

APPLICANT COPY



Travel Expense Claim Form

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

(Please Print or Type)

Name WENDY HILL Employee Number [REDACTED] s.17(1)  
 Position C.O.O. Cost Centre 201 9000 711001088  
 Department ADMIN. Bus. Phone 413-7703  
 Period from Dec 1/2004 to Dec 30/2004

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 <u>69600</u>			<u>83.44</u>	✓	<u>72.49</u> <u>11.00</u>
Registration Fees					
Transportation (including parking)			<u>31.75</u>	✓	<u>W</u>
Other <u>69500</u>			<u>173.25</u>	✓	
Mileage			<u>353.15</u>		<u>W</u>
TOTAL			\$		\$
Less Cash Advance					
NET			\$ <u>641.59</u>		

Capital Health  
**RECEIVED**  
JAN 12 2005  
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 W Hill Date Dec. 30/04  
 Approved by \_\_\_\_\_  
 Print Name [Signature] Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

JAN 10 2005



APPLICANT COPY



OXFORD TOWER  
PARKADE  
GST#105207605

11-29-2004 MUN #0

3 HOUR 9.00  
CASH 9.00

ITEM 1  
ICL 9392 15:37

Thank You For  
Parking At Commerce  
Place Parkade

04DEC01 09:24 019 002  
04DEC01 07:48 01  
/ 1:36 #083956

50062526546  
RATE 6.00  
TOTAL 6.00  
Cash 6.00

GST #897727657RT  
Have a Nice Day

DATE DEC 09 2004  
LOT 160 HYS  
TICKET No. 731-764  
AMOUNT \$5.00  
SIGNATURE [Signature]  
R.S.T. #88731 5638 RT0001 IM-003

11 OFA  
PARKING NOTICE  
5574 (10810011)  
NOTICE INCLUDES  
EST FEE ARE APPLICABLE

Best copy available

Special Services  
7700-104 Avenue  
Edmonton, Alberta  
T5C 2E2  
Special Services  
416 (403) 497-5175

Transaction Date: 30/12/2004 08:58:10  
Subtotal: \$1.75  
Amount Served: \$1.25  
Change: \$0.00  
TOTAL: \$1.75

Thank You, have a nice day!

12-22 50  
11.00 10.00 F  
SUBT 11.00  
TAX TXBL 10.00  
TAX 50  
TOTAL 10.00  
TOTAL 7704 08334

14 SPM  
TEL 1201 DMK 784 GST 2  
DEC14'04 12:54P

2 INSALATA PILLIO 21.90  
1 COFFEE 1.75  
1 POP 2.35

SUBTOTAL 26.00  
G.S.T. 1.82  
TOTAL DUE 27.82

\*\*\*\*\*SERVER\*\*\*\*\*  
32.82

ALESSIO ITALIAN KITCHEN  
EDMONTON, ALBERTA  
G.S.T. #898140894

APPLICANT COPY

THINGS ENGRAVED - 978  
 SHERWOOD PARK MALL  
 (780) 416-5444  
 G.S.T # 103835518

12/07/2004 10:13:02 # 23392 1  
 Clerk: Erica Cashier: Melony

Item #	Price	Qty	Amount
7830	19.99	9	179.91 T1
CARDCASE 8717 SILVER MATTE/SHN			
* Line Discount 10.00%			-17.99
REASON # 7. Seniors Discount			
SubTotal:			161.92
GST:			11.33
PST:			0.00
Total due:			173.25
Tendered :			Debit: 173.25

RETURN POLICY: WITH A RECEIPT we offer an exchange, refund or gift card if returned within 60 days, not engraved, & in original pks. / WITHOUT A RECEIPT non-engraved items will be exchanged at current sale price for goods/Gift Card

TRANSACTION RECORD

Dec 7/2004 10:13:55

Type : Debit  
 Bank Card # :   
 Account : SAVINGS  
 Trans Type : PURCHASE  
 Amount : 173.25  
 Authorization : 408353  
 Reference # : 23392  
 Terminal : 0240071A  
 Host Date : 12/07/04  
 Host Time : 10:14:42

000 APPROVED-THANK YOU  
 Clerk : Erica  
 Cashier : Melony

SORRENTINOS  
 ST. ALBERT  
 G.S.T.# R106462256

16.00

13 FRED

TBL 15/1 CAK 148 GST 2  
 DEC22'04 12:30PM

1 GLS CHARDONNAY	7.95
1 GLS SHIRAZ	6.50
1 WINESTRONE	4.50
1 INS DI CESARE	6.50
1 PZ VEGETARINA	11.75
ILL CALL" ICKUP	
2 HERBAL TEA	4.50

SUBTOTAL 41.70  
 G S T 2.92  
 TOTAL DUE 44.62

PLEASE PAY SERVER  
 THANK - YOU

50.62

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name WENDY HILL Employee Number [REDACTED]  
 Position C.O.O. 201 9000 7110101088 Cost Centre  
 Department ADMIN Bus. Phone 413-7703  
 Period from JAN 1 to JAN 31/05

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			<u>195.71</u>	<u>205.71</u>	
Registration Fees				<u>14</u>	
Transportation (including parking)			<u>25.25</u>	<input checked="" type="checkbox"/>	
Other					
Mileage			<u>181.30</u>		
<b>TOTAL</b>			<u>\$402.26</u>	<u>412.26</u>	
Less Cash Advance					
<b>NET</b>			<u>\$402.26</u>	<u>412.26</u>	

Capital Health  
RECEIVED

MAR 22 2005

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 W Hill Date Feb. 18/05  
 Approved by [Signature]  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date **FEB 28 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
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# APPLICANT COPY

CAPITAL HEALTH  
ROYAL ALEXANDRA PUBLIC PARKING

Rcpt# 55270  
01/18/05 08:06 LH 1 AM 10 Txn#168944  
01/18/05 06:46 In 01/18/05 08:06 Out  
Tkt# 346105  
Daily Rate \$ 3.75  
Total Fee \$ 3.75  
CASH PAID \$ 3.75-  
Cash Tender \$ 3.75  
Change Due \$ 0.00

ROYAL ALEXANDRA PUBLIC PARKING  
10000 100th Ave NW  
Edmonton AB T6E 1B1  
Tel: 780-440-2222  
Fax: 780-440-2223  
www.rahp.ca

CARMENT  
128425  
011604

Name:  
Addr:

Date: **Best copy available**  
Exp Date:  
Card Type: **Best copy available**  
N21307421001

Op ID: 010

15508

Tip +10.00  
Total 98.71

Signature X  
I agree to pay the total amount according to the receipt.  
Retain this copy for your records

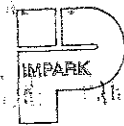
Top copy-customer Bottom copy-merchant

TICKET



DASH

TICKET VOID IF RE-SOLD

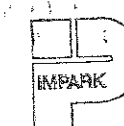


PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH



Best copy available

EDMONTON AIRPORTS  
GST# R128599776

Car park 0000001009 100/890-8  
1890 6

Receipt

010  
11.01  
Length 17

Best copy available

total amount 12.00

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)



(Please Print or Type)

Name WENDY HILL Employee Number [REDACTED]  
 Position COO Cost Centre 201-9000-1110101088  
 Department ADMIN Bus. Phone 413-9703  
 Period from FEB. 13 to FEB 16/05

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			443.52	✓	(T) 423.72 (N) 19.80
Meals			140.00		(T)
Registration Fees					
Transportation (including parking)	<div style="border: 1px solid black; padding: 5px;">                     Capital Health  <b>RECEIVED</b>                       MAR 02 2005                       ACCOUNTS  <b>PAYABLE</b> </div>		346.00		(T)
Other					
Mileage					
<b>TOTAL</b>			\$ 929.52		\$
Less Cash Advance			—		
<b>NET</b>			\$ 929.52		

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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 Wendy Hill Date Feb 18/05

Approved by \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature [Signature] Date **FEB 28 2005**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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

**NOTE:**

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(T) 909.72  
(N) 19.80





APPLICANT COPY

77.00 +  
7.00 +  
7.00 +  
7.00 +  
23.00 +  
21.00 +  
29.00 +  
7.00 +  
7.00 +  
7.00 +  
7.00 +  
7.00 +  
7.00 +  
12.00 +  
7.00 +  
7.00 +  
7.00 +  
7.00 +  
20.00 +  
18.00 +  
7.00 +  
0.20  
**TOTAL**  
**TAXI**  
540.00

180 COOPER ST.,  
OTTAWA, ONT.,  
CANADA K2P 2L5  
Phone: (613) 236-5000  
Reservations: (800) 236-8399  
Fax: (613) 238-3842

APPLICANT COPY

**Cartier Place**  
SUITE HOTEL

WWW.SUITEDREAMS.COM

CHECK-OUT TIME 11:00 AM

Date : 13-FEB-05 (Sun)  
Time : 11:37 AM  
HotelSoft: Reservation Summary

GUEST REGISTRATION  
PAGE 1

HILL, WENDY  
CAPITAL HEALTH AUTHORITY

GUEST REMARKS : N/S  
: EARLY C/I AT 9AM IF  
: POSSIBLE  
:  
Arrival time :  
s

Booking Agent: .. -

Comm %: .00

Date-In : 13-FEB-05 Clerk : LILY  
Date-Out : 16-FEB-05 Date : 27-JAN-05  
Nights/Rooms : 3 / 1 ResId : 149189-001-0  
Adlts/Chld : 1 Status:Gteed  
Room #: P205-0

Room : 396.00  
Other : .00  
Tax : 47.52  
Credits : .00

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

Balance : 443.52

Payment By :  
Marketing : CORP RR ALTA

Exp. Date: s.17(1), 17(4)(e.1)

Type	#Rooms	Rate Code	Rate	Amount	Tax	Total
0EXEDS	1	GOVT-1	132.00	396.00	47.52	443.52

423.72 (7)  
19.80 (14)

PRIVACY ACT OF CANADA /  
LA LOI SUR LA PROTECTION DES  
RENSEIGNEMENTS PERSONNELS DU CANADA

Effective January 1, 2004 / En vigueur le 1 janvier 2004

GUEST CONSENT FORM /  
FORMULAIRE DE CONSENTEMENT DU CLIENT

By providing this information, you consent to the collection, use, handling and disclosure by Cartier Place Suite Hotel of any information including required information set out above or any other information relating to this stay or any future stay with us for services from time to time provided to you by or under arrangement with our company, for the following purposes:

1. Customer Service - The information will be used to facilitate your next check-in and, wherever possible, to meet your personal preferences in accommodation;
2. Marketing - The information will be used to advise you of goods and services offered by or by arrangement with the hotel company; and
3. Market Research - The information will be used to improve the offering of goods and services to you

You may withdraw this consent at any time by notice to the Designated Privacy Officer at the Cartier Place Suite Hotel, 180 Cooper St. Ottawa, Ontario, K2P 2L5, (613) 236-5000 Ex. 3122 or by e-mail [generalmanager@suitedreams.com](mailto:generalmanager@suitedreams.com) and such notice to be effective on the next business day following its receipt.

En fournissant cette information, vous consentez à la collecte, l'utilisation, le traitement et la divulgation par Cartier Place Suite Hotel de toute information, incluant l'information requise présentée ci-haut, ou toute autre information qui se rapporte à votre séjour ou futur séjour chez nous, pour des services qui vous sont fournis de temps en temps par ou selon un arrangement avec notre compagnie pour les raisons suivantes :

1. Service à la clientèle - l'information sera utilisée pour vous faciliter votre prochain enregistrement, là où possible, pour répondre à vos préférences personnelles pour les chambres ;
2. Marketing - l'information sera utilisée pour vous aviser des produits et services offerts par ou selon un arrangement avec notre hôtel; et
3. Étude de marché - l'information sera utilisée pour améliorer nos offres de produits et services.

Vous pouvez retirer ce consentement en tout temps en avisant notre Responsable de la protection à Cartier Place Suite Hotel, 180 rue Cooper, Ottawa (Ontario) K2P 2L5, (613) 236-5000 x 3122, ou par courriel à [generalmanager@suitedreams.com](mailto:generalmanager@suitedreams.com). Cet avis sera mis en vigueur dans un délai du prochain jour ouvrable après réception.

Hotel Association of Canada / Association des hôtels du Canada

Dated / Daté le :

Print Name / Imprimer le nom :

Suite / No. de la suite :

*Wendy Hill*  
Signature to Accept / Signature pour accepter :

Signature not to Accept / Signature pour refuser :

THIS PROPERTY IS PRIVATELY OWNED AND THE MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE AND WILL NOT BE RESPONSIBLE FOR DAMAGE OR CARS, ACCIDENTS OR INJURY TO GUESTS.

REGARDLESS OF CHARGE INSTRUCTIONS, I HEREBY ACKNOWLEDGE ALL CHARGES AS A PERSONAL INDEBTEDNESS. THE MANAGEMENT IS NOT RESPONSIBLE FOR MONEY, JEWELRY OR OTHER VALUABLES UNLESS DEPOSITED IN SAFETY DEPOSIT BOXES PROVIDED FOR THAT PURPOSE.

LA PROPRIÉTÉ DE L'HÔTEL EST UN ENDROIT PRIVÉ ET LA DIRECTION SE RÉSERVE LE DROIT DE REFUSER ACCÈS À TOUTE PERSONNE. LA DIRECTION SE DÉGAGE DE TOUTE RESPONSABILITÉ ENVERS LES DOMMAGES AUX VÉHICULES AINSI QUE LES ACCIDENTS ET BLESSURES SUBIS PAR NOTRE CLIENTÈLE.

LE CLIENT SUS-MENTIONNÉ ACCEPTE TOUTS LES FRAIS CI-HAUT COMME ÉTANT SA PROPRE RESPONSABILITÉ EN DÉPÎT DES INSTRUCTIONS DONNÉES. L'HÔTEL N'ACCEPTE AUCUNE RESPONSABILITÉ POUR L'ARGENT, LES BIJOUX ET AUTRE OBJECTS DE VALEUR À MOINS QUE CEUX-CI SOIENT DÉPOSÉS DANS NOS COFFRETS DE SÛRETÉ QUI SONT À VOTRE DISPOSITION.

*Wendy Hill*

GUEST SIGNATURE  
SIGNATURE DU CLIENT

APPLICANT COPY

**Zoreta, Gannie**

---

**From:** Osadchuk, Gerry  
**Sent:** Wednesday, March 02, 2005 11:53 AM  
**To:** Zoreta, Gannie  
**Subject:** Cost Centre  
**Importance:** High

Hi Gannie:

You can use 201 9000 71110101088.

Thx.  
Gerry

# APPLICANT COPY

**RECEIPT / REÇU**

Amount/Montant: 28.00 Date: 2/3/05

From/De: \_\_\_\_\_

To: \_\_\_\_\_

Cab No. 233 Driver/Chauffeur: [Signature]

*Thank you / Merci*





**BLUELINE RECEIPT FOR CAB FARE**

Amount 7.00 Date Feb 13

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. 226 Driver [Signature]

G.S.T. Included in meter fare    





**BLUELINE RECEIPT FOR CAB FARE**

Amount 7 Date Feb/13

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. 188 Driver FA

G.S.T. Included in meter fare    





**BLUELINE RECEIPT FOR CAB FARE**

Amount 7 Date 11-02-05

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. \_\_\_\_\_ Driver [Signature]

G.S.T. Included in meter fare    





**BLUELINE RECEIPT FOR CAB FARE**

Amount \$ 7.00 Date Feb-14-05

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. 1224 Driver \_\_\_\_\_

G.S.T. Included in meter fare    





**BLUELINE RECEIPT FOR CAB FARE**

Amount \$ 7.00 Date 14/2/05

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. \_\_\_\_\_ Driver [Signature]

G.S.T. Included in meter fare    





**CAPITAL TAX RECEIPT FOR CAB FARE**

Amount 7 Date 14 2.05

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. G32 Driver CH

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




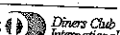
**BLUELINE RECEIPT FOR CAB FARE**

Amount 25\$ Date 14 FEB 05

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. 27 Driver [Signature]

G.S.T. Included in meter fare    




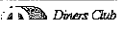
**BLUELINE RECEIPT FOR CAB FARE**

Amount 32.1 Date 14.02.05

From \_\_\_\_\_

To 13

Cab No. 413 Driver [Signature]

G.S.T. Included in meter fare    

• RECEIPT FOR CAB FARE •

**IF YOU LIKE OUR SERVICE,  
tell your friends -- if not tell us.**

IF YOU TAKE A GLASS TAKE A BARREL  
SPEEDY SERVICE TO AND FROM DOWNTOWN EDMONTON

Name of Account \_\_\_\_\_ Date Feb 12/05

Cab No. 35 Driver SY Fare 77.00

From St. Albert To JAP.

