deb ou howe the Deb oute person appropriate person appropriate person deal of Donnet 223615 Aug7/12 Cheque for \$388.76 lec'd from CIHI for reimburgings of Di Eagli's Frower to Repine June 20-22/12 Dattend CHH mestiza det me know it into (Diipnant travel paid on our Pard) Cost centre 101.0923. deposit FC 71110101058 0000 Province travel TOTAL 388.76 388.70



Canadian Institute for Health Information Institut canadien d'information sur la santé

495 Richmond Road Suite 800 Ottawa, Ditario K2A 4H6 Tel: (613) 241-7860 Fax: (613) 241-8120

TD CANADA TRUST 55 King Street West Toronto, ON M5K 1A2 004-10202

CHEQUE NO. 107202 DATE 2 0 1 2 0 8 0 1

YYYYMMDD

\$\*\*\*388.76

#### Alberta Health Services 5 388.76¢

### THREE HUNDRED EIGHTY EIGHT DOLLARS AND 76 CENTS

PAY TO THE ORDER OF

Alberta Health Services 10030 - 107 St, 14th floor North Tower Edmonton, AB T5J 3E4

L'Ogilie Chartal Pairies\_

273

uer #FL580 Altec (800) 333-5180 (849) 727-1248 Fax (849) 727-1253

| TICKET ISS       | UE DATE |    | 11Apr2012 |                     | s.17(1), 17(4)(g)(i)                     |
|------------------|---------|----|-----------|---------------------|------------------------------------------|
|                  |         |    |           |                     | and any other states and any             |
|                  |         |    |           |                     | an a |
|                  |         |    |           |                     | an wa <sup>4</sup>                       |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     | . :                                      |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     | ,                                        |
|                  |         |    |           |                     | :                                        |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     | ٩                                        |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     | :                                        |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     |                                          |
|                  |         |    |           |                     | •<br>•<br>•                              |
|                  |         |    |           |                     | •                                        |
|                  |         |    |           |                     |                                          |
| Total Fare       |         | CA | D 367.76  | · .                 |                                          |
| e a l'he e la la |         |    |           | t the second second | • • • • • • • • •                        |

驗

https://www.virtuallythere.com/new/eticketPrint.html

274

4 . 2

. R

ŝ

÷

| Additional Fe | es not included in Fare | CAD 10.00 (0.50 XG) - YEG YQR - CA      |  |  |  |  |  |  |
|---------------|-------------------------|-----------------------------------------|--|--|--|--|--|--|
|               |                         | XXXXXXXXXXX5369 (PREMIUM SEAT FEE)      |  |  |  |  |  |  |
|               |                         | CAD 10.00 (0.50 XG) - YQR YEG - CA      |  |  |  |  |  |  |
|               |                         | XXXXXXXXXXX5369 (PREMIUM SEAT FEE)      |  |  |  |  |  |  |
|               |                         | , i i i i i i i i i i i i i i i i i i i |  |  |  |  |  |  |

#### s.17(1), 17(4)(g)(i)

https://www.virtuallythere.com/new/eticketPrint.html

| * * | Α | L | в | Е | R | т | А    | Η  | Ε   | А   | $\mathbf{L}$ | т  | H   | S   | Е   | R  | v | I | С | Ε | S | * * |
|-----|---|---|---|---|---|---|------|----|-----|-----|--------------|----|-----|-----|-----|----|---|---|---|---|---|-----|
|     |   |   |   |   |   | R | DYAL | AI | ĿΕΣ | KAI | NDI          | RΑ | HOS | SPI | ΓAI | SL |   |   |   |   |   |     |

.

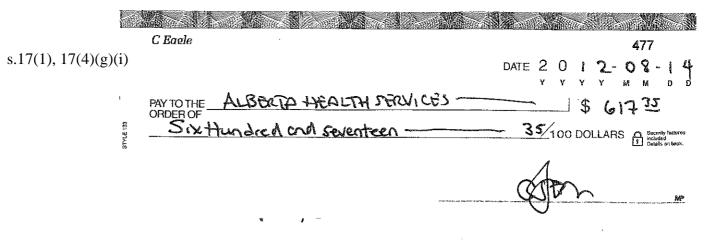
4

,

| 14-AU | JG-12 SUNDRY CASH                                                                                                                                                                          | PAGE                         | 1      |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|
|       | $\begin{array}{c} \text{receipt no } 0454510 \\ \end{array} \qquad  | PROCESSED BY<br>RECEIPT DATE |        |
| ITEM  | PARTICULARS<br>MIS CODE                                                                                                                                                                    | SITE CODE                    | AMOUNT |
| 001   | PREMIER DINNER TRAVEL APR 16/11 CHQ477<br>01F 11499 CASH RECEIF                                                                                                                            | RA K<br>T CLEARING           | 617.35 |
|       | TOTAL                                                                                                                                                                                      | AMOUNT                       | 617.35 |

Non-Responsive

| CODES               |                       |                              |
|---------------------|-----------------------|------------------------------|
|                     |                       | P - PREAUTHORIZED WITHDRAWAL |
| C - CASH            | I - INTERAC           | T - TRANSFER                 |
| D - DIRECT DEPOSIT  | K - CHEQUE            | V - VISA<br>W - WRITE OFF    |
| <u>E - EXCHANGE</u> | <u>M - MASTERCARD</u> | W - WRITE OFF                |



s.17(1), 17(4)(e.1)

Non-Responsive

eom - 1" s.17(1), 17(4)(g)(i) 6BW 101. 0923. 711101010.58 \$ 617.35 Refund for Premies Dinner Travel Hole Taxi Total including travel options, taxes, fees and charges \$239.53 CAD s.17(1), 17(4)(g)(i)

| DATE      | AMOUNT     |
|-----------|------------|
| 14-Apr-11 | \$154.00   |
| 14-Apr-11 | \$7.70     |
| 14-Apr-11 | \$4.76     |
| 14-Apr-11 | \$6.16     |
| 15-Apr-11 | (\$172.62) |

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL GST R#108102864

CREDIT DUE:

(\$0.00)

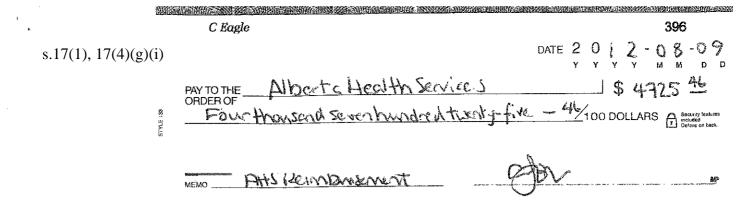
|       | ** ALBERTA<br>ROYZ                  | HEALTH SEI<br>AL ALEXANDRA HOSPITAL: | RVICES **<br>S        |                  |
|-------|-------------------------------------|--------------------------------------|-----------------------|------------------|
| 10-AU | JG-12                               | SUNDRY CASH                          | PAGE                  | 1                |
|       |                                     | REPRINT                              |                       |                  |
|       | RECEIPT NO 04543                    | 813 s.17(1), 17(4)(g)(i)             | PROCESSED BY          |                  |
|       | REFUNDED/RECEIVED FROM              | C EAGLE                              | RECEIPT DATE          | 10-A0G-12        |
| ITEM  | PARTICULARS<br>MIS CODE             |                                      | SITE CODE             | AMOUNT           |
| 001   | AHS REIMBURSEMENT CHQ3<br>01F 11499 |                                      | RA K<br>EIPT CLEARING | 4,725.46         |
|       |                                     | TO                                   | TAL AMOUNT            | <u>4,725.</u> 46 |

Non-Responsive

•

| CODES                |                      |                              |
|----------------------|----------------------|------------------------------|
| A - AMERICAN EXPRESS | F - FOREIGN CURRENCY | P - PREAUTHORIZED WITHDRAWAL |
| C - CASH             | I - INTERAC          | T - TRANSFER                 |
| D - DIRECT DEPOSIT   | K – CHEQUE           | V - VISA                     |
| E - EXCHANGE         | M - MASTERCARD       | <u>W - WRITE</u> OFF         |

~



s.17(1), 17(4)(e.1)

Non-Responsive

Balancing Unit 101 Site Code 0923 Functional Centre 71110101058

Reimbursements for Dr. Eagle s.17(1), 17(4)(g)(i) Quarter Date Charge Tax Total / Details Expense Code ł Q1 Q2 .17(1), 17(4)(g)(i) Q3 Q4 Q1 TOTAL \$3,981.83 s.17(1), 17(4)(g)(i) Additional Items: TOTAL \$548.14 s.17(1), 17(4)(g)(i) Additional Items for Q2 2012 2013: Total \$ 195.49 Grand Total 4725.46

#### **Best Copy Possible**

į

1

Ż

s.17(1), 17(4)(g)(i)

0070272011 8044 PM 10095 DATE

•

2011/09/02

.

\$311.85

20 36185

Balance Do \$ 311.88

1 6.

1

.

. | |

•

10/03/11 21:13:57

TOTAL \$215.85

Balance Du \$ 185.85

#### s.17(1), 17(4)(g)(i)

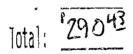
.

Date: Nov 29/11 / Time: 8:24pm

s.17(1), 17(4)(g)(i)

.

.



s.17(1), 17(4)(g)(i)

-----

Date: Jan 12/12 / Time: 7:35pm

s.17(1), 17(4)(g)(i)

•

Chit Total: \$112.35

s.17(1), 17(4)(g)(i)

- -

. . . . bate: Feb 1/12 Time: 9:01pm

s.17(1), 17(4)(g)(i)

2

Member Charge \$1,224.13-

 $\sim$ 



2

Total price

view fare rules

Depart:

Departure Information

.\*

Friday, 23 March

434.83 CAD

WestJet

s.17(1), 17(4)(g)(i)

.

s.17(1), 17(4)(g)(i)

289

Addama / American and a second 
# s.17(1), 17(4)(g)(i)

÷.

40

| na kana ang br>Data kana ang | Charges          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 06-12-2012                                                                                                                                                                                                                         | \$38.85 🍩        |
| 06-13-2012                                                                                                                                                                                                                         | \$38.85 **       |
| 06-13-2012                                                                                                                                                                                                                         | \$16.99          |
| 06-13-2012                                                                                                                                                                                                                         | \$0.85           |
| 06-14-2012                                                                                                                                                                                                                         | \$-77.70         |
| 06-14-2012                                                                                                                                                                                                                         | \$-17.84         |
|                                                                                                                                                                                                                                    | \$95.54 \$-95.54 |
|                                                                                                                                                                                                                                    | \$-0.00          |
| * * *                                                                                                                                                                                                                              | \$0.85           |

TICKET ISSUE DATE

12Jul2012

s.17(1), 17(4)(g)(i)

÷

1

Fare

CAD 383.00

4

1 -- 1 1

~

291

house / house and 1 19

s.17(1), 17(4)(g)(i)

.

-----r

rage 2 of 2



#### istruction:

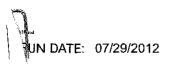
· Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement

Cardholder AND Approver's signatures required where indicated below

| EAGLE, CHRIS                | PRESIDENT & CEO             |                                |                 |
|-----------------------------|-----------------------------|--------------------------------|-----------------|
| Cardholder's Name           | Cardholder's Position/Title | Billing Reporting Period:      | 20/04/2012      |
| CORPORATE OFFICE            | SEVENTH STREET PLAZA        |                                |                 |
| Cardholder's Dept           | Cardholder's Site/Location  | Total Statement Amount:        | \$4,970.97      |
| CHRIS.EAGLE@ALBERTAHEAL     | THSERVICES.CA               |                                |                 |
| Cardholder's e-mail address |                             | Last 6 digits of the P-Card #: | XXXXXXXXX625369 |

| Transaction<br>Date | Trans ID  | Merchant Name & Description                            | Trans Original<br>Amount | -   | Trans Amount | GST   | Freight Description                             |
|---------------------|-----------|--------------------------------------------------------|--------------------------|-----|--------------|-------|-------------------------------------------------|
| 11/04/2012          | 283066524 | WESTJET, Westjet Airlines                              | 21.00                    | CAD | 21.00        | 1.00  | .00Seat Selection                               |
| 11/04/2012          | 283066525 | WESTJET, Westjet Airlines                              | 367.76                   | CAD | 367.76       | 17.51 | .00CIHI Board Meeting                           |
| 12/04/2012          | 283194787 | AIR CAN 0142106901921, AIR CANADA                      | 458.06                   | CAD | 458.06       | 21.81 | .00Trip to Calgary                              |
| 2/04/2012           | 283194788 | AIR CAN 0142106906341, AIR CANADA                      | 650.21                   | CAD | 650.21       | 30.16 | .00 Travel to Vancouver (Cancelle               |
| 14/04/2012          | 283194789 | MPARK00020001U, AUTOMOBILE<br>PARKING LOTS AND GARAGES | √ 10.00                  | CAD | 10.00        | .48   | .00Parking CPSI Board Meeting                   |
| 6/04/2012           | 283289920 | ARAMARK UNIVERSITY OF, CATERERS                        | 154.56                   | CAD | 154.56       | 7.36  | .00Catering President's Speaker<br>Series       |
| 6/04/2012           | 283386883 | UBC E-PAYMENT, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | JA 250.00                | CAD | 250.00       | 11.90 | .00Registration Fee WEDOC<br>Conference         |
| 6/04/2012           | 283386885 | PAYPAL *PURENORTHSE,<br>PROFESSIONAL SERVICES NOT      | V 129.00                 | CAD | 129.00       | 6.14  | Registration Fee Healthy<br>Conscious Symposium |
| 7/04/2012           | 283386884 | VIPHALAY, EATING PLACES,<br>RESTAURANTS                | V 199.25                 | CAD | 199.25       | 9.25  | .00Lunch Executive Committee                    |

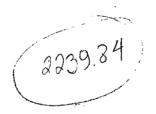
| ×.                                | ( <i>P</i> . | A C | OT | PD | 2461             | 074        |
|-----------------------------------|--------------|-----|----|----|------------------|------------|
| 2)<br>7(4,36<br>1158-64<br>158-84 |              |     | 70 |    | 154655<br>199 25 | 250<br>M.9 |
| 1467_03                           |              |     | 61 |    | 363 61           | 279        |





| Į    | EAGLE, CH                       | IRIS                                   |                                    | PRESIDENT & CEO                                   |                                          |          |                           |                  |            |                                        |
|------|---------------------------------|----------------------------------------|------------------------------------|---------------------------------------------------|------------------------------------------|----------|---------------------------|------------------|------------|----------------------------------------|
|      | Cardholder                      | s Name                                 |                                    | Cardholder's Position/Title                       |                                          | Billir   | Billing Reporting Period: |                  | 20/04/2012 |                                        |
|      | CORPORAT                        | TE OFFICE                              |                                    | SEVENTH STREET PLAZA                              |                                          | <u>.</u> |                           |                  |            |                                        |
|      | Cardholder                      | s Dept                                 |                                    | Cardholder's Site/Lo                              | cation                                   | Tota     | Statement Amo             | ount: \$4,970.97 |            |                                        |
|      | CHRIS.EAG                       | LE@ALBE                                | RTAHEALTHSER                       | VICES.CA                                          |                                          |          |                           |                  |            |                                        |
|      | Cardholder's                    | s e-mail add                           | iress                              |                                                   |                                          | Last     | 6 digits of the P-        | Card #:          | xxxxxx     | XXXX625369                             |
|      | interior data di da di da di da | Tool day to an internet to a little of |                                    |                                                   | ·····                                    |          |                           |                  |            |                                        |
| 100  | Statement o                     | of Transact                            | lòns                               | Nel CORLEX CONTRACT<br>2019 - Difference Contract | an a |          |                           |                  | 2.34       |                                        |
|      | Transaction<br>Date             |                                        | Merchant Name                      | e & Description                                   | Trans Original<br>Amount                 |          | Trans Amount              | GST              | Freight    | Description                            |
|      | 11/04/2012                      | 283066524                              | WESTJET, Westje                    | t Airlines                                        | 21.00                                    | ĊAD      | 21.00                     | 1.00             | .00        | Seat Selection                         |
| ي ال |                                 | 283066525                              | WESTJET, Westje                    | t Airlines                                        | 367.76                                   |          | 367.76                    | 17.51            | .00        | CIHI Board Meeting                     |
|      |                                 | 283194787                              |                                    | 901921, AIR CANADA                                | 458.06                                   | CAD      | 458.06                    | 21.81            | .00        | Trip to Calgary uldi                   |
|      |                                 | 283194788                              | 1                                  | 906341, AIR CANADA                                | 650.21                                   | CAD      | 650.21                    | 30.16            | .00        | Travel to Vancouver (Cancelled)        |
|      |                                 | 283194789                              | MPARK000200011<br>PARKING LOTS AI  | ND GARAGES                                        | 10.00                                    | CAD      | 10.00                     | .48              | .00        | Parking CPSI Board Meeting             |
|      |                                 | 283289920                              |                                    | RSITY OF, CATERERS                                | 154.56                                   | CAD      | 154.56                    | 7.36             | .00        | Catering President's Speaker<br>Series |
| 1    |                                 | 283386883                              | UBC E-PAYMENT,<br>UNIVERSITIES, PF | ROFESSIONAL                                       | 250.00                                   | CAD      | 250.00                    | 11.90            | .00        | Registration Fee WEDOC                 |
|      | 6/04/2012                       | 283386885                              | PAYPAL *PURENO                     |                                                   | 129.00                                   | CAD      | 129.00                    | 6.14             | 1          | Registration Fee Healthy               |
| 1    |                                 |                                        | PROFESSIONAL S                     | ERVICES NOT                                       |                                          |          |                           |                  |            | Conscious Symposium                    |

# V i



2239.84

5/24/12 Ensent to AP

# Best Copy Possible

|            | P-V Parts        |
|------------|------------------|
|            | details Online @ |
| Cardholder | Statement Repair |

| Signatures                                                                                                                                                   |                                                                                         |                                           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|--|--|
| Cardholder Designate (if Applicable)                                                                                                                         |                                                                                         |                                           |  |  |
| By signing this statement                                                                                                                                    |                                                                                         |                                           |  |  |
| <ul> <li>I hereby certify that I have reviewed and reconciled this statemer<br/>Policies, Program User Guide and Training, I have allocated the</li> </ul>   | nt in BMO details Online® to the best of n<br>transaction(s) to the proper cost centre. | ty ability in accordance to AHS Corporate |  |  |
| James C. Markan                                                                                                                                              | Francia britan                                                                          | ž                                         |  |  |
| Name/of Cardholder Designate                                                                                                                                 | EXECUTIVE MSSISTAN<br>Cardholder Designate Position/Title                               | 7<br>                                     |  |  |
| in the second                                              |                                                                                         |                                           |  |  |
| Signature of Cardholder Designate                                                                                                                            | Might 7 1017                                                                            | -                                         |  |  |
|                                                                                                                                                              | Uate of/Signature                                                                       |                                           |  |  |
| Cardholder<br>By signing this statement                                                                                                                      |                                                                                         |                                           |  |  |
| <ul> <li>I hereby certify that the P-Card issued to be was used for legitime<br/>Program User Guide.</li> </ul>                                              | ate business purposes in accordance to A                                                | HS Corporate Policies and AHS P-Card      |  |  |
| I acknowledge that the above Cardholder Designate has complet                                                                                                | ed reviews and reconciliation in BMO det                                                | ails Online® on my behalf (if applicable) |  |  |
| EAGLE, CHRIS                                                                                                                                                 | PRESIDENT & CEO                                                                         |                                           |  |  |
| Name of Cardholder                                                                                                                                           | Cardholder Position/Trile                                                               | ~                                         |  |  |
|                                                                                                                                                              | 11. 7. 2012-                                                                            |                                           |  |  |
| Signature of Cardholder                                                                                                                                      | MAY 7 2012-<br>Date of Scineture                                                        | ۰                                         |  |  |
|                                                                                                                                                              | elate de alfinatorie                                                                    |                                           |  |  |
| Approver Designate (if Applicable)                                                                                                                           |                                                                                         |                                           |  |  |
| By signing this statement                                                                                                                                    | in DHO double Called the second state                                                   |                                           |  |  |
| <ul> <li>I hereby certify that I have reviewed and approved this statement<br/>Guide and Training on behalf of a autorized approver.</li> </ul>              |                                                                                         |                                           |  |  |
| 1 atti Griev                                                                                                                                                 | Chief of Staff, Comp<br>Approved Designate Position/Fite                                | mate Correland                            |  |  |
| Name of Approver Designate                                                                                                                                   | Approver Designate Position/Title                                                       | eruge sacroneria                          |  |  |
| - TON                                                                                                                                                        |                                                                                         | ,                                         |  |  |
| Signature drapprover Designate                                                                                                                               | Date of Signature                                                                       | <i>b</i> .                                |  |  |
| Signature or approver Designate                                                                                                                              | Date of Signature                                                                       |                                           |  |  |
| Approver                                                                                                                                                     |                                                                                         |                                           |  |  |
| By signing this statement                                                                                                                                    |                                                                                         |                                           |  |  |
| <ul> <li>I hereby certify that the P-card issued to be was used for legitimal<br/>Program User Guide and hereby approve the transactions as liste</li> </ul> | te pusiness purposes in accordance to Al                                                | HS Corporate Policies and AHS P-Card      |  |  |
| I acknowledge that the above Approver Designate has completed                                                                                                |                                                                                         | nime® on my behalf (if applicable)        |  |  |
| · · · · ·                                                                                                                                                    | i i                                                                                     | notes on my senar (a sphicable)           |  |  |
| Name of Approver                                                                                                                                             | Approver Position/Title                                                                 |                                           |  |  |
|                                                                                                                                                              | · ·                                                                                     |                                           |  |  |
| Signature of Approver                                                                                                                                        | 1.1.2. 1. 1. 7. 20.                                                                     | / 3                                       |  |  |
| Signature of Approver                                                                                                                                        | Date of Signature                                                                       | •                                         |  |  |
| Submit approved statement with attachments to Accounts Payable                                                                                               |                                                                                         |                                           |  |  |
| Attach:                                                                                                                                                      |                                                                                         |                                           |  |  |
| <ul> <li>Original itemized receipts</li> </ul>                                                                                                               | Address:                                                                                |                                           |  |  |
| Signed Cardholder Statement Report (or copies of electronic                                                                                                  | Alberta Health Services                                                                 | Alberta Health Services                   |  |  |
| signatures if signatures are not on report)                                                                                                                  | Accounts Payable                                                                        | Accounts Payable                          |  |  |
| And where applicable                                                                                                                                         | 7th Street Plaza                                                                        |                                           |  |  |
| Copies of pre-approvals for trave!     Personal cheque payable to "Alberta Health Services"                                                                  | 10th Floor, North Tower, 10030-1<br>Edmonton, AB T5J 3E4                                | 10th Floor, North Tower, 10030-107 Street |  |  |
| Return, refund and/or credit receipts                                                                                                                        | Conton, AB 100 3E4                                                                      |                                           |  |  |
| Disputes letter                                                                                                                                              |                                                                                         |                                           |  |  |
| Accounts Payable only.                                                                                                                                       |                                                                                         |                                           |  |  |
|                                                                                                                                                              |                                                                                         | •                                         |  |  |
| Reference #: Reviewed by:                                                                                                                                    | ······································                                                  | Date:                                     |  |  |
|                                                                                                                                                              |                                                                                         |                                           |  |  |

# Proprietary and Confidential Powered by BMO Spend & Payment Solutions

PAGE NO: 2



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

| Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be wa<br>Program User Guide and hereby approve the t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | As used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>Ccounts Payable:<br>s of electronic<br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the total statement User Guide and hereby approver Design         I acknowledge that the above Approver Design         Name of Approver         Signature of Approver         Submit approved statement with attachments to Attach:         Original itemized receipts         Signatures if signatures are not on report)         And where applicable:         Copies of pre-approvals for travel         Personal cheque payable to "Alberta Health Se         Return, refund and/or credit receipts | As used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>Ccounts Payable:<br>s of electronic<br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the total statement User Guide and hereby approver Design         I acknowledge that the above Approver Design         Name of Approver         Signature of Approver         Submit approved statement with attachments to Attach:         Original itemized receipts         Signatures if signatures are not on report)         And where applicable:         Copies of pre-approvals for travel         Personal cheque payable to "Alberta Health Se         Return, refund and/or credit receipts | As used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>Ccounts Payable:<br>s of electronic<br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the formation of the statement of the shove Approver Design Name of Approver         Name of Approver         Signature of Approver         Submit approved statement with attachments to Additach:         Original itemized receipts         Signatures if signatures are not on report)         And where applicable:         Copies of pre-approvals for travel         Personal cheque payable to "Alberta Health Se                                                                               | As used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>Ccounts Payable:<br>s of electronic<br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the term of a statement with a bove Approver Design Name of Approver         Signature of Approver         Submit approved statement with attachments to Actach:         Original itemized receipts         Signatures if signatures are not on report)         And where applicable:         Copies of pre-approvals for travel                                                                                                                                                                        | As used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>Ccounts Payable:<br>s of electronic<br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the total statement User Guide and hereby approve the total statement of a lacknowledge that the above Approver Design Name of Approver         Name of Approver         Signature of Approver         Submit approved statement with attachments to Actach:         Original itemized receipts         Signatures if signatures are not on report)                                                                                                                                                     | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>ccounts Payable:<br>S of electronic<br>Alberta Health Services<br>Accounts Payable                                                                  |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the total statement user Guide and hereby approver Design         I acknowledge that the above Approver Design         Name of Approver         Signature of Approver         Submit approved statement with attachments to Astach         Original itemized receipts         Signed Cardholder Statement Report (or copies)                                                                                                                                                                            | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>ccounts Payable:<br>Address:<br>s of electronic Alberta Health Services                                                                             |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the total statement of a lacknowledge that the above Approver Design Name of Approver         Name of Approver         Signature of Approver         Submit approved statement with attachments to Astach:         Original itemized receipts                                                                                                                                                                                                                                                           | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature<br>Ccounts Payable:<br>Address:                                                                                                                        |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the to a lacknowledge that the above Approver Design Name of Approver         Name of Approver         Signature of Approver         Submit approved statement with attachments to Actach:                                                                                                                                                                                                                                                                                                              | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature                                                                                                                                                        |
| Approver         By signing this statement         I hereby certify that the P-card issued to be way Program User Guide and hereby approve the term of a construction of the shower Approver Design Name of Approver         Name of Approver         Signature of Approver                                                                                                                                                                                                                                                                                                                                                                        | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).<br>Approver Position/Title<br>Date of Signature                                                                                                                                                           |
| Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be wan<br>Program User Guide and hereby approve the t<br>I acknowledge that the above Approver Design<br>Name of Approver                                                                                                                                                                                                                                                                                                                                                                                                                                      | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                        |
| Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be wan<br>Program User Guide and hereby approve the t<br>I acknowledge that the above Approver Design<br>Name of Approver                                                                                                                                                                                                                                                                                                                                                                                                                                      | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                        |
| Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be wa<br>Program User Guide and hereby approve the t<br>I acknowledge that the above Approver Design                                                                                                                                                                                                                                                                                                                                                                                                                                                           | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card transactions as listed.<br>nate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                           |
| Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be wa<br>Program User Guide and hereby approve the t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card transactions as listed.                                                                                                                                                                                                                                                                                                            |
| Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be wa<br>Program User Guide and hereby approve the t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card transactions as listed.                                                                                                                                                                                                                                                                                                            |
| Approver<br>By signing this statement<br>I hereby certify that the P-card issued to be wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | as used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P. Cord                                                                                                                                                                                                                                                                                                                                   |
| Approver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name of Approver Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Approver Designate Position/Title                                                                                                                                                                                                                                                                                                                                                                                                  |
| Conce and maining on behall of a autorized a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul> <li>I hereby certify that I have reviewed and appro<br/>Guide and Training on behalf of a autorized approximation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | oved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User                                                                                                                                                                                                                                                                                                                                   |
| By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Approver Designate (if Applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature of Cardholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CHL,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MAY 7 2012                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name of Carcholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cardholder Position/Title                                                                                                                                                                                                                                                                                                                                                                                                          |
| EAGLE, CHRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PRESIDENT & CEO                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I acknowledge that the above Cardholder De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | signate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card                                                                                                                                                                                                                                                                                                                                   |
| Cardhólder<br>By signing this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mm 7. J. SIZ                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Janes C. Aluna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name of Cardholder Designate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EXECUTIVE ASSISTANT<br>Cardholder Designate Position/Title                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TOUCE ( MULLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | have allocated the transaction(s) to the proper cost control                                                                                                                                                                                                                                                                                                                                                                       |
| I hereby certify that I have reviewed and record<br>Policies, Program User Guide and Training, I<br>TOUCE A. MULLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate                                                                                                                                                                                                                                                                                                                             |
| By signing this statement<br>I hereby certify that I have reviewed and record<br>Policies, Program User Guide and Training, I<br>TOUCE A MILLIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | onciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate                                                                                                                                                                                                                                                                                                                             |
| <ul> <li>I hereby certify that I have reviewed and record</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | onciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate                                                                                                                                                                                                                                                                                                                             |

Virtually There - eTicket Receipt

, ÷.•

Page 1 of 2



WESTJET RESERVATION CODE TICKET ISSUE DATE TICKET NUMBER ISSUING AIRLINE ISSUING AGENT FREQUENT FLYER NUMBER

# eTicket Receipt

Prepared For EAGLE/CHRIS MR

s.17(1), 17(4)(g)(i)

PISESS 11Apr2012 8382180721949 WESTJET WestJet/SSW

**Itinerary Details** 

| TRAVEL<br>DATE | AIRLINE                    | DEPARTURE                                                                                                       | ARRIVAL                     | OTHER NOTES                                                                                                                                           |
|----------------|----------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20Jun          | WESTJET<br>WS 312          | EDMONTON INTL AB,<br>CANADA                                                                                     | REGINA SK, CANADA           | Seat Number 10D<br>PREMIUM (PAID)                                                                                                                     |
| - 0.15         | yn or margar ar a char a a | Time<br>1:30pm                                                                                                  | Time<br>2:42pm              | Conf: 8380617759561<br>Baggage Allowance 1PC<br>Booking<br>Status CONFIRMED<br>Fare Basis GBRNDS<br>Not Valid Before 20 JUN<br>Not Valid After 20 JUN |
| 22Jun          | WESTJET<br>WS 197          | REGINA SK, CANADA                                                                                               | EDMONTON INTL AB,<br>CANADA | Seat Number 10D<br>PREMIUM (PAID)<br>Conf: 8380617759562                                                                                              |
|                |                            | Time                                                                                                            |                             | Baggage Allowance 1PC                                                                                                                                 |
|                |                            | 3:15pm                                                                                                          | Time                        | Booking                                                                                                                                               |
|                |                            | e de la companya de l | 4:31pm                      | Status CONFIRMED<br>Fare Basis GBRNDH<br>Not Valid Before 22 JUN<br>Not Valid After 22 JUN                                                            |

# Payment/Fare Details

| Form of Payment            | CREDIT CARD - MASTERCARD : XXXXXXXXXXX<br>5369                                     |  |  |
|----------------------------|------------------------------------------------------------------------------------|--|--|
| Endorsement / Restrictions | NONREF - FEE FOR CHG/CXL                                                           |  |  |
| Fare Calculation Line      | YEA WS YQR115.00GBRNDS WS<br>YEA140.00GBRNDH CAD255.00END<br>CAD 255.00            |  |  |
| Fare                       |                                                                                    |  |  |
| Taxes / Fees / Charges     | CAD 14.25 CA (AIR TRANSPORTATION TAX)<br>CAD 17.51 XG (GOODS AND SERVICES TAX GST) |  |  |
|                            |                                                                                    |  |  |
|                            | CAD 81.00 XT (COMBINED TAXES)                                                      |  |  |
| Total Fare                 | CAD 367.76                                                                         |  |  |
|                            | 297                                                                                |  |  |

\$21,00

Additional Fees not included in Fare

CAD 10.00 (0.50 XG) - YEG YQR - CA XXXXXXXXXXXX5369 (PREMIUM SEAT FEE) CAD 10.00 (0.50 XG) - YQR YEG - CA XXXXXXXXXX5369 (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

# QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please click here.
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our <u>contact us</u> page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.



