



APPLICANT COPY
Payment Requisition

s.17(1)

Accounting Services
1100 Harley Court
10045-111 Street
Edmonton, Alberta T5K 2M9

Wmery Jan 9/05

(Please print or type) _____ Date _____

I PAYEE INFORMATION (Check one only) Vendor Employee (Note 1) Patient

Payee Number _____ Name of Payee De - Guisti Cindy

Address _____

City _____ Province _____ Postal Code _____

II PAYMENT DETAILS Fees. Relocation Allowance

Reason for payment _____

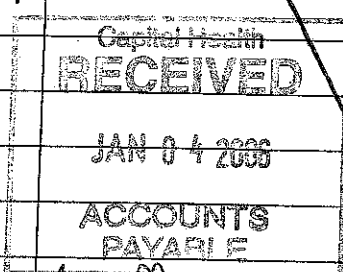
Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No

If this is a contract payment, what is the contract date? _____ Number _____

Have goods / services been received? Yes, When? _____ No

Are original attachments to be mailed with cheque? (Note 2) Yes No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Balancing Unit	Location	Functional Centre	Account	Expense Sub-Total	GST if applicable	Total Payment
201	9000	7112020005A	626200000	\$	\$	\$12,000
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
						
<u>See attached memo for approval</u>						
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other				TOTAL	\$	\$

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name) _____ Phone # _____

(Signature) _____ Date _____

Approved by (Print name) Jan 9/06 Phone # _____

(Signature) [Signature] Date _____

Approved by (Print name) [Signature] Phone # _____

(Signature) _____ Date _____

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.

APPLICANT COPY



Capital Health

HUMAN RESOURCES – RSS/CORP
Capital Health Centre, Suite 700, North Tower
10030 – 107th Street
MEMORANDUM

DATE: December 16, 2005
TO: Payroll – Attention Darlene Babiy
FROM: Ruth Cotton
HR Assistant
RSS/DES/Corporate Services
SUBJECT: De Guisti, Cyndy EE # [redacted]

Section 17(1)

As per the attached copy of the offer letter to the above employee, please process a one-time lump sum payment representing a taxable relocation allowance in the amount of \$12,000.

As previously discussed, this is to be processed in the 2nd week of January.

Thanks.

Ruth Cotton
735-0549

Approved

Tracy Chalaturnyk
Director – Human Resources
RSS/DES/Corporate

T4A

Jan 12/06
Please make
sure this does
not get Pd
until then
As per Mark Palke

October 17, 2005

1J2 Walter C. Mackenzie
Health Sciences Centre
8440 - 112 Street
Edmonton, Alberta
Canada T6G 2B7
Office: (780) 407-1000
Fax: (780) 407-7161

PRIVATE AND CONFIDENTIAL

via e-mail – degiusti@rogers.com

Ms. Cindy De Giusti



Section 17(1)

Dear Ms. De Giusti:

I am pleased to offer you a position with Capital Health as Senior Vice President, Public Affairs.

The terms and conditions of employment are outlined in the attached Senior Executive Employment Services Contract. The Contract includes:

- Position title - Senior Vice President, Public Affairs;

Non Responsive



You will also be entitled to the following one-time provisions to assist you with transition to your new position:



- CH will pay you a one-time \$12,000 Relocation Allowance (taxable) within thirty (30) days from date of your commencement for all costs associated with your relocation to the Edmonton area, including but not limited to movement of your personal effects, travel costs associated with relocation, real estate fees, local fees, etc..

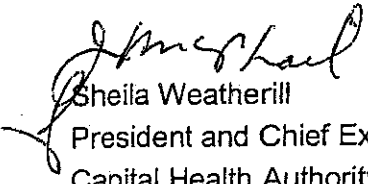


Non-Responsive

- CH will pay for up to three flights, hotel accommodations and car rental to facilitate apartment or house rental or related expenses.

Non-Responsive

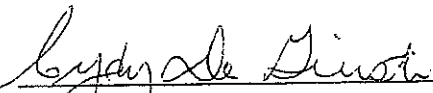
Sincerely,


 Sheila Weatherill
 President and Chief Executive Officer
 Capital Health Authority

Acceptance of Offer of Employment

This will confirm my acceptance of your offer of employment on the terms and conditions detailed in this letter and attached Contract.

Signed this 20th day of October 2005, in the City of Edmonton.



 Cyndy De Giusti

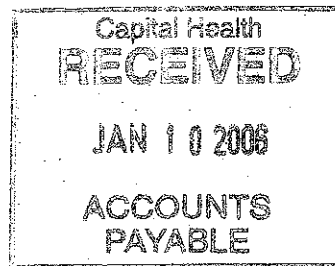


Healthier people in healthier communities

Harley Court Building
1100, 10045 - 111 Street
Edmonton, Alberta
Canada T5K 2M5

Date: Jan 04/06 Please return as soon as possible
To: Charlotte Van Gelder
Attn: John McPhail

From: Kathy Barlow
Accounting Services
Capital Health Centre
10th Floor North Tower
10030-107 Street
Phone: (780) 735-0474
Fax: (780) 735-0508



RE: Cyndy De Groot
Acct.# _____

For audit purposes, we require the following item(s) to be sent as soon as possible so that we may process the attached document.

- _____ Oracle Account Number
- _____ Original Invoice(s)
- _____ Original Receipt
- _____ Employee Number & Signature (All requests should be signed by employee)
- Authorizing Signature
- _____ Other

Please name John approve
this temp Payment of 12000
for Relocation.

Approved
James Earl
Jan 9/06

Thank You,

Kathy Barlow



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: December 21, 2005 to January 2, 2006	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	6241400			\$1,011.06	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,011.06	<input type="checkbox"/>

Capital Health
RECEIVED
FEB 06 2006

ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *Jan. 18/06*

Approved By: Sheila Weatherill (Print name) Title: President and CEO Phone # 407-8004

(Signature) *S Weatherill* Date *FEB. 2/06*

Approved By: (Print name) Title: Phone #

(Signature) Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE ACCOUNT PAIDS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct. 25	Air Canada - Flight to Toronto and return				\$821.06	✓	
Dec. 21	Prestige Cabs, taxi from UAH to airport				50.00	✓	
Dec. 21	Taxi - Toronto Airport				75.00	✓	
Jan. 2	Prestige Cabs - Taxi from Edmonton Airport to home.				65.00	✓	
Total km					1,011.06		
	@						\$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 - Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
 - Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
 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 lunch/dinner meeting.
2. **Travel**
 - Use of personal automobile – From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

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PRESTIGE

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

ADMIN. 465-8500
FAX: 462-2722

CABS

462-4444

THANK YOU/MERCI

Date: 21/12/05 Amount/Montant \$ 50 Car/Voiture # 934

Driver/Chauffeur: [Signature] G.S.T. # _____

From/De: UO A HOSP To/A: 1 AP



PLEASE CALL AGAIN
AU PLAISER DE VOUS REVOIR

RECEIVED \$ 75 dollars
100

FOR TRANSPORTATION FROM _____

TO _____
AIRLINE LIMOUSINE

DATE Dec 21 PER 57
Fare includes G.S.T.

PRESTIGE

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

ADMIN. 465-8500
FAX: 462-2722

CABS

462-4444

THANK YOU/MERCI

Date: Jan 2 Amount/Montant \$ 650 Car/Voiture # _____


Driver/Chauffeur: _____ G.S.T. # _____

From/De: _____ To/A: _____




PLEASE CALL AGAIN
AU PLAISER DE VOUS REVOIR


APPLICANT COPY

AIR CANADA 

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please print this itinerary/receipt for your reference.

 **Looking for Travel Insurance?** Protect yourself and your family against unforeseen circumstances.

 **Need a hotel?** Save Up to 70% & earn More Aeroplan Miles.

 **Need a car?** Save on Car Rentals and earn More Aeroplan Miles.

Main Contact Information

Name: **Ms Cyndy De giusti**
Email: **degusti@rogers.com**
Phone 1: **1-416-4220720**

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

Booking Reference: KNJNSR**Customer Care**

**Air Canada Customer
Technical Support Desk**
1-888-712-7786

Air Canada Flight Info
1-888-422-7533

On the web
aircanada.com

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

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type
AC154	Edmonton (YEG) Wed 21-Dec 2005 17:20	Toronto (YYZ) Wed 21-Dec 2005 23:04 - Terminal 1	0	3hr44	320	Tango
AC177	Toronto (YYZ) Mon 02-Jan 2006 12:15 - Terminal 1	Edmonton (YEG) Mon 02-Jan 2006 14:30	0	4hr15	319	Tango

Passenger Information**Passenger 1 - Adult**

Name: **Ms Cyndy De giusti** Ticket Number: **0142130243793**
Frequent Flyer Pgm: **Air Canada Aeroplan** Program Number: XXXXXXXXXX
Meal Preference: **Regular** Special Needs: **None**
Seat Selection: **None**
Credit Card: XXXXXXXXXX

*Commenced
Nov 21/05*

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Fare Summary

Passenger Type	Adult
Flight 1 - Departing airfare (<u>Tango</u>)	306.00
Flight 2 - Returning airfare (<u>Tango</u>)	376.00
Navcan and Surcharges	46.00
Taxes, Charges and Fees	
<u>Canada Airport Improvement Fee</u>	30.00
Canada Security Charge	9.35
Canada Goods and Services Tax (GST/HST #10009-2287)	53.71
Number of Passengers	1
Total	821.06
Grand Total - Canadian Dollars	\$ 821.06

Fare Rules**Tango**

- Tickets are **non-refundable** and **non-transferable**.
- **Changes** are permitted as follows:
Prior to day of departure - CA\$30 /GBP 14 / US\$22 plus taxes and any fare difference if applicable.
Day of departure:
- At the airport - CA\$150 / US\$120 plus applicable taxes (no charge for fare difference) for same day flights only.
- By calling Reservations or on the Web site - CA\$30 /GBP 14 / US\$22 taxes and any fare difference if applicable.
A higher fare could apply in addition to the change fee.
- **Changes and cancellations** can be made up to 2 hours prior to departure. Changes can be done on the Web site, while cancellations must be done by calling Reservations. 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 CA\$30 /GBP 14 / US\$22 change fee per direction, plus taxes and any fare difference if applicable, 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.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** available for CA\$15/GBP 7/US\$12 (plus taxes) per passenger for one-way flight from origin to destination including connections.
- **Same day standby** is not permitted for travel within Canada and Canada - USA travel.

Please read important information regarding the general conditions of carriage.

Have a nice trip!

Important Information

- [Express Check-in](#)
- [Baggage Information](#)

◀ Return to Homepage

All passengers 16 years of age and older are required to present government issued photo-id (ie: passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this itinerary/receipt. If you are travelling to a foreign country, it is your

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obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Please review this itinerary/receipt and should you have any questions, call us within 24 hours of receipt of this itinerary/receipt. In addition, for flight arrival/departure information or to make changes to your reservation, please call 1-888-712-7786 or consult your local telephone directory.

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance offered by Air Canada and underwritten by RBC Travel Insurance Company by calling 1-866-530-6021. Enjoy your trip knowing you are properly protected.

Although reconfirmation of flights is not required, it is strongly recommended that you confirm your flight times by calling Air Canada flight information at 1-888-422-7533 prior to your departure.

To help us provide better service and on-time departures, we recommend that you check in at the check-in counter or kiosk by the time shown below prior to your scheduled departure. However, you must be available for boarding at the boarding gate by the deadline shown below. Failure to meet the applicable deadline may result in the re-assignment of advance seats, cancellation of reservations and ineligibility for denied boarding compensation.

	Check-In/Kiosk	Boarding gate
Intra-Canada	60 min	25 min
<i>Exception:</i>		
Between Toronto & Montreal	30 min	20 min
Between Toronto & Ottawa	30 min	20 min
To/From USA	90 min	25 min
To/From international	120 min	25 min
<i>Exception:</i>		
Toronto to International	120 min	60 min
* For flights returning to Canada, please contact Air Canada as recommended check-in times may vary.		
Between UK & Canada	180 min	45 min

International Notice

If the passenger's journey involves an ultimate destination or stop in a country other than the country of departure the Warsaw Convention or the Montreal Convention may be applicable and these Conventions govern and may limit the liability of carriers for death or bodily injury and in respect of loss or damage to baggage. Many air carriers have waived the Warsaw Convention limits for death and bodily injury. Further information may be obtained from the carrier.

Liability for loss, delay or damage to baggage is limited unless a higher value is declared in advance and additional charges are paid. For many international journeys (including domestic portions of international journeys), the Warsaw Convention may apply with liability limits of approximately US \$9.07 per pound (US \$20.00 per kilo) for checked baggage and US \$400.00 per passenger for unchecked baggage. Where the Montreal Convention applies to your journey, the applicable liability limit is approximately US \$1375 for checked and unchecked baggage.

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Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.



Need a hotel? Save Up to 70% & earn More Aeroplan Miles.



Need a car? Save on Car Rentals and earn More Aeroplan Miles.



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Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name Cyndy De Giusti Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-71110400005
 Department Public Affairs Bus. Phone 407-7188
 Period from Dec. 6, 2005 to Dec. 9, 2005

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			32.64		
Registration Fees					
Transportation (including parking)			12.00		
Other (hosting/fax)					
Mileage			23.18		
TOTAL			67.82		\$
Less Cash Advance					
NET			67.82		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Cyndy De Giusti Date Dec. 14/05

Approved by

Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date Dec. 19, 2005

Print Name _____ Title _____

Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec. 6	Union Bank Inn – lunch meeting		32.64				
Dec. 7	Travel to Grey Nuns						13
Dec. 12	Travel to Airport and return						48
Dec. 12	Edmonton Airports – parking				12.00		
	Total km						61
	@						\$0.38
TOTALS TO FRONT OF FORM			32.64		12.00		23.18

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile – From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

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UNION BANK INN
10053 JASPER AVENUE
EDMONTON ALBERTA

12/06/05 000001
#0896 12:59PM Dave0009

GLU #00000021
ORDER \$0.00
2.0000 13.00
Ginger Beef \$26.00
Coffee/Tea \$2.25
Coffee/Tea \$2.25
BAL FWD \$30.50
NDSE ST \$30.50
*TTL TAX \$2.14 ***TOTAL \$32.64

Gratuity: _____
TOTAL: 38.64
Room#: _____
Signature: _____

Thank You!
Dave
☺

EDMONTON ALBERTA
GST# R128599776

rk 000001009 Phone (90)890-84
Fax (90)890-83

Room no. 0155/0773/00806 09.12.05

Pay parking ticket 12.00 \$
05 06:51 - 09.12.05 17:04
of stay. 0 Dy. 10 Hr. 13 Min.

total amount 12.00 \$

accepted total 20.00 \$
charge 8.00 \$
Tax 2.00 \$ 0.79 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **

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AMEX CANADA INC

PHONE: 403-294-7100

*AMEX PRIVACY STATEMENT*CLICK ON THE LINK LOCATED ON THE LEFT
E-MAIL AMEX CANADA INC

Electronic Invoice

[Print this page](#) | [Close window](#) | [Help](#)

Salesperson: 50

Invoice number: 0662990

Date: 25NOV2005

For: DE GIUSTI/CYNDY MS

Record locator: BYWMSV

Customer number: XXXXXXXXXX

ATTN-DE GIUSTI/CYNDY MS
CAPITAL HEALTH
10TH FLOOR NORTH TOWER
10030-107TH STREET
EDMONTON, AB, T5J 3E4
DEL-25NOV -VT-

CAPITAL HEALTH
10TH FLOOR NORTH TOWER
10030-107TH STREET
EDMONTON, AB, T5J 3E4

Fri, Dec 9

Other	AMERICAN EXPRESS WESTJET LOCATOR - XPERBP Reservations XPERBP Billed to: XXXXXXXXXX G.S.T./H.S.T. Q.S.T.	*228.00 *34.34 *0.00
-------	---	----------------------------

Fri, Dec 9

Air	WESTJET From : EDMONTON INTL AB, CANADA	Flight # : 28	Economy 0800	45Min Non Stop
	To : CALGARY INTL AB, CANADA		0845	
	Equipment : 73W			
	Notes: SEAT SELECTION UNAVAILABLE. WILL BE ASSIGNED UPON CHECK-IN.			

Fri, Dec 9

Air	WESTJET From : CALGARY INTL AB, CANADA	Flight # : 595	Economy 1550	45Min Non Stop
	To : EDMONTON INTL AB, CANADA		1635	
	Equipment : 73W			
	Notes: SEAT SELECTION UNAVAILABLE. WILL BE ASSIGNED UPON CHECK-IN.			

Total base fare amount	228.00
------------------------	--------

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Total taxes	0.00
Total V.A.T./G.S.T./H.S.T.	34.34
Total Q.S.T.	0.00
Net credit card billing	*262.34

Total amount due	0.00

SPECIAL PURCHASE TICKET - VALID ONLY ON WESTJET.
 CHANGES PERMITTED BASED ON AVAILABILITY.
 THIS TICKET IS NON-REFUNDABLE.
 CHANGES TO FLIGHT S MUST BE MADE
 2 HOURS PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE
 OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.
 TICKET IS NON-TRANSFERABLE TO OTHER CARRIERS/PASSENGERS.
 OTHER RESTRICTIONS MAY APPLY. CONTACT AMERICAN EXPRESS FOR DETAILS.
 CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.
 PROOF OF CANADIAN CITIZENSHIP INCLUDING PHOTO
 IDENTIFICATION IS REQUIRED.
 PROOF OF IDENTIFICATION INCLUDING PHOTO IS REQUIRED.
 PLEASE CHECK-IN 60 MINUTES PRIOR FOR DOMESTIC FLIGHTS.
 LATE CHECK-IN MAY RESULT IN DENIED BOARDING.
 THE CHECK-IN TIMES INDICATED ARE GUIDELINES ONLY. AIRPORT AND AIRLINE
 CHECK-IN REQUIREMENTS ARE CHANGING FREQUENTLY AND WE RECOMMEND
 YOU RECONFIRM SPECIFIC REQUIREMENTS BEFORE GOING TO THE AIRPORT.
 FULL FARE 262.34 FARE PAID 262.34 LOW FARE 231.48/25NOV05
 ...YOUR ACCESS CODE IS...S-X970/BYWMSV
 FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN
 CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263
 -VT-T-A1@

AMEX CANADA INC. GST/HST REGISTRATION R134194620RT0001.
 AMEX CANADA INC. QST REGISTRATION 1015265325TQ0001.
 CAR/HOTEL RESERVATIONS WERE OFFERED BUT DECLINED.
 AMEX HELPS MANAGE YOUR COMPANY,S TRAVEL EXPENSES AND
 ASSISTS YOU IN FINDING TRAVEL SUPPLIERS AND MAKING
 ARRANGEMENTS THAT MEET YOUR INDIVIDUAL NEEDS. WE CONSIDER
 VARIOUS FACTORS IN IDENTIFYING TRAVEL SUPPLIERS AND
 RECOMMENDING SPECIFIC ITINERARIES. IN THIS ROLE, WE ARE
 ACTING AS AN INDEPENDENT THIRD PARTY AND NOT AS A
 FIDUCIARY. WE WANT YOU TO BE AWARE THAT CERTAIN SUPPLIERS
 PAY US COMMISSIONS AS WELL AS INCENTIVES FOR REACHING
 SALES TARGETS OR OTHER GOALS, AND FROM TIME TO TIME MAY
 ALSO PROVIDE INCENTIVES TO OUR TRAVEL COUNSELLORS. CERTAIN
 SUPPLIERS MAY ALSO PROVIDE COMPENSATION TO US FOR VARIOUS
 MARKETING AND ADMINISTRATIVE SERVICES THAT WE PERFORM FOR
 THEM, SUCH AS GRANTING THEM ACCESS TO OUR MARKETING
 CHANNELS, PARTICIPATING IN MARKETING PROGRAMS AND
 SUPPORTING TECHNOLOGY INITIATIVES. IN ADDITION, WE RECEIVE
 COMPENSATION FROM SUPPLIERS WHEN CUSTOMERS USE THE
 AMERICAN EXPRESS CARD OR OTHER AMERICAN EXPRESS PRODUCTS
 TO PAY FOR SUPPLIER PRODUCTS AND SERVICES. FROM TIME TO
 TIME WE MAY ENTER INTO OTHER BUSINESS RELATIONSHIPS WITH
 SUPPLIERS AND THESE ARRANGEMENTS, INCLUDING LEVELS AND
 TYPES OF COMPENSATION AND INCENTIVES WE RECEIVE, ARE
 SUBJECT TO CHANGE. IN IDENTIFYING SUPPLIERS AND
 RECOMMENDING ITINERARIES, WE MAY CONSIDER A NUMBER OF
 FACTORS, INCLUDING SUPPLIER AVAILABILITY, YOUR
 PREFERENCES, AND ANY AGREEMENTS WE HAVE TO BOOK TRAVEL IN
 ACCORDANCE WITH YOUR COMPANY,S TRAVEL POLICY. THE

APPLICANT COPY

RELATIONSHIPS WE HAVE WITH SUPPLIERS MAY ALSO INFLUENCE
THE SUPPLIERS WE IDENTIFY AND THE ITINERARIES WE RECOMMEND

Your travel arranger provides the information contained in this document to you. Sabre®
Virtually There® is not responsible for the content of this document. Please contact your
travel arranger should you have any questions.

Copyright and Trademark Notices



APPLICANT COPY



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7208	Period From: Dec. 9, 2005 to Feb. 13, 2006	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	7111040005	6241000			368.24	<input checked="" type="checkbox"/>	
			6241000			116.45 (D)	<input type="checkbox"/>	
			6960000	Capital Health	A	224.79 (V)	<input type="checkbox"/>	
			6960000	Capital Health	A	27.00 (N) tip	<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							368.24	<input type="checkbox"/>

Capital Health
RECEIVED
MAR 13 2006
ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: February 13, 2006

Approved By: *Sheila Weatherill* Title: President & CEO Phone # 407-8004

(Signature) Date: Mar. 1, 2006

Approved By: *[Signature]* Title: Phone #

(Signature) Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

Jan. 10 - 31/0

Lunch meeting with
 Mark Kastner, AB Health & Wellness
 Director of Communications

STEAKHOUSE & BAR
 102 STREET
 STON, AB
 38
 1-0400

Totl 16/1 544 1st 2
 J. 110-06 12:01

1 SAN PELLEGRINO	5
1 EVIAN	3.00
1 CUP DAY SOUP	4.00
1 CUP DAY SOUP	13.00
	2.00
1 LUNCH	16.00
Food	45.50
GST	3.19
Amount Due	48.69

MARTONIE THURSDAYS
 Get Shakin' & Stirred
 in our LUX Lounge
 every Thursday Night
 with \$2 Martinis

Visit Century Grill
 for the Taste of Italy
 in the Month of January

www.luxsteak.com

CANADA PLACE PARKING
 OPERATED BY IMPERIAL PARKING
 FOR THE CITY OF EDMONTON

PEP Meeting

Rate \$ 17.76
 01/31/06 12:56 14 1 44 51 10 0 03/09
 01/31/06 07:57 14 01/31/06 12:56 04
 Regular Rate \$ 11.21
 Total Tax \$ 0.59
 Total Fee \$ 12.00
 Cash Paid \$ 12.00
 Cash Tender \$ 15.00
 Change Due \$ 3.00
 THANK YOU
 WE APPRECIATE YOUR BUSINESS
 COME AGAIN

Date 25-01-06 Amount 15.00
 Moutant GST Included

From/De _____

To/A _____

To/A _____

Driver _____ Car # _____

Chauffeur _____ Voiture _____

425-8310

www.co-optaxi.com

425-2525

media at
 EGH.