GST INCL. IN FARE #R100403070

APPLICANT COPY  
 Cab No. 717  
 Driver [Signature]  
 Amount 7.00  
 Date Feb 15/05

RECEIPT FOR CAB FARE  
**BLUELINE**

G.S.T. included in meter fare  
 Cab No. [Signature]  
 Driver [Signature]  
 Amount 7.00  
 Date Feb 15/05

RECEIPT FOR CAB FARE  
**BLUELINE**

G.S.T. included in meter fare  
 Cab No. 382  
 Driver [Signature]  
 Amount 28.00  
 Date Feb 16/05

RECEIPT FOR CAB FARE  
**CAPITAL TAXI**

From/De: ST ALBERTA  
 Driver/Chauffeur: [Signature]  
 Date: 16/02/05  
 Amount/Montant: \$ 329  
 Car/Voiture # 329  
 GST # [Signature]  
**YELLOW CAB**  
 ADMIN: 465-8500  
 FAX: 462-2722  
 462-3456  
 THANK YOU/MERCI  
 10135-31 Avenue  
 Edmonton, AB T6N 1C2

**CAPITAL TAXI**  
 RECEIPT FOR CAB FARE  
 Amount 7 Date 14/02/05  
 From  
 To  
 Cab No. 632 Driver [Signature]  
 G.S.T. Included in meter fare  
 Le prix inclus la T.P.S.  
 VISA AMERICAN EXPRESS Diners Club International

**BLUELINE** RECEIPT FOR CAB FARE  
 Amount \$ 7 Date Feb 14/05  
 From  
 To  
 Cab No. Driver [Signature]  
 G.S.T. Included in meter fare  
 VISA AMERICAN EXPRESS Diners Club International

**CAPITAL TAXI**  
 RECEIPT FOR CAB FARE  
 Amount 7.00 Date 15/2/05  
 From  
 To  
 Cab No. 623 Driver [Signature]  
 G.S.T. Included in meter fare  
 Le prix inclus la T.P.S.  
 VISA AMERICAN EXPRESS Diners Club International

**BLUELINE** RECEIPT FOR CAB FARE  
 Amount \$ 7 Date Feb 14/05  
 From  
 To  
 Cab No. Driver [Signature]  
 G.S.T. Included in meter fare  
 VISA AMERICAN EXPRESS Diners Club International

**CAPITAL TAXI**  
 RECEIPT FOR CAB FARE  
 Amount 15.00 Date 15/02/05  
 From  
 To  
 Cab No. 637 Driver [Signature]  
 G.S.T. Included in meter fare  
 Le prix inclus la T.P.S.  
 VISA AMERICAN EXPRESS Diners Club International

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name WENDY HILL Employee Number [REDACTED]  
 Position P.O.U. Cost Centre 201 9000 71110101088  
 Department ADMIN Bus. Phone 413-7703  
 Period from FEB 1 to FEB 28/05

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			134.02		134.02 w 20% GST
Registration Fees					
Transportation (including parking)			16.50	w	
Other					
Mileage			147.35	✓	
<b>TOTAL</b>			<b>\$ 317.87</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$ 317.87</b>		<b>\$</b>

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 [Signature] Date Mar 2/05  
 Approved by [Signature] Title MAR 11 2005  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

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U OF A  
PARKING SERVICES  
GST# R100102831

02-07-2005 MON #1

DP01 3.75  
GST 0.25  
CASH 3.75

ITEM 1  
ICL 7657 17:17TH

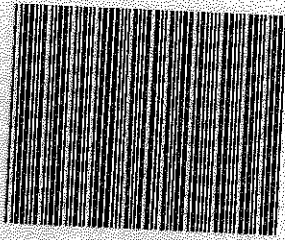
GRANT MACLEWAN APPLICANT COPY

ENTER: 11/02/05 09:23

Exp. time: 11:50:00

Ticket : 217KJVY00

AMOUNT : \$4.00  
CASH : \$4.00  
CHANGE : \$0.00  
CREDIT : \$0.00



GST # R100102831



UNIVERSITY OF ALBERTA  
PARKING SERVICES

DAILY PARKING PERMIT

Customer Receipt \$ 5.00

L292351

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
28/02/06	05:18 PM	28/02/05	09:23 AM	\$ 3.75

AMOUNT PAID \$ 3.75 232700000004:48 PM



NON TRANSFERABLE

RECEIPT

18 RENE

IL PORTICO  
EDMONTON, ALBERTA  
O.S.T.# R128503554

TBL 26/4 CHK 592 GST 0  
MAR01'05 07:07PM

- 1 MERLOT ISLA 26.00
- 1 OPEN RED WINE 13.50
- 1 KNAVOLI 18.00
- 1 PENNE SPICY 15.00
- 2 TAG CHICK 34.00
- 1 PANNA COTTA 8.00
- 2 CAPPUC/DECAF 5.50
- 1 CAPPUCINO 2.75
- 1 XDECAF COFFEE 2.50

SUBTOTAL 125.25  
G.S.T. 8.77  
TOTAL DUE 134.02

PLEASE PAY ~~30.00~~ 134.02



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

Section 17(1)

(Please Print or Type)

Name WENDY HILL Employee Number [REDACTED]  
 Position C.O.O. Cost Centre 201 9000 7111 001088  
 Department ADMIN Bus. Phone 413-7703  
 Period from MAR 1 to MAR 31/05

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)	Capital Health RECEIVED	DO NOT USE
Accommodation				APR 13 2005 ACCOUNTS PAYABLE	
Meals					
Registration Fees					
Transportation (including parking)			47.50		
Other					
Mileage			191.10		
<b>TOTAL</b>			\$ 191.10		
Less Cash Advance					
<b>NET</b>			\$ 238.60		

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 Wendy Hill Date Apr. 4/05

Approved by  
 Print Name Sheila Weatherill Title Pres + CEO

Signature [Signature] Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature [Signature] Date APR 11 2005

**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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



TELUS PARKADE  
 GST INC. R#122388333

05MAR02 14:56 001 001  
 05MAR02 13:48 01  
 / 1:08 #098161  
 = 01000591

RATE 1 \$4.50  
 TOTAL \$4.50  
 CASH \$4.50

MANAGED BY  
 IMPERIAL PARKING

**YELLOW**

10135-31 Avenue  
 Edmonton, AB T6N 1C2

ADMIN: 465-8500  
 FAX: 462-2722

**CAB**

462-3456  
 THANK YOU/MERCI

07 03.0's  
 Amount/Montant \$

Car/Voiture # 513

Driver/Chauffeur: K. GST # 125567781

From/De: 9925-109 To/A: SUTTON

MasterCard  
 Visa  
 American Express

APPLICANT COPY

THANK YOU FOR RIDING WITH CAPITAL TAXI

Date: 7-3-05 Amount: 88  
 From: Sutton place  
 To: 9925-109 st

Unit: 135 Driver: M.O.A.

PLEASE CALL 423-2425

VISA  
 MasterCard  
 American Express

Elite Cab



INDEPENDENT

Airport Services, City & Out of Town • Advanced Booking Accepted

From: 7/3/05 Driver: M.O.A.

To: Cab

Date: 7/3/05 Fare: \$

Elite Cab Ltd - Edmonton, Alberta

(780) 951-3731

TICKET VOID



DE UP ON DASH



EXPIRATION TIME  
 16/03/04 15:15 PM  
 AMOUNT PAID  
 2.00 2324000003-03 PM

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

TICKET VOID IF RE-SOLD

Water: Lot 12  
 Lines: 00011573  
 Time: 7:27 MAR 23  
 Price: \$ 5.00



Lot 12

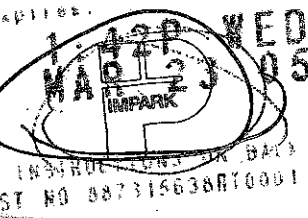
00011573

7:27 MAR 23

\$ 5.00

Expires:

IF RE-SOLD



ST NO 887315638R10001

VISIBLE  
 ANY



PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

OXFORD TOWER  
 GST# 123845679 RT 0018

03-07-2005 NUM 40

EVENING MAX 2.50  
 CASH 2.50

ITEM 1  
 1020 21:01TH

DISPLAY THIS SIDE UP ON DASH  
 \$1.00 Park 1 hour  
 Questions/Comments  
 Call 780-420-1976

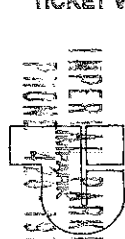
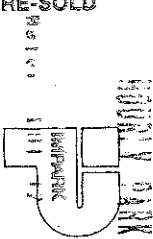
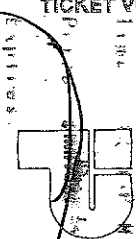
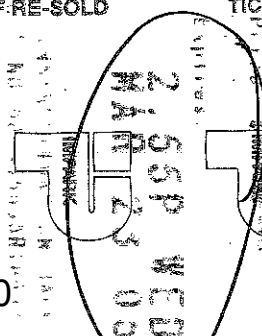
EXPIRY DATE AND TIME  
 EXP 03:27pm  
 MAR 21, 2005  
 TICKET# 00003303  
 LOT# 00020270  
 MACH# 001  
 PURCHASE TIME 02:27pm  
 MAR 21 2005

Imperial Parking  
 Lot 0002-270  
 780-420-1976

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

TICKET VOID I





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

(Please Print or Type)

Section 17(1)

Name WENDY HILL Employee Number [REDACTED]  
 Position C.O.O. / E.N.O. 201 9000 7111041088  
 Department ADMIN Cost Centre 413-7703  
 Bus. Phone 413-7703  
 Period from APR 1 to APR 30 / 05

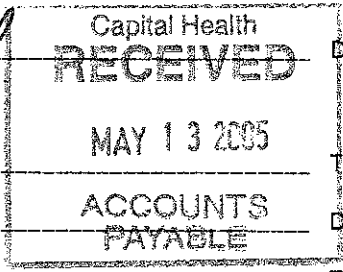
Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			242.85	✓	215.85 27.00
Registration Fees					
Transportation (including parking)			95.50	✓	w
Other					
Mileage			171.15	✓	w
TOTAL			\$ 509.50		\$
Less Cash Advance			✓		
NET			\$ 509.50	✓	

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 [Signature] Date May 2/05  
 Approved by \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature [Signature] Date MAY 12 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



**DETACH RECEIPT FROM TICKET**  
 DATE ISSUED: 04/06/05  
 TIME ISSUED: 12:40 PM  
 AMOUNT PAID: \$4.00  
 CREDIT CARD NUMBER

Capital Health  
**RECEIPT**

Capital Health

**DISPLAY FACE UP ON DASH RECEIPT**  
 Impark Lot 0002-0001  
 Machine Serial #: 4002002ACCOA  
 EXPIRY DATE AND TIME  
**EXP 01:37pm**  
**APR 06, 2005**  
 TICKET# 00018687 LOT# 00020001  
 CC \$0003.00 MACH# 001  
 FOLLOW INSTRUCTIONS ON SIGNS POSTED

Exp 01:37pm  
 APR 06, 2005  
 CC [REDACTED]  
 LOT# 00020001  
 MACH# 001  
 TIC# 00018687  
 CC \$0003.00  
 APR06,2005  
 12:37pm  
 Purchase Time  
 Section 17(1),(4)(e.i)

Park 1 hour \$3.00  
 Questions/Comments?  
 Call 780-420-1976

**DISPLAY FACE UP ON DASH RECEIPT**

**LEAVE ON DASH - THIS SIDE UP**  
 EXPIRATION DATE: 04/06/05  
 EXPIRATION TIME: 12:40 PM  
 AMOUNT PAID: \$4.00  
 CREDIT CARD NUMBER

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.  
**NON TRANSFERABLE**

Capital Health

**DISPLAY FACE UP ON DASH RECEIPT**

Park 1 hour \$3.00  
 Questions/Comments?  
 Call 780-420-1976

EXPIRY DATE AND TIME  
**EXP 12:41pm**  
**APR 06, 2005**  
 TICKET# 00018677 LOT# 00020001  
 C \$0003.00 MACH# 001  
 FOLLOW INSTRUCTIONS ON SIGNS POSTED

Machine Serial #: 4002002ACCOA

Impark Lot 0002-0001

**DISPLAY FACE UP ON DASH RECEIPT**

**DISPLAY FACE UP ON DASH RECEIPT**

Imperial Parking  
 Lot 0002-270  
 Machine Serial #: 000004141060  
 EXPIRY DATE AND TIME  
**EXP 03:19pm**  
**APR 22, 2005**  
 TICKET# 00004172 LOT# 00020270  
 C \$0002.00 MACH# 001  
 FOLLOW INSTRUCTIONS ON SIGNS POSTED

**DISPLAY FACE UP ON DASH RECEIPT**

\$2.00 Park 2 hours  
 Questions/Comments  
 Call 780-420-1976

**DISPLAY FACE UP ON DASH RECEIPT**

Report 1659  
 04/06/05 21:55 L# 1 AM 12 T# 12461  
 04/06/05 17:44 In 04/06/05 21:55 Out  
 TRF# 104068  
 Regular Rate \$ 3.27  
 Total Tax \$ 0.23  
 Total Fee \$ 3.50  
 CASH PAID \$ 3.50-  
 Cash Tender \$ 3.50  
 Change Due \$ 0.00  
 THANK YOU  
 COME AGAIN

CITY OF EDMONTON  
 LIBRARY PARADE  
 GST # 119326270 RT0001

APPLICANT COPY

R. Butler

CLPNA

ALLEGRO ITALIAN KITCHEN  
EDMONTON ALBERTA  
G.S.T. #R96346894

14 BARR  
TEL 1041 ENK 1138 GST 2  
APR 07 105 12:44PM

2 POP 4.70  
1 LASAGNA 12.95  
1 ZITI CON POLLO 12.95  
2 PASTA SP 29.36  
GUSTO W 59.50  
G.S.T. 4.17  
TOTAL DUE 63.67

\*\*\*\*\*PLEASE PAY SEE ME AT THE BAR

Date: 4-28-05  
Chauffeur: Becky  
Unit No.: 12710 Amount: 27.20  
G.S.T. INCLUDED

G.S.T. No.

Best copy available

7.50  
29.04

7.50  
71.67

Gratuity  
Total  
Print name  
Signature  
Thank you for your  
courtesy and help

015159 ING  
28.04.05 14  
Length of  
Receipt #  
Car park  
1780)890-8439  
1780)890-8329  
404.95  
19 1  
\$ Min.  
15.00 \$  
18.00 \$  
1.05 \$

EDMONTON AIRPORTS  
G.S.T. #R96346894

Best copy available

\*\* Please Come Again!  
\*\* Open 24 hours \*\*  
\*\* Thank you \*\*

1 RIPASSO LUNCH 42.00  
1 INSALATA CAROZZI 5.50  
1 HALIBUT FILETTON 25.50  
1 VEAL CROZZAROLA 21.50  
1 VEGgie 0.00  
1 PENN. and POTATA 0.00  
2 CAPPUCCINO 7.50  
Subtotal 102.00  
GST 24.14  
Total 109.14  
LUNCH 0.00  
WINE 42.00  
BEVERAGE 7.50  
DINNER 52.50  
45.00  
124.14

Date: APR 28, 2005 Time: 09:08PM  
Servers: Becky # Guests: 1  
Bill #: 23487 Table: 26

#26

56 Paolo Ristorante  
2001 Centre Street N.  
Calgary, AB  
Phone (403)276-1105

Mr. G. Jones

28/04/05  
CHAFFEUR  
Date: 04/28  
Chauffeur: Becky

Unit No.: 12710 Amount: 23.00  
G.S.T. INCLD

G.S.T. No.:



*Thank You for choosing*  
**ASSOCIATED CAB**  
for all your transportation needs.  
Visit our counter at the  
Calgary International Airport  
International arrival door.

Air Canada International Arrival WestJet

**ASSOCIATED CAB**

Driver KK Date Apr 08/05  
Car # 1212 Amount 14.00  
GST Included # \_\_\_\_\_

# APPLICANT COPY



## AMEX CANADA INC

PHONE: 780-429-3355

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

[Members](#) [Privacy Policy](#) [Help](#)

[HOME](#) [ITINERARY](#) [MOBILE SERVICES](#) [DESTINATION SERVICES](#)

### Language:

English

### Time displayed in:

24 Hour (18:00)

- ▶ [View in date order](#)
- ▶ [eTicket receipt](#)
- ▶ [eInvoice](#)



## Itinerary

WENDY HILL

Reservation code: CSHOTC



[E-mail this itinerary](#)



[View printable version](#)



[Download to handheld](#)



[Add to calendar](#)

### Travel Arranger Priority Comments:

AN ELECTRONIC TICKET AND INVOICE HAVE BEEN PROCESSED  
PLEASE PRINT YOUR RECEIPT AND INVOICE BY SELECTING THE  
\*E-TICKET RECEIPT\* AND \*E-INVOICE\* LINKS LOCATED TO THE LEFT  
POSITIVE IDENTIFICATION IS REQUIRED FOR AIRPORT CHECK IN

### FLIGHTS

[Notify me of flight changes](#)

Thu, Apr 28: AIR CANADA, AC 1173

From: EDMONTON INTL AB, CANADA (YEG)  
[map](#)

Departs: 16:00

Gate: [Check for latest information](#)

To: CALGARY INTL AB, CANADA (YYC)  
[map](#)

Arrives: 16:48

Class: Economy

Seat: Check-In Required

Status: Confirmed

Confirmation: KJMQBM

Meal:

Smoking: No

Aircraft: AIRBUS JET

Mileage: 163

Flight 48 minutes

Time:

Notes: SEAT SELECTION UNAVAILABLE. WILL BE ASSIGNED UPON CHECK-IN.

Verify flight times prior to departure

Fri, Apr 29: AIR CANADA, AC 8150  
Operated by AIR CANADA JAZZ

From: CALGARY INTL AB, CANADA (YYC)  
[map](#)

Departs: 16:30

Gate: [Check for latest information](#)

To: EDMONTON INTL AB, CANADA (YEG)  
[map](#)

Arrives: 17:24

Class: Economy

Seat: Check-In Required

Status: Confirmed

Confirmation: KJMQBM

Meal:

Smoking: No

Aircraft: DEHAVILLAND DASH 8 TURBOPROP

Mileage: 163

Flight 54 minutes

Time:

Notes: SEAT SELECTION UNAVAILABLE. WILL BE ASSIGNED UPON CHECK-IN.

### Mobile Services

- ▶ [Add to calendar](#)
- ▶ [BlackBerry™ handheld](#)
- ▶ [Download to handheld](#)
- ▶ [Flight notification](#)
- ▶ [Web phone access](#)
- ▶ [Wireless handheld](#)

### Travel Alerts

- ▶ [Travel Alerts and Information](#)
- ▶ [Answers to frequently asked questions](#)

### Weather

EDMONTON INTL AB, CANADA  
8C / 46F  
Mostly Cloudy



▶ [Forecast](#)

CALGARY INTL AB, CANADA  
14C / 58F  
Mostly Cloudy



APPLICANT COPY

Forecast

Verify flight times prior to departure

Driving Directions

- Get driving directions
- Find a map

Destination Info

- EDMONTON INTL AB, CANADA
- CALGARY INTL AB, CANADA

Shop & Book

- Accommodations
- Car Rental
- Tours
- Sedans/limos

ARRANGER REMARKS

Notes: -----

**\*\*IMPORTANT\*\*\*\*\***  
**\*\*PLEASE REVIEW YOUR DOCUMENTS IMMEDIATELY.**  
**\*\*FOR ANY DISCREPANCIES CONTACT US WITHIN**  
**\*\*24 HOURS OF RECEIPT\*\*\*\*\***

-----  
**\*\*50,000 AIR FLIGHT, COMMON CARRIER ACCIDENT\*\***  
**\*\*INSURANCE POLICY ISSUED\*\***

-----  
 THE EDMONTON BTC CAN BE REACHED DURING REGULAR BUSINESS HOURS TOLL FREE 1-800-222-5187 OR 780 429 3355  
 ...YOUR ACCESS CODE IS...S-CP00/CSHOTC  
 FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263  
 SPECIAL PURCHASE TICKET - VALID ONLY ON AIR CANADA.  
 CHANGES PERMITTED BASED ON AVAILABILITY.  
 THIS TICKET IS NON-REFUNDABLE.  
 TICKET IS NON-TRANSFERABLE TO OTHER CARRIERS/PASSENGERS.  
 OTHER RESTRICTIONS MAY APPLY. CONTACT AMERICAN EXPRESS FOR DETAILS.  
 TICKET MUST BE USED ON/BEFORE THE DEPARTURE OF EACH FLIGHT SEGMENT.  
 CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.  
 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 476.34 FARE PAID 243.34 LOW FARE 243.34/06APR05

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[Privacy Policy](#) | [Copyright and Trademark Notices](#)



CMT-05-APP  
APPLICANT COPY



### Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel) Section 17(1)

Name Wendy Hill Employee Number [REDACTED]  
 Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088  
 Department Corporate Bus. Phone 413 - 7703  
 Period from May 4<sup>th</sup> 2005 to [Signature]

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		✓	10.00 w	✓	
Registration Fees					
Transportation (including parking)		✓	74.00	✓ w	
Other					
Mileage			\$ <del>84.85</del> 55.86	✓	
<b>TOTAL</b>					\$
Less Cash Advance		✓	139.86		
<b>NET</b>			\$ <del>135.45</del>		

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.