Important Legal Notices

Get Adob Reader Get Adobe Reader®

298

# Joyce Murray

| From:    |
|----------|
| Sent:    |
| To:      |
| Subject: |

Air Canada [confirmation@aircanada.ca] Thursday, April 12, 2012 3:58 PM Joyce Murray Air Canada - 29-Apr: Edmonton - Calgary (booking ref: LQBPMA) - seat selected

# \*\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*\*



**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.

X

| Hotels in Calg                                                                                                         | ary                                             |                                                                              |                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| From (per night)                                                                                                       | From (per night)                                | From (per night)                                                             | Why book your hotel stay at<br>aircanada.com?                                                                                                                             |
| \$116 CAD<br>Ramada Hotel<br>Downtown Calgary:                                                                         | \$111 CAD<br>Radisson Hotel<br>Calgary Airport: | \$81 CAD<br>Ramada Limited<br>Calgary:                                       | <ul> <li>Lowest price guaranteed</li> <li>Great choice of hotels</li> <li>Aeroplan Mile offer<br/>exclusive to aircanda.com</li> <li>Hotels provided by WWTMS.</li> </ul> |
| Need a car in Ca                                                                                                       | algary? Great rates<br>und transportatior       | and additional Aeropla                                                       | n Miles.                                                                                                                                                                  |
| Booking Reference                                                                                                      | LQBPMA                                          |                                                                              | Customer Care<br>Air Canada                                                                                                                                               |
| Electronic Ticketing<br>itinerary/receipt.<br>Main Contact:<br>Dr Christopher Eagle<br>joyce.murray@alberta<br>Mobile; | ahealthservices.ca                              |                                                                              | 1-888-247-2262<br>Flight Arrivals and<br>Departures<br>1-888-422-7533                                                                                                     |
| Home:<br>Work: 1-780-3422029                                                                                           | s.17(1), 17(4)                                  | (g)(i)                                                                       |                                                                                                                                                                           |
| Online Services                                                                                                        |                                                 |                                                                              |                                                                                                                                                                           |
| Alert me of flight stat                                                                                                | tus changes directly                            | my booking; select se<br>to my mobile phone or<br>line if my flight is on ti | r email.                                                                                                                                                                  |

# Check-in online and print my boarding pass.

# \* Can my booking be changed online?

| Flight I            | tinerary                                                         |                                                                  |       |          |            |                                 |
|---------------------|------------------------------------------------------------------|------------------------------------------------------------------|-------|----------|------------|---------------------------------|
| Flight              | From                                                             | To                                                               | Stops | Duration |            |                                 |
| AC8157 <sup>1</sup> | Edmonton,<br>Edmonton Int'l<br>(YEG)<br>Sun 29-Apr 2012<br>18:00 | <b>Caigary (YYC)</b><br>Sun 29-Apr 2012<br>18:52                 | 0     | 0hr52    | <u>DH3</u> | <u>Tango</u><br><u>Plus</u> , T |
| AC81381             | <b>Calgary (YYC)</b><br>Mon 30-Apr 2012<br>10:30                 | Edmonton,<br>Edmonton Int'l<br>(YEG)<br>Mon 30-Apr 2012<br>11:17 | 0     | 0hr47    | <u>CRJ</u> | <u>Tango</u><br><u>Plus</u> , T |

. . .

- - - -

Operated by: <sup>1</sup> Air Canada Express - Jazz

# **Passenger Information**

| 1: Dr Christoph            | er Eagle : Adult (16+),   Ticket | Number: 0142106901       | 921  |
|----------------------------|----------------------------------|--------------------------|------|
| Air Canada -<br>Aeroplan : | s.17(1), 17(4)(                  | Meal Preference : $g(i)$ | None |
| Credit Card:               | xxxx-xxxx-5369                   | Special Needs:           | None |
| Seat Selection:            | AC8157 4D , AC8138 4D            | -                        |      |

# **Purchase Summary**

| Fare Summary                                               |          |
|------------------------------------------------------------|----------|
| Passenger Type                                             | Aduit    |
| Departing Flight - <u>Tango Plus</u>                       | 184.00   |
| Return Flight - <u>Tango Plus</u>                          | 164.00   |
| <u>Surcharges</u>                                          | 24.00    |
| Taxes, Fees and Charges                                    |          |
| Canada Airport Improvement Fee                             | 50.00    |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 21.81    |
| Air Travellers Security Charge (ATSC)                      | 14.25    |
| Total airfare and taxes before options (per passenger)     | 458.06   |
| Number of passengers                                       |          |
| Tota!                                                      | 458.06   |
| RBC Travel Insurance (declined)                            | 0.00     |
|                                                            | 0.00     |
| Grand Total - Canadian dollars                             | \$458.06 |

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$458.06 (Airfare - per ticket)

Ticket number(s): 0142106901921

# enRoute City Guide

Calgary

X

# Flight Arrivals & Departures - check online if my flight is on time. Check-in online and print my boarding pass.

المارية متركين فالمتحاد المراجع

\* Can my booking be changed online?

| 283 C. 252 Sec. 1 | [tinerary                                                                       |                                                                                 | n i 100 ni <b>Klan</b> a (m. 13. 1917 | n i sun i nativita della |            |                                 |
|-------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|--------------------------|------------|---------------------------------|
| Flight            |                                                                                 | To                                                                              | Stops                                 | Duration                 |            |                                 |
| AC251             | Edmonton,<br>Edmonton Int'i<br>(YEG)<br>Thu 26-Apr 2012<br>16:40                | Vancouver,<br>Vancouver Int'l<br>(YVR)<br>Thu 26-Apr 2012<br>17:13 - Terminal M | . 0 .                                 | 1hr33                    | <u>E90</u> | <u>Tango</u><br><u>Plus</u> , W |
| AC244             | Vancouver,<br>Vancouver Int'l<br>(YVR)<br>Sat 28-Apr 2012<br>15:25 - Terminal M | Edmonton,<br>Edmonton Int'l<br>(YEG)<br>Sat 28-Apr 2012<br>17:52                | 0                                     | 1hr27                    | <u>E90</u> | <u>Tango</u><br><u>Plus</u> , W |

# **Passenger Information**

| Seat Selection: | AC251 24C , AC244 14C           |                                               |            | • |                      |
|-----------------|---------------------------------|-----------------------------------------------|------------|---|----------------------|
| Credit Card:    | XXXX-XXXX-XXXX-5369             | Special Needs:                                | None       |   |                      |
| Aeroplan :      | s.17(1), 17(4)(g)               | )(i). The electrony data is a strategy of the | eren arean |   |                      |
| Air Canada -    |                                 | Meal Preference :                             | None       |   | dona a sugar votel 1 |
| 1: Hon Christop | her Eagle : Adult (16+), Ticket | Number: 014210690                             | 06341      |   | C-Se                 |

# **Purchase Summary**

| Fare | Summary |
|------|---------|

| Passenger Type                                             | Adult    |
|------------------------------------------------------------|----------|
| Departing Flight - Tango Plus                              | 259.00   |
| Return Flight - Tango Plus                                 | 269.00   |
| Surcharges                                                 | 36.00    |
| Taxes, Fees and Charges                                    |          |
| Canada Airport Improvement Fee                             | 40.00    |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 30.16    |
| Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)   | 1.80     |
| Air Travellers Security Charge (ATSC)                      | 14.25    |
| Total airfare and taxes before options (per passenger)     | 650.21   |
| Number of passengers                                       | 1        |
| Total                                                      | 650.21   |
| RBC Travel Insurance (declined)                            | 0.00     |
| Grand Total - Canadian dollars                             | \$650.21 |

and the second المراجع والمراجع المراجع والمراجع والمراجع The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: \$650.21 (Airfare - per ticket)

Ticket number(s): 0142106906341

# enRoute City Guide

. .

Vancouver



PLACE FACE UP ON DASH Expiration Date/Time EXP 06:00AM APR 13, 2012 Purchase Date/Time: 06:14pm Apr 12, 2012 Total Parking: \$9.52 Total gst: \$0.48 Total Due: \$10.00 Rate: \$10.00 overnight 6am Total Paid: \$10.00 Payment Type: Card #\*\*\*\*-5369, MasterCard Ticket # 10637170 S/N #: 100008460018 Setting: Lot 1 Mach Name: Meter 2 GST #887315638RT0001 \$ RECEIPT Impark Lot 1 Expiration Date/Time: 06:00am Apr 13, 2012 Purchase Date/Time: 06:14pm Apr 12, 2012 Total Parking: \$9.52 Total gst: \$0.48 Total Due: \$10.00 Rate: \$10.00 overnight Gam Total Paid: \$10.00 Payment Type: Card **MasterCard** Ticket # 10637170 Setting: Lot 1 Mach Name: Meter 2 REC MERTING - CANADIAN PATIENT SOFETY/MSTITUTE BOARD OF DIRECTORS

.

, <sup>\*</sup>, •

302

# Joyce Murray

Subject:

FW: President's Speaker Series - April 12th - Catering Order

From: Gloria Hodder Sent: Tuesday, April 10, 2012 9:28 AM To: Jennifer Hamstra Subject: President's Speaker Series - April 12th - Catering Order

Hi Jennifer, Would you please call Olivia Fata at 780-492-4411 with credit card payment for this order.

Thanks, Gloria

Gloria Hodder Coordinator, Networking and Exchange Knowledge Management, Leading Practices & Innovation Quality & Healthcare Improvement

Room 03-012, Seventh Street Plaza - North Tower Edmonton, Alberta T5J 3E4

tel: (780) 735-0350 fax: (780) 735-0850 Email: <u>Gloria.Hodder@albertahealthservices.ca</u> www.albertahealthservices.ca

From: Classic Fare Catering at University of Alberta Campus [mailto:orders@catertrax.com] Sent: April 10, 2012 9:06 AM To: Gloria Hodder Subject: Tracking Message Order Number 5856

# **Tracking Message for order 5856**

| Message From: oliviafata | Date: 4/10/2012 / Time: 9:06 AM |
|--------------------------|---------------------------------|
|                          |                                 |

Hello,

This message is to verify your order.

We require a method of payment on file to confirm your order. Please contact our office at 780-492-4411 with this information.

If you have not already done so, please sign a copy of this order and fax it to 780-492-4369 or email it to <u>catering@ualberta.ca</u>

If there are any changes you would like to make, or if you have any questions or concerns, please feel free to contact us.

Thank you for choosing Classic Fare Catering at the University of Alberta. by admin

Request Changes

Print Updated Order

Dear Gloria Hodder,

Please do not reply to this email! Instead, please use the "Request Changes" link to respond, if needed.

Classic Fare Catering at University of Alberta Campus 2-044 Lister Hall,Edmonton,AB T6G 2H6 (780) 492-4411 Fax (780) 492-4369

Order # 5856

Pick-up/ Delivery Date: 4/12/2012 Food Prepared Time: 10:15 AM Food/Liquor Delivery Time: 10:30 AM Event Start Time: 11:00 AM Event End Time: 1:00 PM

# Order Total: \$154.56

Grand total may be adjusted to accommodate any special requests. Click here to print or view an up to date version of this Order.

- <u>Campuses</u>
- UBC Directories
- UBC Quick Links
- •

[X] close

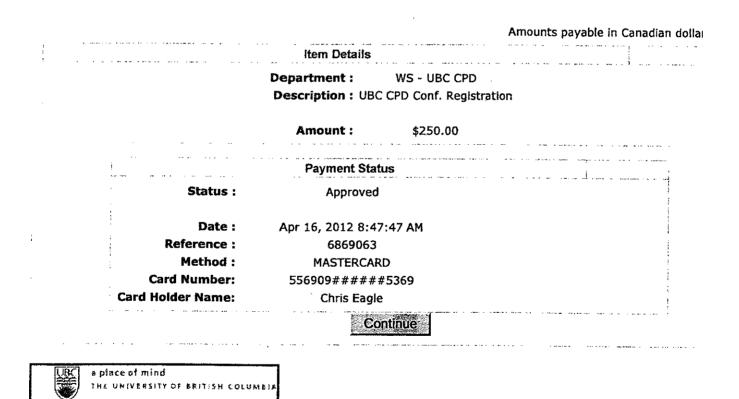
# . The University of British Columbia

- a place of mind
- The University of British Columbia
- Academic Systems

# **Payment Receipt**

and a second of a second of a second s

We recommend that you note the payment reference below or **print a copy** of this page for your records.



Academic Systems UBC Information Technology 2016-1874 East Mall, Vancouver BC, V6T 1Z1 E-mail: <u>sswebsupport@exchange.ubc.ca</u>

1 . .

\_ 3---- 1---

42.

Emergency Procedures | Accessibility | Contact UBC | @ Copyright The University of British Columbia



The Division of

**Continuing Professional Development** 

Faculty of Medicine

# **Official Receipt**

Receipt Number: 10302446 Date: April 16, 2012

Dr. Chris Eagle 1400, Seventh Street Plaza 10030 - 107 Street Edmonton AB Canada T5J3E4

This receipt confirms your registration and payment as follows:

| Event Name  | ME8645 Western Emergency Department Operations Conference - WEDOC - Improving Patient Care<br>- Aligning Providers, Treatment, Place and Time |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date        | April 27-28, 2012                                                                                                                             |  |
| Location    | Morris J. Wosk Centre for Dialogue                                                                                                            |  |
| Amount Paid | \$250.00                                                                                                                                      |  |
|             |                                                                                                                                               |  |

# **Important Information**

Please keep this receipt in a safe place as no duplicates will be issued.

If you are using this receipt for income tax purposes, you can only claim the registration fees on your taxes.

Refund deadlines and processing fees are listed in the course brochure.

It is hereby certified that, unless otherwise indicated, no part of the amount as shown was levied in respect of student social activities, the cost of books (other than costs which are an integral part of the fees for a correspondence course), charges for board and lodgings or any charges other than fees for tuition and the related fees for admission, use of library or laboratories, examinations and degree or diploma, and constitutes the amount of tuition paid for the purposes of paragraph 118.5(1)(a) of the Income Tax Act.

855 West 10th Ave. Vancouver, BC V5Z 1L7 Phone: (604) 875-5101 Fax: (604) 875-5078

www.ubccpd.ca info@ubccpd.ca



| VIPHALAY                                | · ).<br>• .     |
|-----------------------------------------|-----------------|
| (780)756-8188                           |                 |
| 10523 99 AVE                            | 10              |
| TOMONTON, AB                            | 1               |
| ******                                  | ****            |
| *************************************** | @10.00          |
| -                                       | 30.00           |
| SALAD ROLLS                             | 9.00            |
| THAT PAPAYA                             | @15.00          |
| 2X                                      | 30.00           |
| PAD 111/1                               | 14.00           |
| RED CURRY                               | @14.00          |
| 2X                                      | 28.00           |
| GPF FN                                  | 20.00<br>@14.00 |
|                                         |                 |
| EANANG                                  | 28.00           |
| 28                                      | @14.00          |
| YELLOW CURRY                            | 28.00           |
| 3X                                      | 06.00           |
| COCONUT RICE LO                         | 18.00           |
| ITEM CT                                 | 16              |
|                                         | 9.25            |
| TAX 1                                   | 94.25           |
| CASH 1<br>04-17-2012                    | 11:19           |
| 0001 CLERK30                            | 00010581        |
| ODUI ULEKNOL                            |                 |
| GST 84445692                            | THE AGAIN       |
| THANK YOU C                             | JPIL HUNIN      |

VIPHALAY 10523 99 AVE EDMONTON, AB T5K0E7 7807568188

.

N. 1

,

.

. " 45

MERCHANT 1D: 97326700010 TERM 1D: 001

# SALE

| XXXXXXXXXXXXX<br>M=STERCARD<br>04/17/12<br>INV #: 000001 | 5369<br>ENTRY METHOD: CHIP<br>11:36:54<br>APPR CODE: 133653<br>BATCH #: 000090<br>REF #: 001 |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| AMBUINT<br>TIP                                           | \$194.25<br>\$5.00<br>========                                                               |
| TOTAL                                                    | \$199.25                                                                                     |

TOTAL

PIN VERIFIED BY CARD ISSUER CARDHOLDER AGREES TO PAY ABOVE TOTAL AMOUNT IN ACCORDANCE WITH CARD ISSUER'S AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION

CARDHOLDER COPY

### APPROVED

APPLICATION LABEL: MasterCard

₩

Lunch EXELUTIVE Committee Apr. 17, 2012

# **Pure North S'energy Foundation**

English

التقتر

- 4

- English
- Français

# Choose a way to pay

pageState=done&pageDispatch=50a222a577

Massa the many a structure M

Submit Query

You just made a payment of

\$129.00 CAD

Print receipt

Paid to Pure North S'energy Foundation 4039845078

Ship to 14th Flr. 7th St. Plaza 10030 - 107 Street Edmonton Alberta T5J 3E4 Canada

....

0

.

a....o.anaataxt...nxt...nv.....DN0V

1/16/2012

# Best Copy Possible

|                     |                      | erta Heal                             | in Be                                          | est Copy I              | Possib      | le                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
|---------------------|----------------------|---------------------------------------|------------------------------------------------|-------------------------|-------------|--------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <                   |                      |                                       |                                                |                         |             | C                  | ardhc        | and the second se | detail<br>der Statem                       |
| · · ·               | ·                    |                                       |                                                |                         |             |                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | der Statom                                 |
| Inst. "ruct         | lon,<br>⊳ked All∫ori | ainal detailed reseint                |                                                |                         |             |                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | orarem                                     |
| Card                | holder AND           | Approver's signature                  | s and supporting docu<br>s required where indi | iments in the sa        | ame order a | as it appears on f | his statemes |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| EAGLESC             |                      | <u> </u>                              |                                                | Lateu Delow             |             |                    |              | nt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| Cardholde           |                      |                                       | PRESIDENT & CEO<br>Cardholder's Position       | /Title                  |             | Dopostina Da       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| Corpo               | orate                | Office                                | SEVENTH STREET                                 |                         | Dim         | ng Reporting Per   | 10d: 21      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                          |
| Cardholde           |                      |                                       | Cardholder's Site/Loc                          |                         | – Tota      | I Statement Amo    | unt 🔊        | /04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | /2012                                      |
| CHRIS.EA            | GLE@ALBE             | ERTAHEALTHSERVI                       | CES.CA                                         |                         |             |                    | -            | - 97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Cardholder          | 's e-mail ad         | dress                                 | ·····                                          |                         | -<br>Last   | 6 digits of the P- | Card #: X∽   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| Clatanaat           |                      |                                       |                                                |                         |             |                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | XXXXX189747                                |
| e na kaja seren     | of Transac           |                                       |                                                |                         |             |                    |              | Witten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 189747                                     |
| Transaction<br>Date | Trans ID             | Merchant Name                         | & Description                                  | Trans Origina<br>Amount | Currency    | Trans Amount       | GST          | UNITED THE STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| 16/03/2012          | 281093974            | RADISSON CANMO<br>HOTELS              | RE, RADISSON                                   |                         | CAD         | 122.37             | 4.49         | reig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ht Description                             |
| 20/03/2012          | 281093970            |                                       | 77526, AIR CANADA                              | 7 566.0                 | CAD         | 566.08             | 26.96        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Do Hotel, AHS Board Meet                   |
| 20/03/2012          | 281093971            | AIR CAN 01421060                      | 76602, AIR CANADA                              | / 892.63                | CAD         | 892.63             | 42.51        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Overfine will                              |
| 20/03/2012          | 281093972            | AIR CAN 01421060                      | 7526, AIR CANADA                               | 16.80                   | CAD         | 16.80              | .80          | .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Meeting with Premier, C                    |
| 20/03/2012          | 281093973            | AIR CAN 01421060                      | 6602, AIR CANADA                               | / 2628                  |             |                    |              | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Meting with Premier, Ca                    |
| 20/03/2012          | 281200022            | WESTJET, Westjet A                    |                                                |                         |             | 26.25              | 1.25         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Seat Selection                             |
| 20/03/2012          | 281200023            | 1                                     |                                                | 7 10 50                 | CAD         | 10,50              | .50          | -00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Seat Selection                             |
|                     |                      | WESTJET, Westjet A                    |                                                | / 42433                 | CAD         | 424.33             | 20.21        | .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Seat Selectioni                            |
| 21/03/2012          | 281200021            | MORIARTY S BISTR<br>PLACES, RESTAURA  | 0 & WI, EATING                                 | 37.08                   | CAD         | 37,08              | 1.77         | .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lissed Flight, Meeting with                |
| 25/03/2012          | 281503980            | Amazon.ca, COMPUT<br>NETWORK/INFORM/  | ER                                             |                         | CAD         | 184.03             | 8.75         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | remier ran over<br>eeting with Jay Ramotar |
| 26/03/2012          | 281700947            | THE MARC RESTAU                       | RANT GR. EATING                                | - / 85,89               | CAD         | 45.89              | 1.90         | .008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oks - Wheet                                |
| 28/03/2012          | 281805691            | PLACES, RESTAURA<br>COLLINS LIMOUSINE | LTD., LIMOUSINES                               | dan Branca II a         | CAD         |                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | oks - Where to From Here                   |
| 02/04/2012          | 82352692             | AND TAXICABS                          |                                                | -                       |             | 140.00             | 6.67         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ich with John VanAerde                     |
|                     |                      | ORGANIZATIONS, CH                     | ARITABLE AND                                   | 30.00                   | CAD         | 30.00              | 1.43         | Trar<br>Prer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsportaton - Meeting with                  |
|                     |                      | Amazon.ca, COMPUT<br>NETWORK/INFORMA  | TION SERVICES                                  | 119:29                  | CAD         | 119,29             | 5.68         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IL Registration Fee                        |
| 04/04/2012 2        | 82352691             | Amazon.ca, COMPUT<br>NETWORK/INFORMA  | ER                                             | 26.29                   | ÇAD         | 26.29              | .00          | - 00Book                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | "Where to from Lie                         |
| 9/04/2012 2         | 82753476             | FUTURE SHOP #10, E                    | LECTRONICS                                     | é89.59                  | CAD         | 89.59              | 4.27         | .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - Where to from Here?                      |

4

|                                                | onlý.                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <ul> <li>Personal ch</li> </ul>                | re-approvals for travel<br>leque payable to "Alberta Health<br>and and/or credit receipts<br>tter | Services"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10th Floor, Non<br>Edmonton, AB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | th Tower, 10030-107 Street<br>T5J 3E4                                                                 |
| And where applic                               |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Accounts Paya<br>7th Street Plaz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8                                                                                                     |
| <ul> <li>Signed Can</li> </ul>                 | nized receipts<br>dholder Statement Report (or co                                                 | pies of electronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Alberta Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Services                                                                                              |
| Attach:                                        |                                                                                                   | . A STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |
| Submit approved                                | siatement will attachments to                                                                     | Accounts Psysple:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |
| Signature of App                               | irover 7                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>1 30/</u> 2012                                                                                     |
| reanie of Approv                               | e cit. Area                                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |
| Name of Approv                                 | THY RECLEN                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CHAEK<br>Approver Position/T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2<br>                                                                                                 |
| Program U     I acknowled                      | ser Guide and hereby approve ti<br>dge that the above Approver Des                                | te transactions as listed.<br>Lignate has completed rev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | iews and approvals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in BMO details Online® on my behalf (if applicable).                                                  |
| By signing this stat                           |                                                                                                   | was usait for lookloote h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | utinose numeras -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | accordance to AHS Corporate Policies and AHS P-Card                                                   |
| Signature of App<br>Approver                   | prover Designate                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |
| - Jefe                                         | - Kal                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -992-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 125,0019.                                                                                             |
| Name of Approv                                 | ièn Designate                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | . de la construction de la const |                                                                                                       |
| Guide and                                      | Training on behalf of a autorizad                                                                 | i approver.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B in accordance to AHS Corporate Policies, Program Use<br>aff 1 Corporate Secretary<br>Position/Title |
| By signing this sta                            |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |
| Signature of Ca                                | irdholder                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |
| CAT                                            | <                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | APRIL 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |
| EAGLE, CHRIS                                   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PRESIDENT & CE<br>Cardholder Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |
|                                                |                                                                                                   | Designate has completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | illation in BMO details Online® on my behaif (il applicable                                           |
| By signing this sta<br>I hereby c<br>Program I | ertify that the P-Card Issued to b<br>User Guide.                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | In accordence to AHS Corporate Policies and AHS P-Car                                                 |
| Cardholder                                     |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Colored Cignalians                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                     |
| Sinternation                                   | archolder Designate                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Applico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13,2012                                                                                               |
| Name of Cardi                                  | nolder Designate                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Cardholder Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |
| Tour                                           | MURRAN                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FLET WIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 Acienan                                                                                             |
| I hereby c                                     |                                                                                                   | econciled this statement in<br>the test allocated the test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BMO details Onlin<br>perclion(s) to the pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e® to the best of my ability in accordance to AHS Corpor                                              |
| Cardholder Des<br>By signing this st           | ignate (il Applicable)<br>stement                                                                 | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |
| Signatures                                     |                                                                                                   | RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NED</b> and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |
| Rosenadolei                                    | 1997 P 201 P 1997 P 2019                                                                          | MAL U O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>6</u> UI6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |
| 460-640e6                                      | ervices                                                                                           | MAY 0 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cardholder Statement F                                                                                |
|                                                | berta Health                                                                                      | AHS - Edr<br>Accounts F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P<br>details On                                                                                       |
|                                                |                                                                                                   | Constant of the second s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100                                                                                                   |

RUN DATE: 04/23/2012

.

**~**;

# Proprietary and Confidential Powered by BMO Spend & Payment Solutions

PAGE NO: 2

|                                                | urism Levy %4<br>GST                                                                      | XXXXXXXX<br>7.76                                                          | XXXXXX9747 XX/XX<br>Totai                                                                                                                |                                                                                                                                                                 | . 4.49<br>5.61<br>Other GST<br>122.37                                                                                                                                        | 122.3<br>0.00<br><b>122.3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alberta Tou<br>Room %5 (<br>Mastercard<br>5.61 | Urism Levy %4<br>GST<br>Other PST                                                         |                                                                           | XXXXXX9747 XX/XX                                                                                                                         |                                                                                                                                                                 | 5.61                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Alberta Tou<br>Room %5 (<br>Mastercard         | urism Levy %4<br>GST                                                                      |                                                                           | XXXXXX9747 XX/XX                                                                                                                         |                                                                                                                                                                 | 5.61                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Alberta Tou<br>Room %5 (                       | urism Levy %4<br>GST                                                                      | XXXXXXX                                                                   | XXXXXX9747 XX/XX                                                                                                                         |                                                                                                                                                                 |                                                                                                                                                                              | 122.37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Alberta Tou<br>Room %5 (                       | urism Levy %4<br>GST                                                                      |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              | 122.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Alberta Tou<br>Room %5 (                       | urism Levy %4<br>GST                                                                      |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                | -                                                                                         |                                                                           |                                                                                                                                          |                                                                                                                                                                 | × 4.49                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Doonination                                    |                                                                                           |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                | -                                                                                         |                                                                           |                                                                                                                                          |                                                                                                                                                                 | 3.27                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Room Cha                                       | rge                                                                                       |                                                                           |                                                                                                                                          |                                                                                                                                                                 | 109.00                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Text                                           | t                                                                                         |                                                                           |                                                                                                                                          | · · · · · · · ·                                                                                                                                                 | Charges                                                                                                                                                                      | Credits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| pany Name                                      | : Alberta Health S                                                                        | Services                                                                  |                                                                                                                                          |                                                                                                                                                                 | 03-15-12                                                                                                                                                                     | 07:09:42 AM ES1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| p Code                                         | : 1201ALBHEA                                                                              |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Number                                         | :                                                                                         |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| bership No.                                    |                                                                                           |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DICE                                           |                                                                                           |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                |                                                                                           |                                                                           |                                                                                                                                          | -                                                                                                                                                               |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                |                                                                                           |                                                                           |                                                                                                                                          | •                                                                                                                                                               |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ada                                            |                                                                                           |                                                                           |                                                                                                                                          |                                                                                                                                                                 |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| s Eagle                                        |                                                                                           |                                                                           |                                                                                                                                          | Room No.                                                                                                                                                        | : 126                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5<br>₹<br>*                                    |                                                                                           | 7                                                                         | adisson                                                                                                                                  |                                                                                                                                                                 | ø                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                |                                                                                           | _                                                                         | , C                                                                                                                                      | Cleccor                                                                                                                                                         | •                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                | s Eagle<br>ada<br>NCE<br>bership No.<br>Number<br>p Code<br>bany Name<br>Text<br>Room Cha | s Eagle<br>ada<br>NCE<br>bership No. :<br>Number :<br>p Code : 1201ALBHEA | S Eagle<br>ada<br>NICE<br>bership No. :<br>Number :<br>p Code : 1201ALBHEA<br>pany Name : Alberta Health Services<br>Text<br>Room Charge | Redisser<br>Redisser<br>SEagle<br>ada<br>NICE<br>bership No. :<br>Number :<br>p Code : 1201ALBHEA<br>pany Name : Alberta Health Services<br>Text<br>Room Charge | Room No.<br>Arrival<br>Departure<br>Page No.<br>Folio No.<br>Folio No.<br>Conf. No.<br>Cashier No.<br>Number :<br>p Code : 1201ALBHEA<br>pany Name : Alberta Health Services | RadissurRoom No.: 126Arrival: 03-13-12Departure: 03-15-12Page No.: 1 of 1Folio No.: 1068339DICEConf. No.: 1108014bership No.:Number:p Code: 1201ALBHEAportDamy Name: Alberta Health ServicesRoom ChargeNumber:ICEDescription:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description:Description <th< td=""></th<> |

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide. Enroll and learn more at the front desk or at clubcarlson.com

### Thank You For Staying With Us

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

Guest Signature\_\_\_\_\_ GST# 865543425

AHS BONED MEETING

Radisson Hotel & Conference Center 511 Bow Valley Trail Canmore, Alberta T1W 1N7 Telephone: (403) 678-3625 Fax: (403) 678-5534

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** Duration Aircraft Fare Type Meal То Stops Flight From Calgary Edmonton, Edmonton (YYC) Latitude, Int'l (YEG) AC8135<sup>1</sup> Fri 23-Mar 0 0hr53 DH3 В Fri 23-Mar 2012 2012 08:00 08:53 Operated by: Air Canada Express - Jazz **Passenger Information** 1: Dr Christopher Eagle : Adult (16+), Ticket Number: 0142106077526 Meal Preference : None Frequent Flyer Pgm None **Special Needs:** None xxxx-xxxx-xxxx-9747 Credit Card: AC8135 1D (Preferred) Paid Seat Selection: Purchase Summary **Fare Summary** Adult Passenger Type 495.00 Departing Flight - Latitude 12.00 Surcharges Taxés, Fees and Charges 25.00 Canada Airport Improvement Fee Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) 26.96 7.12 Air Travellers Security Charge (ATSC) 566.08 Total airfare and taxes before options (per passenger) Options Departing Flight - Latitude × 16.00 Advance Seat Selection (Preferred) 0.80 Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) Total airfare, taxes and options (per passenger) 582.88 1 Number of passengers 582.88 Total 0.00 RBC Travel Insurance (declined) \$582.88 Grand Total - Canadian dollars The following charges (tax inclusive) will appear on your credit card statement: Air Canada: \$566.08 (Airfare - per ticket) Air Canada: \$16.80 (Advance Seat Selection - per ticket) Ticket number(s): 0142106077526

## **Fare Rules**

v

Search Select Review Passengers Purchase Seats Itinerary

# **Booking Information**

1.