Feb. 01/04

APPLICANT COPY

GUEST RECEIPT	DATE	AMOUNT
225447		19.74
REG. NO.	TAX	

Thank You

Lunch meeting with Myrna Fyfe, UAH Foundation.

UPPER CRUST CATERERS L
 10100 86 AVE T4B0W8
 EDMONTON AB 22347500

NAME TRUSTI CANDY R DE
 NO. 1

Date 06/02/01 Time 13 42 09
 Exp Date Auth # 067882
 Card Type VI Tran Code 01
 NZ22347500001 001672034

Op ID: 027 THANKS

Invoice No.: 23862

Subtotal \$17.74
 Tip 3.00
 Total 22.74

Signature *[Handwritten Signature]*
 I agree to pay above total amount according to card issuer agreement
 Retain this copy for your records

The copy-customer Bottom copy-merchant

GUEST RECEIPT

YOKOZUNA JAPANESE RESTAURANT
 8409 - 112 ST. (780) 430-3673
 GST #880500327

221049
 DATE
 AMOUNT
 \$ 25.31
 INCL GST

EDMONTON
 008567
 4088567 SLIP #: 11
 \$25.
 POURBOIRE/TIP \$
 TOTAL \$ 29.31

RE X
 [Redacted]

001001011 AUTH 047768 ISO
 07 2006 TIME 12:58 pm

TO ORDER YOUR VEHICLE **The Fairmont HOTEL MACDONALD**

Please Dial 6918 (allow 15 minutes advance notice to have your vehicle waiting)

122.00 RECEIVED

Feb. 9 Meeting

62169 VEHICLE#

SEE REVERSE FOR CONDITIONS

Damage area indicated by X

Meeting with Donna Touss

APPLICANT COPY

02/13/06 TIME 12:59
EDMONTON 54
58146

SICILIAN PASTA KITCHEN
11239 JASPER AVE.
EDMONTON, ALBERTA
403-488-3838 Section 17(1),(4)(e.i)

VISA
AUTH 024065 TABLE 4 CHECK 1552
PURCHASE DINING TERESA
AMOUNT 33.75
G.S.T. 2.37
SUBTOTAL \$ 36.12

TIP \$
TOTAL \$ 41.12 ..
=====

CUSTOMER COPY

- Gordon Turtle
- MacEwan

Sheila Weatherill
President & CEO

AW

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check: 20617

Serve: Diane L Date: 02/13/2006
Table: 9 Time: 19:44

VISA
GIUSTI/CYNDY R DE
AUTH 022863 ONLINE
MERCHANT# 0000
SUBTOTAL \$ 94.93

TIP \$ _____

TOTAL \$ 109.93

** CUSTOMER COPY **

GST#857377576RT0001
Happy holidays from the Staff of
Murrieta's Bar & Grill.

Dinner Meeting
Margaret Ward-Jack,
College of Nurses

Sheila Weatherill
President & CEO

AW



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President		Department: Public Affairs
Business Phone: 407-7188	Period From: Feb. 15 to Mar. 31, 2006	

Attachment
 Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7111 0400005	62410000			15.25	<input checked="" type="checkbox"/>
201	9000	7111 0400005	62410000			109.48	<input checked="" type="checkbox"/>
						108.16	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
						123.41	<input checked="" type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						124.73	<input type="checkbox"/>

Capital Health
RECEIVED
 MAY 05 2006
 ACCOUNTS
 PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: <i>Cyndy De Giusti</i>	Date: <i>May 6</i>
---	---------------------------

Approved By: <i>Sheila Weatherill</i> (Print name)	Title: <i>President + CEO</i>	Phone # <i>407-8004</i>
(Signature)		Date <i>May 4/06</i>
Approved By: <i>[Signature]</i> (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km	
Feb. 15	Travel to 10072 Jasper Ave. & return home						5.6	
Feb. 27	Travel to Hotel Macdonald						6	
Feb. 28	Travel to Chateau Louis Hotel, to UAH, back to Chateau Louis, back to UAH.						14.8	
Mar. 2	Travel to 2100 Premier Way & return.						30	
Mar. 10	Travel to Airport and return.						48	
Mar. 14	Travel from UAH to Plaza 124 & return						16	
Mar. 15	Travel from UAH to 11010 101 Street and return						14.5	
Mar. 15	Travel to St. Albert Inn and return re: Sturgeon meeting						38	
Mar. 17	Travel from UAH to 11219 Jasper Avenue re: meeting with Katrina Black & return						8.4	
Mar. 22	Yellow Cab - taxi to SCC				13.00			
Mar. 23	Travel to 10235 101 Street						5.8	
Mar. 23	Travel to Ric's Grill & return						9	
Mar. 24	Travel to AHE & return re: tour						44	
Mar. 27	LRT to EGH meeting at CHC				2.25			
Mar. 29	Travel to Telus Science Centre & return re: meeting						14.5	
							Total km	254.60
							(or alternate rate as outlined in Section 2 - Travel below) @ \$0.43	
Totals					15.25		109.48	

26.
Y
38
=
10.0
225
K
X
40
=
98.

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

- Use of personal automobile - From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 250 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties - reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.

108.16 ✓

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

APPLICANT COPY

YELLOW

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722



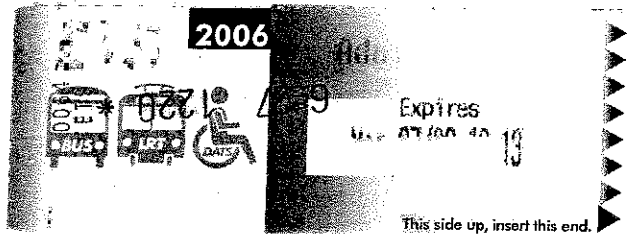
462-3456

THANK YOU/MERCI

Date: 22/07/06 Amount/Montant \$ 13 Car/Voiture # 798

Driver/Chauffeur: [Signature] GST# _____

From/De: _____ To/A: _____





APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number:	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: Apr 03 to Apr 28, 2006	

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7111 0400005	62414000			✓ 116.50	✓
201	9000	7111 0400005	69600000		374.64	391.71	326.64 48.00 <input type="checkbox"/>
201	9000	7111 0400005	62410000			✓ 104.06	✓
			41090000			17.07	✓
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							# 612.27 <input type="checkbox"/>

Capital Health
RECEIVED
MAY 05 2006
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Access to Information Act and the Access to Information Regulations (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: <i>Cyndy De Giusti</i>	Date: <i>2 May 3/06</i>
--	-------------------------

Approved By: <i>Sherril Weatherill</i> (Print name)	Title: <i>President & CEO</i>	Phone # <i>407-8004</i>
(Signature)		Date <i>May 4/06</i>
Approved By: _____ (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CATEGORIES

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Apr. 4	Travel to Sturgeon and return						38
Apr. 5	Travel to 9990 Jasper & return						10
Apr. 5	Travel to 10010 178 Street & return						25
Apr. 7	Travel to Alberta Hospital Edmonton & return						44
Apr. 10	Travel from UAH to Grey Nuns and return						26
Apr. 11	Travel to RAH & return						16
Apr. 12	LRT to CHC				✓ 2.25	w	
Apr. 13	Travel to Tin Palace for lunch meeting & return						9
Apr. 20	Travel to Airport						24
Apr. 20	Taxi in Toronto				✓ 60.00	w	
Apr. 21	Taxi in Toronto				✓ 30.00	w	
Apr. 21	Taxi in Toronto				✓ 9.00	✓	
Apr. 21	Parking at airport				✓ 15.25	✓	
Apr. 21	Travel from airport						24
Apr. 23	Staples Business Depot - wheelmouse					✓ 17.07	w
Apr. 25	Travel to RAH, then Plaza 124, back to UAH						20
Apr. 25	Travel to Hotel Macdonald						6
Apr. 13	Eat's - staff appreciation lunch				326.64 w 48.00 w	374.64	
Total km							242 ✓
(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43
Totals					116.50	391.71	104.06 ✓

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

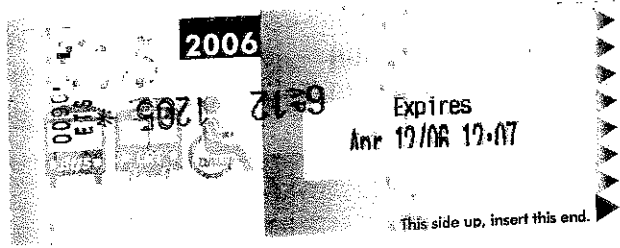
- Use of personal automobile - From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 250 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties - reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

~~EXPENSE ACCOUNTS~~

3. **Advance**

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

APPLICANT COPY



RECEIVED PAYMENT

PAID \$60.00

DATE Apr 20-06 # 12

DRIVER

WITH THANKS [Signature]

EDMONTON AIRPORT

GST# R128599776

Car park 0000001009 Phone: (780)890-8489
Fax: (780)890-6329

Receipt no. 0266/0790/00802 21.04.06

015100 pay parking ticket 15.25 \$
20.04.05 14:17 - 21.04.06 16:34
Length of stay: 1 Ev 2 Hr. 17 Min.

total amount 15.25 \$

accepted total 15.25 \$
Tax 7.00 % 1.00 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **



INDEPEDENT CAB OWNERS'
CO-OPERATIVE INCORPORATED
TORONTO, ONTARIO

Date: 21.04.06 Fare: #9

From: _____ GST INCLUDED

To: _____

Cab # 3211 Driver: [Signature]

Flat rates available for Airport, Out of Town,
Business Trips, Sightseeing, Etc: Ask Driver for details.

RECEIPT

RECEIPT

Cab No. 2962 G.S.T. _____

From _____

To _____

Date 04.21.06 Amount 30.00

Signature [Signature]

APPLICANT COPY

STAPLES Business Depot
Store # 150
1960-101st Street
Edmonton, AB T6N1K1
780-414-0361

Sale 00017 3 006 03495
0150 04/23/06 02:15

1 MS WHEELMOUSE:	
805529774506	15.95G
Subtotal	15.95
GST 7.00%	1.12
Total	\$17.07
Cash	20.07
Cash Change	3.00

Thank you for shopping at
STAPLES Business Depot!
We will not be undersold!

FOR CUSTOMER SERVICE CALL 1-866-STAPLES
OR EMAIL TO customer_service@busdep.com

INTERESTED IN EXPLORING A CAREER WITH US?
VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 126152586



0 1 5 0 0 4 2 3 0 6 0 3 4 9 5 0 6

earls

GREAT FOOD GREAT PEOPLE

Date: 13Apr'06 01:14PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 025254
Check: 7861
Table: 21/1
Server: 89 MIKEL
Ref Number: 001144955657
CYNDY R DE GIUSTI

Section 17(1),(4)(e.i)

Subtotal: 326.64

Tip: _____

Total: _____

Signature: 374.64

I agree to pay above total according to my card issuer agreement.

****Customer Copy***

Original restaurant receipt is lost.

Signature for lost receipt:

Cyndy De Giusti

Cyndy De Giusti
Senior VP, Public Affairs.

Sheila Weatherill
Sheila Weatherill
President & CEO



APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: July 10 to July 13, 2006	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000	29.8069	18.0072	\$47.80	<input checked="" type="checkbox"/> 690
201	9000	71110400005	62414000	US. 174.56	1.15	200.74	<input type="checkbox"/>
201	9000	71110400005	62410000			28.38	<input checked="" type="checkbox"/> 690
						0.00	<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						276.92	<input checked="" type="checkbox"/> Cash
Total				\$US. 174.56	4	\$76.18	<input type="checkbox"/>

Capital Health
RECEIVED
 JUL 18 2006
 ACCOUNTS PAYABLE

The information on this form is collected under Section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *JULY 13, 2006*

Approved By: <i>Sheila Weatherill</i> <small>(Print name)</small>	Title: <i>President + CEO</i>	Phone # <i>407-7008</i>
<i>Sheila Weatherill</i> <small>(Signature)</small>		Date <i>July 14/06</i>
Approved By:	Title:	Phone #
<small>(Signature)</small>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
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 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particular	Travel - Local, within region	Travel - Provincial out of Region	Travel - Out of Province or Country	Travel - Out of Province or Country	Other \$	Mileage KM
		Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Hotel US\$, Meal US\$, Transportation US\$		
Jun 20, 2006	CitiPark	✓ 18.00	✓	796			
July 10, 2006	Travel to airport						24
July 11, 2006	Chili's			✓ 69.36	US		
July 11, 2006	Hilton Garden Inn			✓ 105.20	US		
July 12, 2006	Parking - Edmonton Airports	✓ 25.80	✓				
July 12, 2006	Travel from airport						27
July 13, 2006	Travel to 10310 Jasper Ave.						6
July 13, 2006	Parking	✓ 4.00	✓				
July 13, 2006	Travel to EGH						9
	Total km						66
	@						.43
TOTALS TO FRONT OF FORM		47.80		174.56			20.38

EXPENSE LIMITS

1. **Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 - Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
 - Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the name of the individual or organization whose representatives attended the lunch/dinner meeting.
2. **Travel**
 - Use of personal automobile - From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

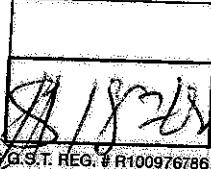
APPLICANT COPY

OPERATED BY



336625

RECEIPT
OR
VALIDATION



THIS FEE INCLUDES G.S.T. REG. # R100976786

APPLICANT COPY

July 11/0

HMSHost RVC #72
CHILI'S TOO
MSP AIRPORT

CHECK: 7653
TABLE: 115/1
SERVER: 5625 Mary
DATE: JUL11'06 8:02PM
CARD TYPE: VISA AO 4*
ACCT #:
EXP DATE: XX/XX Section 17(1),(4)(e.i)
AUTH CODE: 061640

CYNDY R DE GIUSTI

SUBTOTAL: 60.36

I agree to comply with credit card terms and agreement. *US*

Tip 9.00

Total 69.36

Signature _____

Nicole, Fred
Cyndy

HMSHost RVC #72
CHILI'S TOO
MSP AIRPORT

5625 Mary 2

115/1 7653 GST 3
JUL11'06 6:37PM

**** SEAT 1 ****

2 BV CC-CHARD 11.98
1 CORONA PTL 5.49
1 BIG SAM ADAMS DR 6.49
LITE DRAFT
1 Chipolte Blue 7.99
1 Chk Quesadillas 9.99
1 Mushroom Burger 7.79
1 Cheese Cake 5.29
Subtotal 56.11

T. 4.25 Amount 60.36

Subtotal 56.11
Tax 4.25
Amount \$60.36

GRATUITY NOT INCLUDED
NO CHECKS PLEASE

Name & Address

DEGIUSTI, CYNDY
9929 - 108TH STREET
EDMONTON, AB T5K 1G8

Room 603/K1
Arrival Date 07/10/06 8:32PM
Departure Date 07/11/06

Adult/Child 1/0
Room Rate 81.00

RATE PLAN L-GV
HH#
AL:
CAR:

Folio

CONFIRMATION NUMBER : 3242083757

07/11/06 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
07/10/06	885636	GUEST ROOM	\$81.00
07/10/06	885636	STATE RM SALES TAX	\$5.67
07/10/06	885636	HOSPITALITY TAX	\$3.24
07/11/06	885768	*GREAT AMERICAN GRILLE	\$15.29
07/11/06	885769	VS	(\$105.20) <i>U.S.</i>
		s.17(1), 17(4)(e.1)	
		** BALANCE **	\$0.00
EXPENSE REPORT SUMMARY			
	07/10/06	07/11/06	STAY TOTAL
ROOM & TAX	\$89.91	\$0.00	\$89.91
FOOD & BEVERAGE	\$0.00	\$15.29	\$15.29
DAILY TOTAL	\$89.91	\$15.29	\$105.20

The Hilton Family



Official Sponsor

ACCOUNT NO. VS [REDACTED]

CARD MEMBER NAME
DEGIUSTI, CYNDY

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE
X

DATE OF CHARGE 07/11/06 FOLIO NO./CHECK NO. 129847

AUTHORIZATION 067691 INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -105.20

A

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

July 12/0

EDMONTON AIRPORTS

10000 100th Street

Edmonton, Alberta

Call Centre: (780) 443-1111
Fax: (780) 443-1112

Receipt # 00000000000000000000

Order # 00000000000000000000
Flight # 00000000000000000000
Length 00:00:00

Best copy available

00:00:00 2:30:00

00:00:00 41:00:00
00:00:00 00:00:00
00:00:00 00:00:00

00:00:00 00:00:00
00:00:00 00:00:00
00:00:00 00:00:00

July 13/06

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking
 Lot 0002-284
 GST #88731 5638 RT0001
 Machine Serial #:00000427007

EXPIRY DATE AND TIME EXP 09:46am
 JUL 13,2006

EXP 09:46am
JUL 13,2006

TICKET# LOT#
 00004495 00020284

CC \$0004.00 Visa TACH# 002 07:46am
 FOLLOW INSTRUCTIONS ON SIGN POSTEE Purchase Time

Section 17(1),(4)(e.i)

Park 2 Hrs \$4.00
 Questions/Comments
 Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT



APPLICANT COPY Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7208	Period From: July 14, 2006 to December 1, 2006	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7111040005				\$871.23	<input type="checkbox"/>
		62410: 579.12				548.42	<input type="checkbox"/>
		62412: 164.28 2.82				392.07	<input type="checkbox"/>
		69600: 508.33 79.00					<input type="checkbox"/>
		62414: 393.49 84.68					<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						✓ \$1,811.72	<input type="checkbox"/>

RECEIVED
DEC 07 2006
ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *Dec. 1, 2006*

Approved By: <i>Sheila Weatherill</i> <small>(Print name)</small>	Title: <i>President & CEO</i>	Phone # <i>407-8008</i>
<small>(Signature)</small>		Date <i>Dec. 6/06</i>
Approved By: <i>[Signature]</i> <small>(Print name)</small>	Title:	Phone #
<small>(Signature)</small>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particular	Travel – Local, within region	Travel – Provincial out of Region	Travel – Out of Province or Country	Travel – Out of Province or Country	Other \$	Mileage KM
		Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Hotel US\$ Meal US\$ Transportation US\$		
Oct 20, 2006	Aeroport Taxi			/ 20.00			
Oct. 20, 2006	Capital Taxi			/ 35.00			
Oct 26, 2006	Travel to Petroleum Club & return						15
Nov 1, 2006	Travel from Crown Plaza						5
Nov. 1, 2006	Parking – Imperial Pkg	/ 4.50					
Nov 3, 2006	Travel to SCC						5
Nov 7, 2006	Travel to Plaza & return						16
Nov 20, 2006	Travel to Sherwood Pk, then to Fort Sask & return to CH						87
Nov 22, 2006	Travel to airport						24
Nov. 22, 2006	Parking at airport	/ 12.90					
Nov 28, 2006	Travel to Plaza & return						16
Nov 29, 2005	LRT for 6 staff to meeting	/ 13.50					
Dec 1, 2006	Travel to NECHC & return						29
	Total km						911.80
	@						.43
TOTALS TO FRONT OF FORM		871.23		548.42			392.07

EXPENSE LIMITS

1. Meal Allowances

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2. Travel

- Use of personal automobile – From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
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- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particular	Travel – Local, within region	Travel – Provincial out of Region	Travel – Out of Province or Country	Travel – Out of Province or Country	Other \$	Mileage KM
		Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Hotel US\$ Meal US\$ Transportation US\$		
July 14, 2006	Travel to Leduc & return to UAH						68
July 18, 2006	Travel to Devon & return to UAH						76
July 19, 2006	Travel to RAH & return to UAH						16
July 21, 2006	Travel to 10549 108 St. and return						9.5
July 24, 2006	Travel to 10109 125 Street						6.3
July 24, 2006	Dinner meeting with Sandra Conn	/ 138.67					
July 27, 2006	Travel to Glenrose & return						16
July 27, 2006	Taxi to Edmonton airports	/ 53.00					
July 28, 2006	Parking Edmonton Airports	/ 12.90					
Aug 1, 2006	Lunch meeting with Allan Mayer, Madison's Grill	/ 54.12					
Aug 1, 2006	LRT	/ 2.25					
Aug 11, 2006	Meeting with Ruth Kelly, Murietta's	/ 47.80					
Aug 17, 2006	Travel to Calgary & return for AB Children's Hospital Opening						295
Aug 28, 2006	Yellow Cab	/ 11.00					
Aug 28, 2006	LRT	/ 2.25					
Aug 30, 2006	Travel to EGH						8
Sept 1, 2006	Travel to RAH & return to UAH						16
Sept 2, 2006	Travel to Airport						24
Sept 7, 2006	Parking at Edmonton Airports	/ 57.20					
Sept 7, 2006	Travel from Airport						24
Sept 8, 2006	Travel from CH to Airport						24
Sept 8, 2006	Parking at Toronto Airport			/ 40.25			
Sept 12, 2006	Parking at Edmonton Airports	/ 57.20					
Sept 12, 2006	Travel from Airport						24
Oct 6, 2006	Travel to WestView & return						78
Oct 11, 2006	Dinner meeting with Paul Haft, Murriett's	/ 346.74					
Oct 17, 2006	Travel to Westin, 10135 100 Street						6
Oct 18, 2006	Travel to airport						24
Oct 18, 2006	Taxi – Westway			/ 30.00			
Oct 18 & 19	Hotel - Sheraton			/ 423.17			
Oct 22, 2006	Edmonton Airports	/ 57.20					

APPLICANT COPY

Sandra
Conn

MANOR CAFE
10109 125 ST

A4004165
#: 5915
E: 4004165

AUTH \$118.6

POURBOIRE/TIP \$

TOTAL \$ 138.61

SIGNATURE X Section 17(1),(4)(e.i)

APPROVED AUTH 00279
SEQ 647001001132 ISO -001
Jul 24 2006 8:50 am

DATE July 27 Amount 53.00

Car No: _____ Chauffeur _____

Airport → CHR

G.S.T.# _____

EDMONTON AIRPORTS

GST# R111-43776

park 0000001009 Phone: (780)890-84
Fax: (780)840-83

ipt no 0131/0766/00804 28.07

pay parking ticket 12.
to 28.07.06 18:13
Days 0 Dy. 12 Hr. 35 Min.

total amount 12.50 \$

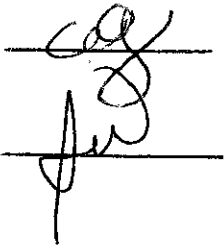
accepted total 20.00 \$
change 7.10 \$
G.S.T. 6.00 % 0.73 \$

Thank you for your patronage!

Please Come Again!

** Open 24 hours **

Meeting with Sandra Conn,
VP, External Relations,
University of Alberta.