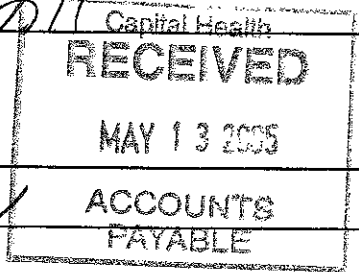
I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date May 6/05

Approved by: Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date MAY 12 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.



APPLICANT COPY

EDMONTON AIRPORTS

Car park

Receipt

015100  
04.05.05  
Length 1410

Best copy available

Driver #          Car # 1289  
 To:           
 From:           
 Date: 4/5/05 Amount: 311  
 GST#         

G.S.T. No.:

Unit No.: 1289 Amount: 31.00  
 G.S.T. INCLUDED

Chauffeur: Erny

Date: 4-5-05

**AIR CANADA**  
 ELECTRONIC TICKET  
 AC JAZZ HOSPITALITY / HOSPITALITE

Flight & Date | Vol et date

AC 8146 04MAY

Gate | Porte      Seat | Place

A01

ET 06C

Boarding time  
Heure d'embarquement

13:55

From | De

CALGARY

To | Destination

EDMONTON-YEG

Name | Nom

HILL

Airline use | A usage interne

AP 0017

KYYC275

Boarding Pass | Carte d'accès à bord



Where not prohibited by law  
Sauf où la loi l'interdit

**AIR CANADA**  
 ELECTRONIC TICKET  
 AC JAZZ HOSPITALITY / HOSPITALITE

Flight & Date | Vol et date

Gate | Porte      Seat | Place

ET 06C

Boarding time  
Heure d'embarquement

From | De

To | Destination

Where not prohibited by law  
Sauf où la loi l'interdit

Name | Nom

Airline use | A usage interne

KYYC275

Boarding Pass | Carte d'accès à bord

Thank you



KNT-05-APR  
**APPLICANT COPY**  
**Payment Requisition**

Accounting Services  
 1100 Harley Court  
 10045-111 St.  
 Edmonton, Alberta T5K 2M5

**I PAYEE INFORMATION** (Check one only)     Vendor     Patient     Employee (EE number )

Invoice Date <b>8-Jun-05</b>	Invoice Number <b>H0000027</b>
Vendor Number (or S.I.N.)	Vendor Name <b>WENDY HILL</b>
Address [REDACTED] <span style="color: red;">Section 17(1)</span>	City [REDACTED]
Province/State [REDACTED]	Postal Code [REDACTED]    Country <b>CA</b>

**II PAYMENT DETAILS**

Reason for payment <b>M/C REIMBURSEMENT-REGISTRATION FEE FOR HALIFX 5: ADVANCING THE CULTURE OF SAFETY</b>	PO #
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? <input type="checkbox"/> Yes, When? <input type="checkbox"/> No	
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
<b>201</b>	<b>9000</b>	<b>71850000115</b>				<b>\$ 642.00</b> <i>W</i>
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other				<b>TOTAL</b> \$	\$	<b>\$ 642.00</b>

Capital Health  
**RECEIVED**  
 JUN 21 2005  
 ACCOUNTS  
 PAYABLE

**IV AUTHORIZATION**

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

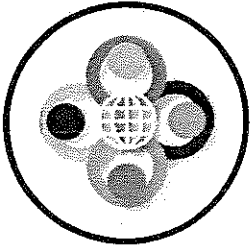
Requisitioned by (Print name) <b>Gerry Osadchuk</b>	Phone # <b>413-7729</b>
(Signature) _____	Date <b>9-Jun-05</b>
Approved by (Print name) <b>Wendy Hill</b>	Phone # <b>413-7703</b>
(Signature) <i>W Hill</i>	Date <b>JUN 15 2005</b>
Approved by (Print name) <b>Sheila Weatherill</b>	Phone # <b>407-8004</b>
(Signature) <i>S Weatherill</i>	Date <b>JUN 21 2005</b>

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

Notes:

- All employee payments will be made electronically based on payroll banking information.
- All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
- Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
- Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY



**Halifax 5: The Canadian Healthcare Safety Symposium**  
**Advancing the Culture of Safety**  
 October 20 to 22, 2005  
 Calgary, Alberta

[Redacted]

GST # 10695 3953 RT0001

Date	Receipt No.
06/08/2005	H000020

**Payer:**

Wendy Hill  
 #100, North Tower  
 10030-107 Street  
 Edmonton, AB T5J 3E4

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000027	Registration for Wendy Hill for the event: <i>Halifax 5: Advancing the Culture of Safety</i>	\$600.00	\$42.00	\$642.00
		<b>GST = \$42.00</b>	<b>Total Fees w/Tax</b>	<b>\$642.00</b>
			<b>Total Paid</b>	<b>\$642.00</b>
			<b>Total Applied</b>	<b>\$642.00</b>
			<b>Unapplied Balance</b>	<b>0.00</b>

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

Thank you for your payment received on 06/08/2005

Note: If you paid by credit card, your statement will be sent to [Redacted] and **BUKSA Assoc. (780) 436-0983 Edm.**

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

BUKSA ASSOCIATES  
 SUITE 307, 10328-81 AVENUE  
 EDMONTON AB

CARD NUMBER [Redacted]  
 EXPIRY DATE 12:09:26  
 CARD TYPE MASTERCARD 0098  
 DATE/TIME 2005/06/08  
 RECEIPT NUMBER M4709204F-076-011  
 PURCHASE  
 TOTAL AMOUNT **\$642.00**

AUTH. # 140931

01 APPROVED-027

THANK YOU

32

CARDHOLDER COPY

**Safety Registration**

1 Program Development  
 Edmonton AB T6E 1X2  
 84 E-mail: halifax5@buksa.com

**JUN 09 2005**





APPLICANT COPY

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

Name Wendy Hill Employee Number [redacted]
Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088
Department Corporate Bus. Phone 413 - 7703
Period from JUNE 4 to JUNE 10 2005 CCHSE conf. St. John NB.

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.

Table with 6 columns: Description, Non-Canadian Currency, Rate, Canadian \$ (including GST), # if GST included, DO NOT USE. Rows include Accommodation, Meals, Registration Fees, Transportation, Other, Mileage, TOTAL, Less Cash Advance, NET. Includes a 'RECEIVED' stamp from Capital Health dated JUN 21 2005.

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 [Signature] Date June 13/05

Approved by:

Print Name Sheila Weatherill Title President / CEO
Signature [Signature] Date JUN 21 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
Out of province expenses also require approval of Chief Operating Officer of Vice President.

JUN 13 2005

**APPLICANT COPY**  
**EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
JUNE 4	taxi to EIA.				73.00		
JUNE 5	taxi to St John's Hilton (shared trip)				15.00		
JUNE 5-8	Accommodation a meals or dinner	445.05	89.00				
JUNE 5	hosted dinner		90.27	70.03 w 20.24 "			
JUNE 8	taxi to St. J. airport				28.00		
JUNE 8	AIF				15.00		
JUNE 10	Return Edm. I.A. per diem taxi home		10.00		84.00		
<b>Total km</b>							
<b>@</b>							<b>\$0.35</b>
<b>TOTALS TO FRONT OF FORM</b>		<b>445.05</b>	<b>189.27</b>		<b>215.00</b>		

**EXPENSE LIMITS**

1. **Meal Allowances**

414.09  
30.96

169.03  
20.24

w

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 October 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer thereafter. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- 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.

APPLICANT COPY



SAINT JOHN AIRPORT  
4180 LOCH LOMOND ROAD  
SAINT JOHN NB

CARD NUMBER [REDACTED]  
EXPIRY DATE [REDACTED]  
CARD TYPE AMEX  
DATE/TIME 2005/06/08 05:35:18  
RECEIPT NUMBER S80554140-289-024  
PURCHASE -----  
TOTAL AMOUNT \$15.00  
-----

095791

**\$15**  
(HST included)

The PFC provides funds to assist with airport operating costs and capital improvements.

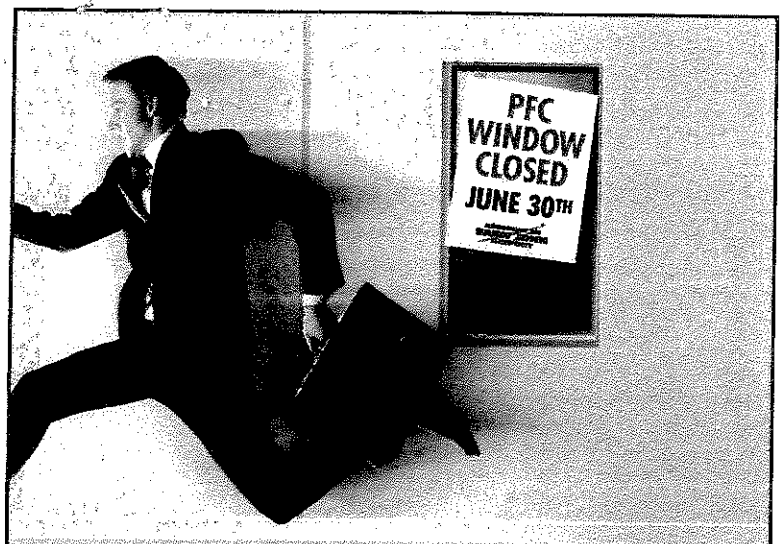
PAID JUN 08 2005



OO APPROVED AUTH. # 11  
THANK YOU

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

-----  
CARDHOLDER SIGNATURE



# Our Newest Runway

For travel after July 1, 2005, the Passenger Facility Charge (PFC) will no longer be charged at the departure gate. The fee of \$15.00 plus tax will now be added to the price of your ticket. For passengers, this change means more convenience and quicker boarding.

For additional information please call (506) 638-5555 or visit our website at [www.saintjohnairport.com](http://www.saintjohnairport.com)




  
 APPLICANT COPY
   
**Hilton**
  
 Saint John

Ms. Wendy Hill

Canada Section 17(1)

Room Number 0313  
 No of Person(s) 1  
 Cashier /CHRIS  
 Page 1 Section 17(1)

Arrival 06/05/05  
 Departure 06/08/05

Frequent Flyer  
 HHonors Number:

\*\*\*\*INFORMATION BILL\*\*\*\*

Hilton Saint John, 06/07/05 01:17

Date	Description	Debit	Credit
06/05	-Room Charge	129.00	
06/05	-HST Room	19.35	
06/06	-Room Charge	129.00	
06/06	-HST Room	19.35	
06/07	-Room Charge	129.00	
06/07	-HST Room	19.35	
Total		445.05	
Balance		445.05	CAD

H.S.T (15%) 58.05  $2/15 = 27.09$  GST

Please visit us online at [www.hilton.com](http://www.hilton.com)

Valid with computer print only.

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.

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

APPLICANT COPY



AMEX CANADA INC

PHONE: 780-429-3355

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

eTicket Receipt Duplicate Copy

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

Sabre Reservation

Code: EWDIBJ  
Ticket number: 0142236772400/01  
Issuing airline: AIR CANADA  
Date issued: 04MAY05  
Customer number: [REDACTED]  
Passenger: HILL/WENDY MS [REDACTED]

Issuing agent: EDMONTON AB  
Issuing agent: CP00/ATD  
IATA number: 60609754  
Invoice number: 0371169

Section 17(1)

04JUN05 AIR CANADA AC 158

From: EDMONTON INTL AB, CANADA  
To: TORONTO ON, CANADA

Departs:0025 Business Confirmed  
Terminal 1 Arrives:0611 Fare basis: C0EXC

Confirmation: MKI87R

04JUN05 AIR CANADA AC 8686

From: TORONTO ON, CANADA  
To: SAINT JOHN NB, CANADA

Terminal 1 Departs:0840 Economy Confirmed  
Arrives:1135 Fare basis: C0EXC

Operated by: AIR CANADA JAZZ  
Confirmation: MKI87R

10JUN05 AIR CANADA AC 8917

From: QUEBEC QC, CANADA  
To: TORONTO ON, CANADA

Terminal 1 Departs:1050 Economy Confirmed  
Arrives:1225 Fare basis: N5TGC

Operated by: AIR CANADA JAZZ  
Confirmation: MKI87R

Not valid before: 10JUN  
Not valid after: 10JUN

10JUN05 AIR CANADA AC 127

From: TORONTO ON, CANADA  
To: EDMONTON INTL AB, CANADA

Terminal 1 Departs:1435 Economy Confirmed  
Arrives:1640 Fare basis: N5TGC

Confirmation: MKI87R

Not valid before: 10JUN  
Not valid after: 10JUN

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

Form of payment: Credit Card - [REDACTED]

Endorsement / restrictions: ZERO RATED/CAP HTH COF

Fare calculation line:

YEA AC X/YTO AC YSJ1299.00/-YQB AC X/YTO Q3.00 Q20.00 AC YEA 444.001766.00 END

Fare: CAD 1766.00  
Taxes/fees/charges  
Taxes/fees/charges: CAD 9.34 CA Air Transportation Tax  
Taxes/fees/charges: CAD 0.98 XQ Quebec Sales Tax QST

**APPLICANT COPY**

Taxes/fees/charges: CAD 44.00 SQ Airport Improvement Fee  
Total: CAD 1820.32

**Positive identification required for airport check in****Notice:**

Transportation and other services provided by the carrier are subject to conditions of contract and other important notices. Please ensure that you have received these notices, and if not, contact the travel agent or issuing carrier to obtain a copy prior to the commencement of your trip.

Transport et autres services offerts par le transporteur sous réserve du cahier des charges et d'autres avis importants remis avec cet itinéraire/reçu ; ils font partie intégrante du contrat de transport. Veuillez vous assurer que vous avez reçu ces avis et contacter l'agence de la compagnie aérienne émettrice du billet ou l'agent de voyages, si vous ne les avez pas, pour en obtenir une copie avant le début de votre voyage.

If the passenger journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable. This convention governs and on most cases limits the liability of carriers for death or personal injury and in respect of loss of, or damage to baggage.

La convention de Varsovie peut-être applicable si le voyage du passager comporte une destination finale ou une escale dans un autre pays que le pays de départ. La convention de Varsovie régit et, dans la plupart des cas, limite la responsabilité du transporteur en cas de mort ou de lésions corporelles, ainsi qu'en cas de perte ou d'avarie de bagages. Voir également les avis intitulés Avis aux passagers internationaux concernant la limitation de responsabilité et Avis de limitation de responsabilité en matière de bagages.

Important legal notices.Copyright and Trademark NoticesThe logo for Virtually There, featuring the word "Virtually" in a smaller font above the word "there" in a larger, bold, italicized font. The word "there" is underlined.

APPLICANT COPY

**Osadchuk, Gerry**

---

**To:** ayoung@cha.ca  
**Cc:** Hill, Wendy  
**Subject:** FW: Event Correspondence: 2005 NHLC - 2005 National Healthcare Leadership Conference

*Here is the information you have requested:*

- Payment in the amount of \$425.00 was processed on May 17, 2005;
- Mailed out on May 19/05;
- Our Chq. # 232750 Dated May 19/2005 \$ 425.00.

*Thank you.*

*Gerry [For: Wendy Hill]*

---

**From:** Alexandra Young[SMTP:ayoung@cha.ca]  
**Sent:** May 19, 2005 2:04 PM  
**To:** Hill, Wendy  
**Subject:** Event Correspondence: 2005 NHLC - 2005 National Healthcare Leadership Conference



Invoice893.rtf

Event Correspondence: 2005 NHLC - 2005 National Healthcare Leadership Conference

APPLICANT COPY



Payment Requisition

Accounting Servi  
1100 Harley Co  
10045-111  
Edmonton, Alberta T5K 2

**I PAYEE INFORMATION (Check one only)**     Vendor     Patient     Employee (EE number )

Invoice Date **13-Apr-05**    Invoice Number \_\_\_\_\_  
 Vendor Number (or S.I.N.) \_\_\_\_\_    Vendor Name **2005 NATIONAL HEALTHCARE LEADERSHIP CONFERENCE**  
 Address **17 YORK STREET, SUITE 100**    City **OTTAWA**  
 Province/State **ON**    Postal Code **K1N 9J6**    Country **CA**

**II PAYMENT DETAILS**

Reason for payment **CONFERENCE: JUNE 6TH AND 7TH, ST. JOHN, NB [WH - PRESENTER]**    PO # \_\_\_\_\_

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)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 89500001	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71110101088				\$ 425.00

Capital Health  
**RECEIVED**  
APR 20 2005  
ACCOUNTS  
PAYABLE

Canadian     U.S.     Other    **TOTAL** \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ 425.00

**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) **G. Osadchuk**    Phone # **413-7729**  
 (Signature) \_\_\_\_\_    Date **14-Apr-05**

Approved by (Print name) **Wendy Hill**    Phone # **413-7703**  
 (Signature) \_\_\_\_\_    Date **APR 18 2005**

Approved by (Print name) **Shelja Weatherill**    Phone # **407-8004**  
 (Signature) \_\_\_\_\_    Date \_\_\_\_\_

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

- Notes:
- All employee payments will be made electronically based on payroll banking information.
  - All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
  - Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
  - Incomplete/improperly authorized payment requisitions will be returned without processing

**MAY 04 2005**



APPLICANT COPY

**Invoice**

HILL, Ms. Wendy  
Executive Nursing Officer, Chief Operating Officer  
Community Hospitals and Regional Support Services  
Capital Health Region  
9th Floor, 9925-109 Street  
Edmonton AB T5K 2J8

**Invoice Date:** 19 May 2005  
**Invoice Number:** 893-2005 NHLC

Thank you for registering for the National Healthcare Leadership Conference. Your registration has been processed, however payment has not been received. Payment must be made in order to receive your badge and onsite kit.

<b>Amount</b>	<b>Paid To Date</b>	<b>Still Owing Detail</b>
\$425.00	\$0.00	\$425.00 Event Charges

**Current Financial Status**

<b>Total Due</b>	<b>Total Paid</b>	<b>Still Owing</b>
\$425.00	\$0.00	\$425.00

If you have any questions or concerns, please contact us by email at [conference@cha.ca](mailto:conference@cha.ca) or telephone 613-241-8005 ext. 212/226.

Sincerely,

National Healthcare Leadership Conference Secretariat

17 York Street  
Ottawa, ON  
K1N 9J6



Lead, Follow, or Get out of the Way! FROM RHETORIC TO RENEWAL

June 6 & 7, 2005, Saint John Trade and Convention Centre, Saint John, New Brunswick

# REGISTRATION FORM

Please photocopy this form as needed and complete by printing or typing one form per registrant.\*

Ms.  Mr.  Mrs.  Dr.