NX67YZ **Booking Reference:** 

## **Customer Care**

1-888-247-2262

Air Canada

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

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Main Contact: Dr Christopher Eagle joyce.murray@albertahealthservices.ca Mobile: s.17(1), 17(4)(g)(i) Work: 1-780-3422011

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

None

# **Flight Itinerary**

| Flight  | From                                                    | То                                                                    | Stops | Duration | Aircraft | Fare Type      | Meal |
|---------|---------------------------------------------------------|-----------------------------------------------------------------------|-------|----------|----------|----------------|------|
| AC85551 | <b>Calgary<br/>(YYC)</b><br>Fri 23-Mar<br>2012<br>14:00 | <b>Victoria, Victoria Int'l<br/>(YYJ)</b><br>Fri 23-Mar 2012<br>14:36 | 0     | 1hr36    | CRJ      | Latitude,<br>B |      |

Operated by:

<sup>1</sup> Air Canada Express - Jazz

# **Passenger Information**

| 1: Dr Christopher Eagle : Adult (16+), | Ticket Number: | 014210607660 | )2   |
|----------------------------------------|----------------|--------------|------|
| Frequent Elver Pam : None              | Mea            | Preference:  | None |

| Frequent Fiyer Pgin : | None                       | Piedra reference |
|-----------------------|----------------------------|------------------|
| Credit Card:          | xxxx-xxxx-xxxx-9747        | Special Needs:   |
| Seat Selection:       | AC8555 1D (Preferred) Paid |                  |

Congratulations on your selection of a Preferred seat. Please read the Terms and conditions.

,

| Fare Summary                                               | Adult        |
|------------------------------------------------------------|--------------|
| Passenger Type<br>Departing Flight - Latitude              | 800.00       |
| Surcharges                                                 | 18.00        |
| Taxes, Fees and Charges                                    |              |
| Canada Airport Improvement Fee                             | 25.00        |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 42.51        |
| Air Travellers Security Charge (ATSC)                      | 7.12         |
| Total airfare and taxes before options (per passenger)     | 892.63       |
| <b>Options</b><br>Departing Flight - Latitude              |              |
| * Advance Seat Selection (Preferred)                       | 25.00        |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 1.25         |
| Total airfare, taxes and options (per passenger)           | 918.88       |
| Number of passengers                                       | 1            |
| Total                                                      | 918.88       |
| RBC Travel Insurance (declined)                            | 0.00         |
| Grand Total - Canadian dollars                             | \$918.88     |
| Grand Total                                                | 1 adult      |
| Total including travel options, taxes, fees and charges    | \$918.88 CAD |

# **Fare Rules**

Departing Flight Calgary (YYC) To Victoria (YYJ) - Latitude

- Changes:
  - Changes are permitted and a change fee does not apply.
  - Your total ticket price may increase if changes are made and the original fare you booked is no longer available, or if you call Air Canada Reservations, who may not have access to the original fare. Advance purchase may apply.
  - Lower Latitude fares may be available only at aircanada.com for selected flights and dates. **Any changes not completed on aircanada.com may result in a higher Latitude fare** than would otherwise be available.
  - o Same-day standby is permitted at no charge.
  - o Flights can only be used in sequence from the place of departure specified on the itinerary.
- Cancellations:
  - Tickets are fully refundable and non-transferable.
  - Cancellations can be made up to 45 minutes prior to departure.
- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated

0.00.0010

Flight Arrivals & Departures - check online if my flight is on time. Check-in online and print my boarding pass.

e

| -                                            | * .                                                                                                             | Can my booking                                                                              | be chang | ed online?      |          | ·····                  |            |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------|-----------------|----------|------------------------|------------|
| Flight Itinera                               | ary                                                                                                             | and a statistic tableton with a statistic statistic statistics of the transformation of the |          |                 |          |                        |            |
| Flight From                                  | Ĭ                                                                                                               | То                                                                                          | Stops    | <b>Duration</b> | Aircraft | Fare Type              | Meal       |
| AC81351 Int'                                 | onton, Edmonton<br>(YEG)<br>3-Mar 2012<br>0                                                                     | Calgary<br>(YYC)<br>Fri 23-Mar<br>2012<br>08:53                                             | 0        | 0hr53           | DH3      | <u>Latitude</u> ,<br>B |            |
| Operated by:<br><sup>1</sup> Air Canada Expr | ess - Jazz                                                                                                      |                                                                                             |          |                 |          |                        |            |
| Passenger Ir                                 | formation                                                                                                       |                                                                                             |          |                 |          |                        |            |
| 1: Dr Christopi                              | ner Eagle : Adult (1)                                                                                           | 5+), Ticket Nu                                                                              | imber: 0 | 142106077       | 7526     |                        |            |
| Frequent Flyer P                             | gm <b>None</b>                                                                                                  |                                                                                             | Meal P   | reference :     | None     |                        | ŗ          |
| Credit Card:<br>Seat Selection:              | <b>xxxx-xxxx-xxx</b><br>AC8135 <b>1D (</b> <u>Pre</u>                                                           |                                                                                             | Special  | Needs:          | None     |                        |            |
| Purchase Su                                  | nmary                                                                                                           |                                                                                             |          |                 |          |                        |            |
| Fare Summary<br>Passenger Type               | na na fara na manana na sana na | ETA TYA AMMINI MURA YA ULA A TAYA DANI A CUMUN AMMA DA MINI                                 |          |                 |          | A                      | dult       |
| Departing Flight                             | Latitude                                                                                                        |                                                                                             |          |                 |          | 495                    | .00        |
| <u>Surcharges</u>                            |                                                                                                                 |                                                                                             |          |                 | · · · ·  | 12                     | 2.00       |
| Taxes, Fees and<br>Canada Airport Ir         | -                                                                                                               |                                                                                             |          |                 |          | 2"                     | 5.00       |
|                                              | d Services Tax (GST/                                                                                            | HST #10009-22                                                                               | 87 RT000 | 1) · · · ·      | • • •    |                        | 5.96       |
| Air Travellers Sec                           | urity Charge (ATSC)                                                                                             |                                                                                             |          |                 |          |                        | 7.12       |
| Total airfare and                            | taxes before options (                                                                                          | per passenger)                                                                              |          |                 |          | 566                    | .08        |
| Options<br>Departing Flight -                | Latitude<br>at Selection (Preferred                                                                             | 4)                                                                                          |          |                 |          | 11                     | 5.00 J     |
| Canada Goods an                              | d Services Tax (GST/                                                                                            | 4)<br>HST #10009-22                                                                         | 87 RT000 | 1)              |          |                        | ر"<br>1.80 |
|                                              | es and options (per pa                                                                                          |                                                                                             |          | •               | · ·      | 582                    |            |
| Number of passer                             | ngers                                                                                                           |                                                                                             |          | •               |          |                        | 1          |
| Total                                        |                                                                                                                 |                                                                                             |          |                 |          |                        |            |
| <b>RBC Travel Insura</b>                     | ance (declined)                                                                                                 |                                                                                             |          |                 | · ·      |                        | 0.00       |
|                                              |                                                                                                                 |                                                                                             |          |                 |          |                        | 2,88       |

Air Canada: \$16.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142106077526

# Purchase Summary

| Fare Summary                                                                                                                                                                                                                                                         |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Passenger Type                                                                                                                                                                                                                                                       | Adult                       |
| Departing Flight - Latitude                                                                                                                                                                                                                                          | 800.00                      |
| Surcharges                                                                                                                                                                                                                                                           | 18.00                       |
| Taxes, Fees and Charges                                                                                                                                                                                                                                              |                             |
| Canada Airport Improvement Fee                                                                                                                                                                                                                                       | 25.00                       |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)                                                                                                                                                                                                           | 42.51                       |
| Air Travellers Security Charge (ATSC)                                                                                                                                                                                                                                | 7.12                        |
| Total airfare and taxes before options (per passenger)                                                                                                                                                                                                               | 892.63                      |
| Options<br>Departing Flight - Latitude<br>☆ Advance Seat Selection (Preferred)<br>Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)<br>Total airfare, taxes and options (per passenger)<br>Number of passengers<br>Total<br>RBC Travel Insurance (declined) | 25.00<br>1.25<br>918.88<br> |
| Grand Total - Canadian dollars                                                                                                                                                                                                                                       | \$918.88                    |
| Grand Total                                                                                                                                                                                                                                                          | 1 adult                     |
| Total including travel options, taxes, fees and charges                                                                                                                                                                                                              | \$918.88 CAD                |

# **Fare Rules**

Departing Flight Calgary (YYC) To Victoria (YYJ) - Latitude

- Changes:
  - Changes are permitted and a change fee does not apply.
  - Your total ticket price may increase if changes are made and the original fare you booked is no longer available, or if you call Air Canada Reservations, who may not have access to the original fare. Advance purchase may apply.
  - Lower Latitude fares may be available only at aircanada.com for selected flights and dates. Any changes not completed on aircanada.com may result in a higher Latitude fare than would otherwise be available.
  - Same-day standby is permitted at no charge.
  - Flights can only be used in sequence from the place of departure specified on the itinerary.
- Cancellations:
  - Tickets are fully refundable and non-transferable.
  - o Cancellations can be made up to 45 minutes prior to departure.
- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated

itinerary review

Your reservation code is: HJBKMB

View your itinerary at 1 Sabre® Virtually There®

**Total price** 

view fare rules

Missed Flight Missed Plight Missed were und Premier Redford.

434.83 CAD II

| D      | eparture In     | formation                |                                                                                                                       |                                                 |        |
|--------|-----------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------|
|        | Depart:         | Friday, 23 March         |                                                                                                                       | WestJet                                         |        |
|        | 12:25 PM        | Calgary , AB , CA (YYC)  |                                                                                                                       | Non-Stop / WS 0449                              |        |
|        | Arrive:         | Friday, 23 March         |                                                                                                                       | flight info                                     |        |
|        | 12:54 PM        | Victoria , BC , CA (YYJ) |                                                                                                                       | Seat(s): 05C                                    |        |
| OTAL   |                 |                          | Base Fare:                                                                                                            | 354.00 CAD 巖                                    |        |
|        |                 |                          | Canadian goods and services tax:                                                                                      | 20.21 CAD 巖                                     |        |
|        |                 |                          | Canadian airport improvement fee(s):                                                                                  | 25.00 CAD 蕸                                     |        |
|        |                 |                          | Other surcharges and fees:                                                                                            | 25.12 CAD 题                                     |        |
|        |                 |                          | Regular Seat                                                                                                          | 10.00 CAD                                       |        |
|        |                 |                          | Total Seat Taxes 🗄                                                                                                    | 0.50 CAD 職                                      | \$10.5 |
|        |                 |                          | Total:                                                                                                                | 434.83 CAD 🕅                                    | XI     |
| ayme   | nt details      |                          |                                                                                                                       |                                                 |        |
|        |                 |                          | Amount paid with Credit Card                                                                                          | 434.83 CAD 龣                                    |        |
| uest i | information     | 1                        | 1999 <b>- 1</b> 999 - 1999 - 1999 - 1999 - 1999 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 | langur usanasa ne sik tahukkan dankuk bata babu |        |
| EAG    | GLE/CHRISTOPHER | MR Aduit                 |                                                                                                                       |                                                 |        |
|        | RINT PAGE       | MY RESERVATIONS          | CHANGE TICKET                                                                                                         | REFUND                                          |        |

317

• itinerary review

.

.

e-

Page 1 of 3

Missed Flight Meeting were en Premier Red Ford.

#### Your reservation code is: HJBKMB

View your itinerary at ! Sabre<sup>®</sup> Virtually There<sup>®</sup>

Total price

<u>view fare rules</u>

Departure Information

| <b>1</b> 27 | Depart;  | Friday, 23 March         | WestJet            |
|-------------|----------|--------------------------|--------------------|
|             | 12:25 PM | Calgary , AB , CA (YYC)  | Non-Stop / WS 0449 |
|             | Arrive:  | Friday, 23 March         | <u>flight info</u> |
|             | 12:54 PM | Victoria , BC , CA (YYJ) | Seat(s): 05C       |
|             |          |                          |                    |

TOTAL

**Payment details** 

| Canadian goods and services tax:     | 20.21 CAD 镧    |
|--------------------------------------|----------------|
| Canadian airport improvement fee(s): | 25.00 CAD 🏙    |
| Other surcharges and fees:           | 25.12 CAD 424. |
| Regular Seat                         | 10.00 CAD 顯    |

Base Fare

Total Seat Taxes 田 0.50 CAD 編 Total: 434.83 CAD 編

| 10020                        | 434.83 LAD # |
|------------------------------|--------------|
|                              |              |
|                              |              |
|                              |              |
|                              |              |
|                              |              |
|                              |              |
| Amount paid with Credit Card | 434.83 CAD 翻 |
|                              |              |
|                              |              |

# Guest information 1. EAGLE/CHRISTOPHER MR Adult

| PRINT PAGE | MY RESERVATIONS | CHANGE TICKET<br>(S) | REFUND |
|------------|-----------------|----------------------|--------|
|------------|-----------------|----------------------|--------|

https://bookings.westiet.com/meridia?posid=A7RF&sid=me?re7?ror?mv1\_7vvvd6c021ba 2/20/2012

434.83 CAD

354.00 CAD 🗱

33

Jag Nomoter Lunch

1

۰.

MORIARTY = BISTRO & HINE BAR 10154 100 STREET EDMONTON, AB

Term ID: 05225378

e.

÷

с. .

# Purchase

| xxxxxxxxxx9747<br>Mastercard | Entry Method: (   | ,<br>, |
|------------------------------|-------------------|--------|
| Anount:                      | \$ 33.00          | }      |
| Tip:                         | \$ 4.00           | J      |
| Total:                       | \$ 37.00          | }      |
| 2012/03/21                   | 13:03:53          | }      |
| Seq #: 0013700050            | Appr Code: 150353 |        |
| Resp Code: 01/027            |                   |        |

MasterCard A0000000041010 8C 18 55 C2 DF B0 1D 33 00 00 00 83 C0 E4 82 00 EA CA 43 51 36

> APPROVED Thank You

> > 1

- 1 ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) ( - ) (



Amazon.com.ca, Inc.

c/o ACFSI 6363 Millcreek Drive Mississauga, ON L5N 1L8 Canada

Billing Address/Adresse de correspondance: Jennifer Hamstra Alberta Health Services 7th Street Plaza, 10030 - 107 Street Edmonton, Alberta T5J 3E4 Canada

# Invoice for/Bon de livraison pour

#### Your order of/Votre commande du:March 13, 2012 Order ID/N° commande: 701-0094159-7981801

Invoice number/N° bon de livraison Dc6d5ImCR March 23, 2012

| Quantity/Quantité | Item/Article                                                                      | Description/Description | Our Price/Notre prix | Total/Total  |
|-------------------|-----------------------------------------------------------------------------------|-------------------------|----------------------|--------------|
| 7                 | Where to from Here?:<br>Keeping Medicare<br>Sustainable<br>(** B-9 **) 155339318X | Paperback               | CDN\$ 25.04          | CDN\$ 175.28 |
|                   |                                                                                   | Subtotal/Sous           | s-total              | CDN\$ 175.28 |

http://www.amazon.ca

| Subtotal/Sous-total                    | CDN\$ 175.28 |
|----------------------------------------|--------------|
| Shipping and Handling/Frais de<br>port | CDN\$ 0.00   |
| GST/HST/TPS/TVH                        | CDN\$ 8.75   |
| PST/TVP                                | CDN\$ 0.00   |
| Order Total/Montant total              | CDN\$ 184.03 |
| Paid via/Payé par Mastercard           | CDN\$ 184.03 |
| Balance Due/Montant dû                 | CDN\$ 0.00   |
|                                        |              |

We've sent this portion of your order separately at no extra charge to give you the speediest service possible. The other items in your order are shipping separately, and your total shipping charges for this order will not exceed the amount we originally promised.

You can always check the status of your orders from the "Your Account" link on our home page.

#### Thanks for shopping at Amazon.ca, and please come again!

Nous avons envoyé cette partie de votre commande séparément,sans frais supplémentaries,afin de vous donner le service le plus rapid qui soit.Les autres articles seront expédis séparément,et les frais de port pour cette commande ne dépasseront pas le montant promis à l'origine.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

#### Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca,Inc. 410 Terry Avenue North Seattle, WA 98109-5210 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001



Shipping Address/Adresse d'expédition: Jennifer Hamstra AHS - 7th Street Plaza 14 Floor, 10030-107 Street Edmonton, AB T5J 3E4 Canada

John Vor Plade

\_ · ·

¢.

THE MARC RESTAURANT GROUP LTD, 9940 106 ST NW EDMONTON AB

| CARD *    | ***********            |
|-----------|------------------------|
| CARD TYPE | MASTERCARD             |
| DATE      | 2012/05/26             |
| TIME      | 5065 12 <b>:23:0</b> 4 |
| RECEIPT N | UMBER                  |
| C0610065  | 4-001 147-002-0        |
|           |                        |
| PURCHASE  |                        |
| AMOUNT    | \$39.90                |
| TIP       | \$5.99                 |
| TOTAL     | $\sim$ $\gamma$        |
| ( /       |                        |
|           | ₽┓┓╹                   |
|           |                        |

MasterCard A000000041010 63AD1F8747658239 0000008000 17718AE488E94F8A

# <u>₽</u>MARC

9940 106 Street Edmonton, AB 780-429-2828 www.themarc.ca GST#807555859

# 1457 NICOLE

| Check. 115<br>Table: 17-1<br>03/26/2012 | Guests: 2<br>11:49AM |
|-----------------------------------------|----------------------|
| 1 COFFEE                                | 3.00                 |
| 2 FISH DE JOUR                          | 32.00                |
| 1 TEA                                   | 3.00                 |
| Subtotal                                | 38.00                |
| G.S.T.                                  | 1.90                 |
| Total Due                               | <b>\$39.90</b>       |

\*\*PLEASE PAY SERVER\*\*\* Thank You

# APPROVED

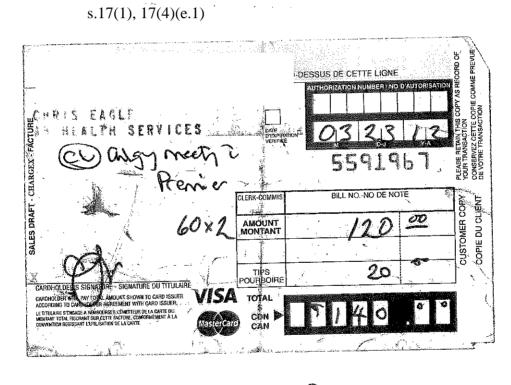
1 Kara-

AUTH# 142305 01-027 THANK YOU

## CARDHOLDER COPY

)S MEETING with John VAN AERDE - MAR 26/12.

:S



100 200

,

ġ,

MEETING with PREMIER

٠ F Joyce Murray

| From:<br>Sent:<br>To:<br>Subject:                                                                                                                        | Canadian College of Health Leaders [info@cchl-ccls.ca]<br>Monday, April 02, 2012 12:09 PM<br>Joyce Murray<br>C.C.H.L. Purchase Receipt                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INTERNET PURCHASE                                                                                                                                        | RECEIPT - CCHL-CCLS                                                                                                                                                    |
| Order Date:<br>Order Number:<br>Bank Auth Number:<br>Order Total:                                                                                        | 2012-04-02 2:08:17 PM<br>REG00009360<br>140818<br>30.00 CAD                                                                                                            |
| Name on Card:<br>Card Type:<br>Email Address:                                                                                                            | Chris Eagle AB Health Services<br>MC<br>joyce.murray@albertahealthservices.ca                                                                                          |
| BILL TO:<br>Name:<br>Address Line 1:<br>NW<br>City:<br>State/Province:<br>Zip/Postal Code:<br>Country:<br>Phone Number:                                  | Dr. Chris Eagle<br>14th Floor North Tower 7th St. Plaza Address Line 2: 10030 - 107 Street<br>Edmonton<br>AB<br>T5J 3E4<br>CA<br>7803422002                            |
| SHIP TO:<br>Name:<br>Address Line 1:<br>Address Line 2:<br>City:<br>State/Province:<br>Zip/Postal Code:<br>Country:<br>Phone Number:<br>Shipping Method: |                                                                                                                                                                        |
| MERCHANT INFO:<br>Online Address:<br>Merchant Name:<br>Address:<br>City:<br>Province:<br>Postal Code:<br>Country:<br>Phone Number:                       | <pre>http://www.cchl-ccls.ca<br/>Canadian College of Health Service Executives<br/>292 Somerset Street West<br/>Ottawa<br/>ON<br/>K2P0J6<br/>CA<br/>613-235-7218</pre> |



# Joyce Murray

| From:    | CCHL-CCLS [chapters@cchl-ccls.ca]                                                   |
|----------|-------------------------------------------------------------------------------------|
| Sent:    | Monday, April 02, 2012 12:08 PM                                                     |
| To:      | Joyce Murray                                                                        |
| Cc:      | John.Knoch@reddeer.ca                                                               |
| Subject: | Confirmation of Event Registration: Northern Alberta Chapter Annual General Meeting |

4/2/2012 11:08:22 AM - REG00009360

Event: Northern Alberta Chapter Annual General Meeting Event Date: May-15-2012 Sponsor: Northern Alberta Chapter

Dr. Chris Eagle President & Chief Executive Officer Alberta Health Services Site: Corporate Office 14th Floor, NT 7th St. Plaza, 10030 - 107 Street Edmonton, AB T5J 3E4

Email: joyce.murray@albertahealthservices.ca
Telephone: 780.342.2002

Registration Type: CCHL Member - \$30.00

Payment by: Credit Card Amount Paid: \$30.00

Thanks for registering!



http://www.amazon.ca

Amazon.com.ca, Inc. c/o ACFSI 6363 Millcreek Drive Mississauga, ON L5N 1L8 Canada

Billing Address/Adresse de correspondance: **Jennifer Hamstra** Alberta Health Services 7th Street Plaza, 10030 - 107 Street Edmonton, Alberta T5J 3E4 Canada

### Invoice for/Bon de livraison pour

Your order of/Votre commande du:March 30, 2012 Order ID /Nº commande: 701-4525052-8675442

Invoice number/N° bon de livraison DnnSg0msR April 2, 2012

| Quantity/Quantité | Item/Article                                                                      | Description/Description | Our Price/Notre prix         | Total/Tota                  |
|-------------------|-----------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------|
| 4                 | Where to from Here?:<br>Keeping Medicare<br>Sustainable<br>(** E-8 **) 155339318X | Paperback               | CDN\$ 25.04                  | CDN\$ 100.16                |
|                   |                                                                                   | Subtotal/Sous           | s-total<br>Handling/Frais de | CDN\$ 100.16<br>CDN\$ 13.45 |
|                   |                                                                                   | port<br>GST/HST/TPS     |                              | CDN\$ 5.68                  |

Order Total/Montant total

Paid via/Payé par Mastercard Balance Due/Montant dû

PST/TVP

This shipment completes your order.

You can always check the status of your orders from the "Your Account" link on our home page.

#### Thanks for shopping at Amazon.ca, and please come again!

#### Cette livraison complète votre commande.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca,Inc. 410 Terry Avenue North Seattle, WA 98109-5210 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001





CDN\$ 0.00

CDN\$ 0.00

CDN\$ 119.29 CDN\$ 119.29

Shipping Address/Adresse d'expédition: Jennifer Hamstra AHS - 7th Street Plaza 14 Floor, 10030-107 Street Edmonton, AB T5J 3E4 Canada



http://www.amazon.ca



Billing Address/Adresse de correspondance: Jennifer Hamstra Alberta Health Services 7th Street Plaza, 10030 - 107 Street Edmonton, Alberta T5J 3E4

Edmonton, Alberta T5J 3E4 Canada

## Invoice for/Bon de livraison pour

Your order of/Votre commande du:March 13, 2012 Order TD/N° commande: 701-0094159-7981801 Invoice number/N° bon de livraison DJnwqmmPR April 2, 2012

| Quantity/Quantité | Item/Article                                                                      | Description/Description       | Our Price/Notre prix         | Total/Total               |
|-------------------|-----------------------------------------------------------------------------------|-------------------------------|------------------------------|---------------------------|
| 1                 | Where to from Here?:<br>Keeping Medicare<br>Sustainable<br>(** A-5 **) 155339318X | Paperback                     | CDN\$ 25.04                  | CDN\$ 25.04               |
|                   |                                                                                   | Subtotal/Sous<br>Shipping and | s-total<br>Handling/Frais de | CDN\$ 25.04<br>CDN\$ 0.00 |

| port<br>GST/HST/TPS/TVH<br>PST/TVP                                                  | CDN\$ 1.25<br>CDN\$ 0.00                 |
|-------------------------------------------------------------------------------------|------------------------------------------|
| Order Total/Montant total<br>Paid via/Payé par Mastercard<br>Balance Due/Montant dû | CDN\$ 26.29<br>CDN\$ 26.29<br>CDN\$ 0.00 |
|                                                                                     |                                          |

This shipment completes your order.

You can always check the status of your orders from the "Your Account" link on our home page.

### Thanks for shopping at Amazon.ca, and please come again!

Cette livraison complète votre commande.

Vous pouvez à tout moment consulter l'état de votre commande grâce au lien "Votre compte" sur notre page d'accueil.

### Merci de faire confiance à Amazon.ca Revenez nous voir!

Amazon.com.ca,Inc. 410 Terry Avenue North Seattle, WA 98109-5210 GST Registration Number/N° enregistrement TPS 85730 5932 RT0001



Shipping Address/Adresse d'expédition: Jennifer Hamstra AHS - 7th Street Plaza 14 Floor, 10030-107 Street Edmonton, AB T5J 3E4 Canada

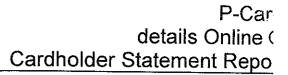
| Thank you for a<br>Future Shop a<br>exciting s                                                                                                                                                     | Saanich           | URE SLIDP                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|
| 3450 Uptown Boulev<br>250-419-7                                                                                                                                                                    | ard, Saani<br>670 | ch                                   |
| Keep sour r                                                                                                                                                                                        | eceipt            | 1                                    |
|                                                                                                                                                                                                    |                   |                                      |
| Val #: 0544-6082-5566-13                                                                                                                                                                           | 598               |                                      |
| 0010 005 3710 04/09/12                                                                                                                                                                             |                   | CT6E                                 |
| SALE                                                                                                                                                                                               | S                 |                                      |
| 10166244 MLT-D104S<br>SAMSUNG MLT-D104S<br>Associate # CT6E                                                                                                                                        |                   | 79.99 (1987)<br>1987<br>1987<br>1987 |
|                                                                                                                                                                                                    | BTOTAL<br>HST BC  | 79.99<br>9.60                        |
|                                                                                                                                                                                                    | TOTAL             | 89.59                                |
| Transaction Record SALE<br>xxxxxxxxxxx9747 C MAST<br>Approved 132445<br>TERM: 0010 005 C<br>SEQ ND: 001001001053<br>ACI/ISD 001/00<br>4/09/2012 10:24:06<br>AID: A0000000041010<br>APN: MasterCard | TERCARD           | 89.59 SEC                            |
| GST Reg.# R135664738                                                                                                                                                                               |                   | OF A                                 |
| Shop your way - Dro<br>FREE shipping* or in-<br>futureshop.ca<br>*Some rondit                                                                                                                      | for detai         | ls z                                 |

4

.

PRIMER CHATRIdge

.



 $k_{ij}^{*}$ 

· 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

🔏 Alberta Health

Services

| EAGLE, CHRIS                | PRESIDENT & CEO             |                                |                  |  |
|-----------------------------|-----------------------------|--------------------------------|------------------|--|
| Cardholder's Name           | Cardholder's Position/Title | Billing Reporting Period:      | 20/06/2012       |  |
| CORPORATE OFFICE            | SEVENTH STREET PLAZA        |                                |                  |  |
| Cardholder's Dept           | Cardholder's Site/Location  | Total Statement Amount:        | \$3,124.71       |  |
| CHRIS.EAGLE@ALBERTAHEAL     | THSERVICES.CA               |                                |                  |  |
| Cardholder's e-mail address |                             | Last 6 digits of the P-Card #: | XXXXXXXXXX625369 |  |

| Transaction<br>Date | Trans ID  | Merchant Name & Description                                  | Trans Original<br>Amount |       | Trans Amount | GST   | Freight Description                                 |
|---------------------|-----------|--------------------------------------------------------------|--------------------------|-------|--------------|-------|-----------------------------------------------------|
| 23/05/2012          | 286632863 | PETROCAN, FUEL DISPENSER,<br>AUTOMATED                       | 42.07                    | ) CAD | 42.07        | 2.00  | Gas for Calgary trip                                |
| 24/05/2012          | 286632864 | CALGARY HEALTH TRUST,<br>ORGANIZATIONS, CHARITABLE AND       | 1,500.00                 | CAD   | 1,500.00     | 71.43 | Tickets to Event that AHS needs to attend           |
|                     | 286632865 | PRECISE PARKLINK INC, AUTOMOBILE<br>PARKING LOTS AND GARAGES | 20.00                    | CAD   | , 20.00      | .95   | Parking for event in Calgary                        |
|                     | 286632867 | PETROCAN, FUEL DISPENSER,<br>AUTOMATED                       | 28.15                    | CAD   | 28.15        | 1.34  | Gas for trip to Calgary                             |
|                     | 286632866 | HOTEL LE GERMAIN-CALGA, LODGING<br>HOTELS, MOTELS, RESORTS   | 263.32                   | CAD   | 263.32       | 12.54 | Hotel stay in Calgary for events                    |
|                     | 287712302 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                       | 135.00                   | CAD   | 135.00       | 6,43  | .00Cab trips to event and return                    |
|                     | 287712303 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                       | 349.60                   | CAD   | 349.60       | 16.65 | .00Taxi travel in Edmonton on a<br>variety of trips |
|                     | 287875901 | CHECKER CABS LTD, LIMOUSINES AND<br>TAXICABS                 | √ 19.40                  | CAD   | 19.40        | .92   | Taxi while in Calgary                               |
|                     | 287875900 | SHERATON EAU CLAIRE SU, FAIRMONT<br>HOTELS                   | 592.64                   | CAD   | 592.64       | 28.22 | Hotel stay while in Calgary                         |
|                     | 288481608 | PETROCAN, FUEL DISPENSER,<br>AUTOMATED                       | 40.24                    | CAD   | 40.24        | 1.92  | Gas for fleet car                                   |
|                     | 288481609 | PETROCAN, FUEL DISPENSER,<br>AUTOMATED                       | 17.54                    | CAD   | 17.54        | .84   | Gas for Fleet car                                   |
|                     | 288719997 | CORA S BREAKFAST LUNCH, EATING<br>PLACES, RESTAURANTS        | 39.05                    | CAD   | 39.05        | 1.86  | Business meeting in Calgary                         |
| 5/06/2012           | 288481610 | SHERATON EAU CLAIRE SU, FAIRMONT<br>HOTELS                   | 1 17.70                  | CAD   | 77.70        | 3.70  | Hotel food and items while staying                  |

P.