Aug. 1, 2004



APPLICANT COPY

MADISON'S GRILL
10053-Jasper Ave
Edmonton, Alberta
780-401-2222

Server: Daley 08/01/2006
Table 40/1 12:58 PM
Guests: 2 10009
Reprint #: 1

Potato Gnocchi	15.00
Steak Spinach Salad	15.00
Soup du Jour	5.00
Coffee Tea (2 @2.50)	5.00
Mineral\n200ml	1.95
Soft Drink	2.50
Sub Total	44.45
GST Exclusive Tax	2.67
Total	47.12
Balance Du	\$ 47.12

GRATUITY : _____
TOTAL : _____

SI *Allen*
R *Mayer*
P
MADISON'S GRILL
10053 JASPER AVE NW
EDMONTON, AB

01XM5297
IRE: 139648
L#: DALEY
P#: 900

-AUTH \$4
\$ _____
AL 54.12

LOVED AUTH 0002
1393001001001 -C
1 2006 12

Section 17(1),(4)(e.i)

JRRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check #: 38881

Server: Alexis Dc Date: 08/11/2006
T: 6 Time: 13:19
Client: 2

1 Sm Pellegrino	3.04
1 Veggie Sandwich	9.23
1 Coffee	2.86
1 Juice	2.91
1 SmRavioli	9.77
Sm.Caesar	6.91
1 Latte	3.97

SUB-TOTAL: 38.49
GST: 2.31

TOTAL: 40.80

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

Ruth Kelly - Venture Publishing

TIP \$ _____

TOTAL \$ 47.80

CUSTOMER COPY **

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

*lunch mtg.
with
Alan Mayer,
Editor of
Edmonton
Journal.*

*Lunch meeting with Ruth Kelly of
Venture Publishing.*

Aug. 20/04

YELLOW

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB



462-3456

THANK YOU/MERCI

Date: 28/08/06 Amount/Montant \$ 11.00 Car/Voiture # 573

Driver/Chauffeur: LS GST# _____

From/De: VAH Hospital To/A: Edmonton



Journal



Sept. 2-74
8-12

EDMONTON AIRPORT

GST# R128599776

park (760)890-841
Phone: (760)890-841
Fax: (760)890-832

receipt no. 0121/784/0702 07.09.06

5100 pay parking ticket 57.20 \$
09.06 11:54 - 07.09.06 21:07
length of stay: 9 Hr. 13 Min.

total amount 57.20 \$

accepted total 57.20 \$
G.S.T. 6.00 % 3.24 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **

EDMONTON AIRPORT

GST# R128599776

park (760)890-841
Phone: (760)890-841
Fax: (760)890-832

receipt no. 0075/077/0702 12.09.06

5100 pay parking ticket 57.20 \$
09.06 11:03 - 12.09.06 17:01
length of stay: 6 Hr. 58 Min.

- total amount 57.20 \$

accepted total 60.40 \$
change 2.80 \$
G.S.T. 6.00 % 3.24 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **

APPLICANT COPY

Toronto Pearson Int'l Airport

Retail Id: MA1234

Shift/Seq, #: 078/3414
Entry lane 55: 09/07/06 17:01:00
Payment lane 85: 09/08/06 19:47:50
Exit Before: 09/08/06 20:31:00

PURCHASE

Amount: \$40.25

Sub Total: \$35.31
GSTTPS: \$2.12
PSTTVP: \$2.82

Cash: \$40.25
Accepted: \$40.25
Dispensed: \$0.00

Thank You

GST/TPS #: 139759708

Oct. 11/0

APPLICANT COPY

RIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check: 45630

Server: Mich
Table: 53
Date: 10/11/200
Time: 21:09

MURRIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check #: 45630

Server: Mich
Table: 53
Date: 10/11/2
Time: 20:58
Client: 6

Section 17(1),(4)(e.i)
CYNDY R DE
041709 ONLINE
IT# 9999
3TOTAL \$ 301.74
TIP \$ _____
TOTAL \$ 346.74

Mission PinotNoir 34
J.Triggs Meritage 87
Bowl Chowder 19
Ravioli 15
Chicken Penne 33
2Scoop Icecream 5
Coffee 5
Dinner Courtyard 6
12oz Ribeye 28
Creme Caramel 6
Lamb Meatballs 8
Angel Hair 22
Soft Drinks 2.66
Peach Crisp 6.97

SUB-TOTAL: 284.66
GST: 17.08

TOTAL: 301.74

CUSTOMER COPY **

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

Dinner meeting re: Visual Standards -

Paul Haft, Haftz Company
Cyndy De Giusti
Steve Buick } Capital Health
Sandra Huculak }
Ronna Bremer } 50

Oct. 10, 2006
Oct. 22, 2006

RECEIPT / REÇU	
Amount/Montant: <u>3000</u>	Date: <u>18/10/06</u>
From/De: <u>Airport</u>	
To/à: <u>AC</u>	
Taxi#: <u>AC</u>	Driver/Chauffeur: <u>[Signature]</u>
Thank you / Merci	

EDMONTON AIRPORTS

Best copy available

total amount 3000
 accepted total 3000
 change 0.00
 G.S.T. 6.00%

Thank you for your patronage
 Please Come Again!

Oct. 10 9 19/1

APPLICATION COPY

Sheraton
Ottawa

HOTEL

150 RUE ALBERT STREET | OTTAWA | ONTARIO K1P 5G2 CANADA T 613 238 1500 F 613 235 2723 sheraton.com/ottawa

GUEST | CLIENT

Cyndy Degiusti
Govt Of Alberta

ROOM | CHAMBRE 503
RATE | TARIF 159.00
NO. PERS. | N^{BRE} PERS. 1
FOLIO | RÉFÉRENCE 1
PAGE | PAGE 140714 A
ARRIVE | ARRIVÉE 1
DEPART | DÉPART 18-OCT-06 14:37
PAYMENT | PAIEMENT 20-OCT-06

TRAVEL AGENT
AGENT DE VOYAGES
CHARGE TO
DÉBITER A

Marlin Travel
9929 108th Street
Edmonton, AB T5K 1G8

DATE DATE	REFERENCE RÉFÉRENCE	DESCRIPTION DESCRIPTION	DEBIT CREDIT DÉBIT - CRÉDIT
18-OCT-06	RT503	Room	159.00
18-OCT-06	RT503	Room GST 6%	9.54
18-OCT-06	RT503	Room PST 5%	7.95
18-OCT-06	RT503	Destination Mktg Fee	4.50
18-OCT-06	RT503	DMF GST 6%	0.27
18-OCT-06	2411	Room Service	18.96
19-OCT-06	RT503	Room	159.00
19-OCT-06	RT503	Room GST 6%	9.54
19-OCT-06	RT503	Room PST 5%	7.95
19-OCT-06	RT503	Destination Mktg Fee	4.50
19-OCT-06	RT503	DMF GST 6%	0.27
19-OCT-06	037A	[REDACTED] 17:03	1.33
19-OCT-06	2452	Room Service	40.36
20-OCT-06	VI	Visa	423.17-
Total-Due			0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Other	Total	Payment
18-OCT-06	181.26	17.00	1.96	200.22	0.00
19-OCT-06	181.26	36.00	5.69	222.95	0.00
20-OCT-06	0.00	0.00	0.00	0.00	423.17-
Total	362.52	53.00	7.65	423.17	423.17-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!
** continued on the next page **

reservations: 800 325-3535 or sheraton.com | réservations : 800 325 3535 ou sheraton.com

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
J'accepte d'être personnellement responsable du paiement de ce compte, si l'entreprise ou le tiers facturé omet de le payer en partie ou en totalité.

signature

Cyndy Degiusti ROOM DEPART AGENT
FOLIO 140714 18-OCT-06 503

**Sheraton
Ottawa**

HOTEL

150 RUE ALBERT STREET | OTTAWA | ONTARIO K1P 5G2 CANADA T 613 238 1500 F 613 235 2723 sheraton.com/ottawa

GUEST | CLIENT

Cyndy Degiusti
Govt Of Alberta

ROOM | CHAMBRE 503
 RATE | TARIF 159.00
 NO. PERS. | N^{BRE} PERS 1
 FOLIO | RÉFÉRENCE 140714 A
 PAGE | PAGE 2
 ARRIVE | ARRIVÉE 18-OCT-06 14:37
 DÉPART | DÉPART 20-OCT-06
 PAYMENT | PAIEMENT VT

TRAVEL AGENT
AGENT DE VOYAGES
 CHARGE TO
DÉBITER A

Marlin Travel
9929 108th Street
Edmonton, AB T5K 1G8

DATE DATE	REFERENCE RÉFÉRENCE	DESCRIPTION DESCRIPTION	DEBIT CREDIT DÉBIT - CRÉDIT
-------------	-----------------------	---------------------------	-------------------------------

Summary of GST for your stay:

GST for Room Revenue: 19.08
 GST for Food and Beverage: 0.00
 GST for Telephone: 0.08
 GST for Other: 0.00
 GST for entire stay: 19.16

PST Tax Number: 20674422 GST Tax Number: 122417470

As a Starwood Preferred Guest, you could have earned 703 Starpoints for this visit. Please provide your member number or enroll today.

reservations: 800 325-3535 or sheraton.com | réservations : 800 325 3535 ou sheraton.com

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges. J'accepte d'être personnellement responsable du paiement de ce compte, si l'entreprise ou le tiers facturé omet de le payer en partie ou en totalité.

signature

Cyndy Degiusti ROOM 503 DEPART 18-OCT-06 AGENT
 FOLIO 140714

Oct. 20, 2004

APPLICANT COPY

8 RECEIPT

Car No.: _____ G.S.T. No.: _____

From: _____

To: _____

Date: Oct 20/06 Amount \$ 35

Signature: _____

Job # _____



RECEIPT FOR CAB FARE

Amount \$ 35 Date 20/10/06

From Hotel

To AIRPORTS

Cab No. _____ Driver _____

G.S.T. Included in meter fare
Le prix inclus la T.P.S.



Nov. 1, 2006

THANK YOU FOR PARKING
AT THE CROWN PLAZA
IMPERIAL PARKING

06NOV01 09:27 001 001
06NOV01 08:13
/ 1:14 #167652
DAY RATE \$4.50
TOTAL \$4.50
CASH \$5.00
CHANGE \$0.50

FOR INQUIRIES CALL
760 420 1976

NOV. 22, 200

LUMINGTON RI

CST# R128599776

Cardinal 000001000 Phone: 401-234-1234
Fax: 401-234-1234

Rec'd 01/14/07 11:00 AM

Best copy available

01/14/07 11:00 AM

01/14/07 11:00 AM

01/14/07 11:00 AM

total amount 12,90 \$

amount paid 0.00

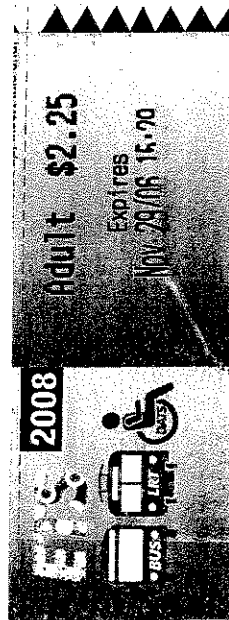
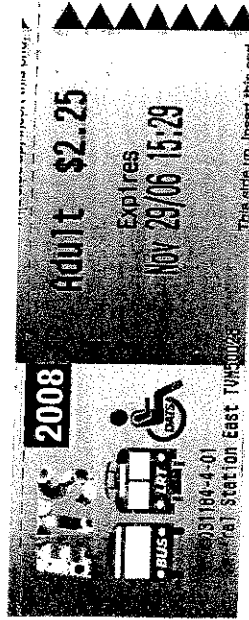
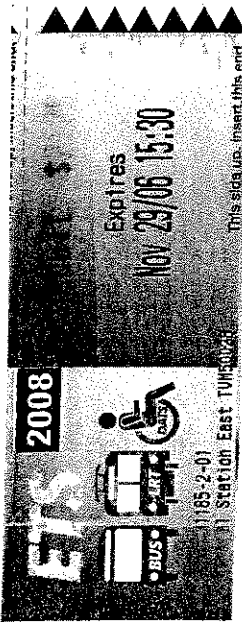
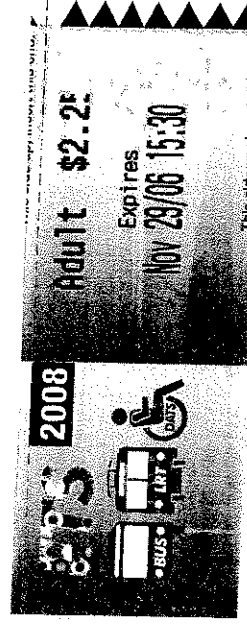
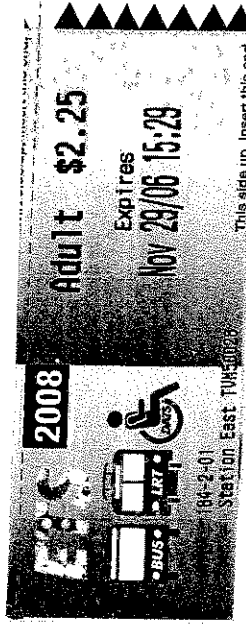
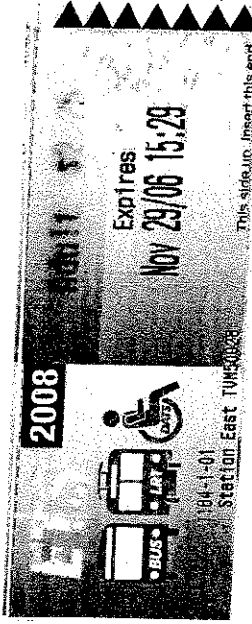
balance 12,90

U.S. I 0.00

date 01/14/07

time 11:00 AM

01/14/07





APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: Mar 31, 2006 to July 7, 2006	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000	69600 = 126.14 26.00 62410 = 141.85 7%		\$313.79	<input type="checkbox"/>
201	9000	71110400005	62412000	25.80	6%	254.58	<input type="checkbox"/>
201	9000	71110400005	62414000			407.71	<input type="checkbox"/>
201	9000	71110400005	62414000	US \$ 935.70	1.15	1076.06	cdn <input type="checkbox"/>
201	9000	71110400005	62410000			182.75	<input type="checkbox"/>
201	9000	71110400005 - Capital Health		59.88	1.15	68.86 59.88	<input type="checkbox"/>
Less Cash Advance				995.58		1158.38	<input type="checkbox"/>
Total				US \$ 935.70	+	1,218.71	<input type="checkbox"/>

247.7
6.79
386.21
21.50

132.44
50.31

RECEIVED
JUL 18 2006
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

Total Cdn = 2303.75

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* **Date:** *July 13, 2006*

Approved By: <i>Sheila Weatherill</i>	Title: <i>President & CEO</i>	Phone # <i>407-8008</i>
(Signature) <i>[Signature]</i>		Date <i>July 14/06</i>
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DEBIT

Date	Particular	Travel – Local, within region	Travel – Provincial out of Region	Travel - Out of Province or Country	Travel – Out of Province or Country	Other \$	Mileage KM
		Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Hotel US\$, Meal US\$, Transportation US\$		
Jun 9, 2006	Delta Hotel		✓ 248.58				
Jun 9, 2006	Travel from Airport to home						27
Jun 14, 2006	Travel to 10014 104 Street & return						10
Jun 14, 2006	Parking – Impark	✓ 4.00					
Jun 14, 2006	Free Press Bistro – meeting with Leanne Stangeland	✓ 31.98					
Jun 22, 2006	Amazon					59.88	25 not
Jun 26, 2006	Travel to Airport						27
Jun 26, 2006	Taxi (Washington)				✓ 20.00 US		
Jun 26, 2006	Parking – Edmonton Airports	✓ 39.00					
Jun 28, 2006	Fairmont Hotel				✓ 516.33 US		
Jun 28, 2006	Taxi (Washington)				✓ 27.00 US		
Jun 28, 2006	Samuel Adams Brewhouse				✓ 14.70 US		
Jun 28, 2006	O'Hare International Airport				✓ 10.45 US		
Jun 28, 2006	Travel from Airport						27
July 5, 2006	Travel to Telus Science Centre & return						15
July 6, 2006	Travel to airport						24
July 6, 2006	Friendly Cab				✓ 30.00 US		
July 7, 2006	Central Park Restaurant				✓ 92.20 US		
July 7, 2006	Yellow Cab				✓ 65.00 US		
July 7, 2006	Edmonton Airports	✓ 25.80					
July 7, 2006	Marriott Hotel				✓ 160.02 US		
July 7, 2006	Travel from airport						27
July 10, 2006	Travel to airport						24
July 11, 2006	Travel from airport						27
	Total km						425
	@						.43
TOTALS TO FRONT OF FORM		313.79	254.58	407.71	935.70	59.88	182.75

79c

69

X1.15
68.86 Cdn

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the name of the individual or organization whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile – From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.

~~EXPENSE CLAIMS~~
EXPENSE CLAIMS

Date	Particular	Travel - Local, within region	Travel - Provincial out of Region	Travel - Out of Province or Country	Travel - Out of Province or Country	Other \$	Mileage KM
		Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Air, Bus, Hotel, Meal, Parking, Taxi	Hotel US\$ Meal US\$ Transportation US\$		
Mar 31, 2006	Parking	✓ 5.00					
Apr 5, 2006	Parking	6.00					
May 2, 2006	Travel to 9538 107 Avenue & return						10
May 4, 2006	Travel to SCC & return						8
May 8, 2006	Earls - meeting with Lorraine Lynch	✓ 41.94					
May 9, 2006	Travel to Sturgeon & return						38
May 9, 2006	Travel to 14230 - 133 Avenue & return						11
May 10, 2006	Travel to SCC & return						8
May 11, 2006	Travel to CHC & return						9
May 11, 2006	Parking	✓ 6.00					
May 17, 2006	Travel to SCC & return						8
May 18, 2006	Upper Crust - meeting with Jane Parkinson	✓ 39.67					
May 18, 2006	Taxi	✓ 7.00					
May 23, 2006	LRT to CHC	✓ 2.25					
May 24, 2006	Travel to 7309-29 Ave (Grant MacEwan) & return						23
May 29, 2006	Travel to EEDC & return						8
May 29, 2006	Parking - Library Parkade	✓ 3.00					
May 30, 2006	Travel to Coast Edmonton Plaza & return						4
May 30, 2006	Parking - Imperial Pkg	✓ 6.00					
May 31, 2006	Travel to Westin Hotel & return						12
May 31, 2006	Parking - Library Parkade	✓ 9.00					
Jun 2, 2006	LRT - to CHC & return	✓ 4.50					
Jun 2, 2006	Gabbana Restaurant - meeting with J. Dietrich	✓ 32.55					
Jun 5, 2006	Travel to Airport - Vancouver Trip						27
Jun 5, 2006	Edmonton Airports	✓ 26.00					
Jun 5, 2006	Watermark Restaurant - meeting re: IABC			✓ 83.00			
Jun 5, 2006	Taxi - Delta Sunshine Taxi			✓ 35.00			
Jun 5, 2006	Taxi - Yellow Cab			✓ 35.00			
Jun 6, 2006	Hyatt Regency Vancouver			✓ 254.71			
Jun 6, 2006	Travel from Edmonton Airport to home						27
Jun 8, 2006	Travel to Airport - Calgary Trip						24
Jun 8, 2006	Parking - Edmonton Airports	✓ 24.10					
Jun 8, 2006	Taxi		✓ 6.00				

EXPENSE CLAIM DETAILS
APPLICANT COPY

- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. **Advance**

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

Mar. 31/06

11af A Business Area

DISPLAY FAC-102 ON DASH RECEIPT

Impark Lot# 0002-0001

Edmonton, AB.

GST #88731 0038 RT0001

Machine Serial #4002001ACTU

EXPIRY DATE AND TIME

EXP 06:00am

MAR 31,2006

EXP 06:00am

MAR 31,2006

TICKET#

LOT#

0002071

00020001

LOT# 00020001

MACH# 001

TIC# 00002071

CC \$0005.00

MAR 30,2006

CC \$0005.00 Visa

MACH# 001

05:49pm

FOLLOW INSTRUCTIONS OR PLEASE POSTED

Purchase Time

Section 17(1),(4)(e.i)

Park to 6am \$5.00

Questions/Comments?

Call 780 420-1976

DISPLAY FAC-102 ON DASH RECEIPT

Apr. 5/06

DISP. TAG UNIT WASH RECEIPT

Imperial Parking

Lot 0002-0004

GST #88731 5638 PF0001

Machine Serial #74FC50DF457D

EXPIRY DATE AND TIME

EXP 05:01pm
APR 05 2006

EXP 05:01pm
APR 05 2006

LOT# 00020004
MACH# 001

TICKET# CT#

TIC# 00003351
C \$0006.00

00003351 000:0004

APR05,2006
03:02pm
Purchase Time

C \$0006.00 MACH# 001
FOLLOW INSTRUCTIONS ON TAGS POSTED

Park 2 hours \$6.00

Question/Comments
Ph: 780 420-1876

DISP. TAG UNIT WASH RECEIPT

1 May 07/09

earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

12 TRACY

Tbl 54/1 Chk 4146 Gst 2
08May'06 12:06PM

**** Seat 1 ****

1 POP	2.35
1 COFFEE	2.25
1 SANTA FE CHICK	13.50
Subtotal	18.10
GST Tax	1.27
01:22 Total	19.37

**** Seat 2 ****

1 TEA	2.25
1 COFFEE	2.25
1 CAJUN CAESAR	10.99
Subtotal	15.49
GST Tax	1.08
01:22 Total	16.57

***** All *****

Subtotal	33.59
GST Tax	2.35
01:22 Total	35.94

All Week Long
Campus Earls
 Marg Monday 2.99 Margaritas
 Bellini Tuesday 2.99 Bellinis
 Wing Wednesday 4.50 Wings
 Thursday 2.99 Highballs
 Weekends 5.50 Martini's
 Visit us on line at
www.earls.ca
 Head Chef Andrew Fiebiger
 General Manager Colin Corbett
 GST# 10154 1191 RT0001

earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 08May'06 01:24PM
 Card Type: Visa
 Acct #:
 Exp Date:
 Auth Code: 024505 Section 17(1),(4)(e.i)
 Check: 4146
 Table: 54/1
 Server: 12 TRACY
 Ref Number: 001147116255
 CYN DY R DE GIUSTI

Subtotal: 35.94

Tip: 6.00

Total: 41.94

I agree to pay above total
according to my card issuer
agreement.

*****Customer Copy*****

Lorraine

Lunch meeting with
Lorraine Lynch, Director,
Northern Lights Health
Region.