First Name Wendy

Last Name Hill

Position/Title COO & Executive Nursing Officer

Organization Capital Health, Edmonton

Address 9925-109 Street, 9th Floor

City Edmonton

Province AB

Postal Code T5K 2J8

Telephone (780) 413-7103 Fax (780) 413-7777 E-mail whille@cha.ab.ca

## PLEASE CHECK

Your primary work responsibility (please check one only)

- home care / community services
- public health
- hospital / health centre
- regional health authority
- long-term / continuing care
- service / product supplier
- other, please specify \_\_\_\_\_

AND area of activity (please check one only)

- governance
- management
- consulting
- research
- other, please describe \_\_\_\_\_

AND indicate your CONCURRENT SESSION choices

- June 6 Morning Concurrent Session 1-4 (check one)  Session 1  Session 2  Session 3  Session 4
- June 6 Afternoon Concurrent Session 5-8 (check one)  Session 5  Session 6  Session 7  Session 8
- June 7 Morning Concurrent Session 9-12 (check one)  Session 9  Session 10  Session 11  Session 12
- June 7 Afternoon Concurrent Session 13-16 (check one)  Session 13  Session 14  Session 15  Session 16

## REGISTRATION FEES

Early and regular registration fees include all conference sessions, refreshment breaks and luncheons. The daily registration fee includes access to everything that full registration would include on the selected day. Registration fees do not include accommodation. Registration fees are not subject to GST.

EARLY RATE (on or before April 15, 2005) .....	\$650	\$ _____
REGULAR RATE (after April 15, 2005) .....	\$775	\$ _____
STUDENT RATE (valid ID required when registering) .....	\$125	\$ _____
DAILY RATE <u>SPEAKER</u> .....	\$425	\$ <u>425.00</u>
Please circle day Mon. Tues.		REGISTRATION FEE SUBTOTAL
		\$ _____

**CANCELLATION AND REFUND POLICY:** Cancelled registrations will only be refunded if the notice is received in writing on or before May 6, 2005. An administration fee of \$125 will be applied. Refunds for registrations will not be granted after that date. Substitutions submitted in writing are accepted at any time.

## OPTION

Maritime Kitchen Party (June 6) \_\_\_\_\_ ticket(s) @ \$70 (\$65.42 + \$4.58 GST) \$ \_\_\_\_\_

GST is included in the price of the optional event. GST #R118833177

OPTION SUBTOTAL \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

## PAYMENT

TO FOLLOW BY MAIL.

We accept payment by cheque\*\*, money order\*\*   Card # \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Expiry Date \_\_\_\_\_

\*\*Please make cheques/money orders payable to 2005 National Healthcare Leadership Conference.

**PLEASE MAIL OR FAX COMPLETED FORM WITH PAYMENT TO:**  
**2005 NATIONAL HEALTHCARE LEADERSHIP CONFERENCE**  
 17 York Street, Ottawa, ON K1N 9J6, Phone (613) 241-8005, ext. 212  
 Fax (613) 241-5055 e-mail: conference@cha.ca website: www.cha.ca/conference

\* **PRIVACY STATEMENT** - Your name, organization, city and province will appear on your delegate name badge. This information will also appear in a list of delegates. Your postal and email addresses, and telephone and fax numbers, will not be publicized, and will only be used by us to communicate with you. We do not sell, rent or share any of our data or mailing lists of delegates to other organizations.

APPLICANT COPY

National Healthcare Leadership Conference  
Saint John, New Brunswick  
June 6 and 7, 2005

Call for Abstracts

**Lead, Follow or Get out of the Way!**  
*From Rhetoric to Renewal*

**Submission Deadline :**  
November 26, 2004

Please be sure to read the Instructions for Submitting Abstracts before completing this form.

- 
- Oral presentation only  
     25 minutes presentation  
     50 minutes presentation  
 Poster presentation only  
 Either

Title (maximum 4 lines)

The Fountain of Youth for the Health System Workforce

---

Language of Presentation

- English  
 French

---

Target Audience : Chief Executive Officers, Chief Nursing Officers, Human Resources executives

---

**Presenter 1** (primary contact)

Family name:

Given name:

Street address:

APPLICANT COPY

City: EDMONTON

Province/Territory/State:

Postal/Zip Code:

Country:

Daytime telephone number:

Fax number:

E-mail address:

Employer:

Position:

ENO, COO

Sector:

Short biography (maximum 35 words)

Wendy Hill, RN, MN is Executive Nursing Officer and Chief Operating Officer for Community Hospitals and Regional Support Services for Capital Health in Edmonton, Alberta. Wendy is a senior level health administrator with broad operational experience in acute and community care. She is experienced in the planning, implementation and evaluation of health services and programming in a large health region of 29,000 employees.

Presenter 2

Family name:

Given name:

Street address:

City:

Province/Territory/State:

Postal/Zip Code:

Country:

Daytime telephone number:

Fax number:

E-mail address:

Employer:

Position:

Sector:

Short biography (maximum 35 words)

## APPLICANT COPY

Please type the abstract in the box below (**maximum 50 words**):

**Describe how your proposed topic fits with the conference theme and/or by-line and include the objectives you expect to achieve. State target audience and length of presentation. Suitable topics within the broad theme of leadership may address such issues as quality, best practices, patient safety, knowledge transfer, innovation, wait times, accountability, sustainability or evidence-based outcomes.**

This presentation will provide health care executives with concrete examples of the integration of business planning with HHR planning. Capital Health's recent innovations in nursing recruitment and retention have achieved reductions in turnover, vacancy and the average age of it's nursing workforce.

I acknowledge that if this abstract is accepted, each presenter is responsible for all expenses incurred, including registration fees. All presenters must register for the conference.

Yes

No

Discounted Speaker Rate \$425.00

**Please Submit Electronically to:** Michael Stanton  
[mstanton@cha.ca](mailto:mstanton@cha.ca)

National Healthcare Leadership Conference Secretariat  
17 York Street  
Ottawa, ON  
K1N 9J6

IF YOU LIKE OUR SERVICE  
tell your friends - if not tell us.

APPLICANT COPY

11/11/190  
Matt

IF YOU TAKE A GLASS TAKE A BARREL  
SPEEDY SERVICE TO AND FROM DOWNTOWN EDMONTON

Date June 4/05  
Name of Account \_\_\_\_\_  
Cab No 1A25 Driver SMV Fare 73.00  
From \_\_\_\_\_ To JAP  
GST INCLUDED #R100403070  
s.17(1), 17(4)(g)(i)



10135-31 Avenue  
Edmonton, AB T6N 1C2

ADMIN: 465-8500  
FAX: 462-2722



**462-3456**  
THANK YOU/MERCI

Rate/Amount/Montant \$ 84.00 Car/Voiture # \_\_\_\_\_

Driver/Chauffeur: SMV GST# \_\_\_\_\_

From/De: JAP To/ \_\_\_\_\_



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

### AMOND TAXI



SAINT JOHN, N.B.

24 HOUR SERVICE COURTEOUS DRIVERS

ONE 648-8888 - 648-8899 \* FAX 633-8808

June 04 20 05  
Walter Matt  
car post  
2800 CAR NO. 49  
PASSENGERS: \_\_\_\_\_  
SE TO: Post  
NAME: \_\_\_\_\_  
NAME: BT

### SAINT JOHN ALE HOUSE

ONE MARKET SQUARE  
SAINT JOHN, NB, E2L 4Z6  
506-657-2337  
506-674-2888

DATE: 05/06/2005

TIME: 20:30

CHECK # 087651-1

TABLE #: 104

CUSTOMER: 01

1	SEAFOOD MEDLEY	17.95
2	COFFEE	3.50
1	SCALLOP EXTRAVAGANZA	18.00
1	NOTTAGE HILL SAUVIGNON BL	26.00

SUB TOTAL: 65.45  
HST: 9.82

15% TOTAL: 75.27  
HST: 866883606 +15.00  
1 Customer 90.27

YOU HAVE BEEN SERVED

BY: PM B.

THANK YOU FOR SUPPORTING THE  
Saint John Ale House!

This Receipt is good for a "2-for-1" Alpin  
next door at Cougars Lounge. (! per day)

DATE: 06/04/05  
FROM: car post  
TO: Walter Matt  
FARE: 1500 CAR NO. 49  
NO. of PASSENGERS: 1  
CHARGE TO: Post  
SIGN NAME: BT  
PRINT NAME: \_\_\_\_\_

636-0228

DIAMOND TAXI  
SAINT JOHN, N.B.



24 HOUR SERVICE COURTEOUS DRIVERS

PHONE 648-8888 - 648-8899 \* FAX 633-8808



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

Name Wendy Hill Employee Number [REDACTED]  
 Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088  
 Department Corporate Bus. Phone 413 - 7703  
 Period from MAY 1 to MAY 31 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					
Registration Fees					
Transportation (including parking)			✓ 42.25	✓ W	
Other					
Mileage			\$ ✓ 264.25	W	
<b>TOTAL</b>					\$
Less Cash Advance					
<b>NET</b>			\$ 306.50		

Capital Health  
**RECEIVED**  
 JUN 21 2005  
 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 [Signature] Date JUN 15 2005

Approved by:

Print Name Sheila Weatherill Title President / CEO  
 Signature [Signature] Date JUN 21 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

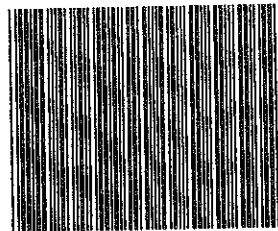
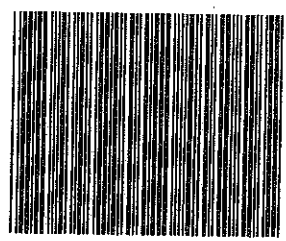
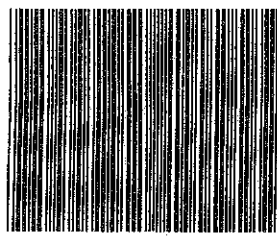




GRANT MACEWAN  
 ENTER: 11/05/05 18:05  
 Exp. time: 7:45:00 PM  
 Ticket : 317L3QL00  
 AMOUNT : \$3.00  
 CASH : \$3.00  
 CHANGE : \$0.00  
 CREDIT : \$0.00

GRANT MACEWAN  
 ENTER: 13/05/05  
 Exp. time: 10:40:00 AM  
 Ticket : 317L43L00  
 AMOUNT : \$4.00  
 CASH : \$4.00  
 CHANGE : \$0.00  
 CREDIT : \$0.00

GRANT MACEWAN  
 ENTER: 18/05/05 12:31  
 Exp. time: 3:00:00 PM  
 Ticket : 317L59000  
 AMOUNT : \$4.00  
 CASH : \$4.00  
 CHANGE : \$0.00  
 CREDIT : \$0.00



Capital Health  
 CHARGES ARE FOR USE OF PARKING SPACE ONLY CAPITAL HEALTH ENDORSERS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
 NON TRANSFERABLE 449540

LEAVE ON DASH - THIS SIDE UP  
 EXPIRATION DATE  
 18/05 12:31 PM  
 AMOUNT PAID \$ 2.75 2255000117 M

DETACH RECEIPT FROM TICKET  
 DATE ISSUED  
 TIME ISSUED  
 AMOUNT PAID  
 18/05 11:17 AM \$ 2.75  
 CREDIT CARD NUMBER

Capital Health  
 RECEIPT 449540

LI OF A  
 PARKING SERVICES  
 GST# R1000231

07-03-2005 TUE #111  
 7.50 S  
 0.49  
 7.50  
 DPM  
 GST  
 CASH  
 10. 6514 16:27M

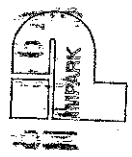
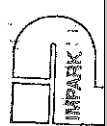
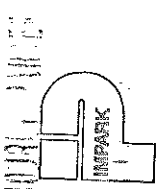
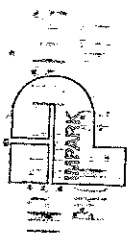
RECEIVED  
 PARKING SERVICES  
 LI OF A

11/11/05 5:51 AM  
 00.75  
 0.00  
 5.00 S  
 DP 1.0  
 GST  
 CASH  
 101  
 11/11/05 5:51 AM

SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH



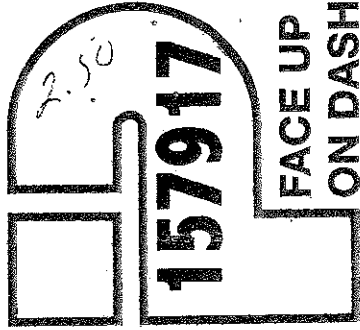
TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

220550# 69:2 /  
 60:81 01:45  
 200 100 55:12 07:45  
 THANK YOU FOR PARKING AT THE GARDEN PLAZA  
 GARDEN PLAZA  
 GARDEN PLAZA  
 GARDEN PLAZA

Imperial Parking Canada Corporation



157917

**DETACH RECEIPT**

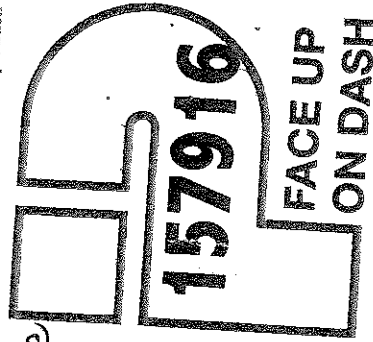
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

WARNING - YOUR RISK  
SEE BACK



Imperial Parking Canada Corporation



157916

**DETACH RECEIPT**

TICKET PRICE INCLUDES GST REG. #R102466000

WARNING - YOUR RISK  
SEE BACK



TICKET VOID IF 1



3 SIDE UP ON DASH

TICKET VOID IF RE-SOLD

HOURLY PARKER

Hotel 101 12

Phone 00014928

Time 12 47P MAY 20

Price \$ 5.00

Expires

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

2:47P FRI  
MAY 20 05

IMPERIAL PARKING

INSTRUCTIONS ON BACK  
GST NO 887315636R10001

PLACE THIS SIDE UP ON DASH





*APPLICANT COPY*  
**Payment Requisition**

Accounting Services  
1100 Harley Court  
10045-111 St.  
Edmonton, Alberta T5K 2M5

**I PAYEE INFORMATION** (Check one only)     Vendor     Patient     Employee (EE number    )

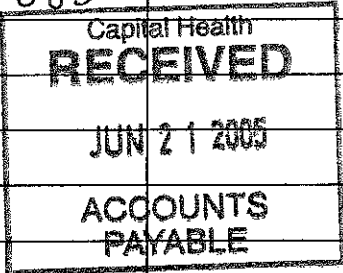
Invoice Date <b>4-Aug-03</b>	Invoice Number
Vendor Number (or S.I.N.)	Vendor Name <b>WENDY HILL</b>
Address <span style="background-color: grey; color: grey;">[REDACTED]</span>	Section 17(1)
Province/State <span style="background-color: grey; color: grey;">[REDACTED]</span>	Postal Code <span style="background-color: grey; color: grey;">[REDACTED]</span> City <span style="background-color: grey; color: grey;">[REDACTED]</span> Country <span style="background-color: grey; color: grey;">[REDACTED]</span>

**II PAYMENT DETAILS**

Reason for payment <b>M/C REIMBURSEMENT: PURCHASE OF COPY PAPER FOR HOME FAX AND PRINTER.</b>	PO #
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input type="checkbox"/> No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input type="checkbox"/> No	
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	9000	<i>71110101088</i>				<b>\$ 81.19</b> ✓
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other				<b>TOTAL</b>	<b>\$</b>	<b>\$ 81.19</b>



**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) <b>Gerry Osadchuk</b>	Phone # <b>413-7729</b>
(Signature) <i>[Signature]</i>	Date <b>15-Jun-05</b>
Approved by (Print name) <b>Wendy Hill</b>	Phone # <b>413-7703</b>
(Signature) <i>[Signature]</i>	Date <b>JUN 15 2005</b>
Approved by (Print name) <i>[Signature]</i>	Phone # <b>JUN 21 2005</b>
(Signature) <i>[Signature]</i>	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.
  - 4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

STAPLES Business Depot  
Store # 111  
40-445 St. Albert Rd  
St. Albert, AB T8N6T9  
780-418-3650

Sale 00001 1 001 29885  
0111 06/04/05 10:16

1 HP 56/57 COMBOPACK 829160594620 69.92G  
1 STAPLES MULTI REAM 723382151084 5.96G  
Subtotal 75.88  
GST 7.00% 5.31  
Total \$81.19

MasterCard 81.19

Mastercard Swiped Purchase  
Authorization Number 121230  
0010010940 29885 66058500  
1 06/04/05 10:12:26  
01/027 APPROVED - THANK YOU

\*\*\*\*\*  
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](http://WWW.GREATCAREERSATSTAPLES.CA)

GST No. 126152586



0 1 1 1 0 6 0 4 0 5 2 9 8 8 5 0 1

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED] Section 17(1)

Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088

Department Corporate Bus. Phone 413 - 7703

Period from June to June 29/05

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			133.50	✓	w
Registration Fees	<div style="border: 1px solid black; padding: 5px;">                     Capital Health  <b>RECEIVED</b>                      JUL 19 2005                      ACCOUNTS                      PAYABLE                 </div>				
Transportation (including parking)			17.00	✓	w
Other			50.08	✓	w
Mileage			\$ 201.60		w
<b>TOTAL</b>					\$
Less Cash Advance					
<b>NET</b>			\$ 392.18		

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 [Signature] Date June 29/05

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date July 6/05

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 (Harley Court – 1100, 10045 – 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

JUL 11 2005





APPLICANT COPY

100 FRONT STREET W  
 TORONTO, ON M5J 1E3  
 T 416 368 2511 F 416 368 2884  
 G.S.T. Registration # 139445290

Room : 01199  
 Folio # : 391845  
 Cashier # : 179  
 Page # : 1 of 1  
 Group Name Health Coun of Ca Summit

Ms Wendy Hill  
 Health Council Of Canada

Arrival : 06-22-05  
 Departure : 06-24-05

Date	Description	Additional Information	Charges	Credits
06-22-05	In Room Dining	#01199: CHECK #5403 s.17(1), 17(4)(g)(i)	17.53	
06-23-05	Long Distance	12:02 #01199 [00:30:00]	50.08	
06-23-05	In Room Dining	#01199: CHECK #5557	24.28	
06-24-05		XXXX		91.89
<b>Total</b>			<b>91.89</b>	<b>91.89</b>
<b>Balance Due</b>			<b>0.00</b>	

GST Summary

Room	0.00
F&B	3.28
Other	2.25
<b>Total</b>	<b>5.53</b>

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:  
 De États-Unis 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 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. (19.56% per annum.)  
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$5.00 (Mon-Fri) and \$1.25 (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. (19.56% par année)  
 J'ai accepté la livraison du journal The Globe and Mail. Si j'étais 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.)