Ł

M 10 07 162.82 4203 572.54 2000 272.34 28.15 725.40 2017 60 17.41 70.51 12.521

933.66

AHS - Edmonton Accounts Payable JUL - 9 2012 0 & C - Impleted Initials

OTH

1529.-5

328 **Proprietary and Confidential** 

4.52

UN DATE: 06/21/2012

| en e                                                                                                                                                       |                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| -<br>Reiteine Allanden Linniela                                                                                                                                                                | P-Car                                                                                                                                                            |
| Alberta Health                                                                                                                                                                                 | details Online                                                                                                                                                   |
| Services                                                                                                                                                                                       | Cardholder Statement Repo                                                                                                                                        |
|                                                                                                                                                                                                |                                                                                                                                                                  |
| Signatures                                                                                                                                                                                     |                                                                                                                                                                  |
| Cardholder Designate (if Applicable)<br>By signing this statement<br>I hereby certify that I have reviewed and reconciled this statement                                                       | nt in BMO details Online® to the best of my ability in accordance to AHS Corporate                                                                               |
| Policies, Program User Guide and Training, I have allocated the                                                                                                                                |                                                                                                                                                                  |
| Name of Cardholder Designate                                                                                                                                                                   | Executive Assistant<br>Cardholder Designate Position/Title                                                                                                       |
| Haring                                                                                                                                                                                         | Jun al/la                                                                                                                                                        |
| Signature of Cardholder Designate                                                                                                                                                              | Date of Signature                                                                                                                                                |
| Program User Guide.                                                                                                                                                                            | ate business purposes in accordance to AHS Corporate Policies and AHS P-Card ted reviews and reconciliation in BMO details Online® on my behalf (if applicable). |
| EAGLE, CHRIS                                                                                                                                                                                   | PRESIDENT & CEO                                                                                                                                                  |
| Name of Cardholder                                                                                                                                                                             | Cardholder Position/Title                                                                                                                                        |
| <u>cm</u>                                                                                                                                                                                      | 2Jun 2012                                                                                                                                                        |
| Signature of Cardholder                                                                                                                                                                        | Date of Signature                                                                                                                                                |
| Approver Designate (if Applicable)<br>By signing this statement<br>I hereby certify that I have reviewed and approved this statement<br>Guide and Training on behalf of a authorized approver. | t in BMO details Online® in accordance to AHS Corporate Policies, Program User                                                                                   |
| Vatti Orrier<br>Name of Approver Designate                                                                                                                                                     | <u>Approver Designate Position/Title</u>                                                                                                                         |
| Name of Approver Lesignate                                                                                                                                                                     |                                                                                                                                                                  |
| Signature of Approver Designate                                                                                                                                                                | Date of Signature                                                                                                                                                |
| Approver                                                                                                                                                                                       |                                                                                                                                                                  |
| By signing this statement                                                                                                                                                                      | te business purposes in accordance to AHS Corporate Policies and AHS P-Card<br>ed.                                                                               |
| I acknowledge that the above Approver Designate has completed                                                                                                                                  | I reviews and approvals in BMO details Online® on my behalf (if applicable).                                                                                     |
| Cathy Roozen                                                                                                                                                                                   | Chair                                                                                                                                                            |
| Name of Approver                                                                                                                                                                               | Approver Position/Title                                                                                                                                          |
| Signature of Approver                                                                                                                                                                          | Date of Signature                                                                                                                                                |
|                                                                                                                                                                                                |                                                                                                                                                                  |
| Submit approved statement with attachments to Accounte Payable:                                                                                                                                |                                                                                                                                                                  |
| Attach:<br>• Original itemized receipts                                                                                                                                                        | Address:                                                                                                                                                         |
| <ul> <li>Signed Cardholder Statement Report (or copies of electronic<br/>signatures if signatures are not on report)</li> </ul>                                                                | Alberta Health Services<br>Accounts Payable                                                                                                                      |
| And where applicable:                                                                                                                                                                          | 7th Street Plaza                                                                                                                                                 |
| Copies of pre-approvals for travel     Parsonal charge payable to "Alberta Hearth Services"                                                                                                    | 10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB T5J 3E4                                                                                                |
| <ul> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> </ul>                                                                        | Emission for act                                                                                                                                                 |
| Disputes letter                                                                                                                                                                                |                                                                                                                                                                  |
| Accounts Payable only                                                                                                                                                                          |                                                                                                                                                                  |

|              | 1            |       |  |
|--------------|--------------|-------|--|
| Reference #: | Reviewed by: | Date: |  |

1

æ

الله في المناطق الم عند الله المناطق الم CALGARY ALBERTA T2N3P9

25

42 × 1 ₹

í

4032831503

GST #: 0893960419 PC0912976:8767201

2012-05-24 06:20

PUMP03REGULARLITRESL 24.935PRICE/L\$ 1.129FUEL SALES\$ 28.15\*TOTAL OWED\$ 28.15

TOTAL PAID Credit Card \$ 28.15

\* OST INCL. \$ 1.34

NASTERCARD \*\*\*\*\*\*\*\*\*\*\*5369 Invoice 675579 Auth 082030 Purchase S 6010010010 00 027

SURVEY! EARN POINTS & CHANCE TO WIN GAS

+L'RV , \*\*\*\*\*\* 9930 109 STREET EDMONTON ALBERTA T5K1H5 7884231429 GST #: 0885609321 PC0143572:8598601

4

1

2012-05-23 13:20

PUMP 86 Regular Litres L 37.931 Price/L \$ 1.109 Fuel Sales \$ 42.07\*

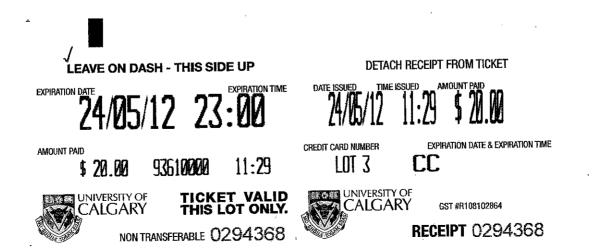
TOTAL OWED \$ 42.07

TOTAL PAID Credit Card \$ 42.07

\* GST INCL. \$ 2.00

MASTERCARD \*\*\*\*\*\*\*\*\*\*\*5369 INUDICE 640923 AUTH 152038 PURCHASE S 0010010010 00 027

SURVEY! EARN POINTS & CHANCE TO WIN GAS 1-866-826-7779 DR t all and an array to be the second





### Paula Finnson

From: Sent: To: Subject: Brianne Underwood Thursday, May 24, 2012 9:58 AM Paula Finnson Thank you for purchasing you ticket to Music in Motion

Dear Christopher Eagle,

Thank you for purchasing your ticket to Music in Motion.

Please print and keep this e-mail as a confirmation of your ticket purchase. We have you and your guests registered for the following events:

Music in Motion 2012 - Ticket - VIP (Attendees: 1) Name: Christopher Eagle Music in Motion 2012 - Ticket - VIP (Attendees: 1) Name: Dr. Oksana Suchowersky Email: <u>paula.finnson@albertahealthservices.ca</u>

The following information was recorded for your purchase. We thank you for supporting the University of Alberta, the Alberta Bone and Joint Health Institute and the McCaig Institute. We are so grateful for your generosity and hope that you will take great pride in the important difference that your gift makes. On behalf of the entire Calgary Health Trust community, we thank you.

Event Registrant Address: Alberta Health Services 14th Flr, North Tower, Seventh Street Plaza, 10030 - 107 Street

**Edmonton AB T5J 3E4** 

Event Registrant Phone: 780-342-2062

Purchase Amount: \$1,500.00

Purchase Date: 5/24/2012

Transaction Method: Mastercard

Sincerely, Brianne Underwood Development Officer, Major Gifts / Sponsorships (403) 943-0611



05-24-12

DATE:

Company

. , †

#### ALBERTA HEALTH SERVICES

|                                           | TIME:      | 08:09    |
|-------------------------------------------|------------|----------|
|                                           | ROOM:      | 1202     |
| Dr CHRIS EAGLE                            | ARRIVAL:   | 05-23-12 |
| ALBERTA HEALTH SERVICES                   | DEPARTURE: | 05-24-12 |
| 14TH FLOOR NORTH TOWER                    | CONF. NO.: | 2114094  |
| SEVENTH STREET PLAZA, 10030-107 STREET NW | PAGE:      | 1 of 1   |
| Edmonton AB T5J3E4                        | KIIGH.     | 1 01 2   |

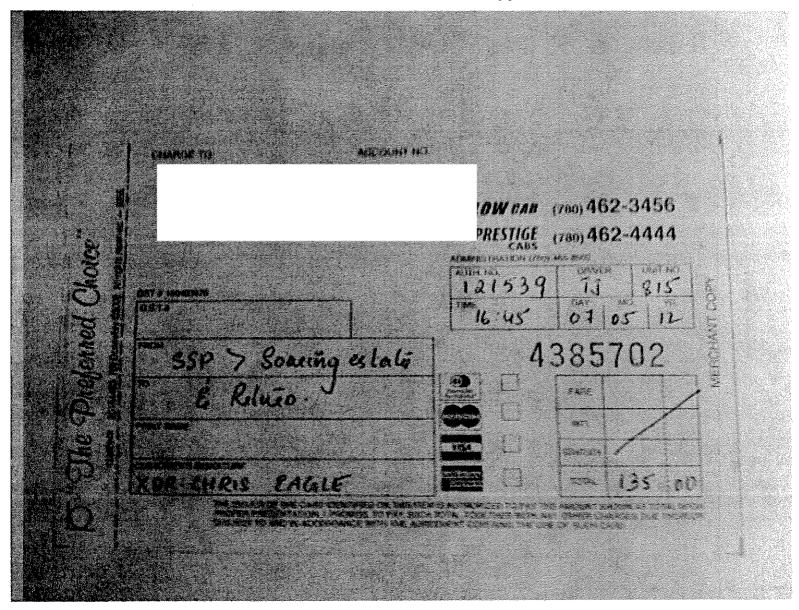
| DATE       | DESCRIPTION                | I            | REFERENCE | CHARGES | CREDITS |
|------------|----------------------------|--------------|-----------|---------|---------|
| 05-23-12   | <b>Room Charge</b>         |              |           | 199.00  |         |
| 05-23-12   | <b>DMF - Destination M</b> | larketing Fe |           | 5.97    |         |
| 05-23-12   | Alberta Tourism Tax        | Č.           |           | 8.20    |         |
| 05-23-12   | GST                        |              |           | 10.25   |         |
| 05-23-12   | Parking                    |              |           | 38.00   |         |
| 05-23-12   | GST                        |              |           | 1.90    |         |
| 05-24-12   | Master Card/Diners         |              |           |         | 263.32  |
|            |                            |              | TOTAL     | 263.32  | 263.32  |
|            |                            |              | BALANCE   | 0.00 C  | AD      |
| DMF        |                            | 5.97         |           |         |         |
| GST: 84812 | 0796                       | 12.15        |           |         |         |
| ATT        |                            | 8.20         |           |         |         |

Like you, we know it's the little things that mean a lot. So, if you enjoyed your stay with us, please visit **www.tripadvisor.com** and share your Germain experience.

s.17(1), 17(4)(e.1)

; e · `

### **Best Copy Possible**

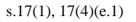


J- -

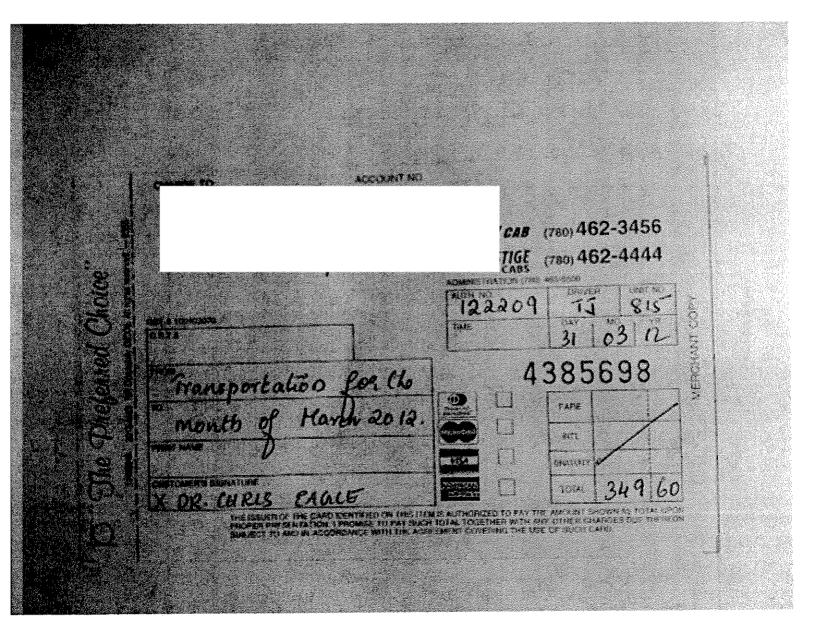
N,

# STATEMENT FOR THE MONTH OF MAY 2012

| ŇO | DATE                                   | TIME  | NAME     | DESTINATION                        | AMOUNT     |
|----|----------------------------------------|-------|----------|------------------------------------|------------|
| 1  | 07                                     | 16:45 | Dr.Eagle | SSP to Soaring<br>estates & return | \$135.00   |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    | ·          |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    | <u>s</u> , |
|    | ······································ |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    |                                        |       |          |                                    |            |
|    | · · ·                                  |       |          |                                    |            |
|    | <u> </u>                               |       | <u></u>  | TOTAL                              | \$135.00   |



### **Best Copy Possible**





# STATEMENT FOR THE MONTH OF MARCH 2012

| NO | DATE | TIME  | NAME                  | DESTINATION                   | AMOUNT    |
|----|------|-------|-----------------------|-------------------------------|-----------|
| 1  | 01   | 06:00 | Dr.Jim Conway         | Hotel Macdonald to<br>Airport | \$66.70   |
| 2  | 01   | 05:45 | Dr.Eagle &<br>Lorinda | SSP to Airport                | \$66.70   |
| 3  | 01   | 19:24 | Dr.Eagle &<br>Lorinda | Airport to SSP                | \$66.70   |
| 4  | 23   | 06:15 | Dr.Eagle              | Residence to Airport          | \$74.75 - |
| 5  | 25   | 10:45 | Dr.Eagle              | Airport to Residence          | \$74.75   |
|    |      |       |                       |                               |           |
|    |      |       | ÷                     |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       |                               |           |
|    |      |       |                       | TOTAL                         | \$349.60  |

CC

Hotel

Sheraton Suites Calgary Eau Claire 255 Barclay Parade SW Calgary, AB T2P 5C2 Canada Tel: 403 266 7200 Fax: 403 266 1300



| Mr Christopher Eagle     | Page Number  | : | 1         | Invoice Nbr | : 28125048        |
|--------------------------|--------------|---|-----------|-------------|-------------------|
|                          | Guest Number | : | 966032    |             |                   |
|                          | Folio ID     | : | EX-A      |             |                   |
| s.17(1), 17(4)(g)(i)     | Arrive Date  | : | 05-JUN-12 | 18:24       |                   |
| Email : CHRIS.EAGLE@ALBE | Depart Date  | : | 07-JUN-12 |             |                   |
| RTAHEALTHSERVICE         | No. Of Guest | : | 1         |             |                   |
| S.CA                     | Room Number  | : | 526       |             |                   |
| AHSBMJ - Ab Health Svcs  | Room Rate    | : | 249.00    |             |                   |
| Brd Mtg (rooms           | Club Account | : | SPG -     | s.17(1      | 1), $17(4)(g)(i)$ |

#### Information Invoice

| Tax ID : 846543619 RT0002    |              | t           |                                |
|------------------------------|--------------|-------------|--------------------------------|
| Sheraton Eau Claire 07-JUN-1 | 2 02:42 NAT  |             | a share the state of the state |
| Date Reference Descr         | iption Charg | jes Credits |                                |

| <ul> <li>Bio G. Seyder, physical Content of the /li></ul> |       |                    |         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------|---------|---------|
| 05-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S647  | Lodgenet Movies    | 16.99   |         |
| 05-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S647  | GST (5%)           | 0.85    |         |
| 05-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | Group Government   | 249.00  |         |
| 05-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | DMF                | 7.47    |         |
| 05-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | Alberta Tourism Le | 10.26   |         |
| 05-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | GST (5%)           | 12.82   |         |
| 06-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1     | In-room Internet   | 15.70   |         |
| 06-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | Group Government   | 249.00  |         |
| 06-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | DMF'               | 7.47    |         |
| 06-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | Alberta Tourism Le | 10.26   |         |
| 06-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT526 | GST (5%)           | 12.82   |         |
| 07-JUN-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MC    | Master Card        | -592.64 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | ** Total           | 592.64  | -592.64 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | *** Balance        | 0.00    |         |

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

Continued on the next page

Sheraton Suites Calgary Eau Claire 255 Barclay Parade SW Calgary, AB T2P 5C2 Canada Tel: 403 266 7200 Fax: 403 266 1300

4

۶<sup>.4</sup>. ۲. .



| Mr Christopher Eagle     | Page Number<br>Guest Number | : 2<br>: 966032 | Invoice Nbr : 28125048 |
|--------------------------|-----------------------------|-----------------|------------------------|
|                          | Folio ID                    | : EX-A          |                        |
| s.17(1), 17(4)(g)(i)     | Arrive Date                 | : 05-JUN-12     | 18:24                  |
| Email : CHRIS.EAGLE@ALBE | Depart Date                 | : 07-JUN-12     |                        |
| RTAHEALTHSERVICE         | No. Of Guest                | : 1             |                        |
| S.CA                     | Room Number                 | : 526           |                        |
| AHSBMJ - Ab Health Svcs  | Room Rate                   | : 249.00        |                        |
| Brd Mtg (rooms           | Club Account                | : SPG -         |                        |
|                          | Information In              | woice           | s.17(1), 17(4)(g)(i)   |
| GST Summary              | Amo                         | ount CAD        |                        |
| GST Room Revenue         |                             | 25.64           |                        |

| GST | ROOM Revenue      | 20.01 |
|-----|-------------------|-------|
| GST | Food and Beverage | 0.00  |
| GST | Telephone         | 0.00  |
| GST | Other Revenue     | 1.60  |
|     | Total GST         | 27.24 |
|     |                   |       |

As a Starwood Preferred Guest you have earned at least 115 Starpoints for this visit A200894270

Signature\_\_\_\_\_

.

Ce

V .

.

ì

| Ce                                                                                                                  |                                             |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| = TRANSACTION                                                                                                       | RECEIPT =                                   |
| Checker/Yel<br>316 Meridian<br>Calgary, AB<br>403 299-9999                                                          | Road SE                                     |
| ACCT TYPE: CREI<br>CARD NUMBER:<br>XXXXXXXXXXXX53(<br>CARD TYPE:MC<br>HATE/TIME:<br>12/06/06 06:34<br>AUTH#: 083446 | 69                                          |
| VEH/DRV: 0888 /<br>GST#: 828836544<br>TXN ID: 680212                                                                | <b>i</b>                                    |
| FARE:<br>FLAT:<br>EXTRAS:<br>GST:                                                                                   | \$ 15.62<br>\$000.00<br>\$000.00<br>\$ 0.78 |
| IA:FL+EX+TAX:<br>TIP:<br>DISCOUNT:                                                                                  | \$ 16.40<br>\$ 3.00<br>\$000.00             |
| TOTAL:                                                                                                              | \$ 19.40                                    |

SIGNATURE: TRACI TO ACH

Cora

360, 5111 Northland Dr, NW Calgary, Alberta T2L 2J8 (403) 288-0040

Serv: Elyse Bill: 3 Table: 54 Order: 4 Seat: 1 #Clients: 1 2012-06-14 07:35:54

£.,

| 1 HAM BENEDICT                 | 11.95                          |
|--------------------------------|--------------------------------|
| 1 ODE TO OATMEAL               | 7.45                           |
| 1 PERRIER                      | 2.7 <sup>r</sup>               |
| 2 REGULAR COFFEE               | 4.                             |
| 1 REGULAR ORANGE JUICE         | 3.55                           |
| 1 REGULAR TOMATO JUICE         | 2.30                           |
| Sub Total:<br>GST<br>835294356 | 32.90<br>1.65<br>0.00<br>34.55 |

Your opinion matters to us! www.chezcora.com/comments Votre opinion nous interesse! www.chezcora.com/commentaires

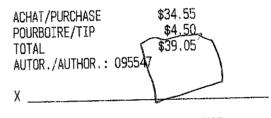
# $\sqrt{}$

RELEVE DE TRANSACTION/TRANSACTION RECORD

TPV68698115 MARCH99950401 MC 00999504 CORA S BREAKFAST AND 360-5111 NORTHLAND D CALGARY, AB

Carte/Card:MasterCard No. 5569 09\*\* \*\*\*\* 5369 14/06

Seq.: 0002 Lot/Batch: 274 2012/06/14 07:55 D@1



<sup>00</sup> APPROUVEE - MERCI

| SHE <sup></sup> ON SUITES CALGARY'EAU CLAIRE<br>255 Ba: Clay Parade S.W.<br>Calgary, Alberta T2P 5C2 Canada<br>T - 403 266 7200<br>F - 403 266 1300                                 |                                                                                                                                                                                                                                                |                                 |                                          |                                               | Sheraton                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| GUEST / CLIENT<br>GUEST / CLIENT                                                                                                                                                    |                                                                                                                                                                                                                                                |                                 |                                          | . AGENT / CHARGE TO<br>DE VOYAGES / PORTER AL | I COMPTE DE                                         |
| Dr. Christopher Eagle<br>s.17(1), 17(4)(g)(i)                                                                                                                                       | ROOM / CHAMBRE <b>1239</b><br>RATE / TARIF<br># PERS / N° PERS <b>1</b><br>FOLIO / DOSSIER <b>969199</b><br>PAGE / PAGE <b>1</b><br>ARRIVE / ARRIVÉE <b>12 - JUN - 12</b><br>DEPART / DÉPART <b>14 - JUN - 12</b><br>PAYMENT / PAIEM <b>14</b> | A<br>00:00<br>00:00             | s.17(1),                                 | 17(4)(g)(i)                                   |                                                     |
| ID/ARE CONTRACTOR INTERVALUE AND AND A                                                                                                                                              | DESIGN/TOTION/TOESCRIPTION                                                                                                                                                                                                                     | Contract of the second          | ci;                                      | ARGES / CREDITS/FRAIS.                        | A CREDIN                                            |
| 12-JUN-12 RT1239<br>13-JUN-12 RT1239<br>13-JUN-12 S515<br>13-JUN-12 S515<br>14-JUN-12 CA<br>14-JUN-12 MC<br>***For Authorization<br>xxxxx5369<br>Auth Date Code<br>12-JUN-12 222921 | Parking<br>Parking<br>Lodgenet Movies<br>GST (5%)<br>Cash<br>Master Card<br>Purposes Only***<br>Authorized<br>100.00                                                                                                                           |                                 |                                          |                                               | 38.85<br>38.85<br>16.99<br>0.85<br>17.84-<br>77.70- |
|                                                                                                                                                                                     | Balance Due                                                                                                                                                                                                                                    | 8                               |                                          | 0.00-                                         |                                                     |
| EXPENSE REPORT SUMMARY<br>Date Room & Tax Food & Ber<br>12-JUN-12 0.00 0.00<br>13-JUN-12 0.00 0.00<br>14-JUN-12 0.00 0.00<br>Total 0.00 0.00<br>** continued of                     | 0 0.00 38<br>0 0.00 56<br>0 0.00 0                                                                                                                                                                                                             | her<br>.85<br>.69<br>.00<br>.54 | Total<br>38.85<br>56.69<br>0.00<br>95.54 | Payment<br>0.00<br>0.00<br>95.54-<br>95.54-   |                                                     |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                | •                               |                                          |                                               | <b>.</b> .                                          |

ROOM

1239

SIGNATURE Tagree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or at of these charges. SIGNATURE Je consents a fine tenu personnellement responsable du parement du présent compte su l'entreprise ou autre lierce partie ne règle pas one partie ou la totalité des frais

AGENT

341

14-JUN-12

DEPART

5HER TON SUITES CALGARY EAU CLAIRE 255 Barclay Parade 5.W. Calgary, Alberta ToP 5C2 Canada

T - 403 266 7200 F - 403 266 1300

GUEST / CLIENT GUEST / CLIENT

Dr. Christopher Eagle

ROOM/CHAMBRE 1239 RATE / TARIF # PERS. / Nº PERS. 1 FOLIO/DOSSIER 969199 А 2 PAGE/PAGE 00:00 ARRIVE / ARRIVEE 12-JUN-12 DEPART / DÉPART 14-JUN-12 00:00 PAYMENT / PAIEM

TRAVEL AGENT / CHARGE TO AGENT DE VOYAGES / PORTER AU COMPTE DE

s.17(1), 17(4)(g)(i)

.

.

s.17(1), 17(4)(g)(i)

#### CARGES / CARDINS/ REAL / CARDIN 3,1442 (f),368 (f)

GST Summary GST Room Reve GST Food and GST Telephone 0.85 GST Other Revenue 0.85 Total GST

846543619 RT0002

SIGNATURE regree to remain personally lable for the payment of this account if the corporation or other third party billed faits to pay part or all of these charges SIGNATURE. Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre t erce partie ne regle pas une partie ou la totalite des lisus.

----

As a Starwood Preferred Guest you have earned at least 34 Starpoints for this visit A200894270

| Dr. Christopher | Eagle     | ROOM | DEPART           | AGENT |
|-----------------|-----------|------|------------------|-------|
| FOLIO 969199    | 12-JUN-12 | 1239 | 14-JUN-12<br>342 |       |



| er onderer Stadistikke | ·P); | radia a la constanti de la cons<br>La constanti de la constanti de | કલ્સાંગપાણ | ۲.<br> |  |
|------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|--|
|                        | A 77 |                                                                                                                                                                                                                                    |            |        |  |
| enue                   |      |                                                                                                                                                                                                                                    | 0.         | 00     |  |
| Beverage               |      |                                                                                                                                                                                                                                    | 0.         | 00     |  |
| e                      |      |                                                                                                                                                                                                                                    | 0.         | 00     |  |

5

#### PETRO-CANADA 9900 FAIRMOUNT DR. Calgary Alberta T2j0s4 4032712717

(4) #: 809568272 14 #264646:3605001

> 2#12-06-13 89:16 i ∗ ≥¶P 08 - ULAR RES Ľ 35.026 \*\* (CE/L \$ 1.149 \$ 40.24\* I IL SALES LUTAL OWED \$ 40.24 TECAL PAID , ż \* GST INCL. \$ 1.92 Me STERCARD 111/01CE 842021 **杂颜**套用 1. 111643 \*\*\*\*H 9010010010 00 027 FEIRG-FOINIS HANCE BEFORE FWRCHASE 11278 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

VEY! EARN POINTS HANCE TO WIN GAS 866-826-7779 OR N TRO-CANADA.CA/HERO

.

PETRO-CANADA 37553 HWY 2 SOUTH RED DEER ALBERTA 14E1B1 4033476556 GST #: 849387162 PC0455222:8564681 2012-96-14 89:21 PUMP 85 REGULAR LITRES PRICE/L L 15.401 \$ 1.139 \$ 17.54\* FUEL SALES TOTAL OWED \$ 17.54 TOTAL PAID CREDIT CARD \$ 17.54 \* GST INC 

■【新記書記形/ 海南 ) 「秋夜天台五夜或風景」

| led receipts and supporting documents in the s | ame order as it appears on this state                                                                                                             | ment                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| s signatures required where indicated below    | and the second                                  |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |
| PRESIDENT & CEO                                |                                                                                                                                                   |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |
| Cardholder's Position/Title                    | Billing Reporting Period:                                                                                                                         | 20/05/2012                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |
| SEVENTH STREET PLAZA                           |                                                                                                                                                   |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |
| Cardholder's Site/Location                     | Total Statement Amount:                                                                                                                           | \$2,030.60                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |
| LTHSERVICES.CA                                 |                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                     |                                                                                                                                                                                                                 |
|                                                | Last 6 digits of the P-Card #:                                                                                                                    | XXXXXXXXXX189747                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |
|                                                | Signatures required where indicated below<br>PRESIDENT & CEO<br>Cardholder's Position/Title<br>SEVENTH STREET PLAZA<br>Cardholder's Site/Location | Signatures required where indicated below         PRESIDENT & CEO         Cardholder's Position/Title       Billing Reporting Period:         SEVENTH STREET PLAZA         Cardholder's Site/Location       Total Statement Amount:         THSERVICES.CA | PRESIDENT & CEO       Cardholder's Position/Title       Billing Reporting Period:       20/05/2012         SEVENTH STREET PLAZA       Cardholder's Site/Location       Total Statement Amount:       \$2,030.60 |

| Transaction<br>Date | Trans ID  | Merchant Name & Description            | Trans Original<br>Amount |     | Trans Amount | GST  | Freight | Description                            |
|---------------------|-----------|----------------------------------------|--------------------------|-----|--------------|------|---------|----------------------------------------|
| 08/05/2012          | 285337720 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS | -13.40                   | CAD | -13.40       | 64   | .00     |                                        |
| 08/05/2012          | 285337721 | YELLOW CAB, LIMOUSINES AND<br>TAXICABS | 133.40                   | CAD | 133.40       | 6.35 | .00     | ······································ |



| Signatures                                                                                                                                                     |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                                                                                                                                                |                                                                                   |
| Cardholder Designate (if Applicable)<br>By signing this statement                                                                                              |                                                                                   |
| <ul> <li>I hereby certify that I have reviewed and reconciled this statement</li> </ul>                                                                        | in BMO details Online® to the best of my ability in accordance to AHS Corporate   |
| Policies, Program User Guide and Training. I have allocated the training                                                                                       | ansaction(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                                                                                                                                      | e business purposes in accordance to AHS Corporate Policies and AHS P-Card        |
| Program User Guide.                                                                                                                                            | e business purposes in accordance to AHS Corporate Policies and AHS P-Card        |
| <ul> <li>I acknowledge that the above Cardholder Designate has complete</li> </ul>                                                                             | d reviews and reconciliation in BMO details Online® on my behalf (if applicable). |
| EAGLE, CHRIS                                                                                                                                                   | PRESIDENT & CEO                                                                   |
| Name of Cardholder                                                                                                                                             | Cardholder Position/Title                                                         |
|                                                                                                                                                                |                                                                                   |
| Signature of Cardholder                                                                                                                                        | Data of Simplum                                                                   |
|                                                                                                                                                                | Date of Signature                                                                 |
| Approver Designate (if Applicable)                                                                                                                             |                                                                                   |
| By signing this statement                                                                                                                                      | BMO details Online® in accordance to AHS Corporate Policies, Program User         |
| Guide and Training on behalf of a authorized approver.                                                                                                         | I BMO details Online® in accordance to AHS Corporate Policies, Program User       |
|                                                                                                                                                                |                                                                                   |
| Name of Approver Designate                                                                                                                                     | Approver Designate Position/Title                                                 |
|                                                                                                                                                                | Approver Designate Position fille                                                 |
|                                                                                                                                                                |                                                                                   |
| Signature of Approver Designate                                                                                                                                | Date of Signature                                                                 |
| Approver                                                                                                                                                       |                                                                                   |
| By signing this statement                                                                                                                                      |                                                                                   |
| <ul> <li>I nereby certify that the P-card issued to be was used for legitimate<br/>Program User Guide and hereby approve the transactions as listed</li> </ul> | business purposes in accordance to AHS Corporate Policies and AHS P-Card          |
|                                                                                                                                                                | eviews and approvals in BMO details Online® on my behalf (if applicable).         |
|                                                                                                                                                                | s non a dipprotais in bino domis chinicas on my benan (in approable).             |
| Name of Approver                                                                                                                                               |                                                                                   |
|                                                                                                                                                                | Approver Position/Title                                                           |
|                                                                                                                                                                |                                                                                   |
| Signature of Approver                                                                                                                                          | Date of Signature                                                                 |
|                                                                                                                                                                |                                                                                   |
| Submit approved statement with attachments to Accounts Payable:                                                                                                |                                                                                   |
| Attach:     Original itemized receipts                                                                                                                         | Address:                                                                          |
| Signed Cardholder Statement Report (or copies of electronic                                                                                                    | Alberta Health Services                                                           |
| signatures if signatures are not on report)                                                                                                                    | Accounts Payable                                                                  |
| And where applicable:                                                                                                                                          | 7th Street Plaza                                                                  |
| Copies of pre-approvals for travel                                                                                                                             | 10th Floor, North Tower, 10030-107 Street                                         |
| Personal cheque payable to "Alberta Health Services"     Patras activate and/as and/as activity                                                                | Edmonton, AB T5J 3E4                                                              |
| Return, refund and/or credit receipts     Disputes letter                                                                                                      |                                                                                   |
| Disputes letter                                                                                                                                                |                                                                                   |
| Accounts Payable only:                                                                                                                                         |                                                                                   |

| Reference #:           | Reviewed by: | Date: |
|------------------------|--------------|-------|
| Accounts rayable only: |              |       |