May 11/06

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking

Lot 02-32
GST #88731 5638 RT0001
Machine Serial #:00005071051

EXPIRY DATE AND TIME

EXP 03:24pm
MAY 11,2006
CC [REDACTED]

EXP 03:24pm
MAY 11,2006

TICKET# LOT#
00006371 00020032

LOT# 00020032
MACH# 001
TIC# 00006371
CC \$0006.00
MAY 11,2006
01:4pm
Purchase Time

CC \$0006.00 Visa [REDACTED] MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Section 17(1),(4)(e.i)

Park 1 1/2 Hr \$6.00

Questions/Comments?
Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

May 18/01

APPLICANT COPY

Jane Parkinson

[Faint, mostly illegible text from a document or receipt]

Meeting with
Jane Parkinson

Best copy available

[Handwritten signature]

[Handwritten signature]

THANK YOU FOR RIDING WITH CHECKER

Date: May 18 2001 Amount: 7.00

From: _____

To: _____

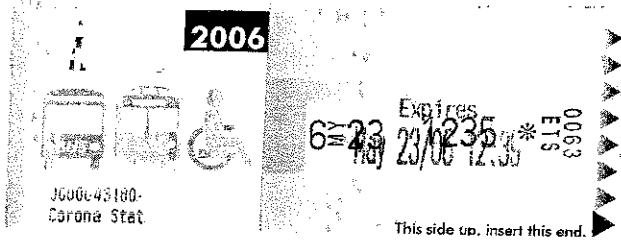
Unit: 958 Driver: [Signature]

GST# 139185722

**PLEASE CALL AGAIN
484-8888**

Jane Parkinson
[Signature]

11 May 23/04



Return from CHC
Integration meeting

May 29, 30, 31

APPLICANT COPY

CITY OF EDGEMONT
LIBRARY PARKADE
LOT # 1190227 RT0001

Area #102
 05/29/06 09:51 In 05/31/06 09:51 Out
 05/30/06 09:51 In 05/30/06 09:51 Out
 05/31/06 09:51 In 05/31/06 09:51 Out
 Regular Rate \$ 2.00
 Rental Tax \$ 0.50
 Rental Fee \$ 3.50
 Cash Paid \$ 3.00-
 Cash Tender \$ 0.00
 Balance Due \$ 0.00
 Thank You
 05/31/06

Best copy available

EEOC
mtg.

CITY OF EDGEMONT
LIBRARY PARKADE
LOT # 1190227 RT0001

Area# 4702
 05/29/06 09:51 In 05/31/06 09:51 Out
 05/30/06 09:51 In 05/31/06 09:51 Out
 05/31/06 09:51 In 05/31/06 09:51 Out
 Regular Rate \$ 3.51
 Rental Tax \$ 0.50
 Rental Fee \$ 3.50
 Cash Paid \$ 3.00-
 Cash Tender \$ 20.00
 Balance Due \$ 0.00
 Thank You
 05/31/06

Best copy available

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking
 Lot 0002-161
 GST #88731 5638 RT0001
 Machine Serial #.000004481015

EXPIRY DATE AND TIME 06:00pm
 MAY 30, 2006

EXP 06:00pm
MAY 30, 2006

TICKET# LOT#
00000947 00020161

C \$0006.00 MACH# 001 05/30/2006
 FOLLOW INSTRUCTIONS ON SIGNS POSTED Purchase Time

Early Bird \$6.00 *Safe*
 Questions/Comments *Neighborhood*
 Call 780-420-1976 *New mg*

DISPLAY FACE UP ON DASH RECEIPT

June 2/06

Johanna's replacement

GABBANA CASUAL DINING

11223 - Jasper Avenue
EDMONTON ALBERTA
G.S.T. # R870831948

TABLE

: GREEN CURRY SHRIMP	7.00	7.
: THAI RICE	8.00	8.
: PDP	2.50	2.
: CHARDONNAY BIN 65 GLS	6.00	6.
: COFFEE	2.25	2.
-----CATEGORY 1		25.75-----

SUBTOTAL		25.75
TAXABLE	25.75	
G.S.T.		1.80

UBTOTAL 27.55

CATRIONA
#888-006-0042-0001 02/06/2006 11:45-R

Euro-Asian Fusion Cuisine
Reservations (780) 488 0055

APPLICANT COPY

JUNE 5, 06

IPBC-Vancouver

EDMONTON AIRPORTS

DATA R128599776

Car park 604-738-5487

Bar/Hotel

Best copy available

28.00 \$

83.00

83.00

Denise E
panelists
at IPBC

DATE 6/05/06 TIME 11:19PM
MID CCRD

col

Watermark
1305 Arbutus St.
Vancouver, BC
604-738-5487

Please sign and leave the
Merchant Copy for your server

Visa [REDACTED]
UTH 074094 TBL 150 CHECK 117480
URCHASE DINING Mike B

AMOUNT 83.00

SUBTOTAL \$ 83.00

TIP \$

TOTAL \$ 83.00

CUSTOMER COPY

CASH RECEIPT



DELTA SUNSHINE TAXI
(1972) LTD.
TSAWWASSEN TAXI LTD.

594-5444 • 594-1111 • 943-1111
1-866-235-0555

Date:

\$ 35.00

From:

To:

Driver:

Cab No.:

"Put a little Sunshine into your day"



VANCOUVER, B.C., CANADA

604 681-1111
604 876-5555

DATE 06/06/06

RECEIVED FROM

\$ 35.00

FROM TO
AID

CAB NO. DRIVER

AIRPORT SERVICE • 24 Hour Courier • Serving you since 1921
AT A PAYPHONE? CALL: 1-800-898-TAXI(8294) NO COINS NEEDED

TTY LINE (hearing impaired) 604 258-4747 GST INCLUDED

APPLICANT COPY



Hyatt Regency Vancouver
655 Burrard Street
Vancouver, BC, Canada
V6C 2R7

Telephone 604-683-1234
Facsimile 604-689-3707

BN: 11943 8240 RT

Last Name DEGIUSTI		First Name CYNDY		Folio	1	Page	1
Street 8440 112TH ST				Room	1509		
City EDMONTON				Rate	215.00		
State AB		Zip Code T6G2B7		Arrival	06/05/06 MON		
(780) 407-7208				Departure	06/06/06 TUE		
1/0				Bonuses	Type CCARD		
				Account	XX/XX		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
06/05	GROUP ROOM	215.00		Thank you for your business. For feedback and comments, please email our Quality Assurance at qualityvrvv@hyatt.com or call us at 604-683-1234 Rolf Osterwalder, General Manager Lost and found inquiries: lostnfn@hyatt.com	
06/05	*ROOM G.S.T.	15.05			
06/05	*ROOM TAX	21.50			
06/06	IN-RM SNACK-BAR	2.95			
06/06	*F&B G.S.T.	.21			
06/06	ExXX/XX	-254.71			
	Section 17(1),(4)(e.i) Total Due	.00			
SUMMARY OF G.S.T #119438240 RT					
	Room	15.05			
	Food & Beverage	.21			
	Other	.00			
	Total	15.26			
VISA		Section 17(1)			
No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.					

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 or the full amount of these charges.

June 8/14

APPLICANT COPY

Calgary

~~ABC - Vancouver~~

EXPORTS

Name _____

Amount Pd: 600

Licence _____ Prov. _____

Make ~~2007 KIA Niro~~ _____

Date No 103708



DELTA

CALGARY AIRPORT

APPLICANT COPY

2001 Airport Road N.E., Calgary, Alberta T2E 6Z8
 Tel.: (403) 291-2600 • Fax: (403) 291-3419
 G.S.T. REGISTRATION # 139445290

ARRIVAL/ARRIVÉE 08JUN, 06THU FOLIO NUMBER N° DOSSIER 018316
 DEPARTURE/DÉPART 09JUN, 06FRI BALANCE/SOLDE .00

FOLIO/DOSSIER

NAME/NOM: **Cyndy Ms Degiusti**
 ADDRESS/ADRESSE: _____
 NIGHTS/NUITS: **1**
 STATUS/STATUT: **Ck-Out**
 DATE: **09JUN, 06**
 TIME/HEURE: **8:35a**
 ID: **SR**
 GUARANTEED BY/GARANTI PAR: **VI** [REDACTED] **10/08**
 REMARKS/REMARQUES: **Section 17(1),(4)(e.i)**

CDA

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	ID
001	08JUN	01/337	North 51 Steak H	551	56.29+	
002	08JUN	01/337	North 51 GST	551	3.94+	
003	08JUN	01/337	Room	Rm 337	168.00+	TH
004	08JUN	01/337	Dest.Mkt. Fee	Rm 337	1.68+	TH
005	08JUN	01/337	Tourism Levy Tax	Rm 337	6.79+	TH
006	08JUN	01/337	Room GST	Rm 337	11.88+	TH
007	09JUN	01/337	Visa	[REDACTED]	248.58-	SR

Section 17(1),(4)(e.i)

----- G.S.T. SUMMARY -----Amounts indicated with a "B" include G. S. T.

C 11.88+
 J 3.94+

 15.82

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectués avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces. J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)

X _____
 Guest's Signature / Signature du client

line 14/04

Leanne Stangland

THE FREE PRESS BISTRO LTD
16014 164TH STREET UNIT B
EDMONTON AB

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 0994
DATE/TIME	2806/06/14 13:44:37
RECEIPT NUMBER	380500398-099-029
AUTHORIZATION	
AOUNT	\$27.98
TIP	4.00
TOTAL AMOUNT	31.98
APPROVED 027	AUTH. # 043737
THANK YOU	

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN ON CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.

Cyndy R De Giusti
CYNDY R DE GIUSTI

Leanne

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-352
Holiday Inn Express
GST #88731 5638 RT0001
Machine Serial #3CE7F76F2C6L

EXPIRY DATE AND TIME: EXP 02:36pm
JUN 14, 2006

EXP 02:36pm
JUN 14, 2006

TICKET# LOT#
00004704 00020352

CC \$0004.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Section 17(1),(4)(e.i)

2 Hours \$4.00
Questions/Comments?
Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

Lunch meeting with Leanne Stangland.

[Signature]

[Signature]

June 22/0

APPLICANT COPY



9908 - 114 Street
Unit 504
Edmonton, AB T5K 1R1
Canada

9908 - 114 Street
Unit 504
Edmonton, AB T5K 1R1
Canada

Your order of June 22, 2006 (Order ID: 002 - 8463277 -- 5829650)

Qty	Item	Item Price	Total
	IN THIS SHIPMENT		
1	Leading Change 09755947471 Hardcover	\$16.98	\$16.98
1	The Heart of Change Field Guide: Tools and Tactics for Leading... 1591397758 Paperback	\$15.72	\$15.72
1	The Heart of Change: Real - Life Stories of How People Change... 1578512549 Hardcover	\$15.72	\$15.72
	SubTotal		\$48.42
	Shipping & Handling		\$11.46
	Order Total		\$59.88
	Paid via Visa		\$9.88
	Balance due		\$50.00

This shipment completes your order.

Returns Are Easy!

Visit <http://www.amazon.com/returns> to return any item, including gifts, in unwrapped or original condition within 30 days for a full refund (other restrictions apply)



amazon.com
and you're done!

----- (002 - 8463277 -- 5829650) -----

2506814/06

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StoreSee All 34
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Find Gifts



Web Search

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Pricing

We offer you consistently low prices on every item in our store. All prices are listed in U.S. dollars. We do not have a currency converter in our store, but several Web sites provide this service. Orders placed on Amazon.com will be charged in U.S. dollars. If you live outside the U.S., this charge is converted by your bank into your local currency and should appear on your credit card statement in that currency.

Click the links below for more information about pricing-related issues.

[Price Matching](#) | [List Prices](#) | [Bulk Discounts](#) | [Surcharges](#) | [Confirming Prices](#)

Price Matching

Amazon.com does not have a price-matching policy at this time. We do, however, consistently work toward maintaining competitive prices on everything we carry.

Please note that in some cases our Web site offers lower prices via the used and new offerings available from Amazon Marketplace or Merchant sellers. For more information, please read our [Marketplace Help](#) section.

List Prices

Except where noted otherwise, the List Price displayed for products on our website represents the full retail price listed on the product itself, suggested by the manufacturer or supplier, or estimated in accordance with standard industry practice. The List Price is a comparative price estimate and may or may not represent the prevailing price in every area on any particular day. For certain items that are offered as a set, the List Price may represent "open-stock" prices, which means the aggregate of the manufacturer's estimated or suggested retail price for each of the items included in the set. Where an item is offered for sale by one of our merchants, the List Price may be provided by the merchant.

Bulk Discounts

We do not offer additional discounts on large orders of a single title or on large orders of many individual titles. If you are purchasing items for a corporation or institution, [click here](#) to read more about our Corporate Accounts program.

Also, please note that the availability listings on our Web site are intended for single-copy orders. Orders for many copies of the same item may take longer to assemble. When you fill out our order form, you will see an estimated date of

Did this page help?

- ▶ [Yes, I found the information I needed.](#)
- ▶ [No, this page wasn't helpful.](#)

Contact Us

Contact Customer Service by e-mail.

Please use the e-mail address associated with your Amazon.com account.



Talk to Customer Service by phone.

Provide your phone number and we'll call you right away.

[Note: this feature is currently available for customers in the U.S. and Canada only.]



Manage Your Account

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- [View all your orders.](#)
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- [Combine open orders to save on shipping](#)
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- ▶ [Go to Your Account](#)

June 26/06.



Taxi Cab Receipts

DATE: June 26 TIME: _____

TRIP ORIGIN: Reagan airport

DESTINATION: Fairmont

FARE: \$ 20.00 SIGNATURE _____

U.S.

EDMONTON AIRPORTS

(780) 431-2855/4770

Corporate Office: (780) 439-8439

(780) 439-8329

Best copy available

Reservations: (780) 439-2046/08

Edmonton, Alberta, Canada T5C 1G8

20060126 10:15 AM

Length of Trip: 14.11, 17 Min.

Taxi Fare: 39.00 \$

Service Charge: 39.00 \$

Tax: 2.53 \$

Thank you for your patronage!

Taxi Desk Agent

Open 24 hours

APPLICANT COPY



2401 M Street NW,
Washington, DC, 20037
T (202) 429-2400 F (202) 457-5010

Room : 0626
Folio # : 89898
Cashier # : 20
Page # : 1 of 1
Group Code : Alberta Government

Ms Cindy Degiusti

Canada

Arrival : 06-26-06
Departure : 06-28-06

Alberta International & Intergovernmental Affairs

Date	Description	Additional Information	Charges	Credits
06-26-06	Telephone Long Distance - Inter 16:24 #7626 :	[REDACTED] Section 17(1)	37.71	
06-26-06	Room Charge		209.00	
06-26-06	Occupancy Tax		30.31	
06-27-06	Room Charge		209.00	
06-27-06	Occupancy Tax		30.31	
06-28-06	Visa	[REDACTED] Section 17(1),(4)(e.i) XXXXX		516.33
Total			516.33	516.33
Balance Due			0.00	US

Guest signature X _____
For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414

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, travel agent or association fails to pay for any part of or the full amount of these charges.
Overdue balance subject to a surcharge at the rate of 1.5% per month; (19.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.
I have requested delivery of The New York Times. If refused, a credit will be applied to my account of \$25 (Mon - Sat) and \$1.25 (Sun). (At participating hotels)

Thank you for choosing to stay with Fairmont Hotels & Resorts

June 28/06

APPLICANT COPY



Taxi Cab Receipts

DATE: 6/28/06 TIME: _____

TRIP ORIGIN: _____

DESTINATION: _____

FARE: \$ 27.00 SIGNATURE [Signature]

SAMUEL ADAMS BREWHOUSE

0 EVELYN

L 12/4 CHK 940 GST 1
JUN28'06 12:53PM

1 ICED TEA	1.50
1 FISH & CHIPS	11.99
CASH	20.00
FOOD	13.49
SALES TAX	1.21
AMOUNT PAID	14.70
CHANGE DUE	5.30

----10 CHECK CLOSED 01:31PM----

PORT

14.70

5.30

20.00

14.70

5.30

20.00

[Signature]

[Signature]

July 6/06

Friendly Cab
Bay Area Dispatched
536-3000

Master Charge/Visa Senior Citizen Scrip Accepted

The Sum of \$ 20.00 (US)
From AAA To Marriott
Cab No 111 Driver W.S. Date 7/6/06

716 DEGIUSTI/CYNDY/MS 11:00 07/07/06 09:24 11233
 NSDB 07/06/06 22:43 ACCT#
 21 Section 17(1),(4)(e.i)

ROOM CLERK

ADDRESS

BK

MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
------	-----------	---------	---------	-------------

07/06	ROOM SVC	956 716	24.00	
07/06	ROOM	716, 1	111.00	
07/06	TAX	716, 1	12.21	
07/07	ROOM SVC	963 716	12.81	
07/07	CCARD-BK			
	SETTLED TO:	VISA		

160.02 U.S.

Section 17(1),(4)(e.i) .00

EXP. REPORT SUMMARY			
DATE	REFERENCE	CHARGES	BALANCE DUE
07/06	ROOM SVC	24.00	
	ROOM	111.00	
	TAX	12.21	
07/07	ROOM SVC	12.81	147.21
			12.81

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

APPLICANT COPY

DelVega, Montana

From: Morgan Pudel [morgan.pudel@thomascook.ca]
Sent: Tuesday, July 04, 2006 3:57 PM
To: DelVega, Montana
Subject: E-ticket/Itinerary for Cyndy Degiusti

You can get her reservation at

www.viewtrip.com

Reservation number SQMT66

MARLIN TRAVEL - GOVERNMENT CENTRE
 OWNED AND OPERATED BY 101017690 SASK. LTD.
 9929 108TH ST - MAIN FLOOR
 EDMONTON ALBERTA T5K 1G8
 PHONE: (780) 425-8611 FAX: (780) 426-5759
 BRANCH N61107 GST REG NO. 885101915

DATE: 04 JUL 2006

AGENT: MORGAN

PNR LOC: SQMT66

TO: CAPITAL HEALTH DEGIUSTI/CYNDY MS
 SUITE 800 NORTH TOWER
 10030 107 STREET
 EDMONTON AB
 T5J3E4

--ITINERARY--

FROM	TO	CARRIER	FLT/CL	DATE	DEP	ARR	ST
EDMONTON/INTL	SEATTLE	ALASKA	2319 M	06 JUL 06	600P	659P	OK
NONSTOP							
EQUIPMENT-DH4 TRAVELLING TIME - 1:59							
OPERATED BY-HORIZON AIR							

SEATTLE	OAKLAND	ALASKA	94 M	06 JUL 06	749P	951P	OK
ARRIVES TERMINAL - 1							
NONSTOP							
EQUIPMENT-73G TRAVELLING TIME - 2:02							

06 JUL 06 MARRIOTT CONFIRMED
 THURSDAY MARRIOTT OAKLAND CC 01 NT/S - OUT 07JUL
 1001 BROADWAY RATE- 111.00
 OAKLAND CA 94607 1 GOVERNMENT ROOM/S
 PHONE-510-451-4000 GUARANTEE-CREDIT CARD
 FAX-510-835-3466
 CONFIRMATION-81089381
 GUARANTEED

--- SURFACE TRANSPORTATION ---

SAN FRANCISCO	EDMONTON/INTL	UNITED	6316 Q	07 JUL 06	649P	1040P	OK
DEPARTS TERMINAL - 3							

APPLICANT COPY

NONSTOP
EQUIPMENT-CR7 TRAVELLING TIME - 2:51
OPERATED BY-UNITED EXPRESS/SKY SEAT-17B

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL4756
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR
BRANCH COLLECT AT 780 425-8611 OR LOCAL THOMAS COOK/MARLIN TRVL OFFICE.WHEN

Morgan Pudel
Marlin Travel Government Center Marlin Travel/Thomas Cook Travel Ltd
9929 - 108 Street
Edmonton, Ab T5K 1G8, Canada
Tel. 780.425 8611
Fax. 780. 426 5759
Toll Free. 1 866 425 8611
morgan.pudel@thomascook.ca

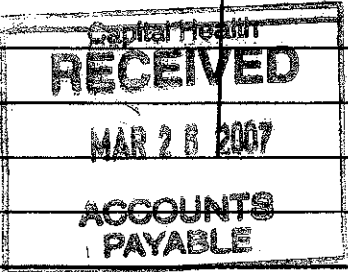
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: Nov. 7, 2006	to Mar. 20, 2007

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			\$602.42	<input type="checkbox"/>
201	9000	71110400005	62412000 62414			1,247.60	<input checked="" type="checkbox"/>
				69600: 269.79	37.00		<input type="checkbox"/>
				62410: 73.40	w		<input type="checkbox"/>
				62410: 112.23	w		<input type="checkbox"/>
				6241001: 110.00			<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,850.02	<input type="checkbox"/>



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *March 22, 2007*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date <i>March 23, 2007</i>
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE ACCOUNTS

Date	Particular	Travel – Local, within region	Travel – Local, within region	Travel – Provincial out of Region	Travel - Out of Province or Country	Other \$	Mileage KM
		Air, Bus, Hotel, Meal, Parking 62410000	Taxi 62410001	Air, Bus, Hotel, Meal, Parking, Taxi 62412000	Air, Bus, Hotel, Meal, Parking, Taxi 62414000		62410000
Mar. 12, 2007	Library Parkade – parking at Westin	10.50					
Mar. 12, 2007	Travel to Westin, to UAH, to Upper Crust, return to Westin						21
Mar. 12, 2007	Upper Crust – meeting with Gabriel Ahad	22.00					
Mar. 12, 2007	Library Parkade – parking at Westin	4.50					
Mar. 13, 2007	Library Parkade – parking at Westin	3.00					
Mar. 20, 2007	Imperial Parking	4.00					
Mar. 20, 2007	Travel to Plaza & return						16
	Total km						261
	@						.43
TOTALS TO FRONT OF FORM		490.19		1247.60			112.23

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the name of the individual or organization whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

APPLICANT COPY
EXPENSE CLAIM DETAILS

Date	Particular	Travel - Local, within region	Travel - Local, within region	Travel - Provincial out of Region	Travel - Out of Province or Country	Other \$	Mileage KM
		Air, Bus, Hotel, Meal, Parking 62410000	Taxi 62410001	Air, Bus, Hotel, Meal, Parking, Taxi 62412000	Air, Bus, Hotel, Meal, Parking, Taxi 62414000		62410000
Nov. 7, 2006	Impark - parking re: Eastwood mtg	8.00					
Nov. 9, 2006	Travel to CHC & return						9
Nov. 9, 2006	Impark - parking re: Ambulatory Care mtg	8.00					
Dec. 5, 2006	Murrieta's - Dinner meeting with Deb Apps, CHR	116.22					
Dec. 8, 2006	Travel to Hotel Selkirk & return - Board mtg						18
Dec. 14, 2006	Travel to Plaza & return - vendor mtg						16
Dec. 15, 2006	Yokozuna - Lunch meeting with Pat Shaw	42.51					
Dec. 18, 2006	Travel to Hotel Macdonald, - CH event						3
Dec. 22, 2006	Taxi - to airport	60.00					
Dec. 22, 2006	Taxi			70.00			
Dec. 22, 2006	Air Canada			1117.60			
Jan. 7, 2007	Taxi			60.00			
Jan. 7, 2007	Taxi	50.00					
Jan. 10, 2007	Travel to 9925 109 Street & return, re: mtg						8
Jan. 22, 2007	Travel to Plaza & return re: Primary Care Conference						16
Jan. 22, 2007	Imperial Parking	4.00					
Jan. 24, 2007	Travel to Dynacore, 9314 60 Ave & return						18
Jan. 25, 2007	Travel to RAH & return						16
Jan. 29, 2007	Travel to Earl's on Jasper re: meeting with R. Bremer						12
Jan. 31, 2007	Travel to RAH & return re: ESSC mtg						16
Feb. 7, 2007	Travel to 11223 Jasper Ave.						10
Feb. 12, 2007	Travel to SCC, to Plaza 124, return to UAH						19
Feb. 12, 2007	Impark - Parking at SCC	8.00					
Feb. 12, 2007	Imperial Parking - mtg at Plaza	6.00					
Feb. 15, 2007	Travel to EGH & return						8
Feb. 15, 2007	Murrieta's - dinner meeting with Helena Axler	126.06					
Feb. 22, 2007	Travel to Plaza & rtn						16
Feb. 22, 2007	Imperial Parking	4.00					
Mar. 9, 2007	Travel to airport & return						48
Mar. 9, 2007	Parking at airport	13.40					