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

RECEIPT FOR CAB FARE

Amount \$7 Date \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

Cab No. \_\_\_\_\_

Driver \_\_\_\_\_

*Thank you for your business*

053055

GUEST RECEIPT

*Thank You!*

DATE	AMOUNT	G.S.T.
22/06/05	35.50	

REG. NO. \_\_\_\_\_

RECEIPT

INDEPENDENT CAB OWNERS'  
CO-OPERATIVE INCORPORATED  
TORONTO, ONTARIO



Date: 6/23/05 Fare: 60.00 GST INCLUDED

From: \_\_\_\_\_

To: \_\_\_\_\_

Cab # \_\_\_\_\_ Driver: [Signature]

Flat rates available for Airport, Out Of Town,  
From: Royal York, King Edward Hotels & Union Station





# APPLICANT COPY

1/9

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED] Section 17(1)

Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088

Department Corporate Bus. Phone 413 - 7703

Period from August 1 \_\_\_\_\_ to August 31, 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			83.56		
Meals			\$92.56 9.00		
Registration Fees					
Transportation (including parking)			\$38.25 W	✓	
Other					
Mileage			<del>\$186.20</del> 202.16		
TOTAL					\$
Less Cash Advance					
NET			<del>\$317.01</del> 332.97		

Capital Health RECEIVED SEP 07 2005 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 [Signature] Date Aug 31/05

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date \_\_\_\_\_

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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

SEP 07 2005

APPLICANT COPY  
EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Aug 3	CHC - SCH						17
Aug 4	CHC - WMC rtn						8
Aug 5	PI 124 - CHC - SCH				✓ 5.00 ✓		21
Aug 8	WMC - CHC rtn						8
Aug 10	CHC - WMC rtn						8
Aug 11	WMC - CHC rtn						8
Aug 12	WMC - CHC						4
Aug 18	WMC - CHC rtn						8
Aug 22	Edm Int Airport rtn Calgary		10.00		✓ 27.00 ✓		142
Aug 23	WMC - LCH - CHC						110
Aug 24	SCH - LCH - CHC - SCH						147
Aug 25	WMC - CHC - SCH						21
Aug 26	SCH - CHC						17
Aug 29	PI 124 - SCH - CHC				✓ 6.25 ✓		21
Aug 25	RPNAA luncheon re new President		82.56	7 3.56 9.00			
<b>Total km</b>							532
<b>@</b>							<del>\$0.35</del> 38
<b>TOTALS TO FRONT OF FORM</b>		92.56			38.25		<del>186.29</del>

**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 October 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- 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.

202-16

# APPLICANT COPY

## EXPENSE CLAIM DETAILS

### 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.

APPLICANT COPY *Research project*  
*Greenwood Inn Corp* Date: *Aug 22 07*

Chauffeur: JK

Unit No.: 128 Amount: 15.00  
 G.S.T. INCLUDED

G.S.T. No.: \_\_\_\_\_

TICKET VOID IF RE-SOLD  
 IMPARK  
 PLACE THIS SIDE UP ON DASH  
 10:20 AM FRI  
 AUG 05 05

Best copy available

TICKET VOID IF RE-SOLD  
 IMPARK  
 PLACE THIS SIDE UP ON DASH  
 10:25 AM MON  
 AUG 05 05  
 IMPARK  
 PLACE THIS SIDE UP ON DASH

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

EDMONTON AIRPORTS  
 GST# R128500554

part 780(890-8439)  
 780(898-0698)

Best copy available 08.05

51.00 \$  
 08.05 \$  
 9th of

12.00 \$  
 12.00 \$  
 0.79 \$

There is no tax on patronage  
 Please Contact Agent  
 ++ 780 213 3333 ++  
 ++ 780 213 3333 ++

PLEASE PRINT NAME AND NUMBER

*82.56*

SUBTOTAL 68.75  
 G.S.T. 4.84  
 TOTAL DUE 73.59

TBL 12/4 CHK 442 GST 0  
 AUG25/05 22:07PM

12 DORIS  
 IL PORTICO  
 EDMONTON, ALBERTA  
 G.S.T. # R128500554

# APPLICANT COPY



## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number                      Section 17(1)

Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088

Department Corporate Bus. Phone 413 - 7703

Period from July 1                      to July 31, 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					
Registration Fees					
Transportation (including parking)				✓	
Other			\$260.00		
Mileage			\$77.35		
<b>TOTAL</b>					<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$337.35</b>		

Non-Canadian  
Currency  
Capital Health  
**RECEIVED**  
SEP 01 2005  
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 *Wendy Hill* Date Aug 3/05

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature *Sheila Weatherill* Date                     

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.
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- Out of province expenses also require approval of Chief Operating Officer of Vice President.

AUG 31 2005



APPLICANT COPY

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

<b>POLICY NO. / POLICE NO.</b> [REDACTED]	<b>INSURED / ASSURÉS</b> HILL, WENDY [REDACTED]
<b>EFFECTIVE DATE / DÉBUT DE LA COUVERTURE</b> YEAR MO DAY/AN 2005-06-01	<b>Section 17(1)</b>
<b>EXPIRES DATE / EXPIRE LA COUVERTURE</b> YEAR MO DAY/AN 2006-06-01	
<b>VEHICLE(S) YEAR MAKE MODEL SERIAL NO. / VÉHICULE(S) ANNÉE MARQUE MODÈLE NUMÉRO DE SÉRIE</b> [REDACTED]	

**This certificate is subject to the terms and conditions of the insurer's standard automobile policy.**

**This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements in any area of Canada.**

**WARNING - Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his licence may be suspended.**

**This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.**

**CANADA INTER PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD APPLICABLE WITHIN CANADA AND THE UNITED STATES OF AMERICA**  
CERTIFICAT D'ASSURANCE-AUTOMOBILE RESPONSABILITÉ EN VIGUEUR AU CANADA ET AUX ÉTATS-UNIS D'AMÉRIQUE

**735 101 (2002-09)**

**Le présent certificat est soumis aux dispositions et conditions de la police d'assurance automobile de l'Assureur.**

**Ce certificat atteste que la personne susnommée est assurée contre la responsabilité pour blessures et dommages aux biens découlant de l'usage du véhicule décrit dans les présentes, conformément aux limites minimales exigées par les lois d'assurance en vigueur partout au Canada.**

**AVERTISSEMENT - Quiconque émet ou présente un tel certificat comme preuve d'une police d'assurance responsabilité qui effectivement n'est pas en vigueur, est coupable d'une infraction passible d'une forte amende et/ou d'emprisonnement et suspension de son permis.**

**Ce certificat doit être laissé dans le véhicule assuré afin d'être présenté comme preuve d'assurance lorsque la police l'exige.**

APPLICANT COPY

Preauthorized debit notice

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

Date of the notice: 2005-04-05

HILL WENDY



Section 17(1)

Renewal of your automobile insurance

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

Policy number



Policy in effect from 2005-06-01 to 2006-06-01

The debits will be made at:

BANK OF MONTREAL

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

Branch:



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

Transactions	Effective date	Amount	Tax	Total
Renewal of your insurance	2005-06-01	\$1,223.00		\$1,223.00
			Amount due:	\$1,223.00
<b>Debit details</b> (the amounts include tax) if applicable				
s.17(1), 17(4)(g)(i)				

Important messages

Your account will be debited on the dates indicated if you do not notify us at least five days prior to the effective date of your insurance policy.

If you have other insurance policies that are paid through preauthorized withdrawals and you have already agreed to merging those transactions (same date and same account), take note that the amount that will be debited from your account will include those premiums.

This document can be used as an OFFICIAL RECEIPT for income tax purposes.

Important information on the back



Originals for  
your file. Jhx.

Jb: A/P.



# APPLICANT COPY Payment Requisition

Accounting Services  
1100 Harley Court  
10045-111 St.  
Edmonton, Alberta T5K 2M5

**I PAYEE INFORMATION** (Check one only)     Vendor     Patient     Employee (EE number )

Invoice Date <b>12-Oct-05</b>	Invoice Number	
Vendor Number (or S.I.N.)	Vendor Name <b>WENDY HILL</b>	
Address [REDACTED]	Section 17(1)	City [REDACTED]
Province/State [REDACTED]	Postal Code [REDACTED]	Country [REDACTED]

**II PAYMENT DETAILS**

Reason for payment <b>DINNER MEETING WITH NEWLY APPOINTED DEAN, FON, HER EXECUTIVE TEAM, ENO &amp; COO'S.</b>		PO #
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No		
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? <input type="checkbox"/> Yes, When? <input type="checkbox"/> No		
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
						<b>\$767.60</b>
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Capital Health <b>RECEIVED</b>  NOV 25 2005  ACCOUNTS PAYABLE</p> </div>						
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			<b>TOTAL</b>	\$	\$	<b>\$ \$767.60</b>

**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) <b>Gerry Osadchuk</b>	Phone # <b>413-7729</b>
(Signature) <i>G Osadchuk</i>	Date <b>15-Nov-05</b>
Approved by (Print name) <b>Wendy Hill</b>	Phone # <b>413-7703</b>
(Signature) <i>W Hill</i>	Date
Approved by (Print name) <i>Judeau</i>	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.
  - 4) **Incomplete/improperly authorized payment requisitions will be returned without processing**



# APPLICANT COPY Payment Requisition



Accounting Services  
1100 Harley Court  
10045-111 St.  
Edmonton, Alberta T5K 2M5

**I PAYEE INFORMATION** (Check one only)     Vendor     Patient     Employee (EE number )

Invoice Date **12-Oct-05**    Invoice Number

Vendor Number (or S.I.N.)    Vendor Name **AL PORTICO RESTAURANT WENDY HILL**

Address [Redacted]    City [Redacted]

Province/State [Redacted] **Section 17(1)**    Postal Code [Redacted]    Country [Redacted]

**II PAYMENT DETAILS**

Reason for payment **DINNER MEETING WITH THE NEW DEAN, FON AND THE COO'S**    PO #

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)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	9000	7111010188				\$767.60
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other				<b>TOTAL</b>	\$	\$ <b>767.60</b>

**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) **G. Osadchuk**    Phone # **413-7729**

(Signature) [Signature]    Date **13-Oct-05**

Approved by (Print name) **Wendy Hill**    Phone # **413-7703**

(Signature) [Signature]    Date **OCT 13 2005**

Approved by (Print name) **SHEILA WEATHERILL**    Phone # -

(Signature) [Signature]    Date

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

Notes:

- All employee payments will be made electronically based on payroll banking information.
- All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
- Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
- Incomplete/improperly authorized payment requisitions will be returned without processing

A/P: Oct 2005

# *Il Portico Restaurant*

Invoice  
Date: Oct 12 2005

PD. IN FULL

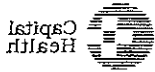
For:	<u>Capitol Health</u>
Food & Beverages:	\$ <u>380.00</u>
G.S.T.:	\$ <u>40.00</u>
Room Charge:	\$ <u>60.00</u>
15% gratuity:	\$ <u>87.00</u>
Screen Rental:	\$ <u>00.00</u>
 Grand Total	 \$ <u>767.00</u>

G.S.T. # R128503554

*Dinner meeting with newly appointed Dean, Faculty of Nursing, her executive team, ENO, VP Health Services and coo's CH. w/dill*

*Thank you for choosing il Portico for your special event. We look forward to seeing you again in the future.*

**OCT 13 2005**



# APPLICANT COPY Payment Requisition

Accounting Services  
1100 Harley Court  
10045-111 St.  
Edmonton, Alberta T5K 2M5

**I PAYEE INFORMATION** (Check one only)     Vendor     Patient     Employee (EE number )

Invoice Date <b>12-Oct-05</b>	Invoice Number
Vendor Number (or S.I.N.)	Vendor Name <b>WENDY HILL</b>
Address <span style="background-color: grey; color: grey;">[REDACTED]</span>	City <span style="background-color: grey; color: grey;">[REDACTED]</span>
Province/State <span style="background-color: grey; color: grey;">[REDACTED]</span>	Country <span style="background-color: grey; color: grey;">[REDACTED]</span>
Section 17(1)	
Postal Code <span style="background-color: grey; color: grey;">[REDACTED]</span>	

**II PAYMENT DETAILS**

Reason for payment <b>DINNER MEETING WITH NEWLY APPOINTED DEAN, FON, HER EXECUTIVE TEAM, ENO &amp; COO'S.</b>		PO #
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No		
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? <input type="checkbox"/> Yes, When? <input type="checkbox"/> No		
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
						<b>\$767.60</b>
<input type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other <b>TOTAL</b>					\$	\$ <b>\$767.60</b>

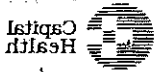
**IV AUTHORIZATION**

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

Requisitioned by (Print name) <b>Gerry Osadchuk</b>	Phone # <b>413-7729</b>
(Signature)	Date <b>15-Nov-05</b>
Approved by (Print name) <b>Wendy Hill</b>	Phone # <b>413-7703</b>
(Signature)	Date
Approved by (Print name)	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.
  - 4) Incomplete/improperly authorized payment requisitions will be returned without processing



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED] Section 17(1)

Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088

Department Corporate Bus. Phone 413 - 7703

Period from SEPT 1 / 05 to OCT 31 / 05

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					
Registration Fees					
Transportation (including parking)			38.75	✓	
Other					
Mileage			\$ 242.44		
TOTAL			\$		\$
Less Cash Advance			\$		
NET			\$ 281.19		

Capital Health  
RECEIVED  
NOV 08 2005  
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 W Hill Date Oct 31 / 05

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date NOV 08 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

TO: A/P  
NOV 08 2005



APPLICANT COPY

*Mr. Macewan*

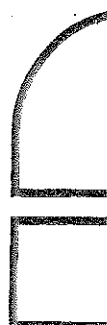
THANK YOU FOR PARKING  
AT THE CROWN PLAZA  
IMPERIAL PARKING

050C127 21:10 001 002  
050C127 18:05  
DAY RATE \$4.00  
TOTAL \$4.00  
CASH \$20.00  
CHANGE \$16.00

FOR INQUIRIES CALL  
750 420 1976

Imperial Parking Canada Corporation

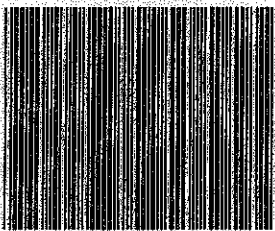
DETA  
TICKET PRICE



GRANT MACEWAN  
ENTER: 06/10/05 10:44  
Exp. time: 12:10:00 PM

Ticket #: 317MOK300

AMOUNT : \$2.00  
CASH : \$2.00  
CHANGE : \$0.00  
CREDIT : \$0.00



*CRIN  
macewan*

EDMONTON AIRPORTS  
GST# R128599776

\*\*\*\*\*  
\*\*\*\*\*

Car park 0000001008 Phone: (780) 454-1429  
Fax: (780) 454-8024

Receipt no. 01387 R 031100

015100 pay amt: 11.10  
11.10.05 total  
Length of stay: 01:34

total amount  
amount paid  
Change  
Tax

Best copy available

*Mr. Macewan*

Thank you for parking at  
Crown Plaza  
Imperial Parking  
050C127 21:10 001 002

*Arthur Macewan  
Dept 9  
GMC parking  
Lot*

UNIVERSITY OF ALBERTA  
IMPERIAL PARKING  
10000 114 05  
EDMONTON AB T6G 1K4

050C12700 LA 1 AN 2 TMM4987  
10/05/05 11:42 In 10/05/05 11:42 Out  
10/05/05 07:34 In  
Total \$11.25  
Cash \$20.00  
Change \$8.75

*Mr. Macewan*





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

Name Wendy Hill Employee Number [REDACTED] Section 17(1)  
 Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088  
 Department Corporate Bus. Phone 413 - 7703  
 Period from November 2 to November 5, 2005 Ottawa

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			795.40	x	795.40
Meals			132.00		w
Registration Fees			300.00 prepaid		w
Transportation (including parking)			254.10		w
Other					
Mileage			\$		
<b>TOTAL</b>			<b>1481.50</b>		
Less Cash Advance			300.00 prepaid reg		
<b>NET</b>			<b>1181.50</b>		

*Handwritten notes: "Need Receipts for meals", "Subtotal", "NOV 15 2005", "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 [Signature] Date November 7, 2005

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date NOV 14 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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED]  
 Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088  
 Department Corporate Bus. Phone 413 - 7703  
 Period from November 2 to November 5, 2005 Ottawa

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			795.40	x	753.73 39.67
Meals		★	132.00		w
Registration Fees			300.00 prepaid		
Transportation (including parking)			254.10 ✓	✓	w
Other					
Mileage			\$		
TOTAL			1481.50		\$
Less Cash Advance			300.00 prepaid reg		
NET			1181.50		

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 [Signature] Date November 7, 2005

Approved by:  
 Print Name Sheila Weatherill Title President / CEO  
 Signature [Signature] Date NOV 14 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.
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# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED] Section 17(1)

Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088

Department Corporate Bus. Phone 413 - 7703

Period from November 2 to November 5, 2005 Ottawa

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			795.40	x	755.73 39.67
Meals			132.00		w
Registration Fees			300.00 prepaid		
Transportation (including parking)			254.10 /	✓	w
Other					
Mileage			\$		
TOTAL			1481.50		\$
Less Cash Advance			300.00 prepaid reg		
NET			1181.50		

No receipt for meals \$132.00

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulations to process your claim.

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

Employee Signature [Signature] Date November 7, 2005

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date NOV 14 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.
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- Out of province expenses also require approval of Chief Operating Officer of Vice President.

# APPLICANT COPY

**THE WESTIN**  
OTTAWA

11 COLONEL BY DRIVE, OTTAWA, ONTARIO, CANADA K1N 9H4  
TEL: (613) 560-7000 FAX: (613) 560-7359

G U E S T / C L I E N T	Wendy Hill Suite 100 10030 107th St Edmonton, AB T5J 3E4 Canada	ROOM / CHAMBRE 229.00 RATE / TARIF 1 NO. PERS. / NOMBRE PERS 44064 FOLIO 1 PAGE 02-NOV-05 ARRIVE / ARRIVÉE 05-NOV-05 DEPART / DÉPART AX PAYMENT / PAIEMENT	1828	A	A G E N C E D E C H A R G E  T R A V E L  C H A R G E T O
--	--	---	------	---	--

DATE	REFERENCE / REFERENCE	DESCRIPTION	CREDIT / CREDIT
02-NOV-05	RT1828	G.S.T. Room 7%	16.03
02-NOV-05	RT1828	P.S.T. Room 5%	11.45
02-NOV-05	RT1828	DMF Fee 2.8%	6.42
02-NOV-05	RT1828	GST On DMF 7%	0.45
03-NOV-05	RT1828	Room	229.00
03-NOV-05	RT1828	G.S.T. Room 7%	16.03
03-NOV-05	RT1828	P.S.T. Room 5%	11.45
03-NOV-05	RT1828	DMF Fee 2.8%	6.42
03-NOV-05	RT1828	GST On DMF 7%	0.45
04-NOV-05	RT1828	Room	229.00
04-NOV-05	RT1828	G.S.T. Room 7%	16.03
04-NOV-05	RT1828	P.S.T. Room 5%	11.45
04-NOV-05	RT1828	DMF Fee 2.8%	6.42
04-NOV-05	RT1828	GST On DMF 7%	0.45
04-NOV-05	014846	copies	5.00
04-NOV-05	014846	Tax GST 7%	0.35
05-NOV-05	AX	American Express	795.40-
Total-Due			0.00

**EXPENSE REPORT SUMMARY**

Date	Other	Total	Payment
02-NOV-05	263.35	263.35	0.00
03-NOV-05	263.35	263.35	0.00
04-NOV-05	268.70	268.70	0.00
05-NOV-05	795.40-	795.40-	0.00
<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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

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 la compagnie ou une tierce personne ne paie pas partie ou totalité de ces charges.