#### 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

| EAGLE, CHRIS                | PRESIDENT & CEO             |                                |                  |
|-----------------------------|-----------------------------|--------------------------------|------------------|
| Cardholder's Name           | Cardholder's Position/Title | Billing Reporting Period:      | 20/05/2012       |
| CORPORATE OFFICE            | SEVENTH STREET PLAZA        |                                |                  |
| Cardholder's Dept           | Cardholder's Site/Location  | Total Statement Amount:        | \$2,030.60       |
| CHRIS.EAGLE@ALBERTAHEAL     | THSERVICES.CA               |                                |                  |
| Cardholder's e-mail address |                             | Last 6 digits of the P-Card #: | XXXXXXXXXX625369 |

| Statement o         | of Transacti | ions                                                           |                          |       |              |       | a 2007 al construction de la const<br>Antipa de la construction de la cons |
|---------------------|--------------|----------------------------------------------------------------|--------------------------|-------|--------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transaction<br>Date | Trans ID     | Merchant Name & Description                                    | Trans Original<br>Amount |       | Trans Amount | GST   | Freight Description                                                                                                                                                                                                                |
| 27/04/2012          | 284395275    | THE MARC RESTAURANT GR, EATING<br>PLACES, RESTAURANTS          | 178.35                   | CAD   | 178.35       | 7.35  | Meeting Expenses                                                                                                                                                                                                                   |
| 02/05/2012          | 284694325    | MEDICINE HAT LODGE, LODGING<br>HOTELS, MOTELS, RESORTS         | -330.71                  | CAD   | 330.71       | 13.69 | .00Board Dinner in Medicine Hat                                                                                                                                                                                                    |
| 02/05/2012          | 284884023    | MEDICINE HAT LODGE, LODGING<br>HOTELS, MOTELS, RESORTS         | 147.29                   | ∞~CAD | 147.29       | 6.51  | .001 night stay for Board meeting                                                                                                                                                                                                  |
| 13/05/2012          | 285737194    | ESSO, FUEL DISPENSER, AUTOMATED                                | (19:77                   | CAD   | 19.77        | .94   | Gas for the fleet car to go to<br>Conference                                                                                                                                                                                       |
| 13/05/2012          | 285737195    | PETROCAN, FUEL DISPENSER,<br>AUTOMATED                         | £ 46.25                  | CAD   | 46.25        | 2.20  | Gas for fleet car to go to Calgary                                                                                                                                                                                                 |
| 14/05/2012          | 285737193    | HOTEL LE GERMAIN-CALGA, LODGING<br>HOTELS, MOTELS, RESORTS     | 6/6 <sup>584.63</sup>    | CAD   | 584.63       | 26.89 | Hotel for Calgary for Conference                                                                                                                                                                                                   |
| 15/05/2012          | 285829368    | U OF A ONLINE PAYMENT, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | 157.50                   | CAD   | 157.50       | 7.50  | Dinner Event for Dr. Verna Yiu                                                                                                                                                                                                     |
| 15/05/2012          | 285932968    | PETROCAN, FUEL DISPENSER,<br>AUTOMATED                         | 30:01                    | CAD   | 30.01        | 1.43  | Gas for trip to calgary for<br>meetings for fleet car                                                                                                                                                                              |
| 16/05/2012          | 286097227    | REDWATER STADIUM, EATING PLACES,<br>RESTAURANTS                | 43:65                    | CAD   | 43.65        | 1.89  | Lunch for meeting while in<br>Calgary                                                                                                                                                                                              |
| 17/05/2012          | 286097226    | U OF C HOTEL ALMA, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL     | 372:44                   | CAD   | 372.44       | 15.90 | Hotel while in Calgary for<br>meetings                                                                                                                                                                                             |

AHS - Edmonton AHS - Edmonton Accounts Payable Accounts Payable JUN 13 2012 JUN 1 2 2012 Q & C - Completed RECEIVED initials\_



Į,

| Signatures                                                                                                                                                                |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Cardholder Designate (If Applicable)<br>By signing this statement                                                                                                         |                                                                                                                            |
|                                                                                                                                                                           | In BMO details Online® to the best of my ability in accordance to AHS Corporate<br>insaction(s) to the proper cost gentre. |
| PAULA FEWNSON<br>Narre-of Cardholder Designate                                                                                                                            | Executive Assistant<br>Cardholder Designate Position/Title                                                                 |
| Name Gardholoer Designate                                                                                                                                                 |                                                                                                                            |
| Signature of Candholder Designate                                                                                                                                         | May 29, 2012<br>Date of Storature                                                                                          |
| Cardholder                                                                                                                                                                |                                                                                                                            |
| <ul> <li>By signing this statement</li> <li>I hereby certify that the P-Card issued to be was used for legitimate<br/>Program User Guide.</li> </ul>                      | business purposes in accordance to AHS Corporate Policies and AHS P-Card                                                   |
| 37                                                                                                                                                                        | reviews and reconcilation in BMO details Online® on my behalf (if applicable).                                             |
| EAGLE, CHRIS                                                                                                                                                              | PRESIDENT & CEO                                                                                                            |
| Name of Cardholder                                                                                                                                                        | Cardholder Position/Title                                                                                                  |
| <u>yon</u>                                                                                                                                                                | <u>11/94 30, 2012</u>                                                                                                      |
| Signature of Cardholder                                                                                                                                                   | Date of Signeture '                                                                                                        |
| Approver Designate (If Applicable)<br>By signing this statement                                                                                                           |                                                                                                                            |
|                                                                                                                                                                           | BMO details Online® in accordance to AHS Corporate Policies, Program User                                                  |
| POTTT GOTTER                                                                                                                                                              | CHIEF AF STAFF                                                                                                             |
| Name of Approver Designate                                                                                                                                                | CHIEF UF TAFF<br>Approver Designate Position/Title                                                                         |
| -is. 1                                                                                                                                                                    | reay 30, 2012                                                                                                              |
| Signature of Approver Designate                                                                                                                                           | Date of Signature                                                                                                          |
| Approver                                                                                                                                                                  |                                                                                                                            |
| By signing this statement<br>- I hereby certify that the P-card issued to be was used for legitimate<br>Program User Guide and hereby approve the transactions as listed. | business purposes in accordance to AHS Corporate Policies and AHS P-Card                                                   |
| -                                                                                                                                                                         | views and approvals in BMO details Online® on my behalf (if applicable).                                                   |
| CATHY KODZEN                                                                                                                                                              | CHMIR                                                                                                                      |
| Name of Approver                                                                                                                                                          | Approver Position/Title                                                                                                    |
| Calle France                                                                                                                                                              | June 7. 2012                                                                                                               |
| Signature of Approver /                                                                                                                                                   | Date of Signature                                                                                                          |
| Submit approved statement with attachments to Accounts Payable;                                                                                                           |                                                                                                                            |
| Attach:<br>• Original liemized receipts                                                                                                                                   | Address:                                                                                                                   |
| <ul> <li>Signed Cardholder Statement Report (or copies of electronic<br/>signatures if signatures are not on report)</li> </ul>                                           | Alberta Health Services<br>Accounts Payable                                                                                |
| And where applicable:                                                                                                                                                     | 7th Street Plaza                                                                                                           |
| <ul> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> </ul>                                                      | 10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB T6J 3E4                                                          |
| Return, refund and/or credit receipts                                                                                                                                     |                                                                                                                            |
| Disputes letter                                                                                                                                                           |                                                                                                                            |
| Appounds Reyards only:                                                                                                                                                    | - • • ·                                                                                                                    |
| Reference #: Reviewed by:                                                                                                                                                 | Date:                                                                                                                      |

-5.0-

THE MARC RESTAURANT GROUP LTD. 9940 106 ST NW EDMONTON AB

CARD \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*5369 CARD TYPE MASTERCARD DATE 2012/04/27 TIME 9639 13:08:23 RECEIPT NUMBER C06100654-001-174-012-0

### PURCHASE

ž,

| AMOUNT | \$154.35 |
|--------|----------|
| TIP    | \$24.00  |
| TOTAL  |          |

\$178.35

MasterCard A000000041010 31CCA2702A354CD6 0000008000 A82C16083D9335E2

### APPROVED

AUTH# 150823 THANK YOU 01**-027** 

CARDHOLDER COPY

IMPORTANT - RETAIN THIS

| 8 | Á  | 5 | n | r   |
|---|----|---|---|-----|
|   | η. | 4 | ĸ |     |
|   |    |   |   | E.9 |

9940 106 Street Edmonton, AB 780-429-2828 www.themarc.ca GST#807555859

114 ISABELLE

| *************************************** |           |
|-----------------------------------------|-----------|
| Check: 1195<br>Table: 3-1               | Guests: 6 |
| • • · · · · · · · ·                     |           |

04/27/2012 11:52AM

| 1   | POP               | 2.75     |
|-----|-------------------|----------|
| 2   | COFFEE            | 6.00     |
| 1   | MINERAL WATER     | 5.00     |
| 2   | STEAK FRITES      | 34.00    |
| 1   | BRAISED BEEF SAND | 13,00    |
| 1   | SPECIAL DE JOUR   | 15.00    |
| 1   | FISH DE JOUR      | 15.00    |
| 1   | CHICKEN SALAD     | 13.00    |
| 2   | CREME CARAMEL     | 12.00    |
| 2   | SALTED CARAMEL    | 12.00    |
| 2   | BEIGNETS          | 12.00    |
| 1   | TEA               | 3.00     |
| 1   | LATTE             | 4.25     |
|     | Subtotal          | 147.00   |
|     |                   | 147.00   |
| т   | G.S.T.            | 7.35     |
| I C | otal Due          | \$154.35 |

\*\*PLEASE PAY SERVER\*\*\* Thank You

4/27/12 Dr. Eagle's Lunch Mtg



M Grill #478-01

ĉ

Medicine Hat Lodge 1051 RossGlen Drive SE Medicine Hat,AB T18 3T0 Phone (403)529-2222 Fax (403)528-4075

|       | در که نه هد مر بروی در بروی در از مر<br>اور ها ها ها ما می بروی بروی از م | ******* |       |         |  |
|-------|---------------------------------------------------------------------------|---------|-------|---------|--|
| Date: | May 02, 2                                                                 | 012     | Tine: | 09:26PN |  |
| Serve | r: (NG)Dia                                                                | na      |       |         |  |
| Bill: | 1246682                                                                   |         | Table | : 478   |  |
| 3     | ar                                                                        | Kachkar |       | 15 00   |  |

| 3   | ar Kachkar           | 15.00  |
|-----|----------------------|--------|
| 1   | ch Salad             | 8.49   |
| 3   | 8oz Prime Rib 🖉      | 74.97  |
| 3   | Sub Stuffed Potato   | 4.50   |
| 1   | 10oz Prime Rib       | 26.99  |
| : 2 | 8azTender in         | 59.98  |
| 1   | Butteri i sioli      | 13.99  |
| 1   | (M)Open Food         | 13.99  |
| 1   | FRENCH TON           | 7.00   |
| t   | 10oz Tewerloin       | 32.99  |
| 1   | PICK UP              |        |
| 1   | Pan                  | 2.99   |
| 1   | App opting Wix Salad | 5.00   |
| 1   | Bra Jy reaches       | 7,99   |
| • • | Subiotal             | 273.86 |
| ;   | aST                  | 13,69  |
| То  | tai                  | 287.57 |

illantain Food 7.00 M Grill Food 263.89 M Grill Beverages 2.99

Open Time : Nay 02, 2012 08:03PM

Gretuity

Total

Roon#

Signature

| Print Name |  |  |
|------------|--|--|
|------------|--|--|

Board Dinner

MEDICINE HAT LODGE 1051 ROSS GLEN DR SE MED'CINE HAT, AB T1B3T8 4035028170

MERGHANT ID: 97212730030 TERM ID: 001 CLERK: 308

#### SALE

| XXXXXX<br>MASTERCARD | IXXXXXXE<br>Entry | 5369<br>Method: Chip/Swiped |
|----------------------|-------------------|-----------------------------|
| 05/^^/               | 12                | 21:33:05                    |
| IN                   | 000007            | APPR CODE: 253304           |
|                      |                   | BATCH #: 000870             |
|                      |                   | REF #: 007                  |
| AMOUN /              |                   | <b>\$287.</b> 57            |
| TIP                  |                   | \$43.14                     |
|                      |                   |                             |
| TOTAL                |                   | \$330.71                    |
|                      |                   |                             |

: "EE TO PAY ABOVE TOTAL AMOUNT .: HCCORDANCE WITH CARD ISSUER'S AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION

CARDHOLDER COPY

÷



Acair Carn Deceipt

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

| Chris Eagle<br>s.17(1), 17(4)(g)(i)<br>Group: AB Health Services                                                | Page #<br>Res. #<br>Checked in<br>Checked out<br>Nights<br>Room Rate<br>Room |      | 7 2/12 - 6:21 pm<br>3/12 - 7:00 am |                   |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------|------------------------------------|-------------------|
| DateDescriptionMay02Hospital RateMay02Room TaxMay02Destination Marketing FeeMay03PAID BY MASTERCARD - Thank you | Reference                                                                    |      | Charges<br>139.25<br>5.36<br>2.68  | Credits<br>147.29 |
|                                                                                                                 |                                                                              | 0.00 | 147.29                             | 147.29            |

Thank you for staying with us. Please come again! Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

| <u>Charge Summary:</u> |      |
|------------------------|------|
| GST                    | 0.25 |
| Room Tax               | 5.36 |

| alen dr se<br>Ab T18378<br>28170                                                      | 014<br>                                  | r Compl        | Entry Nethod: CHIP           | 06:55:09<br>Appr Code: 201527<br>Batchit: 000419 | nt: \$ 260.60             | \$ 147,29 | <pre>9 a verified PIN, cardholder<br/>o pay issuer such total in<br/>with issuer's such enement with<br/>(Merchant asreement if credit<br/>vucher).<br/>this copy for statement<br/>verification.<br/>2001810<br/>3 80 00</pre>                                                       | Сару          |
|---------------------------------------------------------------------------------------|------------------------------------------|----------------|------------------------------|--------------------------------------------------|---------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1951 ROSS GLEN DR SE<br>1951 ROSS GLEN DR SE<br>HEDICINE HAT, AB T183T8<br>4035026170 | Merchant ID: 87212730014<br>Term ID: 002 | Pre-Auth Compl | XXXXXXXXXX5369<br>Mástercadd | 05/03/12<br>Inv #: 000008<br>Apprvd              | Orisinal Pre-Auth Amount: | Total:    | By entering a verified PIN,<br>agrees to pay issuer such<br>accordance with issuer's agr<br>cardholder (Merchant agreeme<br>voucher).<br>Retain this copy for st<br>ADD: AD00000001010<br>ADD: AD00000001010<br>ADD: AD00000001010<br>TVR: 60 00 00 00 00<br>TVR: 58 00<br>TVR: 58 00 | Customer Copy |

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095 www.medhatlodge.com



| /           |                                       |
|-------------|---------------------------------------|
|             |                                       |
|             |                                       |
|             |                                       |
| PETRO-CA    | NIXINA SAS                            |
| 37553 HWY 2 |                                       |
| RED DI      | 5 <b>3001</b> 0                       |
| ALBERTA T   |                                       |
| 4833471     |                                       |
| 403341      |                                       |
| GST #: 849: | 207162                                |
| PC0442921:8 |                                       |
|             |                                       |
| 2012-05-13  | 89:48                                 |
|             |                                       |
| PUMP        | 83                                    |
| REGULAR     |                                       |
| LITRES      | L 41.707                              |
| PRICEZL     | \$ 1.109                              |
| FUEL SALES  | \$ 46.25*                             |
|             |                                       |
| TOTAL DWED  | \$ 46.25                              |
|             | - Mark                                |
| TOTAL PAID  | 1995 A                                |
| CREDIT CARD | \$ 46.25                              |
|             | i i i i i i i i i i i i i i i i i i i |
|             | ,                                     |
| * GST INCL. | \$ 2.20                               |
|             |                                       |
| MASTERCARD  |                                       |
| *****       | *5369                                 |
| INVOICE 365 |                                       |
|             | 430                                   |
| AUTH 1      | 435<br>14803                          |

Š.

ļ

5

ł

.....

AUTH PURCHASE S 0010010010 00 027 SURVEY! EARN POINTS & CHANCE TO WIN GAS 1-866-826-7779 OR PETRO-CANADA.CA/HERO

Cherift

12415 182 Avenue Edmonton AB T5N0112

#### ESSO EXPRESS PAY

GLENORA ESSO 00302296 12415 102 AVENUE EDMONTON, AB T5N OM URN:R121461107 05/13/2012 721808725 01:49:39 PM .

PUMP# 4 EREG 17.826L 1.109 PRICE/L FUEL TOTAL \$ 19.77

GST in fuel \$ 0.94 \$ 19.77 CREDIT

TYPE: PURCHASE ACCOUNT : MCARDFLEET \$19.77 AUTH: 154832-F INVOICE: TAD76941 CARD NUMBER: S \*\*\*\* \*\*\*\* \*\*\*\* 5369 01 Approved ~ Thank You 027 LOYALTY: NO IMPORTANT - retain this copy for your récords

chewit



0.00 CAD

Company

#### ALBERTA HEALTH SERVICES

|                                                                 | DATE:      | 05-13-12 |
|-----------------------------------------------------------------|------------|----------|
|                                                                 | TIME:      | 10:21    |
|                                                                 | ROOM:      | 0913     |
| Dr CHRIS EAGLE                                                  | ARRIVAL:   | 05-11-12 |
| ALBERTA HEALTH SERVICES                                         | DEPARTURE: | 05-13-12 |
| 14TH FLOOR NORTH TOWER                                          | CONF. NO.: | 2106164  |
| SEVENTH STREET PLAZA, 10030-107 STREET NW<br>Edmonton AB T5J3E4 | PAGE:      | 1 of 1   |

| DATE     | DESCRIPTION               | REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CHARGES | CREDITS |   |
|----------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---|
| 05-11-12 | Weekend Special           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 259.00  |         | - |
| 05-11-12 | DMF - Destination Marketi | ng Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7.32    |         |   |
| 05-11-12 | Alberta Tourism Tax       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10.05   | . ·     |   |
| 05-11-12 | GST                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13.32   |         |   |
| 05-12-12 | Weekend Special           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 259.00  |         |   |
| 05-12-12 | DMF - Destination Marketi | ng Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7.32    |         |   |
| 05-12-12 | Alberta Tourism Tax       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10.05   |         |   |
| 05-12-12 | GST                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13.32   |         |   |
| 05-13-12 | Private Bar - Beverage    | coffee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5.00    |         |   |
| 05-13-12 | GST                       | and the second se | 0.25    |         |   |
| 05-13-12 | Master Card/Diners        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | 584.63  |   |
|          |                           | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 584.63  | 584.63  | : |

BALANCE

| DMF            |  |
|----------------|--|
| GST: 848120796 |  |
| ATT            |  |

14.64 26.89 20.10

Like you, we know it's the little things that mean a lot. So, if you enjoyed your stay with us, please visit www.tripadvisor.com and share your Germain experience.

> 899 Centre Street SW Calgary (Alberta) T2G 1B8 TEL 403.264.8990 FAX 403 264.8991 1.877.362.8990 www.germaincalgary.com reservations@germaincalgary.com

### Paula Finnson

| From:    | jkrieger@cardio.med.ualberta.ca      |
|----------|--------------------------------------|
| Sent:    | Tuesday, May 15, 2012 5:45 PM        |
| To:      | Paula Finnson                        |
| Subject: | Recognition Dinner for Dr. Verna Yiu |

Thank you for registering in Recognition Dinner for Dr. Verna Yiu. For all registration and refund questions please refer to the Registration Summary email message which will be sent to you shortly.

\_\_\_\_\_

University of Alberta, Dean of Medicine Online Payment Receipt

Dean of Medicine University of Alberta, 2-132 Li Ka Shing Centre for Health Research Innovation University of Alberta Edmonton, AB T6G 2E1 http://www.med.ualberta.ca

Phone: 780-492-0591

Purchase Transaction Details

Card Holder Name: Christopher Eagle Card Number: XXXX XXXX 5369 Card Brand/Type: MC Order ID: 200764067 Date/Time: Tue May 15 17:45:00 MDT 2012 Sequence Number: 242092-0\_55 Approval Code: 194501 Response / ISO Code: 1 / 01 Amount (Canadian Dollars): \$157.50

\_\_\_\_\_

Purchase Item Description & Amount

Recognition Dinner Ticket - 1 @ \$150.00 (plus \$7.50 GST) \$157.50

Total (Canadian Dollars): \$157.50

CcReceipt

PETRO-CANADA 10120 Elbow Dr.sw. Calgary Alberta T201e7 4032553775

06:22

L 26.351 \$ 1,139 \$ 30.01\*

\$ 30.01

85

GST #: 031051184 PC0224241:8950801

TOTAL PAID CREDIT CARD \$ 30.01

\* GST INCL. \$ 1.43

S 0010010010 00 027

SURVEY! EARN POINTS & CHANCE TO WIN GAS 1-866-826-7779 OR

PETRO-CANADA.CA/HERO

082216

\*\*\*\*\*\*\*\*\*\*\*\*

**INVOICE 049720** 

2012-05-15

PUMP

REGULAR LITRES

PRICE/L FUEL SALES TOTAL OWED

MASTERCARD

PURCHASE

SURVEY

AUTH

2 ,

;

۶.

-6

| 1                  | , , | P       | fð |
|--------------------|-----|---------|----|
| $\bigtriangledown$ | ( ' | 1<br>AC | 1. |
|                    | Co  | Y       | S  |

Junch & Kebre

REDWATER STADIUM 1935 UXBRIDGE DRIVE NW CALGARY AB

| CARD **    | *********                                                                                                                                |
|------------|------------------------------------------------------------------------------------------------------------------------------------------|
| CARD TYPE  | MASTERCARD                                                                                                                               |
| DATE       | 2012/05/16                                                                                                                               |
| TIME       | 5029 12:56:03                                                                                                                            |
| SERVR ID   | 7318                                                                                                                                     |
| CHECK #    | 153255                                                                                                                                   |
| TABLE #    |                                                                                                                                          |
| RECEIPT NU | 165<br>MBED                                                                                                                              |
|            | -001-103-002-0                                                                                                                           |
| PURCHASE   | میں منٹ کو ایک میں <sub>ا</sub> بی کے بیٹ <mark>ہے ، میں ایک می</mark> ایک میں ا |
| AMOUNT     | +07                                                                                                                                      |
| TIP        | \$37,96                                                                                                                                  |
| TOTAL      | \$5.69                                                                                                                                   |
|            |                                                                                                                                          |

\$43.65

MasterCard A0000000041010 3FODFBC0CC458DF3 0000008000 5DE20734295DBCFC

# APPROVED

AUTH# 145603 THANK YOU

01-027

CARDHOLDER COPY

MONTANT - RETAIN THIS CORDS

Page 1 of 1

ź

C



UNIVERSITY OF

169 UNIVERSITY GATE NW CALGARY, ALBERTA, CANADA T2N 1N4 1.877.498.3203 T 403.220.3203 F 403.284.4184 W HOTELALMA.CA

#### EAGLE, DR CHRIS

### 14TH FLOOR NORTH TOWER EDMONTON, AB T5J 3E4 CA

Room Number: 720 Daily Rate: 159.00 Room Type: OBKC No. of Guests: 1 / 0

| ARRIVAL   | DEPARTU   | RE CREDIT CARD            | RATE PLAN             | CATEGORY                                                                                                        | ACCOUNT     |
|-----------|-----------|---------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
| 14-May-12 | 16-May-12 | XXXXXXXXXXXX5369          | GOV                   | DIS                                                                                                             | 20090127662 |
| DATE      | ROOM NO.  | DESCRIPTION               | REFERENCE             |                                                                                                                 | AMOUNT      |
| 14-May-12 | 720       | PARKING                   | PARKING CHARGE        | ατοποιοτικό το ποιοτικό το τημοτογία τη τημοτογία για το του το πολογία το πολογία το ποιοτικό το ποιοτικό το π | \$8.00      |
| 14-May-12 | 720       | ROOM CHARGE               | #720 EAGLE, DR CHRIS  |                                                                                                                 | \$159.00    |
| 14-May-12 | 720       | GST                       | GST                   |                                                                                                                 | \$7.95      |
| 14-May-12 | 720       | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE                                                                                                             | \$4.91      |
| 14-May-12 | 720       | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  |                                                                                                                 | \$6.36      |
| 15-May-12 | 720       | PARKING                   | PARKING CHARGE        |                                                                                                                 | \$8.00      |
| 15-May-12 | 720       | ROOM CHARGE               | #720 EAGLE, DR CHRIS  |                                                                                                                 | \$159.00    |
| 15-May-12 | 720       | GST                       | GST                   |                                                                                                                 | \$7.95      |
| 15-May-12 | 720       | DESTINATION MARKETING FEE | DESTINATION MARKETING | FEE                                                                                                             | \$4.91      |
| 15-May-12 | 720       | ALBERTA TOURISM LEVY      | ALBERTA TOURISM LEVY  |                                                                                                                 | \$6.36      |
| 16-May-12 | 720       | MASTERCARD                | MASTERCARD            |                                                                                                                 | (\$372.44)  |

TOTAL DUE:

\$0.00

1

SIGNATURE

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

### From May Flatfile

.

.

| EAGLE, CHRIS-13.44121 LIMOUSINES AND TAXICABSEAGLE, CHRIS133.44121 LIMOUSINES AND TAXICABSEAGLE, CHRIS178.355812 EATING PLACES, RESTAURANTSEAGLE, CHRIS330.717011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS147.297011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS19.775542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS46.255542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS157.58220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS372.448220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EAGLE, CHRIS178.355812 EATING PLACES, RESTAURANTSEAGLE, CHRIS330.717011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS147.297011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS19.775542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS46.255542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS157.58220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS30.015542 FUEL DISPENSER, AUTOMATED                                                                                                               |
| EAGLE, CHRIS330.717011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS147.297011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS19.775542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS46.255542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS157.58220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS30.015542 FUEL DISPENSER, AUTOMATED                                                                                                                                                                |
| EAGLE, CHRIS147.297011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS19.775542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS46.255542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS157.58220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS30.015542 FUEL DISPENSER, AUTOMATED                                                                                                                                                                                                                                                                            |
| EAGLE, CHRIS584.637011 LODGING HOTELS, MOTELS, RESORTSEAGLE, CHRIS19.775542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS46.255542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS157.58220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS30.015542 FUEL DISPENSER, AUTOMATED                                                                                                                                                                                                                                                                                                                                  |
| EAGLE, CHRIS19.775542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS46.255542 FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS157.58220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS30.015542 FUEL DISPENSER, AUTOMATED                                                                                                                                                                                                                                                                                                                                                                                        |
| EAGLE, CHRIS46.255542FUEL DISPENSER, AUTOMATEDEAGLE, CHRIS157.58220COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS30.015542FUEL DISPENSER, AUTOMATED                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| EAGLE, CHRIS157.58220COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLSEAGLE, CHRIS30.015542FUEL DISPENSER, AUTOMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| EAGLE, CHRIS 30.01 5542 FUEL DISPENSER, AUTOMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| EAGLE, CHRIS 372.44 8220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| EAGLE, CHRIS 43.65 5812 EATING PLACES, RESTAURANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Total 2030.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

C

. , **,** 

. Ō



ł.