Nov. 7 9/10

TICKET V

impark

TICKET VOID IF RE-SOLD

impark

NOV 07 05

Section 17(1),(4)(e.i)

PLACE THIS SIDE UP ON DASH

P ON DASH

DISPLAY FACE UP ON DASH

FACE UP ON DASH

EDMONTON, AB. 780-420-1976
 GST 731 10 00 RT0001
 Machine Serial Number 11000

EXPIRY DATE AND TIME

EXP 02:26pm
 NOV 09, 2006

Ticket # 0002494
 LOT# 00020256

Machine # 001
 Machine # 001

EXP 02:26pm
 NOV 09, 2006

Section 17(1),(4)(e.i)

Park 2 Hr. \$8.00

Pay from your cell phone.
 423-1922 Location 9804.
 www.imparkWireless.com

DISPLAY FACE UP ON DASH

Dec. 22/01

APPLICANT COPY

PRESTIGE

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

CABS

462-4444

ADMIN. 465-8500
FAX: 462-2722

THANK YOU/MERCI

Date: Dec 22/2006 Amount/Montant \$ 60.00 Car/Voiture # 917

Driver/Chauffeur: _____ G.S.T. # _____

From/De: _____ To/A: _____



PLEASE CALL AGAIN
AU PLAISER DE VOUS REVOIR

RECEIPT

Date Dec 22/06

From _____

To _____

Car No. 51 Fare _____

Extra _____

Driver Stacy Gratuity _____

Thanks for Calling **TOTAL** \$ 70

"Professional Service with a Personal Touch"

copy

APPLICANT COPY

MURRIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check #: 50620

Server: Willow S. Date: 12/05/2006
Table: 63 Time: 19:53
Client: 2

gls. Black Chard	30.7
Romaine Leaves	7.7
Catch of the Day	26.1
Spinach Salad	9.0
Ravioli	17.43
Coffee	2.66

SUB-TOTAL: 95.49
GST: 5.73

TOTAL: 101.22

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

MURRIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check #: 50620

Server: Willow S. Date: 12/05/2006
Table: 63 Time: 20:19

Section 17(1),(4)(e.i)
JSTI/CYN DY R DE
TH 019032 ONLINE
RCHANT# 9999

SUBTOTAL \$ 101.22

TIP \$ _____

TOTAL \$ 116.22

* CUSTOMER COPY **

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

Deborah Apps
Calgary Health Region

Dec. 15/07

APPLICANT COPY

Pat Shaw

*Pat Shaw
Markham Stouffville Hospice
Markham, Ontario*

VOKOZUNA JAPANESE REST
8409 120 ST. EDMONTON
IP 8208507
9008567 SLIP # 1934
GTH \$36.51
PL \$
SL \$ 42.51
ATURE

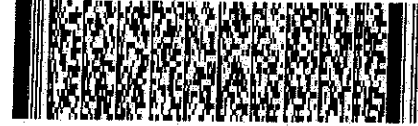
See

SYN001001011 AUTH 2006101 ISO -001
QVED
DATE Dec 15 2006 TIME 1 16 pm

cdj

APPLICANT COPY

Itinerary/Receipt



Your booking is confirmed.

Please print this itinerary/receipt for your reference.

Thank you for choosing Air Canada and we look forward to welcoming you on board.

Booking Information**AIR CANADA** Booking Reference: **PAWTVE****Customer Care**

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

Aircanada.com Website Assistance
1-888-712-7786**Main Contact:**
Ms Cyndy De Giusti
Air Canada Reservations
1-888-247-2262**Flight Arrivals and Departures**
1-888-422-7533**Online Services**

- **Manage** my booking online (view/change my booking; select seats*).
- **Alert me** of flight status changes directly to my email, page or mobile phone.
- **Flight Arrivals & Departures** - check online if my flight is on time.
- **Check-in online** and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal*
AC154	Edmonton, Edmonton Int'l (YEG) Fri 22-Dec 2006 17:25	Toronto, Pearson Int'l (YYZ) Fri 22-Dec 2006 23:10 - Terminal 1	0	3hr45	E90	Latitude	F
AC127	Toronto, Pearson Int'l (YYZ) Sun 07-Jan 2007 14:45 - Terminal 1	Edmonton, Edmonton Int'l (YEG) Sun 07-Jan 2007 17:00	0	4hr15	320	Tango	F

F: Food for purchase

Passenger Information**Passenger 1: Adult**

Name: **Ms Cyndy De Giusti** Frequent Flyer Pgm : **Air Canada Aeroplan**
 Ticket Number: **0142139367995** Program Number:
 Meal Preference: **None** Special Needs: **None**
 Seat Selection: **AC154 12A**
 Credit Card: **Section 17(1),(4)(e.i)**

Purchase Summary

Passenger Type	Adult
Flight 1 - Departing airfare (Latitude)	593.00

APPLICANT COPY

Flight 2 - Returning airfare (Tango)	376.00
Navcan and Surcharges	46.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	30.00
Canada Security Charge	9.34
Canada Goods and Services Tax (GST/HST #10009-2287)	63.26
Total airfare (per passenger)	1117.60
Number Of Passengers	1
Total airfare (1 passenger)	1117.60
Grand Total - Canadian Dollars	\$ 1117.60

Fare Rules**Tango**

- Tickets are **non-refundable** and **non-transferable**.
- **Change Fee** per direction is \$40 CAD (\$34 USD, 20 GBP) plus applicable taxes and any additional fare difference.
- **Airport Same-day change** (subject to availability) is permitted at a flat fee of \$150 CAD (\$120 USD). No change fee for fare difference. Same-day flights only.
- **Changes and cancellations** can be made up to 2 hours prior to departure. Changes can be done on the Web site, while cancellations must be done by calling Reservations. 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 \$40 CAD (\$34 USD, 20 GBP) change fee per direction, plus taxes and any fare difference if applicable, 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.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** available for \$15 CAD (\$12 USD, 7 GBP) plus taxes per passenger for one-way flight from origin to destination including connections.
- **Same-day standby** is not permitted.

Latitude

- Tickets are **fully refundable** and **non-transferable**.
- **Changes and cancellations** can be made up to 2 hours prior to departure. Changes are permitted and a change fee does not apply. However, when the original booking code is not available, the ticket will require an upgrade resulting in a higher fare. Changes can be done on the Web site, while cancellations must be done by calling Reservations.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Advance Seat Selection** permitted at no charge.
- **Same day standby** is permitted at no charge.
- Within Continental North America, a complimentary snack selection will be offered on short haul flights between 1.5 and 2 hours; and a complimentary snack and sandwich selection will be offered on flights of more than 2 hours.

Please read important information regarding the general conditions of carriage.

Important Information

Please review this itinerary/receipt and should you have any questions, please call 1-888-712-7786 within 24 hours of receipt of this itinerary/receipt.

Travel Documents

All passengers 16 years of age and older are required to present government issued photo-id (ie:

APPLICANT COPY

passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Carry-On Baggage Policy

Oversized carry-on bags cause many flight delays, so don't forget to confirm your allowance before your trip. Air Canada will be strictly enforcing the carry-on baggage policy effective immediately. Items, which fall within the 2-piece carry-on allowance, include: Carry-on bags or suitcases (wheels and handles included in the size), briefcases, Laptop computers, diaper bags, camera cases, cartons or other similar items. Learn more about Carry-On Baggage restrictions.

	Maximum Size	Maximum Weight
1 standard article	23cm x 40cm x 55cm 9" x 15.5" x 21.5"	10 kg 22 lbs
1 personal article	16cm x 33cm x 43cm 6" x 13" x 17"	10 kg 22 lbs

Checked Baggage Policy

Ensure your checked bags are properly identified. The baggage allowance rules stated herein do not apply to passengers who have specifically declined the checked baggage option. Learn more about Checked Baggage restrictions.

	Maximum overall measurement (Length + Width + Height)	Maximum Weight	
Economy Class Up to 2 bags	158cm 62"	23 kg 50 lbs	Bags weighing between 24kg - 32kg (51 lbs - 70 lbs) will be subject to excess fees payable at the airport.
Executive Class Executive First Up to 3 bags	158cm 62"	32 kg 70 lbs	Total weight of the three bags must not exceed 69kg (150lbs).

Note that checked baggage above 32 kg (70 lbs) will not be accepted.

Flight Confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your flight status online at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

Schedule Change

If a schedule change occurs more than 48 hours prior to departure, the main contact will be notified by email. If a schedule change occurs within 48 hours of departure, the main contact will be notified by phone.

Travel Insurance

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance offered by Air Canada and underwritten by RBC Travel Insurance Company by calling 1-866-610-7102. Enjoy your trip knowing you are properly protected.

Travel insurance purchased is solely and directly offered, provided and underwritten by RBC Travel Insurance Company ("RBC"). Air Canada expressly disclaims any responsibility in regard to any travel insurance purchased by the customer from RBC Insurance.

Check-in and Boarding Times

We recommend allowing plenty of time at the airport for check-in, especially if you have baggage and for security checks. You must obtain your boarding pass and check in any baggage by the check-in cut-off time shown below. You must also be available for boarding at the boarding gate by the cut-off time shown below. Failure to meet the boarding gate cut-off time may result in the loss of your assigned seat, the cancellation of your reservation, and your ineligibility for denied boarding compensation.

	Check-in		Boarding Gate
	Recommended	Cut-off time	Cut-off time
Within Canada	60 min.	30 min.	20 min.

APPLICANT COPY

To/from USA	90 min.	45 min.	20 min.
To/From international	120 min.	60 min.	30 min.
Exceptions:			
From Beijing and Shanghai	150 min.	60 min.	30 min.
From Delhi	210 min.	60 min.	30 min.
From Tel Aviv	180 min.	60 min.	30 min.

Travel Info

Visit our Travel Info section at aircanada.com to find all the information you'll need to plan your trip. Learn more about travel documents, baggage information, health tips, Maple Leaf™ Lounges and a preview of onboard meals and entertainment.

Carriage of pets

Please read important information regarding carriage of pets in the Travelling with your Pet section.

Links

Manage my booking online: <http://www.aircanada.com/mybookings>
 Flight Departure & Arrivals: <http://www.aircanada.com/flightstatus>
 General conditions of carriage: <http://www.aircanada.com/conditionsofcarriage>
 Travel Information: <http://www.aircanada.com/travelinfo>

APPLICANT COPY



aircanada.com check-in

Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

DEGIUSTI CYNDY		Frequent Flyer / Voyageur assidu		
ECONOMY/E LATITUDE		[REDACTED]		
ETKT0142139367995		Section 17(1)		
Flight / Vol AC 0154 22DEC		From / De EDMONTON-YEG	Destination TORONTO-T1	
Boarding time / Heure d'embarquement 16:50		Gate / Porte	Seat / Place 13A	
Departure Time / Heure de départ 17:25		Remarks / Observations LT07		WINDOWHUBLOT
Airline use / À usage interne 0014 WC100070				AIR CANADA 
Boarding Pass Carte d'accès à bord		A STAR ALLIANCE MEMBER		MEMBRE DU RESEAU STAR ALLIANCE 

Important

IMPORTANT SECURITY MEASURE

Please ensure you are aware of any recent security changes regarding some personal effects now prohibited as carry-on items. For full details, please consult www.aircanada.com/security.

Please have the following items ready for presentation. Without the do flight:


- photo identification
- printed boarding pass
- **Check the departure screens at the airport to ensure has not changed**

E-ticket customers must be aware of the conditions of contract. Co


Please also remember:

- You must be present at your departure gate at least 35 minute
- We recommend that you allow extra time for airport processing
- When you have baggage to check-in, please proceed to the **Baggage** counter. Checked baggage will be accepted up to 4 hours prior acceptance on flights within Canada and at least 90 minutes fo
- If the print quality of boarding pass is poor, or should you lose boarding pass at a *Self-service check-in* kiosk (where available)
- In the event you are unable to travel, please go to aircanada.com **check-in** option. This option is available under some rules and

your

AIR CANADA 

pass

AIR CANADA 

ing pass

check-in

the

the **Cancel**

0014 AC535693

DEGIUSTI CYNDY

ECONOMY/E TANGO
ETKT0142139367995

Flight/Vol
AC 0127 07JAN

From/De
TORONTO-

Destination
MONTON-YEG

Boarding Time/Heure d'embarquement 14:10

Departure Time/Heure de depart 14:45

Airline Use/A usage interne 0108 KYY2349



Boarding Pass | Carte

DEGIUSTI C

Cabin/Cabine
Y

Flight/Vol
AC 0127
EDMONTON

Seat/Place
21B MI



STAR ALLIANCE MEMBER
RESEAU STAR ALLIANCE

2011. 7/0 1

APPLICANT COPY

RECEIPT

Cab.No. 849 G.S.T. _____

From _____

To _____

Date Jan 27 07 Amount 60.00

Signature _____

Date 07/07/07

Trip Amount 50.00

Driver Name James

Car number 306



Jan. 22/07

TICKE



DASH

INTEGRAL PARKING

TICKET VOID IF RE-SOLD

Meter: 402 2052
 Zone: 2011 2011
 Time: 12:31 PM JAN 22
 Price: \$4.00
 Expires:

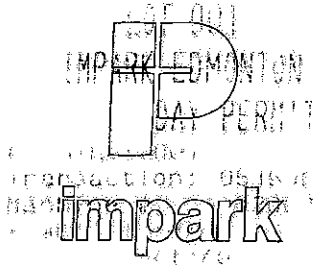
1 Impark.com
JAN 22 07

PLACE THIS SIDE UP ON DASH

INSTRUCTIONS ON BACK
 1. 2011 2011 2011 2011
 2. 2011 2011 2011 2011

Feb. 12/07

TICKET VOID IF RE-SOLD

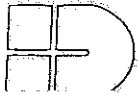


PLACE THIS SIDE UP ON DASH

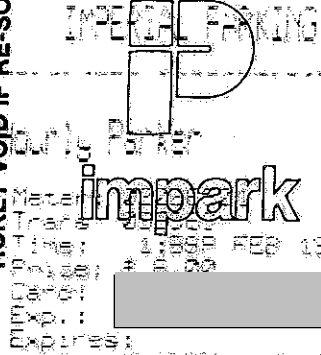
RE-SOLD

FEB 12, 2007
2:07PM

PLACE THIS



TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

IF RE-SOLD

3:28PM MON
FEB 12 07

PLACE THIS SID



Feb. 15/07

APPLICANT COPY

Helena
Axler

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check: 56857

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check #: 56857

Server: Kristine N Date: 02/15/2007
Table: 54 Time: 21:35

Duplicate

Server: Kristine N Date: 02/15/20
Table: 54 Time: 21:19
Client: 2

[Redacted]
/CYNDY R DE
022310 ONLINE
ANT# 9999

IBTOTAL \$ 110.06

TIP \$ _____

TOTAL \$ 126.06

CUSTOMER COPY **

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

- 1 gls. KJ Chard 9.
- 1 Lg Pellegrino 7.70
- 1 Bowl of Soup 5.40
- 1 Angel Hair 22.60
- 1 Spinach Salad 9.70
- Catch of the Day 28.90
- gls. KJ Sauv Blanc 14.90
- Tea 2.60
- Coffee 2.60

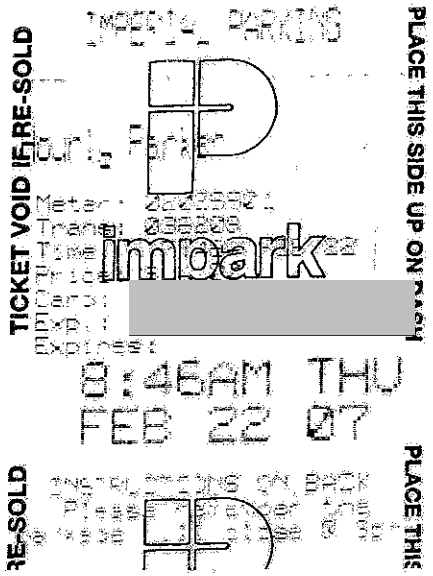
SUB-TOTAL: 103.80
GST: 6.20

TOTAL: 110.06

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

Helena Axler
Research Strategy Consultant

FEB. 22/07
Mar. 9/07



Section 17(1),(4)(e.i)

Comms Canal

EDMONTON AIRPORT

GST# R128599776

Car park 000001009 Phone. (780)890-840
Fax. (780)890-832

Receipt no. 0054/0794/00804 09.03.07

-015100 pay parking ticket 13,40 \$
09.03.07 06:29 - 09.03.07 17:24
Length of stay: 0 Dy. 10 Hr. 55 Min.

total amount	13,40 \$
accepted total	15,00 \$
change	1,60 \$
G.S.T. 6.00 %	0,76 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **

11/11/12/10

APPLICANT COPY

HBA

Yabnel Ahad

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

UPPER CRUST RESTAURANT
EDMONTON, ALBERTA
G.S.T.#R133989145

Rcpt# 9668
03/12/07 11:40 L# 2 AM 36 Tm# 31548
03/12/07 08:29 In 03/12/07 11:40 Out
Tkt# 172282
Regular Rate \$ 9.91
Total Tax \$ 0.59
Total Fee \$ 10.50
CASH PAID \$ 10.50-
Cash Tender \$ 12.00
Change Due \$ 1.50

1 VERONICA

TBL 28/1 CHK 900 GST 0
 MAR12'07 11:19AM

1 CALIF SALAD 9.50
1 BLK FST HAM 7.25
2 COFFEE 4.00

SUBTOTAL 20.75
G.S.T. 1.25
TOTAL DUE 22.00

THANK YOU
COME AGAIN

*****PLEASE PAY SERVER*****

Mar. 12 4/13/11

ABA

ABA

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001


Rcpt# 9845
03/12/07 18:31 L# 2 A# 40 Txn# 31905
03/12/07 17:02 In 03/12/07 18:31 Out
TKT# 172573
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50-
Cash Tender \$ 5.00
Change Due \$ 0.50

Rcpt# 9950
03/13/07 12:33 L# 2 A# 36 Txn# 32267
03/13/07 11:33 In 03/13/07 12:33 Out
TKT# 173003
Regular Rate \$ 2.83
Total Tax \$ 0.17
Total Fee \$ 3.00
CASH PAID \$ 3.00-
Cash Tender \$ 3.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN


TICKET VOID IF



impark

Hourly Parking

Metres: 2022552
Taxes: 2022511
Time: 03:35 PM TUE
Expires: MAR 20 07



impark

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

HIDE UP ON DASH

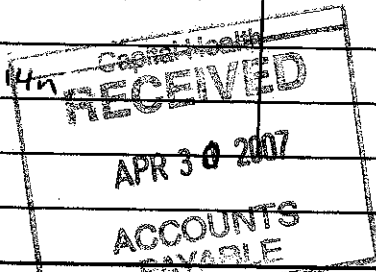
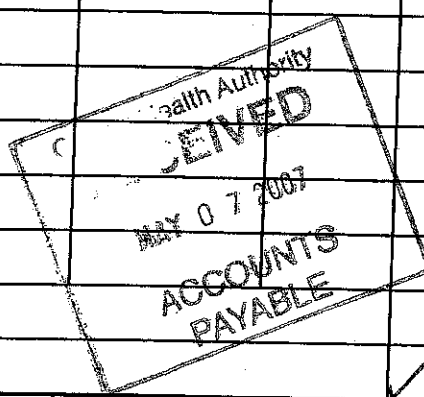
APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: Feb. 27, 2007 to	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			\$1,429.22	<input type="checkbox"/>
201	9000	71110400005	62412000			320.51	<input type="checkbox"/>
69600	1200.56w	184.01n					<input type="checkbox"/>
62410	92.09w						<input type="checkbox"/>
62412	232.93w	40.14n					<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						1749.73	<input checked="" type="checkbox"/>

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *Apr. 27/07*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date <i>May 3/07</i>
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPENDIX C

Recommended Coding

- | | |
|---|---|
| <ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) | <ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 |
|---|---|

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Feb.28, 2007	Impark-parking at Plaza				✓ \$4.00		
March 21, 2007	Impark-parking EEDC annual luncheon				✓ 8.00		
March 26, 2007	Impark-parking CH Research Strategic Plan Retreat				✓ 12.00		
April 12, 2007	Yokozuma-lunch meeting with Joanne Nugent		✓ 31.54	w			
April 10, 2007	Upper Crust - Staff Appreciation		✓ 116.07	101.07 15.00			
April 10, 2007	Travel toEdmonton General						5
April 13, 2007	Madison's Grill- Staff Appreciation/farewell		✓ 1,126.50	971.49 155.01			
April 14, 2007	Northlands parking-Women's show				✓ 8.00		
April 17, 2007	Earls-Staff appreciation/farewell		✓ 110.46	96.46 14.00			
April 24, 2007	Travel to airport & return						48
April 24, 2007	Parking-Edmonton Airports				✓ 26.80		
April 24, 2007	Taxi				✓ 40.00		
April 24, 2007	Hotel Arts-Calgary Council of PA Executives mtg	221.07	180.93				
April 26, 2007	Parking-EEDC stakeholder Forum		46.14		✓ 10.50		
April 25, 2007	Taxi				✓ 12.00		
Total km							53
Rate as outlined in Section 2 – Travel below @							43
Totals		\$221.07	\$1,384.57		\$121.30		\$22.79

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

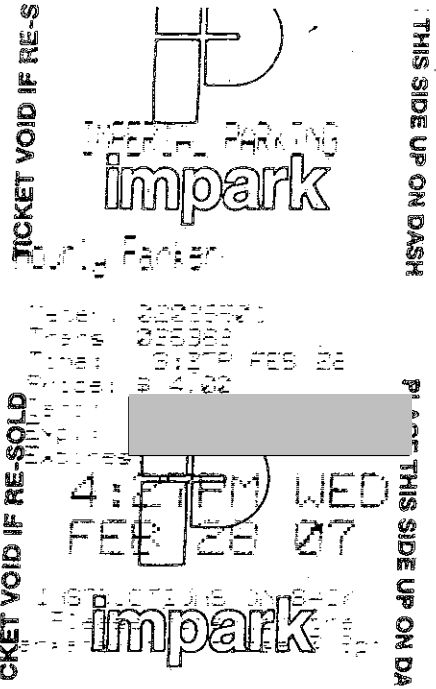
- | | |
|-----------|---|
| Breakfast | \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.) |
| Lunch | \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) |
| Dinner | \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.) |

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or



Parking at Plaza

Expense Claim
for Cindy

Mar. 21 424

APPLICANT COPY

Mar. 21

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
 IMPERIAL PARKING CANADA CORPORATION
 10239 - 107th STREET
 EDMONTON, ALBERTA 420-1976

impark 2007
 671640

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
 VISIT OUR WEBSITE AT www.impark.com

LIC. NO.:	
AMOUNT:	8.00

EEDC Annual Luncheon Parking

Parking for CH Research Strategic Plan Retreat

APPLICANT COPY

Joanne Nugent
April 12.