SIGNATURE

**THE WESTIN**  
OTTAWA

Wendy Hill  
FOLIO 44064 02-NOV-05

# APPLICANT COPY

**THE WESTIN**  
OTTAWA

11 COLONEL BY DRIVE, OTTAWA, ONTARIO, CANADA K1N 9H4  
TEL: (613) 560-7000 FAX: (613) 560-7359

G U E S T / C L I E N T	Wendy Hill  Suite 100 10030 107th St Edmonton, AB T5J 3E4 Canada	1828  ROOM / CHAMBRE 229.00 RATE / TARIF 1 NO. PERS. / NBRE PERS 44064 A FOLIO 2 PAGE 02-NOV-05 ARRIVE / ARRIVÉE 05-NOV-05 DEPART / DÉPART AX PAYMENT / PAIEMENT	A G E N T  C H A R G E  C H A R G E
--	--	---	---

DATE	REFERENCE / REFERENCE	DESCRIPTION	CREDIT - CREDIT
------	-----------------------	-------------	-----------------

GST Summary for your stay:

Room Revenue GST:	49.44
Food & Beverage GST:	0.00
Phone/Fax/Copy Services GST:	0.00
Other Revenue GST:	0.00
Total GST for your stay:	49.44

The Westin Ottawa GST vendor # 861336493RT002

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 la compagnie ou une tierce personne ne paie pas partie ou totalité de ces charges.

\_\_\_\_\_  
SIGNATURE

As a Starwood Preferred Guest you have earned at least 1377 Starpoints for this visit XXXXXXXXXX Section 17(1)

Wendy Hill  
FOLIO 44064 02-NOV-05

**THE WESTIN**  
OTTAWA

APPLICANT COPY



AMEX CANADA INC

PHONE: 403-294-7100

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

eTicket Receipt Duplicate Copy

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

**Sabre Reservation Code:** BTULAL  
**Ticket number:** 0142262503480  
**Issuing airline:** AIR CANADA  
**Date issued:** 11OCT05  
**Customer number:** [REDACTED]

**Issuing agent:** CALGARY AB  
**Issuing agent:** X970/AB7  
**IATA number:** 60609673  
**Invoice number:** 0652143

**Passenger:** HILL/WENDY MS [REDACTED]

**02NOV05 AIR CANADA AC 104**

**From:** EDMONTON INTL AB, CANADA  
**To:** OTTAWA ON, CANADA

**Departs:**0830 **Economy Confirmed**  
**Arrives:**1419 **Fare basis: A0SLTPC**

**Confirmation:** MVFIDE

**Not valid before:** 02NOV  
**Not valid after:** 02NOV

**06NOV05 AIR CANADA AC 447**

**From:** OTTAWA ON, CANADA  
**To:** TORONTO ON, CANADA

**Departs:**1000 **Economy Confirmed**  
**Arrives:**1105 **Fare basis: Q7FNC**  
TERMINAL 1

**Confirmation:** MVFIDE

**Not valid before:** 06NOV  
**Not valid after:** 06NOV

**06NOV05 AIR CANADA AC 177**

**From:** TORONTO ON, CANADA  
**To:** EDMONTON INTL AB, CANADA

**Departs:**1215 **Economy Confirmed**  
**Arrives:**1430 **Fare basis: Q7FNC**  
TERMINAL 1

**Confirmation:** MVFIDE

**Not valid before:** 06NOV  
**Not valid after:** 06NOV

*change flight  
Nov 5.  
change fee  
charged.*

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

**Form of payment:** Credit Card - [REDACTED]

**Endorsement / restrictions:** ZERO RATED/CAP HTH COF

**Fare calculation line:**

YEA AC YOW Q3.00 Q20.00 217.00 AC X/YTO Q3.00 Q20.00 AC YEA 346.00609.00 END

**Fare:** CAD 609.00  
**Taxes/fees/charges**  
**Taxes/fees/charges:** CAD 9.34 CA Air Transportation Tax  
**Taxes/fees/charges:** CAD 38.00 SQ Airport Improvement Fee  
**Total:** CAD 656.34

**Positive identification required for airport check in**

## APPLICANT COPY

**Notice:**

Transportation and other services provided by the carrier are subject to conditions of contract and other important notices. Please ensure that you have received these notices, and if not, contact the travel agent or issuing carrier to obtain a copy prior to the commencement of your trip.

Transport et autres services offerts par le transporteur sous réserve du cahier des charges et d'autres avis importants remis avec cet itinéraire/reçu ; ils font partie intégrante du contrat de transport. Veuillez vous assurer que vous avez reçu ces avis et contacter l'agence de la compagnie aérienne émettrice du billet ou l'agent de voyages, si vous ne les avez pas, pour en obtenir une copie avant le début de votre voyage.

If the passenger journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable. This convention governs and on most cases limits the liability of carriers for death or personal injury and in respect of loss of, or damage to baggage.

La convention de Varsovie peut-être applicable si le voyage du passager comporte une destination finale ou une escale dans un autre pays que le pays de départ. La convention de Varsovie régit et, dans la plupart des cas, limite la responsabilité du transporteur en cas de mort ou de lésions corporelles, ainsi qu'en cas de perte ou d'avarie de bagages. Voir également les avis intitulés Avis aux passagers internationaux concernant la limitation de responsabilité et Avis de limitation de responsabilité en matière de bagages.

Important legal notices.

Copyright and Trademark Notices

**Sabre**  
**virtually**  
**there**

APPLICANT COPY

Osadchuk, Gerry

*[Handwritten signature]*

From:

Tailleur, Lorraine

Sent:

Monday, February 27, 2006 1:54 PM

Capital Health  
Director, Accounting Services

To:

Osadchuk, Gerry

Subject:

FW: Wendy Hill

MAR 07 2006

Attachments:

CHCFIN1920060227130716.pdf



CHCFIN192006022  
7130716.pdf (37...

*INITIALS ONLY*

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Gerry

Please find attached an expense claim that was submitted for Wendy, could you please provide additional details on items that are marked with a "\*" or have ~~Shelita~~ or Allaudin ~~initials~~.

Thanks

Lorraine Tailleur  
Administrative Assistant  
Capital Health  
Accounting Services  
CHC, 10th Floor North Tower  
10030-107 Street  
Edmonton, AB T5J 3E4  
Phone: 735-0348  
Fax: 735-0347

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APPLICANT COPY

PASSENGER ITINERARY FOR  
WENDY HILL

AIR CANADA  
OTTAWA  
CANADA  
2 NOVEMBER 05

BOOKING REFERENCE  
MVFIDE

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRAVEL ARRANGEMENTS

AIR CANADA	AC104	A HOSPITALITY	CONFIRMED
DEPART	WED 2 NOVEMBER 05	EDMONTON INTERNATIONAL	0830
ARRIVE	WED 2 NOVEMBER 05	OTTAWA	1419

LATEST CHECK IN IS 60 MINUTES BEFORE DEPARTURE  
SEAT 21D HAS BEEN PRE-ASSIGNED FOR YOU

AIR CANADA	AC143	Q HOSPITALITY	CONFIRMED
DEPART	SAT 5 NOVEMBER 05	OTTAWA	1930
ARRIVE	SAT 5 NOVEMBER 05	EDMONTON INTERNATIONAL	2155

LATEST CHECK IN IS 60 MINUTES BEFORE DEPARTURE

\*\*FREQUENT TRAVELLER\*\*

FORM OF PAYMENT - PASSENGER 1

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

~~AIRPORT SAME DAY CHANGE FEE~~

~~NUMBER OF FEES 1~~

~~SEE AMOUNT WITH TAXES \$30.00CAD + 2.10X6~~

~~GRAND TOTAL \$32.10CAD / 02 NOV 2005 7:38~~

1. MS WENDY HILL /

THANK YOU FOR CHOOSING AIR CANADA

**PRESTIGE**

10155 - 51 AVENUE  
Edmonton, Alberta T6N 1C2

**CABS**

**462-4444**

APPLICANT COPY

ADMIN. 465-8500

FAX: 462-2722

THANK YOU/MERCI

Date: Nov 6 05 Amount/Montant \$ 76.00 Car/Voiture # \_\_\_\_\_

Driver/Chauffeur: \_\_\_\_\_ G.S.T. # \_\_\_\_\_

From/De: August To/A: Home

PLEASE CALL AGAIN  
AU PLAISIR DE VOUS REVOIR

**TAXI**  **CROWN 777-1645**

TEMPS TIME \_\_\_\_\_ A M P M \_\_\_\_\_ Date 24/11/05

NOM NAME \_\_\_\_\_

ADRESSE ADDRESS \_\_\_\_\_

CHARGÉ A CHARGE TO \_\_\_\_\_

VOYAGE DE TRIP FROM Wester

\$ 8.00 CHARGE

NOTRE N° DUR N° \_\_\_\_\_ PAR J.M. CHAUFFEUR



Date: 11.04.05

Name: \_\_\_\_\_

<input type="checkbox"/> Lobby	<input checked="" type="checkbox"/> Business Centre	<input type="checkbox"/> Group Destination
DESCRIPTION		
<u>20 copies @ 0.25</u>		<u>5.00</u>
ROOM	PAYMENT	SUB-TOTAL
<u>1828</u>		<u>5.00</u>
CLERK	DEPARTMENT	G.S.T.
<u>J.K.</u>	<u>48/12</u>	<u>35</u>
		P.S.T.
		TOTAL
		<u>5.35</u>

Signature: [Signature] 01484F



**The Academy of Canadian Executive Nurses**  
**L'Académie des Chefs de Direction en Soins Infirmiers**

November 3, 2005

Receipt

**Received:** Three Hundred Dollars: \$300.00

**Re:** The Academy of Canadian Executive Nurses: Education and 23<sup>rd</sup> Annual General Meeting

**Attendee:** Wendy Hill

**Organization:** Community Hospitals and Regional Support Services

BLUELINE

RECEIPT FOR CAB FARE

APPLICANT COPY


Amount: \$30.00 Date: Nov. 05 - 05

From: \_\_\_\_\_

To: \_\_\_\_\_

Cab No.            Driver:           

G.S.T. included in meter fare



RECEIPT / REQU

Amount/Montant: \$29.00 Date: \_\_\_\_\_

From/De: Airport Hotel

Taxif: \_\_\_\_\_ Driver/Chauffeur:           

Thank you & Merci

THANK YOU FOR RIDING WITH CHECKER

Date: 2 Nov 05 A 79.00

From: \_\_\_\_\_

To: AIRPORT

Unit: 9436 Driver: RMR

GST# 139185722

PLEASE CALL AGAIN  
484-8888

Boarding Pass | Carte d'accès à bord

**ELECTRONIC TICKET**  
**HOSPITALITY/E TANGO PLUS**

Class | Classe: HOSPITALITY/E TANGO PLUS

Flight & Date | Vol et date: AC 0104 02NOV

Gate | Porte: 52

Seat | Place: ET 21D

Boarding time | Heure d'embarquement: 07:55


From | De: EDMONTON-YEG

To | Destination: OTTAWA

Name | Nom: HILL

Airline use | A usage Interne: AP 0026 KYEG256

Where not prohibited by law / Sauf où la loi l'interdit



**AIR CANADA**

Boarding Pass | Carte d'accès à bord

**ELECTRONIC TICKET**  
**HOSPITALITY/E TANGO PLUS**

Class | Classe: HOSPITALITY/E TANGO PLUS

Flight & Date | Vol et date: AC 0143 05NOV

Gate | Porte: 16

Seat | Place: ET 17D

Boarding time | Heure d'embarquement: 18:55


From | De: OTTAWA

To | Destination: EDMONTON-YEG

Name | Nom: HILL

Airline use | A usage Interne: AP 0028 KYOW205

Where not prohibited by law / Sauf où la loi l'interdit



**AIR CANADA**

# APPLICANT COPY



## Travel Expense Claim Form

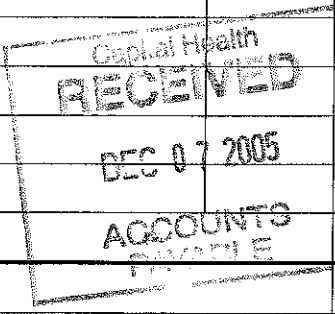
(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED]  
 Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088  
 Department Corporate Bus. Phone 413 - 7703  
 Period from Nov 07 to Nov 30 05

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			263.26		233.26 30.00
Registration Fees					
Transportation (including parking)			68.00		w
Other					
Mileage			\$ 144.40		
<b>TOTAL</b>			<b>\$</b>		<b>\$</b>
Less Cash Advance					
<b>NET</b>			<b>\$ 475.66</b>		



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 [Signature] Date Nov 30/05

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date DEC 06 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 (Harley Court – 1100, 10045 – 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.



APPLICANT COPY

Thank You For  
Parking At Commerce  
Place Parkade

05NOV22 15:56 019 002  
05NOV22 07:32 01  
/ 8:24 #180167

50061661600  
RATE 15.00  
TOTAL 15.00  
Cash 20.00  
CHANGE 5.00

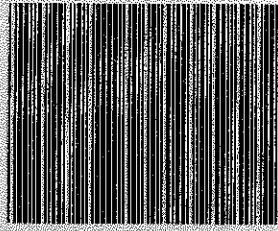
GST #897727657RT  
Have a Nice Day

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Recpt# 19051  
11/24/05 08:04 L# 2 AM 39 Txn# 65992  
11/24/05 08:15 In 11/24/05 14:04 Out  
TK# 228100  
Regular Rate \$ 11.21  
Total Tax \$ 0.79  
Total Fee \$ 12.00  
CASH PAID \$ 12.00-  
Cash Tender \$ 12.00  
Change Due \$ 0.00  
THANK YOU  
COME AGAIN

GRANT MACEWAN  
ENTER: 18/11/05 10:25  
Exp. time: 12:05:00

Ticket :217MA4100  
AMOUNT : \$3.00  
CASH : \$0.00  
CHANGE : \$0.00  
CREDIT : \$0.00



CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Recpt# 19052  
11/23/05 17:57 L# 2 AM 39 Txn# 65320  
11/23/05 15:05 In 11/23/05 17:57 Out  
TK# 219732  
Regular Rate \$ 8.41  
Total Tax \$ 0.59  
Total Fee \$ 9.00  
CASH PAID \$ 9.00-  
Cash Tender \$ 20.00  
Change Due \$ 11.00  
THANK YOU  
COME AGAIN

Recpt# 19051  
11/23/05 11:52 L# 2 AM 6 Txn# 65020  
11/23/05 07:58 In 11/23/05 11:52 Out  
TK# 219439  
Regular Rate \$ 11.21  
Total Tax \$ 0.79  
Total Fee \$ 12.00  
CASH PAID \$ 12.00-  
Cash Tender \$ 20.00  
Change Due \$ 8.00  
THANK YOU  
COME AGAIN

HASTED DIMMER FOR  
WESTERN NURSE LEADERS  
FORUM OUT OF TOWN  
GUESTS - EDMONTON HOST  
SITE



Server: FINE  
Table 507  
Guests: 4

Blue Muffin  
Hearts of Avocado  
Soup of Vegetables  
Vegetarian Pasta  
Salad  
Duff & But (2 w/c 00)  
Custard (2 of 10)  
Tarte  
Coffee

Sub Total

GST Tax

Total

Edmonton Fin.

+30-  
263.26

**IMPERIAL PARKING**  
CANADA CORPORATION  
10238 - 107th STREET  
EDMONTON, ALBERTA T4B 4B6  
420-1976

**433783**

LIC. NO.:

**PAID**

DATE: JUN 24 2005

AMOUNT: \$4.00

**PLACE THIS SIDE UP ON DASH**

RECEIPT OR VALIDATION

**IMPERIAL PARKING**  
CANADA CORPORATION  
10238 - 107th STREET  
EDMONTON, ALBERTA T4B 4B6  
420-1976

**433783**

THIS FEE INCLUDES G.S.T. REG. #88731-5638-RT0001  
VISIT OUR WEBSITE AT [www.impark.com](http://www.impark.com)

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 60 hours.  
• 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.



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED] 201-9000-7185  
 Position COO / Executive Nursing Officer Cost Centre 201 9000 711 1010 1088 0000116  
 Department Corporate Bus. Phone 413 - 7703  
 Period from Oct 17 2005 to Oct 25 2005 CRIN trip to Russia

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	320.00 USD	1.1983	383.46 ✓		n
Meals <i>CCIDA FUNDED \$56.00 STANDARD PER DIEM</i>			400.00 ✓		n
Registration Fees					
Transportation (including parking)			44.36 473.54		150 with 323.54 n
Other <i>(Roadpost / Translation / Kremlin Tour)</i>		1.1983	437.81		201.16 w 236.65
Mileage			\$		
<b>TOTAL</b>	<b>1694.81</b>		<b>\$ 1632.63</b>		<b>\$</b>
Less Cash Advance			3000.00		
<b>NET</b>	<b>518 1365.19</b>		<b>\$ (-1367.37) *</b>		<b>Refund 62.18 to Wendy</b>

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.

*\* Refund cheque from Wendy deposited Dec 13/05*

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 [Signature] Date Dec 8/05

Approved by:

Print Name Sheila Weatherill Title President / CEO

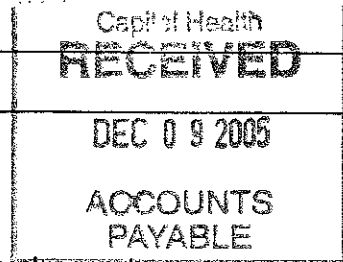
Signature [Signature] Date \_\_\_\_\_

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 (Harley Court – 1100, 10045 – 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.





# APPLICANT COPY

**Tees, Kelley**

---

**From:** Hill, Wendy  
**Sent:** Tuesday, December 13, 2005 10:04 AM  
**To:** Tees, Kelley  
**Subject:** RE: Travel Expense

I agree that the easiest option is number two so lets go with it. I never carry my chequebook with me anymore!!!

---

**From:** Tees, Kelley  
**Sent:** Tuesday, December 13, 2005 10:00 AM  
**To:** Hill, Wendy  
**Subject:** RE: Travel Expense

Thanks, Wendy.

The \$28 USD (\$33.55 CAD) tour of the Kremlin was included in the Other category (\$437.81 total) along with the Roadpost (\$374.31 CAD) and the Translation charges (\$25 USD = \$29.95 CAD).

Taking this into account, the total for the Transportation charges is \$473.54, which is an increase of \$62.18 from the original stated amount of \$411.36. The amount that should have been refunded is \$1,305.19 and not \$1,367.37.

There are two options we can proceed with. One, is that I return your cheque to you and you would make us out a new one for \$1,305.19. The second and easier option is that we cash your cheque of \$1,367.37 but I would refund you the \$62.18.

Please let me know what you would like us to do.

Thanks,

Kelley

---

**From:** Hill, Wendy  
**Sent:** Tuesday, December 13, 2005 9:45 AM  
**To:** Tees, Kelley  
**Subject:** RE: Travel Expense

No those charges were undertaken by Grant MacEwan under the project fund as was the hotel in St. Petersburg so not on my account as a result. Thanks Wendy

---

**From:** Tees, Kelley  
**Sent:** Tuesday, December 13, 2005 9:07 AM  
**To:** Hill, Wendy  
**Subject:** RE: Travel Expense

Thanks, Wendy. I noticed there was also travel insurance for \$134 and an Air Canada ticket for \$272.90 (looks like Frankfurt to Calgary) that looks like it was charged on a VISA. I'm not sure if that's a change fee or not. Should any of those charges be included?