Ð

|                                                | AP Expense                | Claim Verification Form |                         |                |
|------------------------------------------------|---------------------------|-------------------------|-------------------------|----------------|
|                                                | Name_DrCh                 | is EAgle                |                         |                |
|                                                | Period_Q1                 | 2012-2013               |                         |                |
|                                                | PC                        | ARD                     |                         |                |
| PCARD Month April                              | _ Amount Verified by AP   | \$ 4970.97              | Matches submission      | yes, se note   |
| PCARD Month HDI                                | _ Amount Verified by AP   | \$ 2030,60              | _ Matches submission    | yes, see Note  |
| PCARD Month June                               |                           | d-1-11 -71              | _ Matches submission    | *              |
|                                                | Expens                    | e Claim                 |                         | /              |
| Expense Claim <u>\$ 1192,36</u>                | _ Amount Verified by AP _ | \$ 1192.36              | _ Matches submission    | yes            |
| Expense Claim <u> </u>                         | Amount Verified by AP     | \$4606.31               | _Matches submission     | yes_           |
| Expense Claim                                  | Amount Verified by AP _   |                         | Matches submission      |                |
| Expense Claim                                  | Amount Verified by AP     | /                       | Matches submission      | dhuna dana     |
| Expense Claim                                  | Amount Verified by AP _   |                         | Matches submission      |                |
| Expense Claim                                  | Amount Verified by AP _   |                         | Matches submission      |                |
| Notes: <u>April And May A</u><br>Seplace ments | Lavd solni4;ious          | <pre>stal</pre>         | <u>emonts hernose c</u> | <u>f c 4/d</u> |
| Checked by                                     |                           |                         |                         | _              |

AP Supervisor

ť Alberta Health Services

#### 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

| EAGLE, CHRIS              | PRESIDENT & CEO             |
|---------------------------|-----------------------------|
| Cardholder's Name         | Cardholder's Position/Title |
|                           | SEVENTH STREET PLAZA        |
| Cardholder's Dept         | Cardholder's Site/Location  |
| CHRIS.EAGLE@ALBERTAHEALTH | ISERVICES.CA                |

Billing Reporting Period:

Total Statement Amount:

\$4,949.81

20/03/2012

Cardholder's e-mail address

the second second second second second

Last 6 digits of the P-Card #: XXXXXXXXX189747

| Transaction<br>Date | Trans ID  | Merchant Name & Description                                     | Trans Original |     | Trans Amount   | GST   | Freight Description                           |
|---------------------|-----------|-----------------------------------------------------------------|----------------|-----|----------------|-------|-----------------------------------------------|
|                     | 278760537 |                                                                 | Amount         |     |                |       |                                               |
| 1                   |           | AIR CAN 0142104453442, AIR CANADA                               | 78.75          | CAD | 78.75          | .00   | .00Change Fee                                 |
|                     | 278760536 | UNIVERSITY OF CALGARY,, COLLEGES,<br>UNIVERSITIES, PROFESSIONAL | 172.62         | CAD | 172,62         | 7.70  | Hotel - Calgary Meetings                      |
| 22/02/2012          | 278918032 | RICKY S ALL DAY GRILL, EATING PLACES,<br>RESTAURANTS            | 45.68          | CAD | 45.68          | 1.88  | Meeting - Heather Smith                       |
| 27/02/2012          | 279158398 | AIR CAN 0142105246385, AIR CANADA                               | 527.36         | CAD | 527.36         | .00   | .00Senior Leaders Meeting                     |
| 29/02/2012          | 279367822 | COLLINS LIMOUSINE LTD., LIMOUSINES<br>AND TAXICABS              | 200.00         | CAD | 200.00         | 9.52  | Calgary Meetings                              |
| <i>c</i>            | 279367823 | MILDFLOWER RESTAURANT, EATING<br>PLACES, RESTAURANTS            | 48.00          | CAD | 48.00          | 2.00  | Lunch - James Conway                          |
| 01/03/2012          | 279539138 | CANADIAN COLLEGE OF HE,<br>ORGANIZATIONS, CHARITABLE AND        | 506.00         | CAD | 506. <b>00</b> | 24.10 | 2012 Membership Fee                           |
|                     | 279704420 | COLLINS LIMOUSINE LTD., LIMOUSINES<br>AND TAXICABS              | 160.00         | CAD | 160.00         | 7.62  | Senior Leaders Meeting<br>Transportation      |
|                     | 279914432 | INSTITUTE OF CORPORATE, SCHOOLS<br>AND EDUCATIONAL SERVICES     | 68.25          | CAD | 68.25          | 3.25  | .00 CD Forum Registration Fee                 |
| 07/03/2012          | 280018813 | AIR CAN 0142105597244, AIR CANADA                               | 1,100.16       | CAD | 1,100.16       | .00   | .00Montebello Symposium                       |
| 09/03/2012          | 80324849  | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                          | 241.45         | CAD | 241.45         | 11.50 | .00Transportation Feb. 2012                   |
|                     | 80324850  | YELLOW CAB, LIMOUSINES AND<br>TAXICABS                          | 13.40          | CAD | 13.40          | .64   | .00 Transportation Jan. 2012 Amount           |
|                     |           | AIR CAN 0142105684712, AIR CANADA                               | 1,354.82       | CAD | 1,354.82       | .00   | should be \$133.40<br>.00Montebello Symposium |
|                     | 80324852  | AIR CAN 0142105684712, AIR CANADA                               | 105.00         | CAD | 105.00         | 5.00  | .00Change Fee                                 |
|                     |           | SOUNDVIEW EXEC BOOK SU, DIRECT<br>MARKETING - OTHER DIRECT      | 199.00<br>*/   | USD | 202.42         | .00   | .00Subscription Renewal -<br>Soundview        |
| 6/03/2012 2         | 80763632  | DIGITAL NEWSPAPER, DIRECT<br>MARKETING CONTINUITY/SUBSCRIPTION  | 125.90         | CAD | 125.90         | 6.00  | Calgary Herald Digital                        |

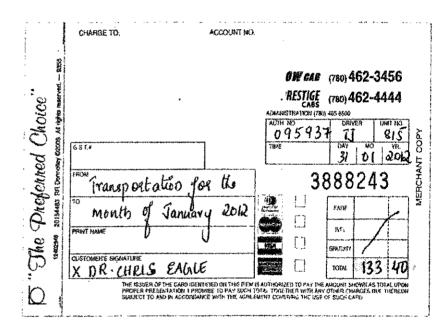


| Signatures                                                                                                                                                                                                                                             |                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Cardholder Designate (if Applicable)                                                                                                                                                                                                                   |                                                                                                                                                   |
| <ul> <li>By signing this statement</li> <li>I hereby certify that I have reviewed and reconciled this statement in<br/>Policies, Program User Guide and Training. I have allocated the training</li> </ul>                                             | n BMO details Online® to the best of my ability in accordance to AHS Corporate<br>nsaction(s) to the proper cost centre.                          |
| Name of Cardholder Designate                                                                                                                                                                                                                           | Cardholder Designate Position/Title                                                                                                               |
| Signature of Cardholder Designate                                                                                                                                                                                                                      | Date of Signature                                                                                                                                 |
| Cardholder                                                                                                                                                                                                                                             |                                                                                                                                                   |
| <ul> <li>By signing this statement</li> <li>I hereby certify that the P-Card issued to be was used for legitimate<br/>Program User Guide.</li> </ul>                                                                                                   | business purposes in accordance to AHS Corporate Policies and AHS P-Card                                                                          |
| I acknowledge that the above Cardholder Designate has completed                                                                                                                                                                                        | reviews and reconciliation in BMO details Online® on my behalf (if applicable).                                                                   |
| EAGLE, CHRIS                                                                                                                                                                                                                                           | PRESIDENT & CEO                                                                                                                                   |
| Name of Cardholder                                                                                                                                                                                                                                     | Cardholder Position/Title                                                                                                                         |
| Signature of Cardholder                                                                                                                                                                                                                                | Date of Signature                                                                                                                                 |
| <ul> <li>Approver Designate (if Applicable)</li> <li>By signing this statement         <ul> <li>I hereby certify that I have reviewed and approved this statement in<br/>Guide and Training on behalf of a authorized approver.</li> </ul> </li> </ul> | BMO details Online® in accordance to AHS Corporate Policies, Program User                                                                         |
| Name of Approver Designate                                                                                                                                                                                                                             | Approver Designate Position/Title                                                                                                                 |
| Signature of Approver Designate                                                                                                                                                                                                                        | Date of Signature                                                                                                                                 |
| Program User Guide and hereby approve the transactions as listed.                                                                                                                                                                                      | ousiness purposes in accordance to AHS Corporate Policies and AHS P-Card views and approvals in BMO details Online® on my behalf (if applicable). |
| Name of Approver                                                                                                                                                                                                                                       | Approver Position/Title                                                                                                                           |
| Signature of Approver                                                                                                                                                                                                                                  | Date of Signature                                                                                                                                 |
| Submit approved statement with attachments to Accounts Payable:                                                                                                                                                                                        |                                                                                                                                                   |
| Attach:<br>• Original itemized receipts                                                                                                                                                                                                                | Address:                                                                                                                                          |
| Signed Cardholder Statement Report (or copies of electronic                                                                                                                                                                                            | Alberta Health Services                                                                                                                           |
| signatures if signatures are not on report)                                                                                                                                                                                                            | Accounts Payable                                                                                                                                  |
| And where applicable: <ul> <li>Copies of pre-approvals for travel</li> </ul>                                                                                                                                                                           | 7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street                                                                                     |
| <ul> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>                                                                                                       | Edmonton, AB T5J 3E4                                                                                                                              |
| Accounts Pavable only:                                                                                                                                                                                                                                 |                                                                                                                                                   |

| Reference #: |              |       |
|--------------|--------------|-------|
|              | Reviewed by: | Date: |

# STATEMENT FOR THE MONTH OF JANUARY 2012

| NO  | DATE                           | TIME    | NAME         | DESTINATION    | AMOUNT   |
|-----|--------------------------------|---------|--------------|----------------|----------|
| 1   | 26                             | 13:30   | Dr.Eagle     | AHS to Airport | \$66.70  |
| 2   | 27                             | 16:24   | Dr.Eagle     | Airport to AHS | \$66.70  |
|     |                                |         |              |                |          |
|     |                                |         |              |                |          |
|     |                                |         |              |                | · · ·    |
| - N | 10127/1270<br>1010/10/1 Martin | ellon . | week 33.40 - |                |          |
|     | 13                             | .40 V°  | which have - |                |          |
|     | 4                              | R120. F | - 4/237.42 - |                |          |
|     |                                |         |              |                |          |
|     |                                |         |              | TOTAL          | \$133.40 |



s.17(1), 17(4)(e.1)

√. ♦

 $\Gamma$ 



#### Office of the President and Chief Executive Officer of Alberta Health Services

#### Dr. Chris Eagle, President and CEO

Expenses submitted during the period of January 1 - March 31, 2012

#### 1) Travel expenses

Aprill - Jave 30/2012

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. May include meetings with government officials, dignitaries, agencies, public interest groups, employees, donors other public or private organizations etc.

#### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes and staff recognition. May include books and other incidentals. Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

| Statement<br>Date | Transaction<br>Date | Location/<br>Destination | Purpose                                                 | Airfare | Meals | Accomm<br>-odation | Other<br>Travel | Professional<br>Development | Hosting and<br>Hospitality | Other  |
|-------------------|---------------------|--------------------------|---------------------------------------------------------|---------|-------|--------------------|-----------------|-----------------------------|----------------------------|--------|
| 7-May             | 12-Mar              | Edmonton AB              | Dinner with educators (UAH)                             |         |       |                    |                 |                             | 253.66                     |        |
| 20-Apr            | Mar 13-15           | Canmore AB               | March AHS Board Meeting                                 |         |       | 122.37             |                 |                             |                            |        |
| 7-May             | 16-Mar              | r                        | Monthly cellular charges-March                          |         |       |                    |                 |                             |                            | 151.20 |
| 20-Apr            | 20-Mar              | r                        | Airfare Cancelled - Credit Applied                      | 434.83  |       |                    |                 |                             |                            |        |
| 20-Apr            | 21-Ma               | Edmonton AB              | Breakfast with government official                      |         |       |                    |                 |                             | 37.08                      |        |
| 20-Apr            | 23-Mar              | r                        | Educational materials-books                             |         |       |                    |                 |                             |                            | 184.03 |
| 20-Apr            | 23-Mai              | r                        | Meeting with Premier                                    | 1501.76 |       |                    |                 |                             |                            |        |
| 20-Apr            | 26-Mai              | r Edmonton AB            | Lunch with potential employee                           |         | ····  |                    |                 |                             | 45.89                      |        |
| 20-Apr            | 28-Mai              | r                        | Travel to Various Meetings                              |         |       |                    | 140.00          |                             |                            | ····   |
| 7-May             | 2-Api               | r                        | Annual Dues-Royal College of<br>Physicians and Surgeons |         |       |                    |                 |                             |                            | 787.50 |

| Statement<br>Date | Transaction<br>Date                   | Location/<br>Destination     | Purpose                                                                    | Airfare | Meals | Accomm<br>odation | Other<br>Travel | Professional<br>Development           | Hosting and<br>Hospitality | Other           |
|-------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------|---------|-------|-------------------|-----------------|---------------------------------------|----------------------------|-----------------|
|                   |                                       |                              | Canadian College of Health                                                 |         |       |                   |                 |                                       |                            |                 |
| 20-Apr            | 2-Apr<br>2-Apr                        |                              | Organizations Registration Fee<br>Educational materials-Book               |         |       |                   |                 |                                       |                            | 30.00<br>145.58 |
| 20-Apr            | 2-Api<br>9-Apr                        |                              | Office supplies                                                            |         |       |                   |                 |                                       |                            | 89.59           |
|                   | · · · · · · · · · · · · · · · · · · · |                              | President's Speaker Series Catering                                        |         |       |                   |                 |                                       | 154,56                     |                 |
| 20-Apr            |                                       | Edmonton AB<br>Vancouver, BC | Airfare Cancelled - Credit Applied                                         | 650.21  |       |                   |                 | · · · · · · · · · · · · · · · · · · · | 154,50                     |                 |
| 20-Apr<br>20-Apr  |                                       | Calgary AB                   | Airfare Cancelled - Credit Applied                                         | 458.06  |       |                   |                 |                                       |                            |                 |
| 20-Apr            |                                       | Vancouver, BC                | Registration fee for Western Emergency<br>Department Operations Conference |         |       |                   |                 | 250.00                                |                            |                 |
|                   | 17-Apr                                | Edmonton AB                  | Lunch Operational Meeting                                                  |         |       |                   |                 |                                       | 199.25                     |                 |
| 20-May            | 27-Apr                                | Edmonton AB                  | Lunch Operational Meeting (6 people)                                       |         |       |                   |                 |                                       | 178.35                     |                 |
| 17-May            | 30-Apr                                | Edmonton AB                  | Membership-Royal Glenora                                                   |         |       |                   |                 |                                       |                            | 4398.45         |
| 20-May            |                                       | Medicine Hat, AB             | Board Dinner (9 people)                                                    |         |       | 147.29            |                 |                                       | 330.71                     |                 |
| 17-May            | 9-May                                 | /                            | Operational Meetings                                                       |         |       |                   | 28.54           |                                       |                            |                 |
| 17-May            | 11-May                                | /                            | Monthly cellular charges - Apr                                             |         |       |                   |                 |                                       |                            | 135.87          |
| 20-Apr            | May 11-13                             | Edmonton AB                  | Healthy Conscious Living Conference                                        |         |       |                   |                 | 129.00                                |                            |                 |
| 20-May            | May 11-13                             | Edmonton AB                  | Healthy Conscious Living Conference                                        |         |       | 584.63            | 66.02           |                                       |                            |                 |
| 20-May            | 12-May                                | Edmonton AB                  | Dinner with potential employee                                             |         |       |                   |                 |                                       | 157.50                     |                 |
| 20-May            |                                       | S Calgary AB                 | Calgary operational business meetings & lunch                              | 30.45   |       | 372.44            | 30.01           |                                       | 43.65                      |                 |
| 20-Jun            | May 23-24                             | Calgary AB                   | Calgary operational business meetings                                      |         |       | 263.32            | 70.22           |                                       |                            |                 |
| 20-Jun            | 24-Ma)                                | /                            | Calgary Health Trust Event Tickets                                         |         |       |                   |                 |                                       |                            | 1500.00         |
| 20-Jun            | 4-Jur                                 | 1                            | Travel to Various Meetings (March)                                         |         |       |                   | 349.60          | )                                     | ·                          |                 |
| 20-Jun            | 4-Jur                                 | 1 Edmonton AB                | Travel to Various Meetings                                                 |         |       |                   | 135.00          | )                                     |                            |                 |
| 22-Jun            | 11-Jur                                | 1                            | Monthly cellular charges - May                                             |         |       |                   |                 |                                       |                            | 136.08          |
| 20-Jun            | June 5-1                              | 7 Calgary AB                 | June AHS Board meeting                                                     |         |       | 592.64            | 19.40           | )                                     |                            |                 |
| 20-Jun            | June 13-14                            | 4 Calgary AB                 | Calgary operational business meetings                                      |         |       | 77.70             | 57.78           | 3                                     | 39.05                      |                 |
| 20-Apr            | June 20-22                            | 2 Regina SK                  | CIHI Board Meeting-Governance<br>Meeting                                   | 388.76  |       |                   |                 |                                       |                            |                 |

| Statement Transaction                  |                                                                     |         |       | Accomm   | Contraction of the Contraction o | Professional | STOLEN STOLEN STOLEN AND A STOLEN | Other   |          |
|----------------------------------------|---------------------------------------------------------------------|---------|-------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------|---------|----------|
| Date Date<br>Apr-Jui                   | Destination Purpos<br>Various local parking experimeetings/sessions |         | Meals | -odation | Travel<br>43.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Development  | Hospitality                                                                                                     |         |          |
| •••••••••••••••••••••••••••••••••••••• | · ·                                                                 | 3464.07 | 0.00  | 2160.39  | 939.57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 379.00       | 1439.70                                                                                                         | 7558.30 | 15941.03 |

\* Expenses have been reimbursed in accordance with the CEO's employment contract. \*\* All expenses to AHS have been reimbursed by CIHI

|              |         | From April Flatfile                                 |
|--------------|---------|-----------------------------------------------------|
| Cardholder   |         |                                                     |
| EAGLE, CHRIS | 566.08  | 3009 AIR CANADA                                     |
| EAGLE, CHRIS | 892.63  | 3009 AIR CANADA                                     |
| EAGLE, CHRIS | 16.8    | 3009 AIR CANADA                                     |
| EAGLE, CHRIS | 26.25   | 3009 AIR CANADA                                     |
| EAGLE, CHRIS | 122.37  | 3649 RADISSON HOTELS                                |
| EAGLE, CHRIS | 37.08   | 5812 EATING PLACES, RESTAURANTS                     |
| EAGLE, CHRIS | 10.5    | 3180 Westjet Airlines                               |
| EAGLE, CHRIS | 424.33  | 3180 Westjet Airlines                               |
| EAGLE, CHRIS | 184.03  | 4816 COMPUTER NETWORK/INFORMATION SERVICES          |
| EAGLE, CHRIS | 45.89   | 5812 EATING PLACES, RESTAURANTS                     |
| EAGLE, CHRIS | 140     | 4121 LIMOUSINES AND TAXICABS                        |
| EAGLE, CHRIS | 119.29  | 4816 COMPUTER NETWORK/INFORMATION SERVICES          |
| EAGLE, CHRIS | 26.29   | 4816 COMPUTER NETWORK/INFORMATION SERVICES          |
| EAGLE, CHRIS | 30      | 8398 ORGANIZATIONS, CHARITABLE AND SOCIAL SERVICE   |
| EAGLE, CHRIS | 89.59   | 5732 ELECTRONICS SALES                              |
| EAGLE, CHRIS | 21      | 3180 Westjet Airlines                               |
| EAGLE, CHRIS | 367.76  | 3180 Westjet Airlines                               |
| EAGLE, CHRIS | 458.06  | 3009 AIR CANADA                                     |
| EAGLE, CHRIS | 650.21  | 3009 AIR CANADA                                     |
| EAGLE, CHRIS | 10      | 7523 AUTOMOBILE PARKING LOTS AND GARAGES            |
| EAGLE, CHRIS | 154.56  | 5811 CATERERS                                       |
| EAGLE, CHRIS | 250     | 8220 COLLEGES, UNIVERSITIES, PROFESSIONAL SCHOOLS   |
| EAGLE, CHRIS | 199.25  | 5812 EATING PLACES, RESTAURANTS                     |
| EAGLE, CHRIS | 129     | 8999 PROFESSIONAL SERVICES NOT ELSEWHERE CLASSIFIED |
| Total        | 4970.97 |                                                     |

|              |         | From June's Flatfile                              |
|--------------|---------|---------------------------------------------------|
| Card Holder  | AMT     | Aut Description 1                                 |
| EAGLE, CHRIS | 42.07   | 5542 FUEL DISPENSER, AUTOMATED                    |
| EAGLE, CHRIS | 1500    | 8398 ORGANIZATIONS, CHARITABLE AND SOCIAL SERVICE |
| EAGLE, CHRIS | 20      | 7523 AUTOMOBILE PARKING LOTS AND GARAGES          |
| EAGLE, CHRIS | 263.32  | 7011 LODGING HOTELS, MOTELS, RESORTS              |
| EAGLE, CHRIS | 28.15   | 5542 FUEL DISPENSER, AUTOMATED                    |
| EAGLE, CHRIS | 135     | 4121 LIMOUSINES AND TAXICABS                      |
| EAGLE, CHRIS | 349.6   | 4121 LIMOUSINES AND TAXICABS                      |
| EAGLE, CHRIS | 592.64  | 3590 FAIRMONT HOTELS                              |
| EAGLE, CHRIS | 19.4    | 4121 LIMOUSINES AND TAXICABS                      |
| EAGLE, CHRIS | 40.24   | 5542 FUEL DISPENSER, AUTOMATED                    |
| EAGLE, CHRIS | 17.54   | 5542 FUEL DISPENSER, AUTOMATED                    |
| EAGLE, CHRIS | 77.7    | 3590 FAIRMONT HOTELS                              |
| EAGLE, CHRIS | 39.05   | 5812 EATING PLACES, RESTAURANTS                   |
| Total        | 3124.71 |                                                   |

\_



....

# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

| SECTION A - Employee Details (for AHS Staff ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                         |                    |                    | · · · ·           |                 |                        |     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|--------------------|--------------------|-------------------|-----------------|------------------------|-----|--|
| Enter employee #/old) and Employee # (E-Penple) if your neyroll has relevand to the New E-Penber 1-Mar-12 to 1-Apr-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                         |                    |                    |                   |                 |                        |     |  |
| involute for the Employee + (E-People) if your payrol has not migrated to the New E Doork name to the New F.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                         |                    |                    |                   |                 |                        |     |  |
| s.1/(1), 1/(4)(g)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                         |                    |                    |                   |                 |                        |     |  |
| Landian data Mi The man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | aident & Chief Executive Office  | fr (                    | Employee # (E      | -People)           | Empl              | nyee # (Legacy) | ······                 | -   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Union                   | Business           | Phone # 780,34     | 2.2003 Ext        | Out-of-Pi       | rovince Travel         |     |  |
| What is your former legacy region (prior to AHS consolida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ion)?                            | Please click in         | cell and select fi | rom dropdown me    | enu S             | Calgary Health  |                        | =   |  |
| SECTION E Finance Coding & Total Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                         |                    |                    |                   |                 |                        | _   |  |
| CABITAL PROJECT COONING OWNER Project N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | umber                            |                         |                    |                    |                   |                 |                        |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re Organization                  |                         |                    | ask Number         |                   |                 |                        | 1   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                         |                    | xpenditure Type    |                   |                 |                        |     |  |
| Total - Section B - Travel - Pg 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total - Section                  | C&D - Other & Fo        | oreign Expen       | 995 - Pg 3         | 37.55.60          |                 |                        | ł   |  |
| Pg Bal Location Functional Centre Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Bai Unit Location                | Functional              | Secondary          |                    | 101               | AL REIMBUR      | SEMENT                 | [   |  |
| 2A (FC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | Centre (FC)             | Expense            | Total              | Total Section B   |                 |                        |     |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 101 0923                         | 71110101058             | 64020000           | 151.20 🗸           | Total Sec         | tion C&D        | \$1,192.36             |     |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 101 0923                         | 71110101068             | 69600000           | 253.66 🗸           | Less Cas          | h Advance       |                        |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 101 0923                         | 71110101058             | 66020000           | 787.50 🗸           |                   |                 |                        |     |  |
| 2D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                         |                    |                    | TOTAL             | CLAIM           | \$1,192.36             |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | "User to enter Oddin             | g & \$ amounts          |                    | \$1,192.36         | L                 |                 |                        |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOTE: These fields do            | o not automatically fil | I for Section C&D  | )                  |                   | <b>6</b>        |                        |     |  |
| SECTION F Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                         |                    |                    |                   |                 |                        | Ъ   |  |
| If applicable, print the name of the person (other than cialmant) that<br>Employee and approval signatures required as well as DOEA level (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | prepared the claim along wit     | h phone number so i     | f there are any q  | uestions contact c | an be easily made | Alls.           | -Fast                  | -   |  |
| Employee and approval signatures required as well as DOFA level ()<br>Claim Prepared by (PRINT ONLY) Joyce Murray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (elegation of authority level) ( | and Position # of the   | approver.          |                    | /                 | 10000r          | Edmonton<br>Ns Payable | 170 |  |
| I hereby certify that the expenses listed above are in accordance to a previously claimed by me or on my babat from Abarta Hearth Social                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | aplicable policies and use is    |                         | Phone #            | 780.342.2011       | Ext /             | B. A. A         | * ~ MA                 | 1   |  |
| A service of the serv | es or other organization.        | KAINED ON Alberta He    | iann Services bu   | siness and have n  | iot been          | ~ "' U          | 8 2012                 | 7   |  |
| Employee Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                         | Date O.            | 06/11/20           |                   | AFAR            |                        | A   |  |
| I hereby certify that I have never the expenses and they are in ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cordance with the applicable     | policies (Policy #s C   | F-03. CF-04)       |                    | lot in            |                 | Van /                  | 4   |  |
| Chair)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                         |                    |                    |                   |                 |                        |     |  |
| Approved By (PRINT ONLY) Catherine Roozen)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DOFA                             | 10                      |                    |                    | Phone #           | 403.943.1128    | Ext                    | 1/  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                         | lealth Services B  | oard               | Date              | MAMZ 0          | 2012-1                 | 7   |  |
| Approved By (PRINT ONLY) CATHORINE POOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DOFAI                            | Level F                 | 'osilion #         |                    | Phone #           |                 | Ext                    | 1   |  |
| , karata                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | / TI                             | tle                     |                    |                    | Date              |                 |                        | 1   |  |

09704 pos(Rev2011-12)

,

# EXPENSE CLAIM DETAILS s.17(1), 17(4)(g)(i)

#### SECTION C Other Expenses

Emp # (E-People)

Emp # (Legacy)

Page 3

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

• If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.

• If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

| Date<br>dd-mmm-yy | Purpose of Expense<br>70 characters maximum                    |          | Finance Coding |                   |                                | Continuing<br>Education<br>Select type from | GST is <u>ON</u> till<br>silp/receipt,<br>enter total<br>amount in this | GST is <u>NOT</u> on<br>till slip/receipt,<br>enter total | TOTAL<br>OTHER \$ |        |
|-------------------|----------------------------------------------------------------|----------|----------------|-------------------|--------------------------------|---------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|-------------------|--------|
|                   | (length of shaded area)                                        | Bal Unit | Location       | Functional Centre | eg, 41000000<br>(8 characters) | dropdown menu<br>(if applicable)            | column<br><u>WITH GST</u>                                               | amount is this<br>column                                  |                   |        |
| 16-Mar-12         | Telus Mobility                                                 | 101      | 0923           | 71110101058       | 64020000                       |                                             | \$151.20                                                                |                                                           | \$151.20          |        |
| 12-Mar-12         | Dinner with Dr. P. Raggl, Dr. V. Yiu, Dr. C. Amrhein           | 101      | 0923           | 71110101058       | 69600000                       |                                             | \$253.66                                                                |                                                           | \$253.66          | r<br>I |
| 2-Apr.12          | Annual Dues - Royal College of Physicians & Surgeons of Canada | 101      | 0923           | 71110101058       | 66020000                       |                                             | \$787.50                                                                |                                                           | \$787.50          | ĺ      |
|                   |                                                                |          |                |                   |                                |                                             |                                                                         |                                                           |                   |        |
|                   |                                                                |          |                |                   |                                |                                             |                                                                         | · · · · · · · · · ·                                       |                   |        |
|                   |                                                                |          |                |                   |                                |                                             |                                                                         |                                                           |                   |        |
|                   |                                                                |          |                |                   |                                |                                             |                                                                         |                                                           |                   | ļ      |
|                   |                                                                | ļ        |                |                   |                                |                                             |                                                                         |                                                           |                   |        |
|                   |                                                                |          |                |                   |                                |                                             |                                                                         |                                                           |                   |        |
|                   | ······································                         |          |                |                   |                                |                                             |                                                                         |                                                           |                   |        |

| SECTION                                                                                           | D Foreign Currency                       | ONLY ENTER<br>If foreign curr | IN THIS<br>rency ha                                                                                                                                                                                                                                   | S SECTIC<br>as been c | ON IF AMOUNT NO   | OT CONVERTE<br>on your receip  | ED INTO CDN \$ (conv<br>ot, enter expense in Cl | ersion not in<br>DN \$ in either | dicated on red<br>Section B or C | eipt/statement)<br>as applicable.     |  |  |
|---------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|--------------------------------|-------------------------------------------------|----------------------------------|----------------------------------|---------------------------------------|--|--|
| Please click on the following link for the Bank of Canada exchange rate using the date of expense |                                          |                               | Bank of Canada Currency Converter Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column |                       |                   |                                |                                                 |                                  |                                  |                                       |  |  |
| Date                                                                                              | Purpose of Exp                           | 4                             | Finance Coding                                                                                                                                                                                                                                        |                       |                   | Secondary/<br>Expense          | Foreign Currency                                | Currency                         | Exchange                         |                                       |  |  |
| dd-mmm-yy                                                                                         | 70 characters may<br>(length of shaded a |                               | l Unit L                                                                                                                                                                                                                                              | Location              | Functional Centre | eg. 41000000<br>(8 characters) | Amount                                          | Туре                             | Rate                             | Canadian Value                        |  |  |
|                                                                                                   |                                          | ····                          |                                                                                                                                                                                                                                                       |                       | <u>, </u>         |                                |                                                 |                                  |                                  |                                       |  |  |
|                                                                                                   |                                          |                               |                                                                                                                                                                                                                                                       |                       | ·····             |                                |                                                 |                                  |                                  |                                       |  |  |
|                                                                                                   |                                          |                               |                                                                                                                                                                                                                                                       |                       |                   |                                |                                                 | <u></u>                          |                                  | · · · · · · · · · · · · · · · · · · · |  |  |

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

- 3 of 3 -

PAGE 1 of 3

PTLPS01A 17249 HRI - - 3 - 1 - 14 - - 124355

CLIENT Nº :

BILL DATE : 16-Mar-12 s.17(1), 17(4)(g)(i)



| Did you know that TELUS has Enhanced 911<br>(E911) services?                                                                                                                                                                                                                                                                            | MOBILITY BILL SUMMARY<br>CURRENT CHARGES                                                                                                                                    | Contract Term : 3 yr                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| We care about the safety of our customers and<br>want to make sure that your mobile phone can<br>be used as a public safety tool during an<br>emergency. With E911 services, emergency<br>operators can pinpoint the phone's location to<br>tirect emergency personnel more precisely and                                               | iPhone 100 - Double mins<br>Long Distance Charges<br>Data and Other Services<br>Value Added Services<br>Other Charges and Credits<br>Taxes                                  | \$ 100.0<br>\$ 14.0<br>\$ 1.0<br>\$ 27.0<br>\$ 2.0                                                              |
| can also identify a mobile phone number to call<br>back if needed. To learn more please visit<br>telusmobility.com/e911                                                                                                                                                                                                                 | GST/HST<br>Total Taxes<br>Total Current Charges                                                                                                                             | <u> </u>                                                                                                        |
| Do you have a complaint regarding your<br>telecommunications services?                                                                                                                                                                                                                                                                  | YOUR LAST BILL                                                                                                                                                              |                                                                                                                 |
| If so, call us at 1-866-558-2273 or *611 from your mobile phone. If we can't resolve your                                                                                                                                                                                                                                               | Amount of Last Bill 16-Feb-12<br>Payments                                                                                                                                   | \$ 124.9<br>\$ -124.9                                                                                           |
| complaint, the independent Commissioner for<br>Complaints for Telecommunications Services<br>(CCTS) may be able to assist you:                                                                                                                                                                                                          | Payment Reversals<br>Total Previous Charges Brought Forward                                                                                                                 | \$ 0.0<br>\$ 0.0                                                                                                |
| www.ccts-cprst.ca or 1-888-221-1687.<br>Go paper free and save a tree                                                                                                                                                                                                                                                                   | Payment received after 13-Mar-12 may not be re<br>For inquiries please call Client Care by Dialing "611 from<br>your handset or see reverse for local and toll-free numbers | and the second straining and the second s |
| ign up for paperless billing and get 24/7 secure<br>access to your bill, tools to manage your<br>account and email or text reminders when your<br>bill is ready - all while helping the environment.<br>egister for paperless billing by logging into your<br>account at telusmobility.com/youraccount and<br>selecting "go paperless". |                                                                                                                                                                             |                                                                                                                 |
| Thank you for choosing TELUS.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                         | . ಎಲ್.ಸಿ.ಸಿ.ವ್ಯಾಪ್ ಸ್ಮಾರ್ ಕಾರ್ ವ್ಯಾ. ಕಾರ್ ಕ್ರಿ ಕ್ರಾಮಿಗಳು ನಿರ್ದೇಶಗಳು ಸಿಕ್ಕೆ ಸಿಕ್ಕೆ ಸಿಕ್ಕೆ ತಾರಿಗಳು ತಾರಿಗಳು ಹಾಗೂ ಸ                                                             |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                         | الم المراجع ال                                                              |                                                                                                                 |

IELUS **Mobility Client Number Bill Date** Total Amount if received by 11-Apr-12 16-Mar-12 \$ 151.20 Additional fees apply for late payments s.17(1), 17(4)(g)(i) 17249 PTLPS01A E S 00000084 205(H) CHRIS J. EAGLE Amount of Payment me درج Please make cheques payable to TELUS Please do not staple s.17(1), 17(4)(g)(i)

#### J. EAGLE

CLIENT N° :

JILL DATE : 16-Mar-12 PAGE 3 of 3

PTLPS01A 17249 HRI - - 3 - 2 - 14 - - 124357

- - -

s.17(1), 17(4)(g)(i)



| AC       |
|----------|
| CO:      |
| ÛΝ       |
| TE       |
| ) E T    |
| AII      |
| * 52. te |
|          |
|          |
|          |
|          |
|          |
|          |

| Chris J. Eagle s.17(1), 17(4)(g)(i)                                                                            |                                      |                                        |                             |                                       |                  |           |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|-----------------------------|---------------------------------------|------------------|-----------|
| Current Charges - Detail                                                                                       |                                      | Contract Ter                           | m:3yr                       |                                       |                  |           |
| Monthly Service Plans Mar 17 to Apr 16                                                                         |                                      | <u> </u>                               |                             |                                       |                  |           |
| Service Plan Name                                                                                              |                                      |                                        |                             |                                       | Total            |           |
| iPhone 100 - Double mins<br>Total                                                                              |                                      |                                        |                             |                                       | 100.00           | \$ 100.00 |
| Additional Local Airtime *Free Airtime includes: bonus                                                         | minutes, birthday calling, eve       | nings & weekends, free                 | incoming, *611 and I        | Network Calling                       |                  |           |
| Service                                                                                                        | Total<br>Airtime                     | *Free<br>Airtime                       | Included<br>Airtime         | Chargeable<br>Airtime                 | Total            |           |
| Phone (minutes)<br>Total                                                                                       | 401:00                               | 154:00                                 | 247:00                      | 0:00                                  | 0.00             | \$ 0.00   |
| Long Distance Charges                                                                                          |                                      |                                        |                             |                                       |                  |           |
| Service                                                                                                        | Total<br>LD Minutes                  | Free<br>LD Minutes                     |                             | Chargeable<br>LD Minutes              | Total            |           |
| Domestic Phone Total                                                                                           | 340:00                               | 0:00                                   | 200:00                      | 140:00                                | 14.00            | \$ 14.00  |
| Data and Other Services                                                                                        | ·····                                | ······································ |                             |                                       |                  |           |
| Service                                                                                                        | *                                    |                                        | Total<br>Events             | Event<br>Type                         | Total            |           |
| Text Msg - Sent                                                                                                |                                      |                                        | 1                           | Msg                                   | 0.20             |           |
| Data Usage<br>Text Msg - Received                                                                              |                                      |                                        | 98.132<br>4                 | MB<br>Msg                             | 0.00<br>0.80     |           |
| Total                                                                                                          |                                      |                                        | ्याः<br>                    | мъу                                   | 0.00             | \$ 1.00   |
| Value Added Services                                                                                           | - <u> </u>                           | n de la cónectra en la contra          |                             | and the second state of the           |                  |           |
| Service                                                                                                        |                                      |                                        |                             |                                       | Total            |           |
| 200 mins Cdn LD @ 10¢ (Mar 17 to Apr 16)                                                                       |                                      |                                        |                             |                                       | 20.00            |           |
| 3 GB included data (Mar 17 to Apr 16)<br>Feature Bundle - Small (Mar 17 to Apr 16)                             |                                      |                                        |                             |                                       | Free<br>7.00     |           |
| Visual Voicemail for iPhone (Mar 17 to Apr 16)                                                                 |                                      |                                        |                             |                                       | Free             |           |
| Total                                                                                                          |                                      |                                        | 11 - C. etc. 1441 - 14 - 14 | · · · · · · · · · · · · · · · · · · · |                  | \$ 27.00  |
| Other Charges and Credits                                                                                      |                                      |                                        |                             |                                       |                  |           |
| Charges and Credits                                                                                            |                                      |                                        |                             |                                       | Total            |           |
| Summary Paper Bill Fee                                                                                         |                                      |                                        |                             |                                       | 2.00             |           |
| Total                                                                                                          | ÷                                    | ·····                                  |                             |                                       | Total            | \$ 2.00   |
| Taxes<br>GST                                                                                                   |                                      |                                        |                             |                                       | 7.20             |           |
| Total                                                                                                          | م بيا او بعد بعادية ما مع عن ما ما م | يتر ديو ويو يو                         | 9 <del>19 19 19 19</del> 19 |                                       | 1.20             | \$ 7.20   |
| Benning and a subscription of the second |                                      |                                        | Total Ci                    | urrent Charge                         | <b>알라면 문서하</b> 는 | \$ 151.20 |

Reimb

s.17(1), 17(4)(g)(i)

Royal Mayfair Golf Club

----- Chit Details ------

Member: Server: CHRI

Server: CHRIS 15 Area: Dining Room Table#: 1 Covers: 3 Chit #: 02031289 Date: Mar 12/12 Time: 8:02pm Mt Vern Sauv Blan 8t 36.00 Baked Onion Soup 9.00 Butter Squash Soup 9.00 DR Caesar Salad 8.00 Potato Crust Halibut 30.00 2 Lg Lamb Rack 80.00 Moores Crk Sh Boz G1 9.75 Luigi Bos Mal Boz Gl 10.50 2 Sorbet 12.00 Coffee 2.00 Tea 2.00 ----Sub-Total: 208.25 GST # 119322980 10.41 Chit Total: \$218.66 Gratuity 60

V. Yiu, C. Ampheild

Member Num st

s.17(1), 17(4)(g)(i) 

Doval Mavfair

₽

|         | Rayel College of Physics on & Jugesno & anale                 |
|---------|---------------------------------------------------------------|
| Subject | RCPSC Annual Dues Payment On-line                             |
| From    | On Line Annual Dues Payment <dues@rcpsc.edu></dues@rcpsc.edu> |
| Date    | Monday, April 2, 2012 4:32 pm                                 |

То

, Financial Services <finance@rcpsc.edu> , IMIT <lchatterjee@rcpsc.edu>

s.17(1), 17(4)(g)(i)

This message is confirmation that Christopher John Eagle paid annual dues on-line using the RCPSC website.