DATE	SERVER	TABLE NO.	PERSONS	CHECK NO.
				804164
FOOD				AMOUNT
Joanne				
BK - sushi				10.50
CB - sushi				10.50
wine				1.50

BEVERAGE		
		5.50
		1.75
		29.95
	G.S.T.	1.79
	PROV. TAX	
	TOTAL	31.54

QC 84-27
GUEST RECEIPT

YOYOZUNA JAPANESE RESTAURANT
8409 - 112 ST (780) 430-8873
GST #R89050C927

804164

DATE

AMOUNT

\$ 31.54

INCL. GST

HT. 10/10 F

UPPER CRUST CATERERS L
10909 86 AVE T6G0N8
EDMONTON AB
22347500

|||| PRE AUTH PURCHASE ||||

04-10-2007 13:18:35
Acct # [REDACTED] S
Exp Date [REDACTED] Card Type VI
Name: Section 17(1),(4)(e.i)

Trace # 170035 Operator 033
FS2234750001

Inv. # 1156
Auth # 052991 RRN 001089035

P. Auth Purchase \$101.07

Tip

Total

116.07

Customer copy

MADISON'S GRILL
10053-Jasper Ave
Edmonton, Alberta
780-401-2222

Server: Norm 04/13/2007
Table 50/1 8:48 PM
Guests: 15 10047

Prem Highball	6.25
Quail's Gate Limited Rel.	49.00
Soft Drink (5 @2.50)	12.50
White Rum (2 @5.50)	11.00
Martini's (2 @7.50)	15.00
Peter L. Barossa Chard (4 @	32.00
Hugo Shiraz	44.00
E&W Coast Seafood Chowder (28.00
Spinach Salad (2 @12.00)	24.00
Prawn & Crab Roll (2 @14.00	28.00
Whole Leaf Salad	12.00
6oz Tenderloin (2 @28.00)	56.00
8oz Tenderloin (3 @33.00)	99.00
10oz Tenderloin	38.00
King Cole Duck Breast	33.00
Grilled West Coast Salmon	174.00
Paella Modern (2 @36.00)	72.00
Goat Cheese & Pine Nuts	12.00
Black Sage Cabernet Franc	33.00
Apple Crisp Galette (3 @8.0	24.00
Fruit & Cheese	8.00
Sugared Summer Berry Tart	8.00
Downtown Chocolate S'More (16.00
New York Stle Cheese Cake (32.00
Cappucino	4.50
Coffee Tea (7 @2.75)	19.25
Spanish Coffee (2 @6.50)	13.00
Irish Coffee	6.50
After 8 Coffee	6.50

Sub Total 916.50

GST Exclusive Tax 54.99

Total 971.49

Balance D \$ 971.49

GRATUITY : 155.01

TOTAL : \$1126.50

SIGNATURE : *Lynette A. Smith*

ROOM #: _____

PRINT NAME *R*

THANK YOU

Please Come Again Soon

GST #R997343794

*Women's
Show*

04-14-07

01 *8.00

*0.00

000-5659

2-51



earls

GREAT FOOD G

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

22 STEFANE

Tbl 34/1 Chk 8381 Gst 5
17Apr'07 11:28AM

3 POP @ 2.50	7.50
1 ICED TEA	2.50
3 COFFEE @ 2.50	7.50
4 POP REFILL	0.00
1 QUESADILLA	11.00
1 THAI CURRY	12.00
Add Shrimp	3.50
1 HOT CHK CAES	12.00
1 CAJUN CAESAR	12.00
2 CAESAR/CHOW @ 11.50	23.00
Subtotal	91.00
Tax	5.46
12:26 Total	96.46

All Week Long
Campus Earls
NFL Bud Mondays \$3.00 Bottles
Bellini Tuesday \$4.00 Bellinis
Wing Wednesday \$5.50 Wings
Lo-ball Thursday's \$3.50
Weekends \$1 off all Martini's
Visit us on line at
www.earls.ca
Head Chef Dustin Dewan
General Manager Colin Corbett
GST# 10154 1191 RT0001

earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 17Apr'07 12:28PM
Card Type: Visa
Acct #: XXXXXXXXXX
Exp Date: XX/XX/XX
Auth Code: 040800
Check: 8381
Table: 34/1
Server: 22 STEFANE
Ref Number: 001176834483
CYNDY R DE GIUSTI

Subtotal: 96.46

Tip: _____

Total: 110.46

I agree to pay above total
according to my card issuer
agreement.

*****Customer Copy*****

APPLICANT COPY

Date: Apr 24

Chauffeur: SP

Unit No.: 577 Amount: 40⁰⁰
G.S.T. INCLUDED

G.S.T. No.: 117807230

Mayfair
TAXI

PHONE: 265-6555
221-Taxi (8294)
1-888-995-6555

Calgary, Alberta

Fare Amount: 12.00 Date: 4/25-07

To: _____ From: _____

Car No: 217 Driver: [Signature]

THANK YOU FOR RIDING WITH US

Arts

Cyndy Degiusti

Canada

INFORMATION INVOICE

Company Name :
Group : 040207CBC
A/R Number :

Room Number : 0807
Arrival Date : 24-04-07
Departure Date : 25-04-07
Page : 1 of 1
Folio Number : 2643
Confirmation : 12267
Cashier : 993

GST No. : 86118247 25-04-07

Date	Description		Charges	Credits
24-04-07	Room Service	263620070424182800	33.31	
24-04-07	Room		169.00	
24-04-07	DMF 1%		1.69	
24-04-07	Tourism Levy 4%		6.83	
24-04-07	GST 6% - Room	Section 17(1),(4)(e.i)	10.24	
25-04-07	Visa	XX/XX		221.07
Total			221.07	221.07
Balance			0.00	CAD

Room GST 17.07
F&B GST 0.00
Misc GST 1.69
Total 18.76

NO
10.24
GST

169.00
1.69
6.83
10.24
x 6%

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Hotel Arts and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.
I have accepted delivery of THE GLOBE AND MAIL. If refused a \$.75 (Monday-Friday) and \$1.50 (Saturday) credit will be applied to my account.

Guest Signature: _____

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119306270 RT0001

Rcpt# 17056
04/26/07 10:40 LN 2 AM 15 Txn# 53579
04/26/07 07:25 In 04/26/07 10:40 Out
Txn# 196950
Regular Rate \$ 9.91
Total Tax \$ 0.59
Total Fee \$ 10.50
CASH PAID \$ 10.50-
Cash Tender \$ 10.50
Change Due \$ 0.00

THANK YOU
COME AGAIN

APPLICANT COPY
Travel & Employee Expense Claim Form

(In Canadian Dollars)
Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President		Department: Public Affairs
Business Phone: 407-7188	Period From: May 2007 to June 2007	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			167.91	<input checked="" type="checkbox"/>
		69600 = 54.96	7.50				<input type="checkbox"/>
		62410 = 105.45					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$167.91	<input type="checkbox"/>

JUL 11 2007
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* **Date:** JULY 10, 2007.

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: President and CEO	Phone # 407-8008
<i>(Signature)</i>		Date
Approved By: <i>[Signature]</i> <i>(Print name)</i>	Title:	Phone #
<i>(Signature)</i>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
15-May-07	CCSE - May Breakfast		\$30.00				
9-May-07	Parking - Media plan presentation to PCN				2.75		
9-May-07	Mileage to Miseracordia & return to Cyndy's home				8.60	←	20
01-Jun-07	Lunch with Ryan Radke (BioAlberta) and Joanne O'Gorman				4.00		
01-Jun-07	Mileage to Ric's Grill - Downtown				3.44	←	8
05-Jun-07	Gabbana - Dinner w/Patricia Misulka	54.96 7.50	62.46				
04-Jun-07	Cab - Eastwood Groundbreaking				18.00		
19-Jun-07	Parking - Lunch w/Michael Shields				15.00		
19-Jun-07	Mileage - Il Portico - Downtown				2.58		
20-Jun-07	Cab - Crown Plaza - Canadian Club Speech				11.00	←	6
28-Jun-07	Parking - CBCP Comm Team Meeting, CHC				7.50		
28-Jun-07	Mileage - CHC - UAH return				2.58	←	6
Total km							40
Rate as outlined in Section 2 – Travel below @							0
Totals			\$92.46		75.45		

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)


For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.

APPLICANT COPY

 Canadian College of Health Service Executives Collège canadien des directeurs de services de santé		RECEIPT	
Northern Alberta Chapter Power Breakfast Program			
Date: May 15, 2007		May 2007 Breakfast	
Received From: Cyndy De Giusti		Member <input type="checkbox"/> Non Member <input checked="" type="checkbox"/> Student <input type="checkbox"/>	
Session 1	Session 2	Session 3	Session 4
			Session 5
			Session 6
			X
Total Paid --- \$30.00 ---		Pd by _____	
		Individual Sessions: M=\$20 NM=\$30 Students: M=\$10 NM=\$15 All 6 Sessions: M=\$85 NM=\$145	

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE: 09/05/07
 EXPIRATION TIME: 20:37

DATE ISSUED: 09/05/07
 TIME ISSUED: 19:38
 AMOUNT PAID: \$ 2.75

AMOUNT PAID: \$ 2.75
 CREDIT CARD NUMBER: 164900000 19:38

CARITAS HEALTH GROUP
 CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
 CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
 OR DAMAGE TO CAR OR CONTENTS.

CARITAS HEALTH GROUP (NON TRANSFERABLE) 1304311

CARITAS HEALTH GROUP R

Bio Alberta (Ryan Radke)
 Joanna O'Gorman

IMPERIAL PARKING
 PHONE 420-1976

HOURLY PARKER

Metaspark
 Trans: 00005636

Time: 11:58A JUN 01

Price: \$ 4.00

Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]

1:58PM FR
 JUN 01 07

INSTRUCTIONS ON BACK
 GST NO. 887315532RT000

impark

Thank you!

GABBANA CASUAL DINING

11223 - Jasper Avenue
 EDMONTON ALBERTA
 G.S.T. # R870831948

TABLE 9

1x CHARDONNAY BIN 65 GLS	7.00	7.00
1x OPEN BEV	5.00	5.00
1x ROMAINE SALAD	5.00	5.00
1x TAPA MUSHROOM	10.00	10.00
1x GREEN CURRY PRAWN	19.95	19.95
1x COFFEE	2.45	2.45
1x TEA	2.45	2.45

-----CATEGORY 1 51.85-----

SUBTOTAL 51.85
 TAXABLE 51.85
 G.S.T. 3.11

SUBTOTAL 4.96

Chris

YELLOW CAB

(780) 462-3456

EASTWOOD GARAGE BREAKING

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

GST# 100403070

Date: 04/06/07 Amount: \$13.50

Driver: _____ Car #: _____

From: 112 Ave. 29 St To: 129A H&P Rd

APPLICANT COPY

Lonck Michael Shields.

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-256
EDMONTON, AB. 780-420-1976
GST #88731 5638 FIT0001
Machine Serial #:000005071052

EXPIRY DATE AND TIME
EXP 02:17pm
JUN 19, 2007

TICKET# 0048079 LOT# 00020256
CC \$0015.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Section 17(1),(4)(e.i)
3 hours \$15.00

Pay from your cell phone.
423-1922 Location 9804.
goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

YELLOW CAB

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722



462-3456
THANK YOU/MERCI

Date: 9/20/07 Amount/Montant \$11.50 Car/Voiture # 740

Driver/Chauffeur: M-N GST# _____

From/De: Crown Plaza To/A: U H

CANADIAN CLUB SPECIAL



DISPLAY FACE UP ON DASH RECEIPT

CCCP Comm. Team Mtg.
Impark Lot 002-256
EDMONTON, AB. 780-420-1976
GST #88731 5638 FIT0001
Machine Serial #:000005071052

EXPIRY DATE AND TIME
EXP 11:04am
JUN 28, 2007

TICKET# 00049398 LOT# 00020256
CC \$007.50 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Section 17(1),(4)(e.i)
Park 1 1/2 Hr \$7.50

Pay from your cell phone.
423-1922 Location 9804.
goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

APPLICANT COPY

Patricia
Misulka

CABANA RESTAURANT
11205 JASPER AVE
EDMONTON AB

CARD NUMBER	[REDACTED]
EXPIRY DATE	[REDACTED]
CARD TYPE	VISA 8004
DATE/TIME	2007/06/05 19:49:27
RECEIPT NUMBER	947142213-001-849
AUTHORIZATION	-----
AMOUNT	354.96

TIP	7.50
TOTAL AMOUNT	62.46

31 APPROVED-227 AUTH. # 870342
THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
STATEMENT

Lynda Smith
CARDHOLDER SIGNATURE

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: July 2007	to August 2007

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000	104.38		392.62	<input checked="" type="checkbox"/>
201	9000	71110400005	62410000			363.32	<input checked="" type="checkbox"/>
			6960000	250.26			<input type="checkbox"/>
			6960000	37.99			<input type="checkbox"/>
			49510006	363.30			<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						755.94	<input type="checkbox"/>

Capital Health RECEIVED
MAR 18 2008
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *March 10, 2008*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
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 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Jan 31/08	Communication Books - IABC					\$363.32	
Oct 12/07	Highlevel Diner - Tom Olsen		35.74				
Jan 9/08	Murrieta's - Scott Donaldson		51.74				
Feb 26/08	Earl's - Lavon's going away		200.76				
Nov 1/07	Parking - Glenrose Breakfast				4.50		
Nov 1/07	Mileage - UAH - Shaw				4.30		10
Nov 30/07	Parking - Food Safety, Plaza				8.00		
Nov 30/07	Mileage - UAH - Plaza				4.30		10
Oct 22/07	Parking CBCP Meeting				4.50		
Oct 22/07	Mileage CBCP Meeting				4.30		10
Dec 05/07	Parking - Leaders in Learning				12.00		
Dec 05/07	Mileage Leaders in Learning				4.30		10
Dec 20/07	Parking AB Cancer Board Function				10.50		
Dec 20/07	Mileage AB Cancer Board Function				4.30		10
Sept 21/07	Parking Primary Care Meeting				4.00		
Sept 21/07	Mileage - Primary Care Mtg				4.30		10
Dec 10/07	Parking CHR Sr. Exec Mtg				11.00		
Dec 10/07	Mileage CHR Sr. Exec Mtg.				24.08		56
Total km							116
Rate as outlined in Section 2 – Travel below @							0.43
Totals			288.24		104.38		

EXPENSE LIMITS

1. Meal Allowances

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 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4988

APPLICANT COPY

Order iabcstore-14116 for iabcstore.com

#14116

Date Thu Jan 31 06:29:39 PST 2008

Ship to Cyndy De Giusti
 Capital Health
 IJ2, 54 Walter C. Mackenzie Health Sciences Centre
 8440-112 St.
 Edmonton AB T6G 2B7
 CA Canada
 780-407-0389

MemberID XXXXXXXXXX

fax 780-407-7601

findProduct Knowledge Centre brochure

Bill to Same

E-Mail cyndy.degiusti@capitalhealth.ca

Via Ground

Payment Visa

Item	Code	Qty	Unit Price
The Complete Guide to Integrated Change Communication (member price) http://store.yahoo.com/iabcstore/mc107602hm.html <small>SHIPPED JAN 31 2008</small>	MC-1076-02-HM	1	199.00
Best Practices in Employee Communication (member price) http://store.yahoo.com/iabcstore/rb107701hm.html <small>SHIPPED JAN 31 2008</small>	RB-1077-01-HM	1	40.00
Critical Steps to Event Success (member price) http://store.yahoo.com/iabcstore/tp113401pm.html	TP-1134-01-PM	1	25.00
Communicators as Internal Consultants (PDF, member price) http://store.yahoo.com/iabcstore/tp101301pm.html	TP-1013-01-PM	1	20.00
Web Strategy: Planning for Success (PDF, member price) http://store.yahoo.com/iabcstore/tp106601pm.html	TP-1066-01-PM	1	20.00
Twelve Keys to Successful Speechwriting (PDF, member price) http://store.yahoo.com/iabcstore/tp100601pm.html	TP-1006-01-PM	1	40.00
Subtotal			344.00
Shipping			19.32
Tax			0.00
Total			363.32

APPLICANT COPY

Edwards, Carol

From: De Giusti, Cyndy
Sent: Thursday, January 31, 2008 9:18 AM
To: Edwards, Carol; Anderson, Lavon
Subject: FW: order iabcstore-14116 from iabcstore.com

I have downloaded the four that come that way. Two pieces are being shipped as noted below. Carol -- can you add this receipt to my expense account.

Cyndy De Giusti
Senior Vice President
Public Affairs
1J2.54 Walter C. Mackenzie Health Sciences Centre
8440-112 Street
Edmonton, AB T6G 2B7

tel: (780) 407-7188 fax: (780) 407-7601 cell: (780) 920-1020

Capital Health

www.capitalhealth.ca

Building Canada's Health Capital

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.

-----Original Message-----

From: iabcstore.com [mailto:service_centre@iabc.com]
Sent: Thursday, January 31, 2008 9:17 AM
To: De Giusti, Cyndy
Subject: order iabcstore-14116 from iabcstore.com

Thank you again for your order from IABC. The tracking information for the item(s) shipped today is below. Please allow at least 24 hours for shipment status to become available with the designated carrier(s). For orders that include downloadable publications, please visit the order link provided below.

The following items have been shipped to:

Cyndy De Giusti
Capital Health
1J2, 54 Walter C. Mackenzie Health Sciences Centre
8440-112 St.
Edmonton AB T6G 2B7 CA Canada
780-407-0389

using Ground

You can always find out the current status of your order by going to
http://order.store.yahoo.com/OS/stat?iabcstore+14116+4c51bf90136e281cb6d7

Table with 5 columns: Name, Code, Qty, Each, Options. Row 1: The Complete Guide to Integrated Change Communication (member price) (Shipped), MC-1076-02-HM, 1, 199.00, UPS Tracking Number:

APPLICANT COPY

1Z9697806854887235
Best Practices in Employee Communication (member price) (Shipped)
UPS Tracking Number: 1Z9697806854887235
RB-1077-01-HM 1 40.00
Critical Steps to Event Success (member price) TP-1134-01-PM 1 25.00
Communicators as Internal Consultants (PDF, member price) TP-1013-01-PM 1 20.00
Web Strategy: Planning for Success (PDF, member price) TP-1066-01-PM 1 20.00
Twelve Keys to Successful Speechwriting (PDF, member price) TP-1006-01-PM 1 40.00

Subtotal 344.00
Shipping 19.32
Tax 0.00
Total 363.32

earls

GREAT FOOD GREAT PEOPLE

Date: 26Feb'08 01:20PM
Card Type: Visa
Acct #: XXXXXXXXXX
Exp Date: XX/XX/XX
Auth Code: 10424
Check: 7795
Table: 71/1
Server: 27 LISBETH
WYNDY R DE GIUSTI

Subtotal: 173.76

Tip: _____

Total: 200.76

Signature: _____

I agree to pay above total
according to my card issuer
agreement.

****Customer Copy***

APPLICANT COPY

TOM OLSEN

HIGHLEVEL Drive
10912 88TH Av
EDMONTON

CARD NUMBER [REDACTED]
CARD TYPE [REDACTED] G224
DATE/TIME 2007/10/12 14:10:32
CL# 16
REG.# 58052028-009-086
AUTHORIZ# [REDACTED]
AMOUNT 50.74

TIP [REDACTED]
TOTAL AMOUNT \$ 35.74

G1 APPRO: AUTH. # 004965
THANK YOU

*Scott Donaldson
Asper*

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check: 86280

Server: Annie Date: 01/09/2008
Table: 64 Time: 13:14

GIUSTI/CYNDY R DE
AUTH 041469 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 45.74
TIP \$ 6.00
TOTAL \$ 51.74

impark

SPECIAL PARKING

1 impark MURRIETA
NOV 30 07
PLACE THIS ON DASH
RETURN TO US BY BACK
Please remember the
hours of service 9-8pm

Information on this page redacted:
Section 17(1),(4)(e.i)

earls

GREAT FOOD GREAT PEOPLE

27 LISBETH

Tbl 71/1 Chk 7796 Gst 8
26Feb'08 11:44AM

5 POP @ 2.50 12.50
1 ICED TEA 2.50
1 PELLIGRINO 4.99
2 ICED TEA REFILL 0.00
6 POP REFILL 0.00
1 CAJUN SAND 12.50
w/ crm mushroom 1.00
1 PAD THAI 17.00
2 SANTA FE CHICK @ 16.50 33.00
1 FIG BRIE CHICKEN 13.00
w/ crm mushroom 1.00
1 FIG BRIE CHICKEN 13.00
w/ greens 1.00
2 LEMON TART @ 6.50 13.00
2 COCONUT CRM PIE @ 6.50 13.00
1 HDT CHK CAES 13.00
add Oil & Vin 1.25
1 CAESAR/CHOW 12.50
add Oil & Vin 1.25

Subtotal 165.49
GST Tax 8.27
01:12PM Total 173.76

PLEASE PAY YOUR SERVER

Robert Aoki, Managing Partner
Dean Mitchell, Head Chef

** CUSTOMER COPY **

GST#857377578RT0001
Thank You
Murrieta's Bar & Grill.

Rcpt# 67417
11/01/07 08:37 LN 1 AM 51 Tax#1
11/01/07 07:25 In 11/01/07 08:37
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50
Cash Tender \$ 4.50
Change Due \$ 0.00
THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

Glenrose - Vision for
Research
Breakfast

Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50
Cash Tender \$ 4.50
Change Due \$ 0.00

CCCP Mtg

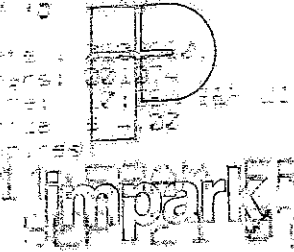
CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

APPLICANT COPY
PRIMARY CARE MTR
PLAZA

ON DASH

Rcpt# 69857
12/05/07 16:56 L# 1 A# 40 Txn#176579
12/05/07 08:18 In 12/05/07 16:56 Out
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 12.00
Change Due \$ 0.00
THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

Best copy available

~~headers~~ headers in learning
Shaw

CITY OF EDMONTON
LIBRARY PARKADE
GST # R128599776

EDMONTON AIRPORTS

GST# R128599776

CHR/SR. EXEC
MTR

Car park 0000001009 Phone. (780)890-8439
Fax. (780)890-8329

Receipt no. 0353/0805/00805 10.12.07

Rcpt# 69857
12/20/07 12:12 L# 2 A# 35 Txn#162077
12/20/07 13:04 In 12/20/07 12:12 Out
Txn# 307936
Regular Rate \$ 9.75
Total Tax \$ 0.53
Total Fee \$ 10.28
CASH PAID \$ 10.28-
Cash Tender \$ 20.50
Change Due \$ 10.22

000106 Lost ticket 11,00 \$
10.12.07 06:48 - 10.12.07 13:50
Length of stay: 0 Dy. 7 Hr. 2 Min.

total amount 11,00 \$
accepted total 11,00 \$
G.S.T. 6.00 % 0,62 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **
** Thank you **

AB Cancer Board
function

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: Sept 26 2007	to Sept 30 2007

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			314.06	<input checked="" type="checkbox"/>
							<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$0.00	<input type="checkbox"/>

Capital Health
RECEIVED
MAR 18 2008
ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

(1) 305.06 (NT) 9.00

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *March 10/08*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: <i>Sheila Weatherill</i> (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT CATEGORY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Sept 27/07	Parking Toronto Reception				\$16.00		
Sep 26/07	Taxi - from Airport Toronto				62.00		
Sept 30/07	Taxi - to airport Toronto				71.00		
Sept 30/07	Parking Edmonton Airport				45.40		
Sept 30/07	Mileage Airport Edmonton Return				48.16		112
Sept 30/07	Caseys Supper		26.94				
Sept 28/07	Parking, Toronto Reception				8.00		
Sept 28/07	Turf Lounge, Lunch Toronto Reception		36.56				
Total km							112
Rate as outlined in Section 2 – Travel below @							.43
Totals			23.50		250.56		48.16

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer thereafter (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

OUT

APPLICANT COPY

16

IN

No 000760

PLACE THIS SIDE UP ON DASH

Charges are for the use of parking space only. We endeavour to protect the property of our patrons but we are NOT responsible for loss of or damage to car or contents due to fire, theft, collision by our negligence or otherwise.