---

**From:** Hill, Wendy  
**Sent:** Tuesday, December 13, 2005 8:59 AM  
**To:** Tees, Kelley  
**Subject:** RE: Travel Expense

I know this is a nightmare with rubles, USD and CDN funds and doing all the conversions. Standard exchange rate for USD to rubles was 20 rubles to the USD and CDN to USD was 1.1983. Based on that I did my best as follows:

Transportation

APPLICANT COPY

Taxis to and from the airport		150.00 CDN
Airfare within Russia	140.00 USD (approx)	167.76 CDN
Overweight baggage air in Russia	30.00 USD (approx)	35.95 CDN
Vans, tours and transfers in Russia	128.00 USD (approx)	153.38 CDN
 Total for transportation		 507.09 CDN

So you are right - I must have failed to do a USD to CDN conversion somewhere in here or forgotten to add something in when I was doing the totals. Perhaps  
Once you have looked at the rest of it we can talk about next steps. Thanks Wendy

---

**From:** Tees, Kelley  
**Sent:** Monday, December 12, 2005 3:41 PM  
**To:** Hill, Wendy  
**Subject:** Travel Expense

Hi Wendy,

I was going through your travel expense claim for your trip to Russia, and I need some help with how the transportation fee of \$411.36 was arrived at as a detailed breakdown was not included. When I add everything up and do conversions, I arrive at various higher amounts (depending upon whether I include certain receipts or not) and I want to ensure that you are not refunding us more than you should.

Included below is the front page of your expense claim and copies of your receipts. Any help you can provide would be greatly appreciated.

<< File: Cover Page and Insurance Receipt.pdf >> << File: Russia.pdf >>

Sincerely,

Kelley Tees

Senior Accountant  
Capital Health  
Accounting Services  
Capital Health Centre  
10th Floor, North Tower  
10030 - 107 Street  
Edmonton, AB T5J 3E4  
Canada  
Phone: (780) 735-0466  
Fax: (780) 735-0505  
Email: kelleytees@cha.ab.ca

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

WENDY HILL

Section 17(1)

DATE Dec 5, 2005

PAY TO THE ORDER OF Capital Health \$ 1367 <sup>37</sup>/<sub>100</sub>

STYL 133

one thousand three hundred sixty seven DOLLARS

Security features included. Details on back.

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

MEMO

CHN trip reimbursement

MP

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

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

Check given to  
AIR Dec 13/05

APPLICANT COPY

**Tees, Kelley**

**From:** Hill, Wendy  
**Sent:** Tuesday, December 13, 2005 8:59 AM  
**To:** Tees, Kelley  
**Subject:** RE: Travel Expense

I know this is a nightmare with rubles, USD and CDN funds and doing all the conversions. Standard exchange rate for USD to rubles was 20 rubles to the USD and CDN to USD was 1.1983. Based on that I did my best as follows:

Transportation

Taxis to and from the airport		150.00 CDN ✓
Airfare within Russia	140.00 USD (approx)	167.76 CDN
Overweight baggage air in Russia	30.00 USD (approx)	35.95 CDN
Vans, tours and transfers in Russia	128.00 USD (approx)	153.38 CDN = 119.83
	↓ 510	
Total for transportation	100 USD as 28 USD include dinner	507.09 CDN = 473.54

So you are right - I must have failed to do a USD to CDN conversion somewhere in here or forgotten to add something in when I was doing the totals. Perhaps  
Once you have looked at the rest of it we can talk about next steps. Thanks Wendy

**From:** Tees, Kelley  
**Sent:** Monday, December 12, 2005 3:41 PM  
**To:** Hill, Wendy  
**Subject:** Travel Expense

Hi Wendy,

I was going through your travel expense claim for your trip to Russia, and I need some help with how the transportation fee of \$411.36 was arrived at as a detailed breakdown was not included. When I add everything up and do conversions, I arrive at various higher amounts (depending upon whether I include certain receipts or not) and I want to ensure that you are not refunding us more than you should.

Included below is the front page of your expense claim and copies of your receipts. Any help you can provide would be greatly appreciated.

<< File: Cover Page and Insurance Receipt.pdf >> << File: Russia.pdf >>

Sincerely,

Senior Accountant  
Capital Health  
Accounting Services  
Capital Health Centre  
10th Floor, North Tower  
10030 - 107 Street  
Edmonton, AB T5J 3E4  
Canada  
Phone: (780) 735-0466  
Fax: (780) 735-0505  
Email: keilleytees@cha.ab.ca

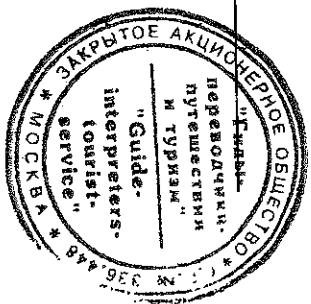
GTS Tourist Company

Invoice 27 от 24.10.2005

Wendy Sherill Hill

	Qt	Rate	Total (USD)
1. Accommodation hotel "Arbat" 23.10-25.10	2	160,00	320,00
2. Transfer SVO2 - hotel 25/10	1	36,00	36,00
3. Van services 23/10-24/10	2	32,00	64,00
4. Translation services	1	25,00	25,00
			445,00

Hotel  
(Other)



APPLICANT COPY

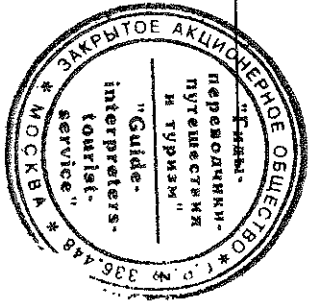
GTS Tourist Company

Invoice  of

Wendy Sherill Hill

	Qt	Rate			Total (USD)
1. Kremlin tour 23/10	1	28,00			28,00
					28,00

(0441)



APPLICANT COPY

ЗАО КАВ ВИКИНГ  
Регистрационный номер: 1027800000250

Владимирский пр., 17

Адрес обменного пункта: Пироговская наб., 5/2

Номер операции: 4

Дата: 21.10.2005      Время: 18:02

Код операции: 01      s.17(1), 17(4)(g)(i)

Ф.И.О.: HILL WENDY  
Документ: инпаспорт XXX

Rate = 0.03846153846

Курс: 26.5000      Комиссия: 30.00

Принято: 60.00 USD  
Шестьдесят Долларов США 00 центов

Выдано: 1 560.00 RUR  
Одна тысяча пятьсот шестьдесят Рублей РФ 00 коп.

Подпись кассового работника:

(ВЕРИТЬ Т. С.)



**YELLOW CAB**
  
 10135-31 Avenue
   
 Edmonton, AB T6N 1C2
   
**462-3456**
  
 ADMIN: 465-8500
   
 FAX: 462-2722
   
 THANK YOU/MERCI
   
 Car/Vehicle # \_\_\_\_\_
   
 Date: 20/10/05      Amount/Montant \$ 70.00
   
 Driver/Chauffeur: \_\_\_\_\_      GST # \_\_\_\_\_
   
 From/De: \_\_\_\_\_      To/A: \_\_\_\_\_

**THANK YOU FOR RIDING WITH CHECKER**
  
 Section 17(1)
   
 Date: 17 OCT 05
   
 From: [Redacted]
   
 To: AIRPORT
   
 Unit: 9436      Driver: RMR
   
 GST# 139185722

PLEASE CALL AGAIN  
**484-8888**

APPLICANT COPY

ПУЛНОВО ТРАНСПОРТНОЕ ПРЕДПРИЯТИЕ S. LTD. (174) (9) (D) НЕ ПЕРЕДАВАТЬ NOT TRANSFERABLE		ПАССЯЖИРСКИЙ КУПОН PASSENGER COUPON НЕ ПЕРЕДАВАТЬ NOT TRANSFERABLE	
ИДЕНТИФИКАЦИОННЫЙ НОМЕР / IDENTIFICATION NUMBER 6116801917		ПУЛНОВО PULNOVO	
КОД И ПОРЯДКОВЫЙ НОМЕР / FORM AND SERIAL NUMBER К 95 00953227		МЕСТО ВЫДАЧИ / PLACE OF ISSUE 00 2 0736 2	
НАЗНАЧЕНИЕ ПЛАТЕЖА / PURPOSE OF PAYMENT ПУЛНОВО АКТ ВЗКЛ		МАРШРУТ / ROUTE МОСКВА - ПЕТЕРБУРГ	
ТИП ТАРИФА / FARE BASIS 2050.00РУБ		ПЕРИОД ПОСЛЕДЕЙСТВИЯ / VALIDITY PERIOD 1995	
КОЛИЧЕСТВО / QUANTITY 1		ТИП ТАРИФА / FARE BASIS 2050.00РУБ	
ИТОГО / TOTAL 2050.00РУБ		ТИП ТАРИФА / FARE BASIS 2050.00РУБ	
ФОРМА ОПЛАТЫ / FORM OF PAYMENT ЧААА		ТИП ТАРИФА / FARE BASIS 2050.00РУБ	

«Пассажирский билет» документом, удостоверяющим перевозку пассажира. Настоящий билет перевозки и при выписке.

**ВАЖНО!**  
Пассажиры, опоздавшие на перевозку, допускаются. Регистрация в пункте отправления в перевозке:

- если это необходимо;
- в целях предотвращения правил и предписаний территории или через;
- в связи с отказом от перевозки;
- в связи с болезнью пассажира или самого перевозчика;
- когда пассажир имеет право на перевозку.

Лица, создающие опасность для здоровья других пассажиров, находящихся в салоне самолета, пассажиры, находящиеся в состоянии опьянения; пассажиры, действия которых угрожают безопасности полета.

МЕСТО ПОДШИВКИ / STAPLE HERE		КЛИЕНТ / CLIENT Купца Воеводина	
ДАТА ВЫДАЧИ / DATE OF ISSUE 30.05.95		НАЗНАЧЕНИЕ ПЛАТЕЖА / PURPOSE OF PAYMENT ПУЛНОВО АКТ ВЗКЛ	
КОЛИЧЕСТВО / QUANTITY 1		ТИП ТАРИФА / FARE BASIS 2050.00РУБ	
ИТОГО / TOTAL 2050.00РУБ		ФОРМА ОПЛАТЫ / FORM OF PAYMENT ЧААА	

as «ticket» is the sender and Carrier of passenger and

BEFORE DEPARTURE

health of the other passengers and

relations of public health of the carriage is

of the Carrier, his(her) health

passengers and

УТВ. МИНИСТЕРСТВОМ ФИНАНСОВ РФ В 1995 Г. КОД ФОРМЫ ПО ОУДА 0715.126



SENDER (FROM) / EXPÉDITEUR (DE)  
**CAPITAL HEALTH**  
 STREET ADDRESS / ADRESSE (N° ET RUE)  
**759 QUEENSWAY E**  
 CITY / VILLE **MISSISSAUGA L4Y** POSTAL / ZIP **L4Y 4G5**  
 APT., SUITE / APP. BUREAU **200**  
 ATTN: (NAME / DEPT.) / À L'ATTENTION DE (NOM / SERVICE)  
**ROADPOST PHONE KIT**  
 SENDER REFERENCE (IF ANY) / REF. DE L'EXPÉD.  
**0002**

IMPORTANT TELEPHONE (780)4137729

SHIP MODE / MODE DE TRANSPORT  
 AIR  GROUND   
 PURCHASE ORDER / THIS DECLARATION  9 AM   
 PURCHASE ORDER / THIS DECLARATION  9 h   
 PURCHASE ORDER / THIS DECLARATION  10:30 AM   
 PURCHASE ORDER / THIS DECLARATION  10 h 30   
 OTHER / AUTRE  SAT. SAM.   
 PAYMENT / PAIEMENT  
 CASH  CREDIT CARD   
 COMPTANT / CARTE DE CREDIT  
 RECEIVER OR THIRD PARTY ACCOUNT NO. / N° DE COMPTE DU DESTINATAIRE OU TIERS  
 RECEIVER DESTINATION / DESTINATION  3RD PARTY TIERS   
 SENDER EXPÉDITEUR   
 SHIPMENT / DETAILS / EXPÉDITION  
 #IN PCS (4 MAXIMUM) **1** WEIGHT / POIDS SUBTOTAL / SUBT. A CORR. **1**  
 KG **1** LB **1**  
 DECLARED VALUE / VALEUR DÉCLARÉE (SURCHARGE APPLIES OVER \$100) (SUPPLÉMENT AU DÉPASSÉ DE 100 \$)  
**\$250.00** \$5,000 MAX. MAX 5 000 \$  
 SEE CONDITIONS OF CARRIAGE ON REVERSE / CONDITIONS DE TRANSPORT AU VERSO

BILL OF LADING NO. / NOT NEGOTIABLE / N° DE CONNAISSANCE / NON NEGOCIABLE  
**2570 608 1772**  
**Purolator**  
 1 888 SHIP-123 www.purolator.com  
 COURIER INITIALS / INITIALES DU COURRIER **H** COURIER ROUTE / ITINÉRAIRE DU COURRIER  
 MO DY/JR YR/AM **11 07 05**  
 NO./N° TYPE  VISA  MC  AMEX EXPR. DATE D'EXP.  
 CHARGES / FRAIS  
 TOTAL AMOUNT / MONTANT TOTAL  
 THIRD PARTY BILLING NAME & ADDRESS / FACTURATION À UN TIERS (NOM & ADRESSE)  
 7170817  
 DECLARATION OF LIABILITY / DÉCLARATION DE RESPONSABILITÉ  
 THE ACCEPTANCE OF ANY LOSS OR DAMAGE...  
 PLEASE REFER TO BILL OF LADING NUMBER FOR SHIPMENT STATUS / INQUIRIES  
 POUR TOUT RENSEIGNEMENT, VÉRIÉZ NOUS COMMUNIQUER LE NUMÉRO DE CONNAISSANCE

SENDER SIGNATURE / SIGNATURE DE L'EXPÉDITEUR  
*[Signature]*  
 SEE CONDITIONS OF CARRIAGE ON REVERSE / CONDITIONS DE TRANSPORT AU VERSO

PASSENGER COUPON / КУПОН ДЛЯ ПАССАЖИРА

PASSENGER COUPON / КУПОН ДЛЯ ПАССАЖИРА  
**ECONOMY**  
 NAME OF PASSENGER / ИМЯ ПАССАЖИРА  
**HILL**  
 FROM / ОТ **389** TO / ДО **389**  
**25 0055**  
**389**  
**014 063**  
 PCS CK WT UNCK WT SEQ NO.  
 BAGGAGE ID NO. / ИДЕНТИФ. БАГАЖНОГО БИЛЛЕТА

COMMANDER IN CHIEF  
*[Signature]*  
 THE OVAL OFFICE

COMMANDER IN CHIEF  
*[Signature]*  
 THE OVAL OFFICE

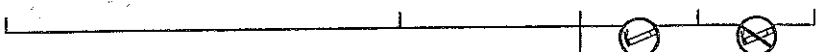
NOT VALID WITHOUT FLIGHT COUPON ATTACHED / НЕДЕЙСТВИТЕЛЕН БЕЗ ПОЛЕТНОГО КУПОНА

SHEREMETYEVO / ШЕРЕМЕТЬЕВО  
 ЛИВОГО ПУТИ

BOARDING PASS / ПОСАДОЧНЫЙ ТАЛОН  
**ПУЛКОВО PULKOV**  
 АВИАПРЕДПРИЯТИЕ AVIATION ENTERPRISE  
 ИДЕНТИФ. / ИДЕНТИФИКАЦИЯ  
 ПУЛКОВО ПЛ 0129  
 МОСКВА (ШЕРЕМЕТЬ)  
 COMMANDER IN CHIEF  
*[Signature]*  
 THE OVAL OFFICE  
 023 1 20  
 HAVE A NICE TRIP! / СЧАСТЛИВОГО ПУТИ!

**APPLICANT COPY**

Flight & Date | Vol et date Gate | Porte Seat | Place



Where not prohibited by law  
Sauf où la loi l'interdit

Boarding time  
Heure d'embarquement

From | De To | Destination

Name | Nom Airline use | À usage interne

**Boarding Pass | Carte d'accès à bord**

Please visit our other locations in AB:  
 Calgary (403) 290-0330  
 Banff (403) 762-4978  
 Please visit our other locations in:  
 Vancouver, Victoria, White Rock  
 Toronto, Ottawa and Montreal  
 For more information call 1-800-706-6656  
 Thank You!

Kate/B/1305891  
 10/13/2005 4:01:00 PM

Total: 2400.10  
 Client pays/paye: 2400.10  
 Debit Card/Carte de debit: 2400.10  
 Change: 0.00

*Handwritten:* 26924464851

DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE / NE RIEN ÉCRIRE DANS LA PARTIE BLANCHE CI-DESSUS

CONTROL NO. / NOMBRE DE CONTROLE: 0145139477807 2

AVIATION MARK TEXAS INSTRUMENT 810 Printer

ISSUED BY / ÉMIS PAR: HILL / MENDY MRS

DATE OF ISSUE / DATE D'ÉMISSION: 25SEP05

ORIGIN / DESTINATION: IATA-BSP

CARRIER / TRANSPORT DE	FLIGHT / VOL	CLASS	FARE BASIS / BASE TARIFAIRE	STATUS	TIME / HEURE	RESERV	SEAT	WT / POIDS	UNCHECKED / NON ÉMÉ
AC	81490	170CT	300P UNIL XEAX	OK					
AC	8440	170CT	553P UNIL XEAX	OK					
AC	98700	170CT	553P UNIL XEAX	OK					
AC	71AC	170CT	553P UNIL XEAX	OK					

EDMONTON / INTL  
 CALGARY  
 ST PETERSBURG  
 MOSCOW / SHEREMET

1 TEND XI 15. 29. 2001 S. 70UH 196. 00Y0

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

MR. CODE / CODE: 022654LC5059

TOUR CODE / CODE VOYAGE A TERRE: 022654LC5059

ORIGINAL ISSUE / PREMIÈRE ÉMISSION

Customer Name: Capital Health  
Account Number: [REDACTED]  
Page Number: 1 of 3

Invoice Number: 1088263  
Invoice Date: Nov 07, 2005  
Purchase Order Number: N/A

**Lower Voice Rates with International BlackBerry!**

Roadpost just made it easier to use your BlackBerry as a phone. We've lowered the voice rates for International BlackBerry in Zone 1 - which includes many popular travel destinations of our customers.

Visit [www.roadpost.com/bb](http://www.roadpost.com/bb) for details on rates and international coverage.

**Limited Time Offer:  
Rent a Satellite Phone and Save!**

Just in time for the cruise season, we've lowered rates on rental satellite phones. Save up to \$75 (CDN) on our satellite rental plans, including those with airtime bundle packages. Offer ends December 30, 2005.

Book your rental today to stay in touch from pole to pole and everywhere in between.