Here's the information submitted:

Christopher John Eagle RCPSC Number Email Address: (

s.17(1), 17(4)(g)(i)

Annual Dues Payment amount: 787.50

Total Amount of Transaction: 787.50 Paid by: MC Authorization Reference #: 9383250 Authorization Result: 07373S \$787.50

~

Best Copy Possible

10

Aiharta Haaim Servicea

# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

| UN A                                                                                                         |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ei Period from: 9-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Vay-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | to 14-May-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                              | <ul> <li>indicate</li> </ul>                                          | e N/A in jhe Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e # (E-People) if your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | payroll has n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | iot migrated to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the New E-People (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | opie payroli syste<br>ogyroli system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | alia arti (ang tinapang mang kang nang kang kang kang kang kang k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | bela a dalap manda a yang mang mang mang mang mang mang mang m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Dr. Ct                                                                                                       | ins Eagle                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <pre>interpretation interpretation i</pre> | A MULTIPITY FURNER (AMUTI APA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100 100 100 100 100 100 100 100 100 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | E-People)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Employee # (Leescy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>MI 14</b>                                                                                                 | R.Fir, SSP. Ec                                                        | Imonion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dept Executive Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | fice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Union n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Businos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s Phone # 780-342-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Province Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| your                                                                                                         | former leg                                                            | Jacy region (prior t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | w AHS consolidati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ion)7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Please click i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | in cell and select i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rom dropdown menu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contraction in the second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ON E                                                                                                         | Financo                                                               | Coding & Total C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | laim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ar ita kirin da ata aya a ana aya shaka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1999 - 1999 - 1999 - 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and the second system of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | na na mana na salakata na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TAL P                                                                                                        | 'ROJECT (                                                             | CODING ONLY ->                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Joint ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n de generation de la solation par la solation de generation de generation de la solation de la solation de la<br>Anna de la solation d<br>Incolation de la solation de la solat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 89-895-993-99 - 1959-99 - 1959-99 - 1959-99 - 1959-99 - 1959-99 - 1959-99 - 1959-99 - 1959-99 - 1959-99 - 1959-<br>Андерикан и Франциян Абрик / унирукский бил бакашандан даандаг                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                              | Total - Se                                                            | ction B - Trayei -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pg 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I - Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G&D - Other & F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Foreian Exner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ises - Pn 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| šal<br>Init /                                                                                                | Location                                                              | Functional Centre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No. of the second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Functional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Secondary/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RSEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 01                                                                                                           | 0923                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$78.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1999) - Marine Marine (1997) - Marine Marine (1997) - Marine ( | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$71.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                              |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1999 P. S. P. C. & C. L. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$4,534 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                              |                                                                       | and an a state of the state of |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 711101010000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6402000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 135.87 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lesa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cash Advance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                              | ······································                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | $\geq$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DTAL CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$4,608.31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ble, pr                                                                                                      | int the name                                                          | e of the person (other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>, than claimant)</u> that <u>c</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Separad the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sila siosa wi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | b ohone sur her en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | il Burn sta anu r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | be easily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AHS - Ec<br>made. Accounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>imonton</u><br>Pavable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                              |                                                                       | - MATCHING LOUGHTS POLICE AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CILOS DOFA ISVELLU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | regation of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | uthority level)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and Position of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e approver.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                              | Contraction of the solution                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| certiliy I                                                                                                   | that the expr                                                         | macs listed above are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e in accordance to ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dicable poik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ies and was h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Kusted on Albaria P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Phone a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ¥ 780-342-2062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , I VIUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| eigni<br>Signi                                                                                               | sture                                                                 | enses listed above are<br>on my tablalf from Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | udena Heanh Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s or cliner org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | anization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ander and a star of the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ionith Burvices bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | isiness and have not t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ext<br>Deen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ertity l                                                                                                     | sture<br>hat I have /e                                                | eviewed indexpenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s and they are in acco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | matrice (Dollar St. )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ionith Burvices bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | isiness and have not t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ext<br>Seen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ۳                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ertity l<br>I claim                                                                                          | sture<br>sture<br>hat I have a<br>form with re                        | eviewed indexpenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s and they are in acco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | anization.<br>the applicable<br>nts Payable fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | policies (Policy#s (<br>r processing,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date TTM<br>CF-03, CF-04).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | isiness and have not t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | seen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ertity l<br>I claim                                                                                          | sture<br>sture<br>hat I have a<br>form with re                        | eviewed ing expenses<br>recipis should be sent<br>Gatherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s and they are in acco<br>t by the approver dira                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | anization.<br>the applicable<br>nts Payable fo<br>DOFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | policies (Policy # 5 (<br>f processing,<br>Lével 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | baith Services bu<br>Date PP<br>CF-03, CF-04).<br>Position #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | isiness and have not t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2000 Para                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IVED<br>8 Ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Signi<br>ertity I<br>I claim                                                                                 | sture<br>sture<br>hat I have a<br>form with re                        | eviewed indexpenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s and they are in acco<br>t by the approver dira                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the applicable<br>nis Payable fo<br>DOFA<br>Ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | policies (Policy # s (<br>r processing,<br>Levol 1<br>Be AHS Board Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Balth Services bu<br>Date THTM<br>CF-03, CF-04).<br>Position #<br>hair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | isiness and have not t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2een<br>En                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1VED<br>8 Ext<br>112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signi<br>ertity I<br>I claim                                                                                 | hat I have re<br>form with re<br>RINT ONLY                            | eviewed ing expenses<br>recipis should be sent<br>Gatherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s and they are in acco<br>t by the approver dira                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the applicable<br>nis Payable fo<br>DOFA<br>Ti<br>DOFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | policies (Policy # s (<br>r processing,<br>Levol 1<br>Be AHS Board Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | baith Services bu<br>Date PP<br>CF-03, CF-04).<br>Position #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Isiness and have not I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2000 Phy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RECE<br>one # 403-943-1128<br>Bate Jun 7<br>one #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IVED<br>8 Ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>Signa</li> <li>Signa</li> <li>Lerbity I</li> <li>I chain</li> <li>By (P)</li> <li>By (P)</li> </ul> | hat I have re<br>form with re<br>RINT ONLY                            | eviewed ing expenses<br>recipis should be sent<br>Gatherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s and they are in acco<br>t by the approver dira                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the applicable<br>nis Payable fo<br>DOFA<br>Ti<br>DOFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | policies (Policy # 5 (<br>r processing,<br>Level 1<br>the AHS Board Ci<br>Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Balth Services bu<br>Date THTM<br>CF-03, CF-04).<br>Position #<br>hair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | isiness and have not t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Paen<br>Pan<br>Di<br>Pho<br>On                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1VED<br>8 Ext<br>112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| By (P                                                                                                        | hat I have re<br>form with re<br>RINT ONLY                            | eviewed ing expenses<br>recipis should be sent<br>Gatherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s and they are in acco<br>t by the approver dira                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the applicable<br>nis Payable fo<br>DOFA<br>Ti<br>DOFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | policies (Policy # 5 (<br>t processing,<br>Lovol 1<br>the AHS Board C;<br>Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Balth Services bu<br>Date THTM<br>CF-03, CF-04).<br>Position #<br>hair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AHS - Edmonte<br>Accounts Payab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | President and a second | RECE<br>one # 403-943-1128<br>Bate Jun 7<br>one #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1VED<br>8 Ext<br>112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul> <li>Signa</li> <li>Signa</li> <li>Lerbity I</li> <li>I chain</li> <li>By (P)</li> <li>By (P)</li> </ul> | hat I have re<br>form with re<br>RINT ONLY                            | eviewed ing expenses<br>recipis should be sent<br>Gatherine Roozen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s and they are in acco<br>t by the approver dira                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the applicable<br>nis Payable fo<br>DOFA<br>Ti<br>DOFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | policies (Policy # 5 (<br>t processing,<br>Lovol 1<br>the AHS Board C;<br>Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Balth Services bu<br>Date THTM<br>CF-03, CF-04).<br>Position #<br>hair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AHS - Edmonte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Preen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECE<br>one # 403-943-1128<br>Bate Jun 7<br>one #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1VED<br>8 Ext<br>112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                              | Dr. Ch<br>n 14:<br>your<br>DN E<br>TAL F<br>TAL F<br>iai<br>nit<br>O1 | Enter e     Indicate     Indicate     If you a     If you a     Dr. Chris Eagle     In 14h Fir, SSP. Ec     your former lag     DN E Financo I     Total - Se     Init     Location     Init     Location     O1 0923     ON F Authoriza     Dis. print the name     and approval sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul> <li>Enter employee # (old) and I</li> <li>Indicate N/A in the Employee a</li> <li>If you are a new employee a</li> <li>Or, Chris Eagle</li> <li>If the Fir, SSP, Edmonton</li> <li>your former legacy region (prior t</li> <li>DN E Financo Coding &amp; Total C</li> <li>TOTAL PROJECT CODING ONLY -&gt;</li> <li>Total - Section B - Travel -</li> <li>It Location</li> <li>Functional Centre (FC)</li> <li>O1 0923 71110101058</li> <li>ON F Authorization</li> <li>DN F Authorization</li> <li>Dial print the name of the person (other e and approval signatures required as wepared by (PRINT ONLY)</li> </ul> | <ul> <li>Indicate N/A in the Employee # (E-People) if your</li> <li>If you are a new employee and your payroll is E-P</li> <li>Or, Chns Eagle Position (Title) Prevention (Title) Prevention (Title) Prevention (Prior to AHS consolidation)</li> <li>your former legacy region (prior to AHS consolidation)</li> <li>TAL PROJECT CODING ONLY -&gt; Project Nation</li> <li>TAL PROJECT CODING ONLY -&gt; Project Nation</li> <li>Total - Section B - Travel - Pg 2</li> <li>I.ocation Functional Centre Total</li> <li>(FC) Total</li> <li>01 0923 71110101058 \$71.99</li> <li>N F Authorization</li> <li>Dis. print the name of the person (other than claimant) that person of the person (other than claimant) that person approval signatures required as well as DOFA level (dot</li> </ul> | <ul> <li>Enter employee # (old) and Employee # (E-People) if your payroll has n         <ul> <li>Indicate N/A in the Employee # (E-People) if your payroll has n</li> <li>If you are a new employee and your payroll is E-People you will</li> </ul> </li> <li>Or, Chris Eagle Position (Title) President &amp; CEO         <ul> <li>If an tab Fir, SSP, Edmonton</li> <li>Dept Executive Office</li> </ul> </li> <li>your former legacy region (prior to AHS consolidation)?         <ul> <li>DN E Financo Coding &amp; Total Claim</li> </ul> </li> <li>TAL PROJECT CODING ONLY -&gt;         <ul> <li>Project Number</li> <li>Expenditure Organization</li> <li>Total - Section B - Travel - Pg 2</li> <li>Total</li> <li>Location Functional Centre</li> <li>(FC)</li> <li>Total</li> <li>Bal Unit</li> <li>101</li> <li>101</li> <li>ON F Authorization</li> </ul> </li> <li>S71.99         <ul> <li>"User to NOTE:</li> <li>ON F Authorization</li> <li>Discretion al opported as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignatures required as well as DOFA level (delegation of an opported lignature)</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                            | Enter employee # (old) and Employee # (E-People) if your payroll has migrated to     Indicate N/A in the Employee # (E-People) if your payroll has not migrated to     If you are a new employee and your payroll is E-People you will only have an     Or Chns Eagle Position (Title) President & CEO     In 14h Fir, SSP Edmonton Dept Executive Office     your former legacy region (prior to AHS consolidation)?     ON E Finance Coding & Total Claim     TAL PROJECT CODING ONLY ->         Project Number     Expenditure Organization         Total - Section B - Travel - Pg 2         Total - Section         Total - Section         Functional Centre         (FC)         Total - Section         S71.99         "User to enter Coding         S71.99         "User to enter Coding         NOTE: These fields d         S71.99         "User to enter Coding         S71.99         "Use      | Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People<br>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People<br>If you are a new employee and your payroll is E-People you will only have an Employee # (E-Pa<br>Position (Title) President & CEO<br>In tah Fir, SSP Edmonton Dept Executive Office Union n/a<br>your former legacy region (prior to AHS consolidation)? Please click<br>DN E Financo Coding & Total Claim<br>TAL PROJECT CODING ONLY -> Project Number<br>Expenditure Organization<br>Total - Section B - Travel - Pg 2<br>Total - Section B - Travel - Pg 2<br>Total - Section C&D - Other & I<br>Bat Unit Location Functional<br>(FC) Total<br>101 0923 71110101058 \$71.99<br>101 0923 71110101058<br>S71 99<br>"User to actor Coding & 3 amounts<br>NOTE: These theirs do not automotically<br>Note: These theirs do not automotically<br>Note: These theirs do not automotically<br>Note: These theirs do not automotically<br>ON F Authorization | Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll syste     Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system     If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)     Chine Eagle Position (Title) President & CEO Employee # (E-People)     Chine Eagle Position (Title) President & CEO Employee # (E-People)     Or Chine Eagle Position (Title) President & CEO Employee # (E-People)     Or Chine Eagle Position (Title) President & CEO Employee # (E-People)     Or Chine Eagle Position (Title) President & CEO Employee # (E-People)     Or Chine Eagle Position (Title) President & CEO Employee # (E-People)     Or Chine Eagle Position (Title) President & CEO Employee # (E-People)     Or Chine Eagle Position (Title) President & CEO Employee # (E-People)     On the Executive Office Union n/a Busines     your former lagacy region (prior to AHS consolidation)? Please click in cell and select if     ON E Financo Coding & Total Claim     TAL PROJECT CODING ONLY -> Project Number Project Number     Expenditure Organization Expenditure Organization Expenditure Organization     Total - Section C&D - Other & Foreign Expenditure     (FC) Functional Centre (FC) Expense     101 0923 71110101058 68021000     101 0923 71110101058 68021000     101 0923 71110101058 64020000     ON F Authorization     S71 99     "User to enter Coding & \$ amounts     NOTE: These heas do not automatically fill for Section C&D     ON F Authorization     Dec. print the name of the person (other than dational) that prepared the claim along with phone number so if there are any or     and approval signatures required as well as DOFA level (delegation of authority level) and Postion* of the approver. | Enter employee # (ok) and Employee # (E-People) if your payroli has migrated to the New E-Pcople payroli system     Indicate N/A in the Employee # (E-People) if your payroli has not migrated to the New E-Pcople payroli system     If you are a new employee and your payroli is E-Pcople you will only have an Employee # (E-Paople)     Position (Title) President & CEO     Employee # (E-Paople)     Position (Prior to AHS consolidation)?     Please click in cell and select from dropdown menu     ON E Financo Coding & Total Claim     TAL PROJECT CODING ONLY >     Project Number     Expenditure Organization     Total - Section C&D - Other & Foreign Expenses - Pg 3     Bai Unit Location Functional     Contro (FC)     Expenses     Total     Location Functional Centre     (FC)     Total     Secondary/     Total     Secondary/     Total     Secondary/     Total     Secondary/       | Enter employee # (ok) and Employee # (E-People) if your payroit has migrated to the New E-People payroit system     Indicate NA in the Employee # (E-People) if your payroit has not migrated to the New E-People payroit system     If you are a new employee and your payroit is E-People you will only have an Employee # (E-People)     Position (Title) President & CEO Project Yea Project Task Numiber     Project Task Numiber Project Task Numiber     Expenditure Organization Expenditure Type     Total - Section B - Travel - Pg 2     Total - Section C&D - Other & Foreign Expenses - Pg 3     Bal Unit Location Functional Centrer (FC) Expense     Total     Project Task Numiber     Expenditure Type     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expenses - Pg 3     Total - Section C&D - Other & Foreign Expense - Pg 3     Total - Section C&D - Other & Secondary/     Total - | <ul> <li>Enter employee # (old) and Employee # (E-Paople) if your payroli has migrated to the New E-Pcople payroli system</li> <li>Indicate IVA in the Employee # (E-Pcople) if your payroli has not migrated to the New E-Pcople payroli system</li> <li>If you are a new employee and your payroli has not migrated to the New E-Pcople payroli system</li> <li>If you are a new employee and your payroli has not migrated to the New E-Pcople payroli system</li> <li>If you are a new employee a (E-Pcople) if your payroli has not migrated to the New E-Pcople payroli system</li> <li>If you are a new employee a (E-Pcople)</li> <li>Project Task Number</li> <li>Project Task Number</li> <li>Project Task Number</li> <li>Expenditure Organization</li> <li>Project Number</li> <li>Project Number</li> <li>Project Number</li> <li>Project Number</li> <li>Project Number</li> <li>Project Number</li> <li>Expenditure Type</li> <li>Total - Section C&amp;D - Other &amp; Foreign Expenses - Pg 3</li> <li>Total - Section B - Travel - Pg 2</li> <li>Total - Section C&amp;D - Other &amp; Foreign Expenses - Pg 3</li> <li>Total Section B</li> <li>101 0923 71110101058 68021000</li> <li>4,398,45</li> <li>101 0923 71110101058 64020000</li> <li>135 87</li> <li>NOTE: These flegs d and not automatically fail for Section C&amp;D</li> <li>Authorization</li> <li>Authorization</li> <li>Authorization</li> <li>Authorization of the person (other than clainand) that prepared the clain along with phote number of there are any questions contact can be easily made.</li> </ul> |



# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

| SEC   |             | A - Employ     | yee Details (for Al                              | IS Staff ONLY)         |                |                 |                                       | Trave                | el Period from: 9    | -May-12 to 14-     | -May-12    | ·····                                 |
|-------|-------------|----------------|--------------------------------------------------|------------------------|----------------|-----------------|---------------------------------------|----------------------|----------------------|--------------------|------------|---------------------------------------|
| h     |             |                | employee # (old) and Ei<br>e N/A in the Employee | • • • • •              |                | -               |                                       |                      | n                    |                    |            | · · · · · · · · · · · · · · · · · · · |
|       |             |                | are a new employee an                            |                        | -              | -               |                                       |                      | s.17(1), 17(4)       | )(g)(i)            |            |                                       |
| Nan   | ne Dr. Cl   | hris Eagle     |                                                  | Position (Title) Presi |                |                 |                                       | Employee # (E        | -People)             | Employee #         | (Legacy)   |                                       |
| Loc   | ation 14    | th Fir, SSP, E | dmonton                                          | Dept Executive Offic   | ce             |                 | Union n/a                             | Business             | Phone # 780-342      | -2062 Ext          | Out-of-Pro | vince Travel No                       |
| Wha   | t is you    | r former le    | gacy region (prior to                            | AHS consolidatio       | on)?           |                 | Please click i                        | n cell and select f  | rom dropdown men     | nu Calga           | ry Health  | -<br>-                                |
| SEC   | TION E      | E Finance      | Coding & Total Cl                                | aim                    |                |                 | · · · · · · · · · · · · · · · · · · · |                      |                      |                    |            |                                       |
|       |             |                |                                                  | Project Nu             | mber           |                 |                                       | Project *            | Task Number          |                    |            |                                       |
|       | APITAL      | PROJECT        |                                                  | Expenditure            | Organizati     | on              | •• ••                                 |                      | xpenditure Type      |                    |            |                                       |
|       |             | Total - S      | ection B - Travel -                              | Pg 2                   | Tota           | al - Section    | C&D - Other & I                       | oreign Expen         | ses - Pg 3           | TOTAL              |            |                                       |
| Pg    | Bal         | Location       | Functional Centre                                | Total                  | Balilnit       | Location        | Functional                            | Secondary/           | Total                | TOTAL R            | REIMBURS   |                                       |
|       | Unit        | Location       | (FC)                                             | TOLAT                  | Dai Onic       | LUCALION        | Centre (FC)                           | Expense              | TUtat                | Total Sectio       | n B        | <b>\$71.99</b> √                      |
| 2A    | 101         | 0923           | 71110101058                                      | \$71.99                | 101            | 0923            | 71110101058                           | 66021000             | 4,398.45             | Total Section      | C&D        | \$4,534.32 🗸                          |
| 2B    |             |                |                                                  |                        | 101            | 0923            | 71110101058                           | 64020000             | 135.87               | Less Cash Adv      | vance      |                                       |
| 2C    |             |                |                                                  |                        |                |                 |                                       |                      |                      |                    |            | 64.000.04                             |
| 2D    |             |                |                                                  |                        |                |                 |                                       |                      |                      | TOTAL CLA          | A IIVI     | \$4,606.31                            |
|       |             |                |                                                  | \$71,99                | **User (       | to enter Codi   | ing & \$ amounts                      |                      | \$4,534.32           |                    | I          |                                       |
|       |             |                |                                                  |                        | NOTE:          | These fields    | do not automatically                  | fill for Section C&  | D                    |                    |            |                                       |
| L_    |             | Authoriz       |                                                  |                        |                |                 |                                       |                      |                      | ···· •·· ··· •··   |            | · · · · · · · · · · · · · · · · · · · |
| lf ap | plicable, r | print the name | ne of the person (other                          | than claimant) that p  | repared the    | claim along v   | with phone number s                   | o if there are any o | questions contact ca | an be easily made. |            | · · · · · · · · · · · · · · · · · · · |
|       |             | d by (PRINT    | ignatures required as w<br>ONLY) Paula Finnso    |                        | elegation of a | authority level | i) and Position # of tr               |                      | # 780-342-2062       |                    |            |                                       |
| ,     | -           |                | penses listed above an                           |                        | nlicable noli  | cies and was    | incurred on Alberta                   |                      |                      | Ext                |            | ·····                                 |
| previ | ously ciai  | med by me      | or on my behalf from A                           | Iberta Health Service  | s or other or  | ganization.     |                                       |                      |                      |                    |            |                                       |
|       | oyee Sig    |                | KA-                                              |                        |                |                 |                                       | Date 17M             | 12012                |                    |            |                                       |
|       |             |                | reviewed the expenses receipts should be sen     |                        |                |                 |                                       | CF-03, CF-04).       | ,                    |                    |            |                                       |
|       |             |                | () Catherine Roozen                              | by the approver dire   | CILY IU ACCO   |                 | A Level 1                             | Position #           |                      | Phone # 403        | 3-943-1128 | Ext                                   |
| Sign  |             |                |                                                  |                        |                |                 | Title AHS Board (                     |                      |                      | Date               |            |                                       |
| Appr  | oved By (   | PRINT ONL      | <u>۵</u>                                         |                        |                | DOF             | A Level                               | Position #           |                      | Phone #            |            | Ext                                   |
| Sign  | ature       |                |                                                  |                        |                |                 | Title                                 |                      |                      | Date               |            |                                       |

# Expense claim details s.17(1), 17(4)(g)(i)

| <b>`</b>    | v                                                                                                                     |                              |                | CAPEN     | SE CLAIW                      |                               |                                                   |                                    |                         |               |                 | · · · · · · · · · · · · · · · · · · · |
|-------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|-----------|-------------------------------|-------------------------------|---------------------------------------------------|------------------------------------|-------------------------|---------------|-----------------|---------------------------------------|
| 1           | Enter Finance Coding 101 • 0923 •                                                                                     |                              |                |           |                               | Emp # (E-Peo                  | · ·                                               |                                    | np # (Legacy)           |               |                 | age 2A                                |
| If expense  | s incurred are for multiple FC's please use pages 2B,20<br>on slip, <u>DO NOT</u> separate any taxes (eg. GST). Secon | 0,2D (after p<br>dary/Expens | g3) as the     | ere shoul | d be one FC<br>auired in this | per page OR<br>section as the | if <mark>more lines</mark> ar<br>ev are pre-deter | e required for t<br>mined by the s | the same FC us          | e these addit | lional pages.   | Enter total                           |
|             | N B Travel Expenses NOTE: If expenses d                                                                               |                              |                |           |                               |                               |                                                   |                                    |                         | go to SECTI   | ONC             |                                       |
| Select from | n dropdown menu (column Province) where expenses v                                                                    | vere incurre                 | d (Out of N    | Americ    | a = Inter'l).                 |                               |                                                   |                                    |                         |               |                 |                                       |
| Ensure se   | parate lines are used for claim items that differ in Province                                                         | ce, US and (                 | Out of Nor     | th Ameri  |                               |                               |                                                   |                                    |                         |               | ·               |                                       |
| Date        | Purpose of Travel<br>55 characters maximum                                                                            | Province,<br>US, or          | What is travel | (Sel      | Meal<br>ect type from         | - <u>F</u>                    | Alrfare<br>Bus/LRT                                | Hotel                              | Rental                  | Taxl          | Fuel            | Mileage                               |
| dd-mmm-yy   | (length of shaded area)                                                                                               | Out of N.America             | related<br>to? | Туре      | w/receipt                     | w/o receipt or<br>per diem    | Parking                                           | ·····                              | Car                     |               |                 | (km)                                  |
| 12-May-12   | Parking for Healthy Conscious Liviing Conference                                                                      | AB                           | Educ           |           |                               |                               | \$13.00                                           |                                    |                         |               |                 | /                                     |
| 9-May-12    | Petro Canada - Gas for car for travel to city meetings                                                                | AB                           | Educ           |           |                               | /                             |                                                   |                                    |                         |               | \$28.54 🧃       |                                       |
| 14-May-12   | Dinner for Dr. Eagle when he arrived to Calgary                                                                       | AB                           | Meeting        | D         | \$30.45 /                     |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           | 1                             |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       | 1                            |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              | 1              |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       | 1                            |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         | 1             |                 |                                       |
|             |                                                                                                                       | · · · · · · · · ·            |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         |               |                 | ·····                                 |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         |               |                 |                                       |
|             |                                                                                                                       |                              | 1              |           |                               |                               |                                                   |                                    |                         | +             |                 |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    |                         | +             |                 |                                       |
| <b> </b>    | I                                                                                                                     | J                            | 1              | I         |                               | 1                             |                                                   |                                    |                         |               |                 | Total Kms                             |
|             |                                                                                                                       |                              | SUBTO          | TALS      | \$30.45                       |                               | \$13.00                                           |                                    |                         |               | \$28.54         | T VIGI INITO                          |
| <b>[</b>    |                                                                                                                       |                              |                |           | L                             |                               | I                                                 |                                    | Enter \$0.505 <u>OR</u> | rate per Unio | n Agreement     |                                       |
|             | DIEM RATES                                                                                                            |                              |                |           |                               |                               |                                                   |                                    |                         | •             | -<br>Mileage \$ |                                       |
|             | ast = \$10                                                                                                            |                              |                | 3         |                               |                               |                                                   |                                    |                         | Trav          | vel \$ Subtotal |                                       |
|             |                                                                                                                       |                              |                |           |                               |                               |                                                   |                                    | Enter on                | n page 1 TOTA | L TRAVEL S      | \$71.99                               |
|             |                                                                                                                       |                              |                |           |                               |                               | Note, total                                       | wili auto fili into                | po 1 Section F if       |               |                 |                                       |

pg 2s can be found at end of form

1

1

w.

.

#### EXPENSE CLAIM DETAILS S.

**s** s.17(1), 17(4)(g)(i)

#### SECTION C Other Expenses

.

Emp # (E-People)

Emp # (Legacy)

Page 3

ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

• If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.

• If <u>NOT</u> claiming any expenses in Sections C or D, this page does <u>NOT</u> have to be submitted.

#### Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

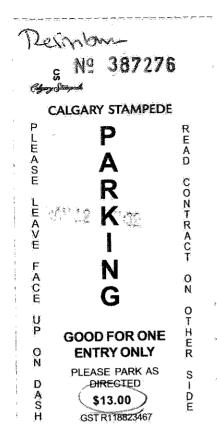
| Date<br>dd-mmm-yy | Purpose of Expense<br>70 characters maximum |          | Finance  | Coding                                 | Secondary/<br>Expense<br>eg. 41000000 | Continuing<br>Education<br>Select type from | GST is <u>ON</u> till<br>slip/receipt,<br>enter total<br>amount in this | GST is <u>NOT</u> on<br>till slip/receipt,<br>enter total | TOTAL<br>OTHER \$                      |        |
|-------------------|---------------------------------------------|----------|----------|----------------------------------------|---------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------|--------|
|                   | (length of shaded area)                     | Bai Unit | Location | Functional Centre                      | (8 characters)                        | dropdown menu<br>(if applicable)            | column<br><u>WITH GST</u>                                               | amount is this<br>column                                  | is uns                                 |        |
| 30-Apr-12         | Royal Glenora Club membership               | 101      | 0923     | 71110101058                            | 66021000                              |                                             | \$4,398.45                                                              |                                                           | \$4,398.45                             | 7      |
| 1t-May-12         | Telus - monthly charges                     | 101      | 0923     | 71110101058                            | 64020000                              |                                             | \$135.87                                                                |                                                           | \$135.87                               | 7      |
|                   |                                             |          |          |                                        |                                       |                                             |                                                                         |                                                           |                                        | $\neg$ |
|                   |                                             |          |          |                                        |                                       |                                             |                                                                         |                                                           | ······································ |        |
|                   |                                             |          |          |                                        |                                       |                                             |                                                                         |                                                           |                                        |        |
|                   |                                             |          |          |                                        |                                       | <u> </u>                                    |                                                                         |                                                           |                                        |        |
|                   |                                             |          |          |                                        |                                       | ·····.                                      |                                                                         |                                                           |                                        | $\neg$ |
|                   |                                             |          |          | · · ·                                  |                                       |                                             | <u> </u>                                                                |                                                           |                                        |        |
|                   |                                             | 1        |          | ······································ |                                       |                                             |                                                                         |                                                           |                                        |        |
|                   |                                             |          |          |                                        |                                       |                                             |                                                                         |                                                           |                                        |        |

| SECTION D Foreign Currency ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on<br>If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B of the section B |                                                                             |  |                                                                                                                                                                                                                                                        |          |                                       |                                | dicated on rec<br>Section B or C | elpt/statement)<br>as applicable |      |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------|--------------------------------|----------------------------------|----------------------------------|------|----------------|
| Please click of<br>exchange rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on the following link for the Bank of Canada<br>e using the date of expense |  | Bank of Canada Currency Converter  Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column |          |                                       |                                |                                  |                                  |      |                |
| Date Purpose of E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |  | Finance Coding                                                                                                                                                                                                                                         |          | Secondary/<br>Expense                 | Foreign Currency               | Currency                         | Exchange                         |      |                |
| dd-mmm-yy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 70 characters may<br>(length of shaded a                                    |  | Bal Unit                                                                                                                                                                                                                                               | Location | Functional Centre                     | eg. 41000000<br>(8 characters) | Amount                           | Туре                             | Rate | Canadian Value |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |  |                                                                                                                                                                                                                                                        |          |                                       |                                |                                  |                                  |      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |  |                                                                                                                                                                                                                                                        |          | · · · · · · · · · · · · · · · · · · · |                                |                                  |                                  |      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |  |                                                                                                                                                                                                                                                        |          |                                       |                                |                                  |                                  |      |                |

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

- 3 of 3 -





O Reinbur 30-

Redwater Rustic Grille Stadium Plaza 1935 Uxbridge Dr. NW Calgary, Alberta Tel: (403) 220-0222 Check #: 153167

| Server: Wes<br>Table: 21<br>Client:                                                                                         | Time: | 05/14/2012<br>20:41 |
|-----------------------------------------------------------------------------------------------------------------------------|-------|---------------------|
| and we want and a feature and want want and a more a second more long, and a 19 date want a second second provided more and |       |                     |

2 Gl- Atalon 1 Half Garden Greens 1 Organic Salmon

|            | 11 and and all |
|------------|----------------|
| SUB-TOTAL: | 57.45          |
| GST:       | 2.87           |

20.45

27.00

5.50

24.95

TOTAL: 60.32

Thank you for dining with us!

Follow us on Twitter! @RedwaterStadium

GST # 587684799

Dinner CE auting Cals

Coar for coar for city mte

PETRO-CANADA 9936 109 STREET EDMONTON Alberta T5k1H5 7804231429

GST #: 0885609321 PC0132652:8598601

2012-05-09 18:12

 PUMP
 07

 REGULAR
 L 25.734

 LITRES
 L 25.734

 PRICE/L
 \$ 1.109

 FUEL SALES
 \$ 28.54\*

 TOTAL OWED
 \$ 28.54

 TOTAL PAID
 \$ 28.54

\* GST INCL. \$ 1.36

fill up of corporate vehicle The reindum



| Dr. Chris Eagle      |                     | MEMBER NUMBER        | STATEMENT DATE |
|----------------------|---------------------|----------------------|----------------|
| Dr. Chilb Bagie      |                     |                      | Apr 30/12      |
|                      |                     | s.17(1), 17(4)(g)(i) |                |
| s.17(1), 17(4)(g)(i) |                     |                      | BALANCE DUE    |
|                      | AMOUNT ENCLOSED: \$ |                      |                |
|                      |                     |                      |                |

#### PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

|   | DATE           | REFERENCE | DESCRIPTION               |     | AMOUNT   | SERVICE CHARGE<br>GRATUITY | G.S.T.   | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---|----------------|-----------|---------------------------|-----|----------|----------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                |           |                           |     |          |                            |          | * • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   |                |           |                           |     |          |                            |          | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   |                |           |                           |     |          |                            |          | ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   |                |           |                           |     |          |                            |          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   |                |           |                           |     |          |                            |          | ç                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   |                |           |                           |     |          |                            |          | ĸ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   |                |           |                           |     |          |                            |          | ¢                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   | مندر ويتر خيرج | ÷         | Abaran saanda             | 5   |          | -200-55 - M2-104           |          | TO A COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | Apr 29/12      | 80        | FITDrop-inClass           |     | 10.00    | 0.00                       | 0.50     | 10.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | Apr 30/12      |           | Capital Levy - Annual     | e e | 500.00   | 0.00                       | 25.00    | 525.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Þ | Apr 30/12      |           | Active couple 30-64 years |     | 3,489.00 | 0.00                       | 174.45 ( | 3,663.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|   | Apr 30/12      |           | Mens locker - large       |     | 110.00   | 0.00                       | 5.50     | 115.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   | Apr 30/12      |           | Womens locker             |     | 80,00    | 0.00                       | 4.00     | 84.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   |                |           |                           |     |          |                            |          | and the second se |

Your April stmt reflects the annual fee change of the Board approved 2% increase for 2012/13 fiscal year. The capital levy program had no increase or change. This is consisitent with the comm'ns at the of its inception 2 years ago. A comprehensive Q&A document have been published recently and is a good source of further information on this and other subjects at the Club. Thank-you for your continued support at the Club.

| A SERVICE CHARGE OF 2% PER MONTH (26.82% PER ANNUM)<br>CHARGED ON ALL ACCOUNTS NOT SETTLED WITHIN 25 DAYS<br>OF STATEMENT DATE.<br>G.S.T. R122357312 | TOTALS >   | ITS ARE DUE / | AND PAYABLE V | WHEN RENDERED |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|---------------|---------------|
| MEMBER NUMBER CURRENT                                                                                                                                | 30 DAYS 60 | DAYS          | 90 DAYS       | BALANCE DUE   |

s.17(1), 17(4)(g)(i) ROYAL GLENORA CLUB EDMONTON, ALBERTA ACCOUNT INQUIRIES: (780) 482-0385 **CHRIS J. EAGLE** 

CLIENT Nº :

BILL DATE : 16-Apr-12 PAGE 1 of 3

### s.17(1), 17(4)(g)(i)



| Your overseas travel has never been more<br>affordable                                          | MOBILITY BILL SUMMARY CURRENT CHARGES Contract                                                                                      | erm : 3 yr        |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| ou wanted to stay connected while you travel,                                                   | iPhone 100 - Double mins                                                                                                            | \$ 100.0          |
| so we made it more affordable. We've just                                                       | Data and Other Services                                                                                                             | \$ 0.4<br>\$ 27.0 |
| educed our regular international data roaming                                                   | Value Added Services<br>Other Charges and Credits                                                                                   | ¢ 27.0<br>\$ 2.0  |
| ates for Mexico, Western Europe and Australia                                                   | Taxes                                                                                                                               | φ 2.0             |
| y 80%. And the best part? All you need to do is take your phone with you and you'll             | GST/HST                                                                                                                             | 6.47              |
| automatically enjoy the new rates – no pass or                                                  | Total Taxes                                                                                                                         | \$6.4             |
| bundle required. For more details visit<br>telusmobility.com/travel                             | Total Current Charges                                                                                                               | \$ 135.8          |
| Go paper free and save a tree                                                                   | YOUR LAST BILL                                                                                                                      |                   |
| ign up for paperless billing and get 24/7 secure                                                | Amount of Last Bill 16-Mar-12                                                                                                       | \$ 151.2          |
| access to your bill, tools to manage your                                                       | Payments                                                                                                                            | \$-151.2          |
| ccount and email or text reminders when your                                                    | Payment Reversals                                                                                                                   | \$ 0.0            |
| bill is ready - all while helping the environment.                                              | Total Previous Charges Brought Forward                                                                                              | \$ 0.0            |
| egister for paperless billing by logging into your account at telusmobility.com/youraccount and | Payment received after 13-Apr-12 may not be reflected on this                                                                       | invoice.          |
| selecting "go paperless".                                                                       | For inquiries please call Client Care by Dialing *611 from<br>your handset or see reverse for local and toll-free numbers. Total Ar | nount Due \$135.8 |
| 3 3 1 1                                                                                         |                                                                                                                                     |                   |
| Thank you for choosing TELUS.                                                                   |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 | •                                                                                                                                   |                   |
|                                                                                                 | N A                                                                                                                                 |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
| -                                                                                               |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 |                                                                                                                                     |                   |
|                                                                                                 | -                                                                                                                                   |                   |
|                                                                                                 | *                                                                                                                                   |                   |

| E IF                      | LUS             | Mobility Client Number | Bill Date | Total Amount if received<br>by 11-May-12 |
|---------------------------|-----------------|------------------------|-----------|------------------------------------------|
|                           |                 | 4                      | 16-Apr-12 | \$ 135.87                                |
|                           | s.17(1), 17(4)  | )(g)(i)                |           | Additional fees apply for late payments  |
| PTLPS01A E S<br>000000084 | 17124<br>205(R) | Zenton                 |           |                                          |
|                           |                 |                        |           | Amount of Payment<br>기ろ도 된               |

Please make cheques payable to TELUS Please do not staple

s.17(1), 17(4)(g)(i)

#### CHRIS J. EAGLE

CLIENT Nº :

BILL DATE : 16-Apr-12 PAGE 3 of 3

s.17(1), 17(4)(g)(i)



| ACCOUNT DETAIL<br>Chris J. Eagle $s.17(1), 17(4)(g)(i)$ |                                   |                                  |                                       |                          |               |                                        |
|---------------------------------------------------------|-----------------------------------|----------------------------------|---------------------------------------|--------------------------|---------------|----------------------------------------|
|                                                         |                                   |                                  |                                       |                          |               |                                        |
| Current Charges - Detail                                |                                   | Contract Te                      | rm:3yr                                |                          |               |                                        |
| Monthly Service Plans Apr 17 to May 16                  |                                   |                                  |                                       |                          |               |                                        |
| Service Plan Name                                       |                                   |                                  |                                       |                          | <b>T</b> -4-1 |                                        |
| Phone 100 - Double mins                                 |                                   |                                  |                                       |                          | Total         |                                        |
| Total                                                   |                                   |                                  |                                       |                          | 100.00        | \$ 100.00                              |
| Additional Local Airtime "Free Airtime includes: bond   | ıs minutes, birthday çalling, eve | mings & weekends, fre            | e incomina, *611 and I                | n Network Caling         |               | + 100.00                               |
| Service                                                 | Total<br>Airtime                  | *Free<br>Airtime                 | Included<br>Airtime                   | Chargeable<br>Airtime    | Total         |                                        |
| Phone (minutes)<br>Total                                | 152:00                            | 30:00                            | 122:00                                | 0:00                     | 0.00          |                                        |
| Long Distance Charges                                   | <u>.</u>                          |                                  | <u> </u>                              |                          |               | \$ 0.00                                |
| Service                                                 |                                   | <u> </u>                         | i                                     |                          |               |                                        |
|                                                         | Total<br>LD Minutes               | Free<br>LD Minutes               | Included                              | Chargeable<br>LD Minutes | Total         |                                        |
| Domestic Phone                                          | 109:00                            | 0:00                             | 109:00                                | 0:00                     | 0.00          |                                        |
| Total                                                   |                                   |                                  |                                       |                          |               | \$ 0.00                                |
| Data and Other Services                                 |                                   |                                  |                                       |                          |               | •••••••••••••••••••••••••••••••••••••• |
| Service                                                 |                                   |                                  | Total                                 | Event                    | Totai         |                                        |
| Data Usage                                              |                                   |                                  | Events<br>855.815                     | Туре                     |               |                                        |
| Text Msg - Received<br>Total                            |                                   |                                  | 2                                     | MB<br>Msg                | 0.00<br>0.40  |                                        |
|                                                         |                                   | <u></u>                          | · · · · · · · · · · · · · · · · · · · |                          |               | \$ 0.40                                |
| Value Added Services                                    |                                   |                                  |                                       |                          |               |                                        |
| Service<br>200 mins Cdn LD @ 10¢ (Apr 17 to May 16)     |                                   |                                  |                                       |                          | Totai         |                                        |
| 3 GB included data (Apr 17 to May 16)                   |                                   |                                  |                                       |                          | 20.00         |                                        |
| Feature Bundle - Small (Apr 17 to May 16)               |                                   |                                  |                                       |                          | Free<br>7.00  |                                        |
| Visual Voicemail for iPhone (Apr 17 to May 16)<br>Total | ,                                 |                                  |                                       |                          | Free          |                                        |
| Other Charges and Credits                               |                                   | <u></u>                          |                                       |                          |               | \$ 27.00                               |
| Charges and Credits                                     |                                   |                                  |                                       |                          |               |                                        |
| Summary Paper Bill Fee                                  | N.                                |                                  |                                       |                          | Total         |                                        |
| Total                                                   |                                   |                                  |                                       | <u></u>                  | 2.00          |                                        |
| Taxes                                                   | <u></u>                           |                                  |                                       | <u></u>                  | Total         | \$ 2.00                                |
| GST                                                     |                                   |                                  |                                       |                          |               |                                        |
| Total                                                   | <u></u>                           | یں شرور ہے۔ اس وہ ان انگروں کا ا | on the dealer on the                  |                          | 6.47          | \$ 6.47                                |
|                                                         |                                   |                                  | Total Cur                             | rent Charges             |               | \$ 135.87                              |

1:00555<u>9</u>-9001. **381** 

96

3



1

# TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

| SECTION                                                                                                     | SECTION A - Employee Details (for AHS Staff ONLY) Travel Period from: 16 - May -12 to 30 - May -12  Enter employee # (old) and Employee # (E-People) if your payroli has migrated to the New E Basele new line to the New Line |                                                            |                                                |                            |                                |                                            |                                       |                      |                      |                   |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|----------------------------|--------------------------------|--------------------------------------------|---------------------------------------|----------------------|----------------------|-------------------|
| P                                                                                                           | <ul> <li>Indicate N/A in the Employee # (E-People) if your payroli has not migrated to the New E-People payroli system</li> <li>If you are a new employee and your payroli is E-People you will only have an Employee # (E-People)</li> <li>S.17(1), 17(4)(g)(i)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                |                            |                                |                                            |                                       |                      |                      |                   |
| h                                                                                                           | Chris Eagle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Position (Title) Presi                         | dent & CEO                 |                                |                                            | Employee # (I                         | E-People} _          | Employee # (Legacy)  |                   |
| ļ                                                                                                           | 14th Fir, SSP, E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            | Dept Executive Office                          |                            |                                | Union n/a                                  | Busines                               | s Phone # 78         |                      | rovince Travel No |
|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gacy region (prior to                                      |                                                | »n)7                       |                                | Please click i                             | n cell and select f                   | rom dropdown menu    |                      |                   |
| SECTION                                                                                                     | E Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Coding & Total Cl                                          | laim                                           |                            |                                |                                            |                                       |                      |                      |                   |
| CAPITAL PROJECT CODING ONLY >  Project Number Project Task Number Expenditure Organization Expenditure Type |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                            |                                |                                            |                                       |                      |                      |                   |
|                                                                                                             | Total - Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ection B - Travel -                                        | Pg 2                                           | Tota                       | l - Section                    | C&D - Other & F                            | oreign Expen                          | 1565 - Pri 2         |                      |                   |
| Pg Bal<br>Unit                                                                                              | Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Functional Centre<br>(FC)                                  | Total                                          |                            | Location                       | Functional                                 | Secondary/                            | Total                | TOTAL REIMBUR        | RSEMENT           |
| 2A 101                                                                                                      | 0923                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 71110101058                                                |                                                | 101                        | 0000                           | Centre (FC)                                | Expense                               | 1.0.0                | Total Section B      |                   |
| 2B                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                            | 0923                           | 71110101058                                | 64020000                              | 136.08               | Total Section C&D    | \$136.08          |
| 20                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                            |                                | · · · · · · · · · · · · · · · · · · ·      |                                       |                      | Less Cash Advance    |                   |
| 2D                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                            |                                | ······································     |                                       |                      | TOTAL CLAIM          | \$136.08          |
|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                | **User t                   | o enter Codi                   | ng & \$ amounts                            | · · · · · · · · · · · · · · · · · · · | \$136.08             | L                    |                   |
|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                | NOTE:                      | These fields                   | do not automatically f                     | III for Section C&I                   |                      |                      |                   |
|                                                                                                             | F Authoriza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                |                            |                                | <u></u>                                    |                                       |                      |                      |                   |
| If applicable,<br>Employee an                                                                               | print the nam<br>d approval sid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne of the person ( <u>other</u><br>gnatures required as we | than claimant) that pr                         | epared the                 | claim along w                  | ith phone number so                        | if there are any q                    | uestions contact can | be easily made.      |                   |
| Claim Prepar                                                                                                | ed by (PRINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ONLY) Paula Finnso                                         |                                                | eganon or a                | unonty level                   | ) and Position # of the                    |                                       | 780-342-2062         |                      |                   |
| I hereby certi                                                                                              | fy that the exp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | enses listed above are                                     | In accordance to app                           | olicable polic             | ies and was                    | incurred on Alberta H                      | Filone s                              | Fines and have not   | Ext                  |                   |
| previously cit                                                                                              | umed by me c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or on my behalf from Al                                    | berta Health Services                          | or other or                | anization.                     |                                            |                                       |                      | Deeli                |                   |
| Employee Sig                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4M                                                         |                                                |                            |                                |                                            | Date 2201                             | 0/2012               |                      |                   |
| Approved cia                                                                                                | an iorni with o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | reviewed the expenses<br>eccipts should be sent            | and they are in accor<br>by the approver direc | dance with<br>tiy to Accou | the applicabl<br>nts Payable f | e policies (Policy #'s (<br>or processing. | CF-03, CF-04).                        |                      |                      |                   |
| Approved By                                                                                                 | (PRINT ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Catherine Roozen                                           |                                                |                            |                                |                                            | Position #                            |                      | Phone # 403-943-1128 | Ext               |
| Signature                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                            | -                              | Title AHS Board Ci                         | nair                                  |                      | Date                 |                   |
| Approved By                                                                                                 | PRINT ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ;<br>                                                      |                                                |                            | DOFA                           | Levei                                      | Position #                            |                      | Phone #              | Ext               |
| Signature                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                            |                                | litle                                      |                                       |                      | Date                 |                   |

.

# EXPENSE CLAIM DETAILS s.1 $\mathcal{H}(1), 17(4)(g)(i)$

| SECTION C Other Expenses                                                        | Emp # (E-People) | , 17 | Emp # (Legacy) | Page | 3 |
|---------------------------------------------------------------------------------|------------------|------|----------------|------|---|
| ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! |                  | Ē    |                |      |   |

If expenses are for travel, gas, etc., go to Section B on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.

• If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

# Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

| Date<br>dd-mmm-yy | Purpose of Expense<br>70 characters maximum | Finance Coding |          |                   | Secondary/<br>Expense<br>sg. 41000000 | Education<br>Select type from | GST is <u>ON</u> till<br>slip/receipt,<br>enter total<br>amount in this | GST is <u>NOT</u> on<br>till slip/receipt,<br>enter total | TOTAL<br>OTHER \$                       |                          |       |
|-------------------|---------------------------------------------|----------------|----------|-------------------|---------------------------------------|-------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|--------------------------|-------|
| -                 | (length of shaded area)                     | Bai Unit       | Location | Functional Centre | (8 characters)                        |                               | 1 1 a hanne - 1 a hanne - 1                                             | dropdown menu<br>(if applicable)                          | column<br><u>WITH GST</u>               | amount is this<br>column | σπωςφ |
| 11-Jun-12         | Telus Monthiy Charges                       | 101            | 0923     | 71110101058       | 64020000                              |                               | \$136.08                                                                |                                                           | \$136.08                                |                          |       |
|                   |                                             |                |          |                   |                                       |                               |                                                                         |                                                           | ý i i i i i i i i i i i i i i i i i i i |                          |       |
|                   |                                             |                |          |                   |                                       |                               |                                                                         |                                                           |                                         |                          |       |
|                   |                                             |                |          |                   |                                       |                               |                                                                         |                                                           |                                         |                          |       |
|                   |                                             |                | ·····    |                   |                                       |                               |                                                                         |                                                           |                                         |                          |       |
|                   |                                             |                |          |                   |                                       | 4                             |                                                                         |                                                           |                                         |                          |       |
|                   | ·····                                       |                |          |                   |                                       | ·····                         |                                                                         |                                                           |                                         |                          |       |
|                   |                                             |                |          |                   |                                       |                               |                                                                         |                                                           |                                         |                          |       |
|                   |                                             |                |          |                   |                                       | ·····                         |                                                                         |                                                           |                                         |                          |       |
|                   |                                             |                | -        |                   |                                       |                               |                                                                         |                                                           |                                         |                          |       |

| SECTION           | D Foreign Currency                                                       | ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)<br>if foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable. |  |          |                                  |                                |                  |                  |                           |                                        |
|-------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|----------------------------------|--------------------------------|------------------|------------------|---------------------------|----------------------------------------|
|                   | n the following link for the Bank of Canada<br>using the date of expense | Bank of Canada Currency Converter Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in bitten select convert which will give the exchange rate - enter this amount in exchange rate                    |  |          |                                  |                                |                  |                  | nense in both riste celle |                                        |
| Date<br>dd-mmm-yy | Purpose of Exp.<br>70 characters max                                     |                                                                                                                                                                                                                                                     |  | Finance  | Finance Coding Secondary Expense |                                | Foreign Currency | Currency<br>Type | Exchange<br>Rate          | A                                      |
|                   |                                                                          | (length of shaded area)                                                                                                                                                                                                                             |  | Location | Functional Centre                | eg. 41000000<br>(8 characters) | Amount           |                  |                           | Canadian Value                         |
|                   |                                                                          |                                                                                                                                                                                                                                                     |  |          |                                  |                                |                  |                  |                           |                                        |
|                   |                                                                          |                                                                                                                                                                                                                                                     |  |          |                                  |                                |                  |                  |                           |                                        |
|                   | · · · · · · · · · · · · · · · · · · ·                                    |                                                                                                                                                                                                                                                     |  |          |                                  |                                |                  |                  |                           | ······································ |

#### Expenses Paid (Retain a copy for your records) Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

- 3 of 3 -

**CHRIS J. EAGLE** 

# BILL DATE : 16-May-12 PAGE 1 of 3

CLIENT Nº :

# s.17(1), 17(4)(g)(i)



|                                                                                                                                                                                                                                                                        |                                                              | and the second | ,                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Special invitation: Your chance to win a<br>\$100,000 small business grant!                                                                                                                                                                                            | MOBILITY BILL SUMMARY                                        | Contract Term : 3 vr                                                                                             |                                                                                                                 |
| Tell us the biggest challenge your business                                                                                                                                                                                                                            | iPhone 100 - Double mins                                     |                                                                                                                  | \$ 100.00                                                                                                       |
| faces today and how a \$100,000 grant would                                                                                                                                                                                                                            | Data and Other Services                                      |                                                                                                                  | \$ 0.60                                                                                                         |
| help you overcome it. The most compelling entry                                                                                                                                                                                                                        | Value Added Services                                         |                                                                                                                  | \$ 27.00                                                                                                        |
| will win \$100,000, courtesy of TELUS, in                                                                                                                                                                                                                              | Other Charges and Credits                                    |                                                                                                                  | \$ 2.00                                                                                                         |
| addition to being profiled in The Globe and                                                                                                                                                                                                                            | Taxes                                                        |                                                                                                                  | ·                                                                                                               |
| Mail's Report on Business section. Contest entry                                                                                                                                                                                                                       | GST/HST                                                      | 6.48                                                                                                             |                                                                                                                 |
| closes on May 28, 2012. Enter today at                                                                                                                                                                                                                                 | Total Taxes                                                  |                                                                                                                  | \$6.48                                                                                                          |
| www.globeandmail.com/thechallenge.                                                                                                                                                                                                                                     | Total Current Charges                                        |                                                                                                                  | \$ 136.08                                                                                                       |
|                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  |                                                                                                                 |
| We're making updates to our local area<br>recognition system                                                                                                                                                                                                           | YOUR LAST BILL                                               | <u>]                                    </u>                                                                     |                                                                                                                 |
| On May 1, 2012 we'll be updating our systems                                                                                                                                                                                                                           | Amount of Last Bill 16-Apr-12                                |                                                                                                                  | \$ 135.87                                                                                                       |
| to improve recognition of local calling areas.                                                                                                                                                                                                                         | Payments                                                     |                                                                                                                  | \$ -135.87                                                                                                      |
| This will ensure that your local and long distance                                                                                                                                                                                                                     | Payment Reversals                                            |                                                                                                                  | \$ 0.00                                                                                                         |
| areas are being properly recorded and charged.                                                                                                                                                                                                                         | Total Previous Charges Brought Forward                       | •                                                                                                                | \$ 0.00                                                                                                         |
| To learn more about local and long distance                                                                                                                                                                                                                            | Payment received after 13-May-12 may not be refle            | cted on this invoice.                                                                                            | •                                                                                                               |
| calling, please visit telusmobility.com/billing,<br>click on "Billing How to" then select                                                                                                                                                                              | For inquiries please call Client Care by Dialing *511 from   | The state of the second se   | a de la companya de l |
| "Understanding local and long distance calls"                                                                                                                                                                                                                          | your handset or see reverse for local and toll-free numbers. | Total Amount Due                                                                                                 | 3136.08                                                                                                         |
| Contraction and programmer of the                                                                                                                                                                                                                                      |                                                              |                                                                                                                  |                                                                                                                 |
| Enjoy more great Wagjag deals for less                                                                                                                                                                                                                                 |                                                              |                                                                                                                  |                                                                                                                 |
| As a TELUS mobility customer, you can get an<br>exclusive \$10 credit per month towards any<br>purchases on Wagjag.com. Use your credit to<br>enjoy Wagjag's hot deals, offering 50-90% off<br>your favourite local restaurants, spas, events,<br>activities and more. |                                                              |                                                                                                                  |                                                                                                                 |
| Partnering with Wagjag is just another way that<br>we're working to put you first and improve your<br>experience every day. To sign up for Wagjag                                                                                                                      |                                                              |                                                                                                                  |                                                                                                                 |

and get your \$10 credit please visit wagjag.com/ielus

Thank you for choosing TELUS.

|                                        |                        | Payable c | nline or through most financial institutions |
|----------------------------------------|------------------------|-----------|----------------------------------------------|
| TELUS.                                 | Mobility Client Number | Bill Date | Total Amount if received                     |
|                                        |                        |           | by 11-Jun-12                                 |
|                                        | I                      | 16-May-12 | \$ 136.08                                    |
| s.17                                   | 7(1), 17(4)(g)(i)      |           | Additional fees apply for late payments      |
| PTLPS01A E S 17129<br>000000082 205(D) |                        |           |                                              |
| CHRIS J. EAGLE                         | Masi                   | I         | Amount of Payment                            |
|                                        | rinbon                 |           | 104                                          |
|                                        | 1 AND VIC              | I         | く く し                                        |

s.17(1), 17(4)(g)(i)

 $\sim$ 

Please make cheques payable to TELUS Please do not staple

CLIENT Nº ;

BILL DATE : 16-May-12 PAGE 3 of 3 Applicant's Copy

\$ 100.00

\$ 0.00

\$ 0.00

\$ 0.60

\$ 27.00

\$ 2.00

\$ 6.48 \$ 186.08

|                | PAGE 3 of 3                                                                        | s.17(1), 1               | 7(4)(g)(i)                  |                                  |                        | and the second |              | i den           |
|----------------|------------------------------------------------------------------------------------|--------------------------|-----------------------------|----------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|
|                | AGGOUNT DETAIL                                                                     |                          |                             | E.                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
|                | chris J. Eagle s.17(1), 17(4)(g                                                    | g)(i)                    |                             | gofe Warn College and the Second |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
|                | Current Charges - Deta                                                             | 11                       |                             | Contract Ter                     | m:3yr                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
|                | Monthly Service Plans May 17 to Ju                                                 | in 16                    |                             | £                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
|                | Service Plan Name                                                                  |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total        |                 |
|                | iPhone 100 - Double mins<br>Total                                                  |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100.00       |                 |
|                | Additional Local Airtime Tree Att                                                  | ine includes: borus minu | ikes, birthday calling, eve | nipps & weekends, free           | bcoming, "611 and I    | n Network Caling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | **********      |
|                | Service                                                                            |                          | Total                       | *Free                            | Included               | Chargeable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total        |                 |
|                | Phone (minutes)<br>Total                                                           |                          | Airtime<br>329:00           | Airtime<br>63:00                 | Airtime<br>266:00      | Airtime<br>0:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.00         |                 |
|                | Long Distance Charges                                                              |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
| P              | Service                                                                            |                          | Total<br>LD Minutes         | Free<br>LD Minutes               | Included<br>LD Minutes | Chargeable<br>LD Minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total        |                 |
| TI PSNIA 17170 | Domestic Phone<br>Total                                                            |                          | 186:00                      | 0:00                             | 186:00                 | 0:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.00         |                 |
| 3              | Data and Other Services                                                            |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
| ŝ              | Service                                                                            |                          |                             |                                  | Total                  | Event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total        |                 |
| D              | Text Msg - Sent                                                                    |                          |                             |                                  | Events                 | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                 |
|                | Data Usage                                                                         |                          |                             |                                  | 1<br>220,118           | Msg<br>MB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0.20<br>0.00 |                 |
| j.             | Text Msg - Received<br>Total                                                       |                          |                             |                                  | 2                      | Msg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.40         |                 |
| , ،<br>م       | Value Added Services                                                               |                          |                             | ······                           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | ha ka ya kajiya |
|                | Service                                                                            |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total        |                 |
| Š              | 200 mins Cdn LD @ 10¢ (May 17 to Jun 16)                                           | ł                        |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20.00        |                 |
| 2              | 3 GB included data (May 17 to Jun 16)<br>Feature Bundle - Small (May 17 to Jun 16) |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Free         |                 |
|                | Visual Voicemail for IPhone (May 17 to Jun '<br>Total                              | 16)                      |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7.00<br>Free |                 |
| -              | Other Charges and Credits                                                          |                          | ······                      |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
|                | Charges and Credits                                                                |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
|                | Summary Paper Bill Fee                                                             |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total        |                 |
|                | Total                                                                              |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2,00         |                 |
|                | Taxes                                                                              |                          |                             | ·                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total        |                 |
|                | GST<br>Total                                                                       |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6.48         |                 |
| •              |                                                                                    |                          |                             |                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                 |
|                |                                                                                    |                          |                             |                                  |                        | rrent Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5            |                 |

1:00 5 5 5 m 900 1: 3**8**5

pert to Jointo Daviller Louger 18 6/12

•