HMSHOST TORONTO PEARSON INT'L
CASEYS ON STAGE T1
GST # 864354915

CASEYS ON STAGE T1
TORONTO PEARSON INT'L AIRPORT
CHECK: 7958
TABLE: 143/1
SERVER: 3019 MEHESH
DATE: SEP30'07 6:10PM
CARD TYPE: Visa
ACCT #:
EXP DATE: XX/XX
AUTH CODE: 002963
CYNDY R DE GIUSTI

Car No. 12 Date 09-26-07
From
To
Fare Amount \$
GST No. Tip
Total 62.04
Received with Thanks
Signature

TOTAL: 22.94

Tip: 4.00

TOTAL: 26.94

X
SIGN ONE COPY/RETURN TO SERVER

HMSHost
GST # 864354915

RECEIPT

Cab. No. A1274 G.S.T.
From
To
Date 9 30 07 Amount 71.00
Signature

T.P.A. CARPARK 36
100 QUEEN ST. WEST
TORONTO, ON M5C1Z3

RECEIPT H28

ENTRY TIME: 28.09.07 12:16
EXIT TIME: 28.09.07 14:20
PARK-DUR.: HRS:MIN 0 02:04

AMOUNT PAID: \$ 8.00

CASH
TICKET: (240396164)
GST/PST INCLUDED
GST R122981541
THANK YOU!

EDMONTON AIRPORTS

GST# R128599776

ir park 0000001009 Phone. (780)890-8439
Fax. (780)890-8329

receipt no. 0273/0792/00804 30.09.07

15100 pay parking ticket 45.40 \$
1.09.07 16:07 - 30.09.07 21:24
length of stay: 4 Dy. 5 Hr. 17 Min.

total amount 45.40 \$

accepted total 45.40 \$
G.S.T. 6.00 % 2.57 \$

Thank you for your patronage!

Please Come Again!

** Open 24 hours **

** Thank you **

APPLICANT COPY

Hurf Lounge
330 Bay Street
Toronto, Ontario
M5H 2S8
(416) 367-2111

Date: 28 Sep 2007 13:55:21

TYPE: FUEL ADMINISTRATION

Table TransId: 2800770
TransId : 28017011
Server : Loyla B
Table : 12
Seats : 1,2,3,4

Account : VISA
Acct# :
Auth # : 000608
Ref. # : AP 5

Section 17(1),(4)(e.i)

AMOUNT \$ 31.50
TIP \$ 5.00
TOTAL \$ 36.56

Cardholder will pay card usage
and/or annual payment to
Cardholder Agreement.

CUSTOMER COPY

APPLICANT COPY
Travel & Employee Expense Claim Form

(In Canadian Dollars)
Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: Sept 2007	to November 2007

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			\$ 117.70	<input checked="" type="checkbox"/>
							<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$ 117.70 \$0.00	<input type="checkbox"/>

Capital Health
RECEIVED
MAR 18 2008
**ACCOUNTS
PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *March 10/08*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: <i>Sheila Weatherill</i> <small>(Print name)</small>	Title: President and CEO	Phone # 407-8008
<i>Sheila Weatherill</i> <small>(Signature)</small>		Date
Approved By: <i>[Signature]</i> <small>(Print name)</small>	Title:	Phone #
<i>[Signature]</i> <small>(Signature)</small>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT DETAILS

Recommended Coding

- | | |
|---|---|
| <ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) | <ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 |
|---|---|

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct 31/07	Mayors Luncheon Parking.				\$8.00		
Oct 31/07	Mayor's Luncheon Mileage				4.30		10
Nov 6/07	CH Quality Strategy Mtg				12.00		
Nov 6/07	CH Quality Strategy Mtg Mileage				4.30		10
Oct 2/07	Strategic Stakeholders Mtg Parking				8.00		
Oct 2/07	Strategic Stakeholders Mileage				4.30		10
Nov 2/07	Diane Young Mtg Parking				2.00		
Oct 18/07	Rocky Mtn Festival Parking				8.00		
Oct 18/07	Rocky Mtn Festival Mileage				4.30		10
Sept 5/07	PEP Mtg Parking				8.00		
Sept 5/07	PEP Mtg Mileage				4.30		10
Oct 25/07	Food Safety Parking				12.00		
Oct 25/07	Food Safety Mileage				4.30		10
Oct 15/07	Fashion w/Compassion Parking				3.00		
Oct 15/07	Fashion w/Compassion Mileage				4.30		10
Oct 18/07	REACH Awards Parking				3.00		
Oct 18/07	REACH Awards Mileage				4.30		10
Oct 31/07	Carolyn Ohandley Mtg				15.00		
Oct 31/07	Carolyn Ohandley Mileage				4.30		10
Total km							90
Rate as outlined in Section 2 – Travel below @							0
Totals					\$ 117.70		\$38.70

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
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- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

MAYORS LUNCHEON

DIANE YOUNG MTC

APPLICANT COPY

LOT 001

IMPARK EDMONTON

DAY PERMIT

Transaction: 098974
Machine #: 02000101

impark

OCT 31, 2007

1:52PM



CH Quality Strategy Mtg

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 42506
11/06/07 17:37 LH 2 AM 12 Txn#139910
11/06/07 12:38 In 11/06/07 17:37 Out
Trk# 302492

Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 15.00
Change Due \$ 3.00

STRATEGIC STAKE HOLDERS FORUM

LOT 004

IMPARK EDMONTON

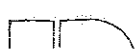
DAY PERMIT

Transaction: 098974
Machine #: 02000101

impark

OCT 2, 2007

2:55PM



EDMONTON, AB. 780-420-1976
REG # 88731 REG # RT0001
Licence Serial # 000003077052

EXPIRY DATE AND TIME

EXP 06:00am

NOV 02, 2007

LOT#

00120256

Evening Park \$2.00

Pay from your cell phone.
23-1922 Location 9804.
www.ImparkWireless.com

LOT 004
impark

Transaction: 102977
Machine #: 02000101

OCT 18, 2007

5:00AM

PEP MTG

impark

DAY PERMIT

Transaction: 098974
Machine #: 02000101

SEP 5, 2007

11:49AM

impark

impark
FOOD SAFETY
ESSENTIAL SERV.
SPECIAL PARKING

PLAZA



impark

OCT 25 07

impark 052391

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

READ CONDITIONS CAREFULLY
• Vehicles not displaying valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate, charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:
OUT:
IN:
AMOUNT:

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

impark

052391



THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

LIC. NO.:
AMOUNT: 43

Information on this page redacted:
Section 17(1),(4)(e.i)

impark
 IMPERIAL PARKING
 CANADA CORPORATION
 10239 - 107th STREET
 EDMONTON, ALBERTA 420-1976

052860

APPLICANT COPY

READ CONDITIONS CAREFULLY
 • Vehicles not displaying Valid Ticket on dash will be towed & charged accordingly at owner's expense.
 • Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:	
OUT:	
IN:	2007
AMOUNT:	\$15.00

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

impark 052860

RECYCLEABLE

THIS FEE INCLUDES GST REG. #88731 5638 RT0001 VISIT OUR WEBSITE AT www.impark.com

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

CHC - Carolyn Hys

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking 780-420-1976
 Lot 02-32
 GST #88731 5638 RT0001
 Machine Serial #:000004141056

EXPIRY DATE AND TIME
EXP 12:08pm
OCT 31,2007

TICKET# 00059983 LOT# 00020032
 CC \$0015.00 Visa MACH# 002
 FOLLOW INSTRUCTIONS ON SIGNS POSTED Purchase Time

3 hours \$15.00

Pay from your cell phone.
 423-1922 Location 9802.
 goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT



APPLICANT COPY
Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: July 2007	to August 2007

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			119.26	<input checked="" type="checkbox"/>
							<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						119.26 60.00	<input type="checkbox"/>

Capital Health
RECEIVED
MAR 19 2008
ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date:

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill <i>(Signature)</i>	Title: President and CEO	Phone # 407-8008
<i>(Signature)</i>		Date
Approved By:	Title:	Phone #
<i>(Signature)</i>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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APPLICANT COPY
EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Feb 27/08	Yokozuna, Lunch Aric Johnston		\$29.98				
Feb 14/08	Parking Valentine's Event				8.00		
Feb 14/08	Mileage Valentine's Event				4.30		10
Sept 24/07	Cab, Mulroney Event				45.60		
Feb 7/08	Parking Edmonton Image Mtg				6.00		
Feb 7/08	Mileage Edmonton Image Mtg				4.30		10
Feb 8/08	Parking Focus Group				4.00		
Feb 8/08	Mileage Focus Group				4.30		10
Jan 18/08	Parking Primary Care Mtg				10.00		
Jan 18/08	Mileage Primary Care Mtg				4.30		10
Jan 15/08	Parking CHC Video Mtg				7.50		
Jan 15/08	Mileage Video Mtg				2.58		6
Feb 25/08	Parking Food Safety				4.00		
Feb 25/08	Mileage Food Safety				4.30		10
Feb 8/08	Parking Sapient Mtg				7.50		
Feb 8/08	Mileage Sapient Mtg				2.58		6
Total km							67
Rate as outlined in Section 2 – Travel below @							0.43
Totals					119.26		266

EXPENSE LIMITS

1. Meal Allowances

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3. Advance

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

YOKOZUNA JAPANESE REST
8409 112 ST EDMONTON AB

MERCHANT/MARCHAND

CYNDY R DE GIUSTI

AP 054557

YELLOW CARD (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 466-8500

AUTH. NO.	DRIVER	UNIT NO.
	117	113
TIME	DAY	MO. YR.
14:00	27	08

ID: A4008567
 STORE: 4008567 SLIP #: 1218
 PRE-AUTH \$25.98
 POURBOIRE/TIP \$ 4.00
 TOTAL \$ 29.98

2801544

G.S.T # 361492078

FROM Show Centre
 TO Wolf Kings + Working Lion
 PRINT NAME Cindy DeGiusti
 CUSTOMER'S SIGNATURE *Cindy DeGiusti*



FARE	39.60
INT'L	
GRATUITY	6.00
TOTAL	45.60

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

SIGNATURE X *Cindy DeGiusti*

VISA Section 17(1),(4)(e.i)

SEQ 467001001011 AUTH 092781 ISO -001
 APPROVED
 DATE Feb 27 2008 TIME 1:03 pm

EDMONTON IMAGE
 CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

Valentine's Dinner

Rcpt# 18226
 02/07/08 16:27 LN 1 AM 40 Txn#120234
 02/07/08 14:57 In 02/07/08 16:27 Out
 Tkt# 348716
 Regular Rate \$ 5.71
 Total Tax \$ 0.29
 Total Fee \$ 6.00
 CASH PAID \$ 6.00
 Cash Tender \$ 6.00
 Change Due \$ 0.00

THANK YOU
COME AGAIN

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MACDONALD ESTATES

18FEB14 22:47 001 002
 08FEB14 18:39 01
 / 4:08 #394823
 =01007503
 ATE 1 \$8.00
 TOTAL \$8.00
 ASH \$8.00

OR MONTHLY PARKING
HOME 4201976
\$7 INCLUDED

TICKET VOID

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

IF RE-SOLD

impark

IMPERIAL PARKING

Focus group PLAZA

02:00PM FRI
 impark
 IMPERIAL PARKING
 10:20AM FRI
 JAN 18 08

PRIMARY CAR MTG

impark

impark

10:20AM FRI
JAN 18 08

INSTRUCTIONS IN BACK
Please remember the
\$10.00 fee

UP ON DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

V1080 MTG CMC

APPLICANT COPY

DISPLAY FACE UP ON DASH RECEIPT

DISPLAY FACE UP ON DASH

EDMONTON, AB 780-420-1976
RT0001

EXPIRY DATE AND TIME

EXP 10:18am
JAN 15, 2008

TICKET# 00120273 LOT# 00120256

EXP 01:29pm
FEB 08, 2008

Park 1 1/2 Hr \$7.50

Pay from your cell phone.
423-1922 Location 9804.
Go to www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

DISPLAY FACE UP ON DASH

Section 17(1),(4)(e.i)

Smart Mtg @ CMC

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking 780-420-1976
Lot 02-32
GST #38731 5638 RT0001
Machine Serial #00000414058

EXPIRY DATE AND TIME

EXP 01:29pm
FEB 08, 2008

TICKET# 00065648 LOT# 00020032

CC \$0007.50 Visa AACH# 002

FOLLOW INSTRUCTIONS ON SIGNS POSTED

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

Park 1 1/2 Hr \$7.50

Pay from your cell phone.
423-1922 Location 9802.
Go to www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

TICKET VOID

impark

UP ON DASH

TICKET VOID IF RE-SOLD

impark

PLACE THIS SIDE UP ON DASH

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

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

APPLICANT COPY TAWA, ON.

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: July 2007 to August 2007	

Mar 3-5/08

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62414000			638.14	<input checked="" type="checkbox"/>
							<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$0.00	<input type="checkbox"/>

Capital Health
RECEIVED
MAR 13 2008
**ACCOUNTS
PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

① 621.14 (M) 17.00

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date:

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT CATEGORY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Mar 3/08	Taxi - Toronto				\$23.00		
Feb 28/08	Taxi - from airport in Toronto				62.00		
Mar 5/08	Parking Edmonton Airport				100.00		
Mar 5/08	Breakfast - Ottawa airport		12.41				
Mar 5/08	Hotel Ottawa CMA Dinner	440.73					
Total km							
Rate as outlined in Section 2 – Travel below @							0
Totals		440.73	12.41		185.00		

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

APPLICANT COPY

Fairmont
CHÂTEAU LAURIER

1 RIDEAU STREET
OTTAWA, ON K1N 8S7
T 613 241 1414 F 613 562 7030
G.S.T. Registration #831927355

Room/Chambre : 0295
Folio # : 209512
Cashier/Cassier # : 410
Page # : 1 of 1

Group Name/Groupe CNA-CMA Media Awards Gala Dinne

*Canadian Medical Assn medical
Cindy De Guisti

Arrival/Arrivée : 03-03-08
Departure/Départ : 03-05-08

CA

Date	Description	Additional Information/Supplémentaire	Charges	Credits
03-03-08	In Room Dining	#0295 : CHECK #1946	28.30	
03-03-08	Room Charge		170.00	
03-03-08	Room P.S.T. (5%)		8.50	
03-03-08	Room G.S.T. (5%)		8.50	
03-03-08	Destination Marketing Fee		4.86	
03-03-08	DMF - G.S.T. (5%)		0.24	
03-04-08	In Room Dining	#0295 : CHECK #1961	28.23	
03-04-08	Room Charge		170.00	
03-04-08	Room P.S.T. (5%)		8.50	
03-04-08	Room G.S.T. (5%)		8.50	
03-04-08	Destination Marketing Fee		4.86	
03-04-08	DMF - G.S.T. (5%)	Section 17(1),(4)(e.i)	0.24	
03-05-08	Visa	XX/XX		440.73
Total			440.73	440.73

Balance Due/Solde

0.00

GST Summary / Sommaire

Room/Chambre	17.48
F&B/Restauration	2.13
Other/Autres	0.00
Total	19.61

Guest signature

Signature du client X _____

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont



YOUR NEIGHBOURHOOD TAXI COMPANY

(416) 232-2222

APPLICANT COPY

Amount \$23.00 Date Mar 3/08

From _____

To _____

Cab No. A1320 Driver Sherry

RECEIVED PAYMENT

PAID 62.00

DATE Feb. 28/2008 #59
DRIVER

WITH THANKS [Signature]

GST# R128599775

Edmonton Airports

Can- Edmonton
Tax CodeCA5%

Exit #3 Ca 05/03/08 16:41
Cashier 9
Receipt 005713

Short-term parking tkt
DL - No. 012812
28/02/08 16:43 -
05/03/08 16:41 -
Period 5d23h59'
(Tax) \$100.00

Total \$100.00

Payment Received
Check \$100.00

Sub Total \$95.24
Tax 5% 4.76

Deliv. Date=Receipt Date

HMS HOST
Ottawa International Airport
Aeroport international d'Ottawa

8715 KELLY

134/1 2990 GST 1
MAR05'08 7:07AM

**** SEAT 1 ****

1 FROMAGE OMELETTE	8.99
CHEESE OMELETTE	
PAIN BL E NT	
BROWN	
EGG WHITE NO	
EGG WHITE NO	
1 CAFE	1.99
COFFEE	
PRM RONDE BEU CH	
FIRST ROUND HBEV	
SUB/SOUS TOTAL	10.98
10.98 GST 5%	217101 0.55
10.98 PST/TVP	217010 0.88
TOTAL	\$ 12.41
*****	*****

SUB/SOUS TOTAL	10.98
10.98 GST 5%	217101 0.55
10.98 PST/TVP	217010 0.88
TOTAL	\$ 12.41

HMS HOST
Rideau Bar & Grill
Ottawa International Airport
Aeroport international d'Ottawa
Questions & Comments
Questions et commentaires
Ottawa.Comments@hmshost.com

THANK YOU!
MERCI!

GST# 137512901



Travel & Employee Expense Claim Form

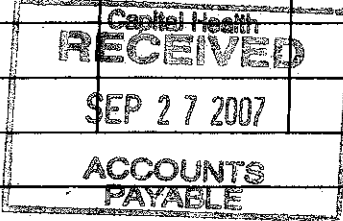
(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: July 2007	to August 2007

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	9000	71110400005	62410000			\$223.53	<input checked="" type="checkbox"/>	
201	9000	71110400005	62410000 41000			63.58	<input checked="" type="checkbox"/>	
							<input type="checkbox"/>	
		69600-144.31 23.00					<input type="checkbox"/>	
		62910-56.22w					<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							\$287.11	<input type="checkbox"/>



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: _____

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date
Approved By: _____ (Print name)	Title:	Phone #
(Signature) _____		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
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 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY
EXPENSE CLAIM DETAILS

Recommended Coding							
<ul style="list-style-type: none"> Local Travel – Staff - 62410000 Staff Local Travel – Taxi – 62410001 Staff Travel – UNA – 62410002 Staff Provincial Travel – 62412000 (all expenses) Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> Catering – 69600000 Meals - 62410000 Mileage – 62410000 Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
June 27/07	Murrieta's, dinner w/ Lea Bryden from Capital Health Nova Scotia		\$125.27	108.75 17.00			
July 16/07	Parking - CCDM Meeting				✓ 4.00		
July 16/07	Mileage - UAH - Plaza				4.30		10
Aug 13/07	Parking - Tent City Mtg				✓ 5.00		
Aug 13/07	Mileage - UAH - City Hall				4.30		10
Aug 14/07	Parking - Mayor's Breakfast				✓ 8.00		
Aug 14/07	Mileage - UAH - Hotel Mac				4.30		10
Aug 21/07	Parking - CDM Meeting				✓ 6.00		
Aug 21/07	Parking - C. O'Handley Mtg				✓ 10.00		
Aug 21/07	Il Portico, lunch w/ Paul Stanway		42.04	36.04 6.00			
Aug 21/07	Mileage UAH-PLAZA-CHC-UAH				4.30		10
July 13/07	Mileage - UAH-RAH Lois Hole Mtg				6.02		14
July 29/07	Digital Communications - Cell phone charger					31.79	W
July 29/07	Connect - Travel charger					31.79	✓
Total km							54
Rate as outlined in Section 2 – Travel below @							0.43
Totals			\$167.31		✓ \$56.22	63.58	

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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2. Travel

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 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Lee

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check: 69169

Server: Candice B. Date: 06/21/2007
Table: 12 Time: 20:30

JUSTI/CYNDR R DE
AUTH 042703 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 100.27
TIP \$
TOTAL \$ 125.27

** CUSTOMER COPY **

GST#R67317576R10001
Thank You
Murrieta's Bar & Grill.

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

Impark Lot 002-256
EDMONTON, AB 780-420-1976
GST #88731 5638 FIT0001
Machine Serial #:000005071052

EXPIRY DATE AND TIME
EXP 06:00pm
AUG 21, 2007

TICKET# 00055546 LOT# 00020256
CC: \$0010.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Park All Day \$10.00
Pay from your cell phone.
423-1922 Location 9804.
goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH

APPLICANT COPY

IMPERIAL PARKING

TICKET VOID IF RE-SOLD
Meter: 00000001
Time: 7:26A
Exp: 8:26A
Cost: \$8.00
1 Impark on
JUL 16 07

INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 9pm

TICKET VOID I
impark
LOT 001
IMPARK EDMONTON
DAY PERMIT

Machine: 001
Transaction: U83384
Machine #: 02000101
Time: 7:26A
8/14/07

Cost: \$8.00
Valid until
AUG 14, 2007
9:26AM

TICKET VOID IF RE-SOLD
impark
IMPERIAL PARKING

Information on this page redacted:
Section 17(1),(4)(e.i)

Paul Starway Mts

IL PORTICO RESTAURANT
10012 107 ST T5J1J2
EDMONTON AB
22616227
PRE AUTH PURCHASE
08-21-2007
Acct # 13:24:56
Exp Date S
Name: CYNDR R DE GIUSTI

Trace # 590020 Operator 310
FS2261622701
Inv. # 3843
Auth # 036440 RRH 001059020
P. Auth Purchase \$36.04
Tip
Total

Customer copy



ICANT COPY

INVOICE

Communications Group Ltd.

Digital Communications Group
1892 8882 - 170 Street
Edmonton, AB T5T 4M2
(780) 443-3022

Date 07/29/07
No. 1712710
Terms Net 30 days
GST Number R135790277

Please send payments to : Digital Communications Group Ltd., 5807 - 104 Street, Edmonton, AB, T6H 2K4, (780) 665-2399

Billing Information

453656

User Information

Cyndi Degiusti

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

Summary table with columns: Salesperson (Shayla Holloway), Sales Slip (1712710), Payment Type (VISA), P.O. / Chq Number

Main item table with columns: Q, Item, Description, Serial Number, Plan, Cell Number, Price, Extended. Row 1: ACC1060000, AC CHARGER N.A only 72,71,8700, DG00000299043, \$29.99, \$29.99

COMMENTS:

Paid In Full - Thank you!

Summary table: SUBTOTAL \$29.99, GST AMOUNT 6.0% \$1.80, PST AMOUNT .0% \$0.00, SECURITY DEPOSIT \$0.00, LOANER DEPOSIT \$0.00, GRAND TOTAL \$31.79, AMOUNT PAID \$31.79, BALANCE DUE \$0.00

Return Policy

All returns must be within 7 days with phones having less than 10 minutes of use. All returns must have complete original packaging. Software, hands-free sets, prepaid cards, and clearance items are final sales. No cash refunds. Restocking fee may apply.



AUTHORIZED DEALER

APPLICANT COPY

DIGITAL COMMUNICATIONS
LTD T5T4M2
EDMONTON AB
22882712

↑↑↑↑ PURCHASE ↑↑↑↑

07-29-2007 14:46:58

Section 17(1),(4)(e.i)

Acct # ██████████ S

Exp Date ██████████ Card Type VI

Name: CYNDY R DE GIUSTI

Trace # 450008

FS2288271201

Inv. # 1712710

Auth # 017703 RRN 001003368

Total \$31.79

Customer copy



Invoice



Invoice #: WS600IN54434

West Edmonton Mall Main
 8882 170th Street Phase III Unit 1521
 Edmonton AB Canada T5T 4M2
 (780)486-1333

Tendered On: 29-Jul-2007 02:39 PM
 Sales Person: Camilo Villaseca
 Tendered By: Camilo Villaseca

Bill To: Quick Sale

PO #:

Product SKU	Description	Tracking #	Qty	List Price	Disc %	Total Disc	Your Total
CATCMO000041	MOTOROLA t731-V710/i60/i90/i95 AC TRAVEL CHARGER - OEM (FOLDING PRONGS)		1	\$29.99	0.00	\$0.00	\$29.99

Payment:		Subtotal:	\$29.99
Visa	\$31.79	Fed GST:	\$1.80
Change:	\$0.00	Total:	\$31.79

Comments:

MOTOROLA t731-V710/i60/i90/i95 AC TRAVEL CHARGER - OEM (FOLDING PRONGS): 1 Year Limited Warranty. Exchange or refund for product in brand new condition and accompanied by the original packaging within seven (7) days. Re-stocking fees may apply. ;

GST #: 89770 0282 RT 0001

APPLICANT COPY

CONNECT WS @ TELUS
MOBILITY
8882 170 ST U# 1521
PHASE
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2007/07/29
TIME 9466 14:40:48
RECEIPT NUMBER
S30615004-001-102-010-0

PURCHASE
TOTAL-CAD

\$31.79

APPROVED

AUTH# 013868 01-027
THANK YOU

CARDHOLDER COPY

APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti		Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President		Department: Public Affairs	
Business Phone: 407-7188	Period From: March 2008		to March 2008

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62320000			\$461.95	<input checked="" type="checkbox"/>
		62314 = 75.00w					<input checked="" type="checkbox"/>
		62320 = 60.38w					<input type="checkbox"/>
		62300 = 286.57w	40.00w				<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						461.95	<input type="checkbox"/>

Capital Health
RECEIVED
APR 10 2008
ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *Mar. 31 08*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Weatherill</i>		Date
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
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 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

TS

EXPENSE ACCOUNT DETAILS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Mar 3/08	Taxi - Ottawa				✓ \$33.00		
Mar 5/08	Taxi - Ottawa				✓ 35.00		
Mar 04/08	Taxi - Ottawa				✓ 7.00		
Mar 14/08	Parking Airport - Comm Counc				✓ 20.00		
Mar 24/08	Parking Plaza Meetings				✓ 12.00		
Mar 24/08	Mileage Plaza				✓ 4.30		10
Mar 14/08	Mileage Airport - Comm Counc			93.29 15.00	✓ 24.08		56
Mar 16/08	Gabbana - Dinner N. Zouravlioff		108.29				
Mar 18/08	Murrieta's - Melanie's Going away		218.28	193.28 25.00			
Total km							66
Rate as outlined in Section 2 – Travel below @							0
Totals				\$326.57	\$135.38		

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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



Receipt for Cab fare

Amount 7.- Date 03/04/08

From _____

To _____

Cab No. 910 Driver M.K

G.S.T. Included in meter fare

APPLICANT COPY

RECEIPT / REÇU

Amount/Montant: \$ 33 Date: 03/03/08

From/De: Airport

To/à: Chateau

Taxi #: 823 Driver/Chauffeur: [Signature]

Thank you / Merci

PLAZA MTG S



Job # _____
Receipt for Cab fare

Amount \$35.00 Date Mar 5/08

From _____

To _____

Cab No. 381 Driver Al

G.S.T. Included in meter fare

TICKET VOID IF RE-SOLD

IMPERIAL PARKING



Meter: 255
Card: 224555
Impark 24

11:57AM MON
MAR 24 08

RE-SOLD

INSTRUCTIONS ON BACK
Please remember the
parking closes @ 5pm

Dinner Nick
~~Zoradio~~
Zoradio ff

GABBANA RESTAURANT
11223 JASPER AVE
EDMONTON AB

PLACE THIS SIDE UP ON DASH

Melanie Goins
Away

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check: 92259

Section 17(1),(4)(e.i)

Server: Tabitha Date: 03/18/2008
Table: 62 Time: 14:10

ISA
Section 17(1),(4)(e.i)

MURTI/CYNDY R DE
ITH 091445 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 193.28

TIP \$ _____

TOTAL \$ 218.28

** CUSTOMER COPY **

GST#8573775/000001
Thank You
Murrieta's Bar & Grill.

Communication Cancelled

GST# R128599776

Edmonton Airports

Can- Edmonton
Tax Code CA5%

Exit #1 Ca 14/03/08 18:03
Casnier 9
Receipt 027181

Short-term parking tkt
2L - No. 047627
14/03/08 06:44 -
14/03/08 18:03 -
Period 0d11h20'
(Tax) \$20.00

Total \$20.00

Payment Received
Cash \$20.00

Sub Total \$19.05
Tax 5% 0.95

Deliv. Date=Receipt Date

CARD [Redacted]
CARD TYPE VISA
DATE 2008/03/16
TIME 0477 20:39:14
RECEIPT NUMBER
S30704603-001-001-882-0

PRE-AUTHORIZATION
AMOUNT \$93.29

TIP _____

TOTAL-CAD
108.29

APPROVED

AUTH# 050426 01-027
THANK YOU

CARDHOLDER COPY



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: March 2008	to June 2008

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			\$951.32	<input checked="" type="checkbox"/>
		62300 : \$ 521.12	68.50			931.32	<input checked="" type="checkbox"/>
		62310 : 41.70					<input type="checkbox"/>
		69500: 300n					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

Capital Health
RECEIVED
JUN 10 2008
**ACCOUNTS
PAYABLE**

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *June 5/08*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8008
(Signature) <i>Sheila Weatherill</i>		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Apr 1-08	WXN Breakfast		✓ \$47.25	W			
May 23-08	WXN Breakfast		✓ 51.45	W			
Apr 30-08	Dinner w/Rita Mezzanotte Sorrentino's		✓ 152.51	132.51			
Apr 30-08	Parking - dinner w/Rita			20.00	✓ 3.00		
Apr 30-08	Mileage - dinner w/Rita,				✓ 4.30		10
Apr 11-08	Parking-Primary Care Mtg				✓ 10.00		
Apr 11-08	Mileage-Primary Care Mtg				✓ 4.30		10
Apr 8-08	Parking-Regional Simulation				✓ 5.00		
Apr 8-08	Mileage-Regional Simulation				✓ 4.30		10
May 6-08	Parking-Business Advisory Council				✓ 4.00		
May 6-08	Mileage-Business Advisory Council				✓ 4.30		10
May 23-08	LRT - Meeting CHC			29.88	✓ 2.50		
Mar 25-08	Dinner - Montana's		34.38	4.50			
May 20-08	Sandra Huculak gift re Maz opening Hardware Grill		300.00	n			
June 2-08	Lunch - Judith Dyck, Upper Crust		28.15	24.15	4.00		
May 27-08	Dinner-Yvette Smith & Husband, Sorrentino's		275.88	235.88			
				40.00			
Total km							40
Rate as outlined in Section 2 – Travel below @							0
Totals			\$909.62		\$41.70		

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

APPLICANT COPY

Edwards, Carol

From: Women's Executive Network [wxnadmin@wxnetwork.com]
Sent: Tuesday, April 01, 2008 9:57 AM
To: De Giusti, Cyndy
Subject: Payment Receipt: 6812 Confirmation from Women's Executive Network

Women's Executive Network**Your Purchase has been approved**

This receipt confirms payment for your purchase from Women's Executive Network. This charge will appear on your credit card statement as **Women's Executive Network**. To contact us, please send an e-mail to wxnadmin@wxnetwork.com or call 866-465-3996

Receipt

Transaction Time: Apr 01, 2008 11:57 AM
Merchant Number: 7592
Receipt Number: 1231415730.6007
Sales Order Number: 6812
Transaction Type: eCommerce
Authorization Code: 093258

Billing Information

Name: Cyndy R. De Giusti
Company (Optional):

Card Type: VI
Card Number: XXXXXXXXXX

Order Details

Code	Quantity	Description	Unit Price	Subtotal
EBF-02	1	WXN Breakfast April 2/08 - Member	45.00	45.00
GST	1	Canadian GST Charged	2.25	2.25
Canadian Dollar Total				47.25

APPLICANT COPY

Edwards, Carol

From: De Giusti, Cyndy
Sent: Friday, May 23, 2008 8:58 AM
To: Edwards, Carol
Subject: FW: Payment Receipt: 7165 Confirmation from Women's Executive Network

For my expense account.

Cyndy De Giusti
Senior Vice President
Public Affairs
1J2.54 Walter C. Mackenzie Health Sciences Centre
8440-112 Street
Edmonton, AB T6G 2B7

tel: (780) 407-7188 **fax:** (780) 407-7601 **cell:** (780) 920-1020

Capital Health
www.capitalhealth.ca

Building Canada's Health Capital

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.

From: Women's Executive Network [mailto:wxnadmin@wxnetwork.com]
Sent: Friday, May 23, 2008 8:47 AM
To: De Giusti, Cyndy
Subject: Payment Receipt: 7165 Confirmation from Women's Executive Network

Women's Executive Network

Your Purchase has been approved

This receipt confirms payment for your purchase from Women's Executive Network. This charge will appear on your credit card statement as **Women's Executive Network**. To contact us, please send an e-mail to wxnadmin@wxnetwork.com or call 866-465-3996

Receipt

Transaction Time: May 23, 2008 10:46 AM
Merchant Number: 7592
Receipt Number: 1235904292.6775
Sales Order Number: 7165
Transaction Type: eCommerce
Authorization Code: 095431

APPLICANT COPY

Billing Information

Name: Cyndy De Giusti
Company (Optional): Capital Health

Card Type: VI
Card Number: [REDACTED] Section 17(1),(4)(e.i)

Order Details

Code	Quantity	Description	Unit Price	Subtotal
EBF-03	1	WXN Breakfast June 11/08 - Member	49.00	49.00
GST	1	Canadian GST Charged	2.45	2.45
Canadian Dollar Total				51.45

SORRENTINO'S DOWNTOWN
10162-100 STREET
EDMONTON, AB
T5J 0P5
780-424-7500

Rita

4652053 Batch#
352053 Shift#
14

Pre-Auth

27680 Seq#: 0498010
1893

\$ 1
\$ ~
\$ 152.51

INVOICED 022049

20:53:58

Customer Copy
G'S GIFT CARDS THE PERFECT GIFT

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
690 #110926270 RT0001

apv.
Rita Mezzanotte

04/30/09 21:31
04/30/09 21:31 L# 1 CM 6 T#MLL43099
04/30/09 21:31 In 04/30/09 21:31 Out
TK# 390985
Regular Rate \$ 2.06
Total Tax \$ 0.14
Total Fee \$ 3.00
CASH PAID \$ 3.00-
Cash Tender \$ 5.00
Change Due \$ 2.00

THANK YOU
COME AGAIN

TICKET VOID 10 km Plaza 124
impark
IMPERIAL PARKING
Hourly Parker Primary Care Council
Meter: 265
Trans: 005145
Time: 8:51A APR 11
Rate: \$10.00
Expires: 11:21 AM FRI
APR 11 08
impark
INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 9pm



CHANGES ARE FOR THE USE OF THE PARKING SPACE ONLY
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
YOUR CONTENTS WHEN LOANED, INCLUDING BUT NOT
LIMITED TO FINE, THEFT OR COLLISION



RECEIPT

23113549

PRECISE PARKLINK
AMOUNT PAID
\$ 4.00 213500000305 PM
EXPIRATION DATE
06:05 05:05 PM

PRECISE PARKLINK
CREDIT CARD NUMBER
Business Advisory Council
GMC
EXPIRATION TIME
06:05 05:05 PM \$ 4.00
DATE ISSUED TIME ISSUED AMOUNT PAID

0102
ETS
*1505491
Exp: 23/05/09
8:00 AM
Adult \$2.50
2010
ETS
This side up, insert this end.
000015038-1-01
Corona Station Fast TUN50035

Regional Simulation Dinner

PERMIT # 100-1976
LOT 0002-0287
0002-0287 T0001

EXP 06:00am
APR 08, 2008
06:00am
08, 2008
LOT#
0020287
MACH# 001
Purchase Tin

0000 Evenings
For your cell phone
dation 9670
Wireless.com

APPLICANT COPY

Sandra's gift
to Mary
opening

HARDWARE GRILL
9698 JASPER AVENUE
EDMONTON AB

SALES TAX 13%
ST. ST. LONGHORN

30.00
4.50
4.50
TOTAL \$ 37.38

copy to Sandra
to Mary
THANK YOU

CARD NUMBER [REDACTED]
CARD TYPE VISA 0865
DATE/TIME 2008/05/20 14:57:13
RECEIPT NUMBER M08538997-001-367-001
PURCHASE AMOUNT \$300.00
TIP \$0.00
TOTAL AMOUNT \$300.00

01 APPROVED - 027 AUTH. # 014325
THANK YOU

Merchant Copy

THANK YOU

Judith
Dyck

SORRENTINO'S DOWNTOWN
10162-100 STREET
EDMONTON, AB
T5J 0P5
(780)479-2115

US

chant ID: 4652053 Batch#: 012
a ID: 64652053 Shift #: 001
lovee ID: 23

Pre-Auth

0000000075 Swiped Seq#: 012001001067 GST 3

Amount: \$ 235.88
Tip: \$ 275.88 9.25
Total: CAD\$ 2.95
2.00
APPROVED 008994 0.00
0.00
21:36:17 5.00
Customer Copy 3.00
1 . . . PINOT NOIR 52.00
1 TIRAMISU 10.00
1 SORBET 10.00
MANGO
1 CAPPUCCINO 4.95
2 COFFEE 5.50
SUBTOTAL 224.65
G S T 11.23
TOTAL DUE 235.88

UPPER CRUST RESTAURANT
EDMONTON ALBERTA
5.51 111-1111

29 STEPHANE

TBL 02/1 014 890 GST 0
JUN 2 08 11:28 AM

2 CALIF SALAD 19.00
2 COFFEE 4.00

SUBTOTAL 23.00
G.S.T. 1.15

TOTAL DUE 24.15 +
4.00 tip

*****PLEASE PAY SERVERS*****

PLEASE PAY SERVER
THANK - YOU



Capital Health
EDMONTON AREA

APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

CAPITAL HEALTH
JUL 16 2008
EXECUTIVE VICE PRESIDENT

Name: Cyndy De Giusti	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Public Affairs	
Business Phone: 407-7188	Period From: May 2008	to July 2008

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110400005	62410000			\$248.54	<input checked="" type="checkbox"/>
		62310 = 108.82					<input type="checkbox"/>
		62300 = 124.22	15.50				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input type="checkbox"/>

RECEIVED
JUL 21 2008
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *Cyndy De Giusti* Date: *July 16 / 08*

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Allaudin Merali (Print name)	Title: Executive VP & CFO	Phone # 407-3652
(Signature) <i>A Merali</i>		Date <i>July 18 / 08</i>
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

dy

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Recommended Coding

- | | |
|---|---|
| <ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) | <ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 |
|---|---|

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
23-05-08	Taxi to lunch meeting				✓ \$12.00		
03-06-08	Lazia, lunch w/Michele Hales & Montana Del Vega		✓ 59.74				
10-06-08	Parking, Caritas Mtg at Westin				✓ 10.00		
10-06-08	Mileage, Caritas Mtg at Westin 10 km				✓ 4.30		10
15-06-08	Lunch, Urban Diner w/Wendy Calgary Health		✓ 20.06				
16-06-08	Parking Retirement				✓ 2.00		
17-07-08	Parking, Primary Care Mtg, Plaza 124				✓ 12.00		
17-07-08	Mileage, Primary Care Mtg, Plaza 124				✓ 4.30		10
16-06-08	Lunch for staff mtg		✓ 24.63				
3-07-08	Parking, lunch with Fran Ross, Caritas				✓ 10.00		
3-07-08	Mileage, lunch with Fran Ross, Caritas				2.58		6
4-07-08	Parking, RAH, Robbins Ops Mtg				✓ 5.00		
4-07-08	Mileage, RAH, Robbins Ops mtg				✓ 6.02		14
09-07-08	Parking, RAH, Lois Hole Meeting				✓ 4.00		
09-07-08	Mileage, RAH, Lois Hole Meeting				6.02		14
10-07-08	Riverside Bistro, lunch w/Lee Elliott, Cancer Board		35.29				
11-07-08	Parking Website Mtg, Plaza 124				✓ 8.00		
11-07-08	Mileage - Website Mtg, Plaza				4.30		10
15-07-08	Parking, Primary Care mtg, Plaza & Mileage (\$14 park, \$4.30 Mileage)				✓ 18.30		10
Total km							
Rate as outlined in Section 2 – Travel below @							0
Totals			139.12		108.82		

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
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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 lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or

APPLICANT COPY ~~EXPENSE CLAIM DETAILS~~

3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
 - If union contract rate differs from \$0.43 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
Travel advance may be requested provided travel expenses are likely to exceed \$500.

Date _____ Amount 425.00
Moutant GST Included

APPLICANT COPY

M. de Vill + Montoya

From/De _____
To/A _____
To/A _____
Driver *[Signature]* Car # 648
Chauffeur _____ Voiture _____
425-8310 *Road Starway MK Downtown* 425-2525

LAZIA #2
EDMONTON, ALBERTA
760-990-0188

Jun 03 2008 12:53 pm
Trans#8517

TRANSACTION RECORD

Card Number: _____

Exp Date : _____
Card Entry : S01
Account : VISA

Trans Type :
PRE-AUTHORIZATION

Amount : \$52.24
Tip _____

Total : \$ 59.74

Auth # : 097878
Sequence # : 001001222
Merchant ID: 22301408
Employee : UNTKOV
Employee # : 122
Terminal # : NI2230140801
Date : 08/06/03
Time : 12:53:27

APPROVED - THANK YOU

Cardholder 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

[Signature]
Edmonton City Centre West
Suite 111, 10000 Ave

122 Avenue

Tel: 437-1-8888
1-800-761-1111

Best copy available

10000 Ave
Edmonton, Alberta
T6E 1K1
437-1-8888
1-800-761-1111

LAZIA # 2
IS NOW OPEN
ST ALBERT TRAIL
137 AVE.

651-4-330111

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-256

EDMONTON, AB. 780-420-1976
GST #88731 5638 RT0001
Machine Serial #:000005071052

EXPIRY DATE AND TIME

EXP 02:56pm
JUN 10, 2008

TICKET# LOT#
00090930 00020256

CC \$0010.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED
s.17(1), 17(4)(e.1)

2 Hours \$10.00

Pay from your cell phone.
423-1922 Location 9804.
goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

APPLICANT COPY

825810

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

16/06/08 05:39 PM \$ 2.00

CREDIT CARD NUMBER

UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

TICKET VOID IF RE-SOLD

IMPERIAL PARKING
PHONE 420-1976
HOURLY PARKER
Meter 1111383
Trans: 00008879
Time: 12:04 PM JUN 03 08
Price: \$10.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires: s.17(1), 17(4)(e.1)

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

16/06 11:59 PM

AMOUNT PAID

\$ 2.00 1974000005:39 PML0TV

825810

UNIVERSITY OF ALBERTA

NON TRANSFERABLE

TICKET VOID IF RE-SOLD

INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 9pm

PLACE THIS SIDE UP ON DASH

Wendy, looking for help

12427-102 Avenue NW
EDMONTON, AB
T5N 0M2
(780) 488-7472

Merchant ID: 4071461 Batch#: 140
Term ID: B4071461 Shift #: 001
Employee ID: 21

Pre-Auth

VISA
Inv #: 0000022895
Sec#: 140001001
Section 17(1),(4)(e.i)

Amount: \$ 17.06
Tip: \$ 20.06
Total: CAD\$

Staff Mtg.

Capital Health Authority
Retail Food Service

476

Host: Yin 06/19/2008
476 12:08 PM
70476

Area: Cafeteria

Deli Sandwich Regular (4 @3.89) 15.56
Soup 2.50
Fruit 'n Yogurt 3.75
Pop Bottled591ml 1.65

#Items 4 Sub Total 23.46
Tax 1.17

Order Total 24.63

Cash 40.00

University of Alberta Hospital
GST# R108161688

201/00 APPROVED 043708

5-Jun-08 15:37:57
Customer Copy
www.urbandiner.com

APPLICANT COPY

Courtyard by Marriott
99st & Jasper Avenue
Edmonton, AB, Canada T5J 2E7
780-945-4747
Riverside Bistro
G.S.T. # 86136108

Date: Jul10'08 02:17PM
Card Type: Visa/MC
Acct #: [REDACTED]
Exp Date: XX/XX
Auth Code: 057153
Check: 4109
Table: 83/3
Server: 16 Shawner

Subtotal: 30.29

Gratuity: _____

Total: 35.29

Signature _____

GUEST COPY

LEAVE ON DASH - THIS SIDE UP

09/07 10:32 AM

AMOUNT PAID \$ 4.00 232200000910:32 AM

Capital Health RECEIPT 1475028

Capital Health EDMONTON AREA

Capital Health EDMONTON AREA

Capital Health RECEIPT 1027393

Capital Health EDMONTON AREA

Capital Health CHARGES ARE FOR USE OF PARKING SPACE ONLY CAPITAL HEALTH ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

CREDIT CARD NUMBER

AMOUNT PAID \$ 5.00 23220000010:45 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
04/07/08 10:45 AM \$ 5.00

LEAVE ON DASH - THIS SIDE UP

04/07 12:00 PM

TICKET VOID IF RE-SOLD

imparK IMPERIAL PARKING

Meter: 265
Plate: 007655
Time: 7:51A JUL 11
Price: \$ 8.00

00:51AM FRI JUL 11 08

INSTRUCTIONS ON BACK Please remember the parkade will close @ 8pm

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

TICKET VOID

imparK IMPERIAL PARKING

Hourly Parker

Meter: 265
Plate: 007655
Time: 8:53A JUL 15
Price: \$ 14.00

11:53AM TUE JUL 15 08

INSTRUCTIONS ON BACK Please remember the parkade will close @ 8pm

DE UP ON DASH

PLACE THIS SIDE UP ON DASH