Contact Us  
1.888.622.7368  
[info@roadpost.com](mailto:info@roadpost.com)

**Important Notice Regarding Your Invoice**  
Voice usage exceeding the airtime bundle or charges after the current billing cycle (7<sup>th</sup> of every month) will appear on an additional invoice.

**Account Statement**

**Previous Balance** **\$0.00**

**Current Activity**

Equipment and Service Charges	\$188.00
New Call Charges	\$161.82
Bundled Minute Credit	\$0.00
Adjustments	\$0.00
Late Payment Charge	\$0.00

**Total Before Tax** **\$349.82**

GST \$13.16

Network Access Charge \$11.33

Note: Taxes are applied to balance before Rebates and Bundled Minute Credits are deducted (if applicable)

**Total Current Activity** **\$374.31**

**Payments**

**Total Payments** **\$0.00**

**Total Amount Due** **\$374.31**

A late payment charge of 1.5% per month will be applied to unpaid balances.

*pd.  
by w. Hill.  
charged on Amex. personal  
card.*



Section 17(1)

Account Number: [REDACTED]  
Invoice Number: 1088263

Invoice Date: Nov 07, 2005  
Due Date: Nov 07, 2005

**Total Amount Due** **\$374.31**

Capital Health

Section 17(1)

**Your Credit Card will be charged on the 21st of the month for the charges listed above. No additional payment is necessary at this time.**

Capital Health

**Current Activity Summary**

Page Number: 2 of 3

Invoice Number: 1088263

**Equipment/Service Summary**

Quantity	Description	Start Date	End Date	Charges
<b>Service Type: General Products and Services</b>				
1	Delivery-Standard (Return)	Oct 13, 2005	Oct 13, 2005	\$20.00
<b>Service Type: International Rentals</b>				
1	Loss/Theft/Damage-Accepted/M+AM	Oct 13, 2005	Oct 13, 2005	\$69.00
1	oneRoamWld Rental/M+AM-Eng	Oct 13, 2005	Oct 13, 2005	\$99.00
<b>TOTAL EQUIPMENT &amp; SERVICE CHARGES</b>				<b>\$188.00</b>

**New Call Charges Summary (Before Credits)**

**New Call Charges by Service Identifier**

Rate Plan	Service Identifier	Minutes Used	Charges
oneRoamWorld Rental/M+AM-Eng	Mobile Number:	18	\$161.82
<b>Total</b>	s 17(1), 17(4)(g)(i)	<b>18</b>	<b>\$161.82</b>

**New Call Charges by Usage Type - Total Account**

Usage Type	Minutes Used	Charges
Local	18	\$161.82
<b>Total</b>	<b>18</b>	<b>\$161.82</b>
<b>TOTAL NEW CALL CHARGES BEFORE CREDITS</b>		<b>\$161.82</b>



# APPLICANT COPY

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED] Section 17(1)

Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088

Department Corporate Bus. Phone 413 - 7703

Period from Dec 6/05 to Dec 6/05 Calgary meeting @ Mount Royal College.

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					
Registration Fees					
Transportation (including parking)			186.40		
Other					
Mileage			\$		
TOTAL			\$ 186.40		\$
Less Cash Advance			—		
NET			\$ 186.40		

Capital Health  
RECEIVED  
DEC 15 2005  
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 [Signature] Date Dec 8/05

Approved by:

Print Name Sheila Weatherill Title President / CEO

Signature [Signature] Date DEC 14 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 (Harley Court – 1100, 10045 – 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.



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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: B7 Invoice number: 0663506 Date: 29NOV2005
For: HILL/WENDY MS Record locator: GNVECK Customer number: Section 17(1)

ATTN-WENDY HILL
CAPITAL HEALTH AUTHORITY
STURGEON COMMUNITY
HOSPITAL
201 BOUDREAU ROAD
ST. ALBERT, AB, T6G 2B7
DEL-29NOV -VT-

CAPITAL HEALTH AUTHORITY
ROOM 1J2
8440-112 STREET
EDMONTON, AB, T6G 2B7
201900071110101088

Notes: AN ELECTRONIC TICKET AND INVOICE HAVE BEEN PROCESSED
PLEASE PRINT YOUR RECEIPT AND INVOICE BY SELECTING THE
'E-TICKET RECEIPT' AND 'E-INVOICE' LINKS LOCATED TO THE LEFT
POSITIVE IDENTIFICATION IS REQUIRED FOR AIRPORT CHECK IN

Tue, Dec 6

Air AIR CANADA Flight #: 8131 Economy
From : EDMONTON INTL AB, CANADA 0700
To : CALGARY INTL AB, CANADA 0756 56Min Non Stop
Equipment : DEHAVILLAND DASH 8 TURBOPROP
HILL/WENDY MS AC -

Tue, Dec 6

Air AIR CANADA Flight #: 8146 Economy
From : CALGARY INTL AB, CANADA 1430
To : EDMONTON INTL AB, CANADA 1526 56Min Non Stop
Equipment : DEHAVILLAND DASH 8 TURBOPROP
HILL/WENDY MS AC - Section 17(1)

Air ticket AC2263244068 HILL WENDY MS Section 17(1),(4)(e.i)
Billed to \*256.34
G.S.T./H.S.T. \*0.00
Q.S.T. \*0.00

Total base fare amount 222.00

APPLICANT COPY

Total taxes	34.34
Total V.A.T./G.S.T./H.S.T.	0.00
Total Q.S.T.	0.00
Net credit card billing	*256.34
	-----
Total amount due	0.00

SPECIAL PURCHASE TICKET - VALID ONLY ON AIR CANADA.  
 CHANGES PERMITTED BASED ON AVAILABILITY.  
 THIS TICKET IS NON-REFUNDABLE.  
 CHANGES TO FLIGHT AC8131 MUST BE MADE  
 1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE  
 OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.  
 CHANGES TO FLIGHT AC8146 MUST BE MADE  
 1 DAY 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.  
 TICKET MUST BE USED ON/BEFORE THE DEPARTURE OF EACH FLIGHT SEGMENT.  
 CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.  
 ONCE TICKETED FLIGHT HAS DEPARTED, THIS TICKET HAS NO VALUE.  
 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.  
 ...YOUR ACCESS CODE IS...S-X970/GNVECK  
 FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN  
 CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263  
 FULL FARE 635.94 FARE PAID 256.34 LOW FARE 210.08/29NOV05  
 AMEX CANADA INC. GST/HST REGISTRATION R134194620RT0001.  
 AMEX CANADA INC. QST REGISTRATION 1015265325TQ0001.  
 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



## APPLICANT COPY

ACCORDANCE WITH YOUR COMPANY,S TRAVEL POLICY. THE  
RELATIONSHIPS WE HAVE WITH SUPPLIERS MAY ALSO INFLUENCE  
THE SUPPLIERS WE IDENTIFY AND THE ITINERARIES WE RECOMMEND

-VT-T-A1@

CAR/HOTEL RESERVATIONS WERE OFFERED BUT DECLINED.

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*Virtually There*® is not responsible for the content of this document. Please contact your  
travel arranger should you have any questions.

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ELECTRONIC TICKET  
HOSPITALITY/E TANGO PLUS



Flight & Date | Vol et date Gate | Porte Seat | Place  
AC 8131 06DEC ET 08C

Boarding time | Heure d'embarquement 06:25 A [Redacted] Where not prohibited by law

From | De EDMONTON-YEG To | Destination CALGARY

Name | Nom HILL Airline use | À usage interne AP 0018 KYEG254

Boarding Pass | Carte d'accès à bord

THANK YOU FOR RIDING WITH CHECKER

Date: Dec 05 Amount: \$96.00

From: EASTBOURNE

To: AIRPORT

Unit: 943G Driver: RTR

GST# 139185722

PLEASE CALL AGAIN SHARED

484-8888

ST. AUGUST

Driver: M. Singh Date: Dec 05, 05  
Unit No.: 552 Amount: \$46.00 (G.S.T. Included)

G.S.T. No. \_\_\_\_\_  
"It is our pleasure to serve you. Please call again."  
777-2222 777-1111

Thank You for choosing  
**ASSOCIATED CAB**

for all your transportation needs.  
Visit our counter at the  
Calgary International Airport  
international arrival door.



Driver \_\_\_\_\_ Date: 12/01/05  
Car # 543 Amount: 46.00  
GST Included # \_\_\_\_\_



**Travel & Employee Expense Claim Form**

(In Canadian Dollars)

Section 17(1)

Name: <u>WENDY HILL</u>	Employee Number: <u>[REDACTED]</u>	Union Name: <u>005</u>
Position: <u>VP/COO</u>	Department: <u>CRIN trip phone costs</u>	
Business Phone: <u>413-7703</u>	Period From: <u>Oct 31 to Nov 1/05</u>	

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	71850000116	69500			317.44	<input checked="" type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     Capital Health RECEIVED                      JAN 12 2005                      ACCOUNTS PAYABLE                 </div>							<input type="checkbox"/>
							<input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     Capital Health RECEIVED                      DEC 22 2005                      ACCOUNTS PAYABLE                 </div>							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						0	<input type="checkbox"/>
<b>Total</b>						317.44	<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: [Signature] Date: Dec. 21/05

Approved By: (Print name) <u>Cathy Giblin</u>	Title: <u>Regional Manager</u>	Phone # <u>403 8726</u>
(Signature) <u>[Signature]</u>		Date <u>Dec 21/05</u>
Approved By: (Print name) <u>Sheila Weatherill</u>	Title: <u>President &amp; CEO</u>	Phone #
(Signature) <u>[Signature]</u>		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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.



Customer Name: Capital Health  
Account Number: [REDACTED] Section 17(1)  
Page Number: 1 of 3

Invoice Number: 1111858  
Invoice Date: Dec 07, 2005  
Purchase Order Number: N/A

**Happy Holidays from Roadpost**

During this holiday season we would like to extend our sincere thanks for your valued business and wish you all the best in the New Year.

Should you require any assistance during your travels, support is available 24x7 throughout the holidays.

Contact Us  
**1.888.622.7368**  
[info@roadpost.com](mailto:info@roadpost.com)

**Important Notice Regarding Your Invoice**  
Voice usage exceeding the airtime bundle or charges after the current billing cycle (7<sup>th</sup> of every month) will appear on an additional invoice.

Account Statement	
<b>Previous Balance</b>	<b>\$374.31</b>
<b>Current Activity</b>	
Equipment and Service Charges	\$0.00
New Call Charges	\$296.67
Bundled Minute Credit	\$0.00
Adjustments	\$0.00
Late Payment Charge	\$0.00
<b>Total Before Tax</b>	<b>\$296.67</b>
Network Access Charge <i>CSK</i>	<i>770</i> \$20.77
<small>Note: Taxes are applied to balance before Rebates and Bundled Minute Credits are deducted (if applicable)</small>	
<b>Total Current Activity</b>	<b>\$317.44</b>
<b>Payments</b>	
Nov 21, 2005 - Payment received, thank you!	-\$374.31
<b>Total Payments</b>	<b>-\$374.31</b>
<b>Total Amount Due</b>	<b>\$317.44</b>

A late payment charge of 1.5% per month will be applied to unpaid balances.

*CRIN Russian trip.  
Expense came in after initial  
expense claim filed.*



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

Account Number:  
Invoice Number: 1111858

Invoice Date: Dec 07, 2005  
Due Date: Dec 07, 2005

**Total Amount Due \$317.44**

Capital Health

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

**Your Credit Card will be charged on the 21st of the month for the charges listed above. No additional payment is necessary at this time.**

Capital Health

**Current Activity Summary**

Invoice Number: 1111858

Page Number: 2 of 3

**New Call Charges Summary (Before Credits)**

*New Call Charges by Service Identifier*

Rate Plan	Service Identifier	Minutes Used	Charges
oneRoamWorld Rental/M+AM-Eng	Mobile Number:	33	\$296.67
<b>Total</b>	s.17(1), 17(4)(g)(i)	<b>33</b>	<b>\$296.67</b>

*New Call Charges by Usage Type - Total Account*

Usage Type	Minutes Used	Charges
International	2	\$17.98
Local	30	\$269.70
Voicemail	1	\$8.99
<b>Total</b>	<b>33</b>	<b>\$296.67</b>

<b>TOTAL NEW CALL CHARGES BEFORE CREDITS</b>	<b>\$296.67</b>
--	-----------------



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: <i>WENDY HILL</i>	Employee Number: [REDACTED]	Union Name: <i>—</i>
Position: <i>VP/COO</i>	Department: <i>Comm Hosp / R.D.S.</i>	
Business Phone: <i>413-7703</i>	Period From: <i>Dec 1 to Dec 31/05 and travel Jan 12-14/06</i>	

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	71110101088	62414000			455.27	<input checked="" type="checkbox"/>
		62410 = 235.22					<input type="checkbox"/>
		62414 = 196.68	23.37				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						455.27	<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: <i>[Signature]</i>	Date: <i>Jan. 16/06.</i>

Approved By: <i>SHEILA WEATHERILL</i> (Print name)	Title:	Phone #
<i>[Signature]</i> (Signature)		Date
Approved By: <i>[Signature]</i> (Print name)	Title:	Phone #
<i>[Signature]</i> (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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.





APPLICANT COPY



**AMEX CANADA INC**

PHONE: 403-294-7100

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

**eTicket Receipt Duplicate Copy**

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

**Sabre Reservation Code:** KYNMKG  
Ticket number: 0142263881406  
Issuing airline: AIR CANADA  
Date issued: 16DEC05  
Customer number: 1000601027

Issuing agent: CALGARY AB  
Issuing agent: X970/AB7  
IATA number: 60609673  
Invoice number: 0666604

**Passenger:** HILL/WENDY MS [ ]  
s.17(1), 17(4)(g)(i)

**12JAN06 AIR CANADA AC 104**

**From:** EDMONTON INTL AB, CANADA  
**To:** OTTAWA ON, CANADA  
**Confirmation:** LKJMDI

**Departs:** 0830 Economy Confirmed  
**Arrives:** 1419 Fare basis: E0VZHTGC

Not valid before: 12JAN  
Not valid after: 12JAN

**14JAN06 AIR CANADA AC 8857**

**From:** OTTAWA ON, CANADA  
**To:** TORONTO ON, CANADA  
**Operated by:** AIR CANADA JAZZ  
**Confirmation:** LKJMDI

**Departs:** 1400 Economy Confirmed  
TERMINAL 1 **Arrives:** 1505 Fare basis: G7XTGC

Not valid before: 14JAN  
Not valid after: 14JAN

**14JAN06 AIR CANADA AC 157**

**From:** TORONTO ON, CANADA  
**To:** EDMONTON INTL AB, CANADA  
**Confirmation:** LKJMDI

TERMINAL 1 **Departs:** 1635 Economy Confirmed  
**Arrives:** 1850 Fare basis: G7XTGC

Not valid before: 14JAN  
Not valid after: 14JAN

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

**Form of payment:** Credit Card -

Endorsement / restrictions: ZERO RATED/CAP HTH COF TC/R124072513 GST EXPT

Fare calculation line:

YEA AC YOW Q3.00 Q20.00 141.00 AC X/YTO Q3.00 Q20.00 AC YEA 311.00498.00 END

**Fare:** CAD 498.00  
**Taxes/fees/charges:**  
**Taxes/fees/charges:** CAD 9.34 CA Air Transportation Tax  
**Taxes/fees/charges:** CAD 38.00 SQ Airport Improvement Fee  
**Total:** CAD 545.34

Positive identification required for airport check in

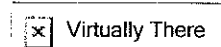
**APPLICANT COPY****Notice:**

Transportation and other services provided by the carrier are subject to conditions of contract and other important notices. Please ensure that you have received these notices, and if not, contact the travel agent or issuing carrier to obtain a copy prior to the commencement of your trip.

Transport et autres services offerts par le transporteur sous réserve du cahier des charges et d'autres avis importants remis avec cet itinéraire/reçu ; ils font partie intégrante du contrat de transport. Veuillez vous assurer que vous avez reçu ces avis et contacter l'agence de la compagnie aérienne émettrice du billet ou l'agent de voyages, si vous ne les avez pas, pour en obtenir une copie avant le début de votre voyage.

If the passenger journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable. This convention governs and on most cases limits the liability of carriers for death or personal injury and in respect of loss of, or damage to baggage.

La convention de Varsovie peut-être applicable si le voyage du passager comporte une destination finale ou une escale dans un autre pays que le pays de départ. La convention de Varsovie régit et, dans la plupart des cas, limite la responsabilité du transporteur en cas de mort ou de lésions corporelles, ainsi qu'en cas de perte ou d'avarie de bagages. Voir également les avis intitulés Avis aux passagers internationaux concernant la limitation de responsabilité et Avis de limitation de responsabilité en matière de bagages.

Important legal notices.Copyright and Trademark Notices

APPLICANT COPY

*ACEN president dinner  
E.D.*

LUXE BISTRO  
47 YORK STREET  
PHONE 613 241-8805

THU JANUARY 12, 2006  
CHECK #205934-1  
TABLE #24

1 KOBE BURGER	\$16.00
1 TORTELINI	\$17.00
1 SOUP	\$6.00
1 GL GROVE MIE G.B	\$9.50
1 GL BLEASDAI	\$11.00
2 GIN MARTINI	00
2 3 oz	00
SUB-TOTAL	\$79.50
FOOD P.S.T.	2.00
LIQUEUR P.S.T.	1.00
G.S.T.	1.00
<b>TOTAL</b>	<b>\$83.50</b>

THANK-YOU FOR  
DINING AT LUXE BISTRO  
VISIT OUR WEBSITE  
www.luxebistro.com  
Time: 20:37 2 CUSTOMERS

*76.00  
110.58*

GST# 729122

YOU HAVE BEEN SERVED  
BY : DAIR #34

Park Fly - Edmonton  
8410 43 STREET, LEDUC AB  
T9E7E9  
WWW.PARKFLYEDMONTON.COM

**SUBJECT TO TAXES DUE AT CASHIER ON BACK**

TICKET #: **12168**

LIC: TBK977 NAME: HILL  
MAKE: Audi BLUE  
AIR CANADA TERM: 1  
IN: 01/12/2006 07:24  
OUT: 01/14/2006 19:55

DNC REF: REG

HR: 0 DY: 3 WK: 0 MIN: 0

Parking Revenue:	\$ 21.00
Services:	\$ 0.00
Discount:	-\$ 0.00
GST	\$ 1.47
<b>TOTAL DUE:</b>	<b>\$ 22.47</b>

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

LOYALTY ID#  
DATE: 01/14/2006 MELANY F.

**EXIT CODE \*2168#**

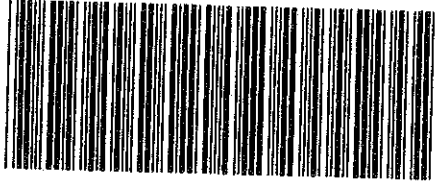
Thank you for your patronage.

Reg'd Trademarks: AEROPARK AIRPORT PARKING

G.S.T. REG.. #R866641954

\*Cut along line and return COUPON portion on next stay

**\*\*COUPON\*\* \$1.00 PER DAY OFF REGULAR PRICE**  
Subject to Cancellation COUPON CODE 31023



Class | Classe ELECTRONIC  
APPLICANT COPY

HOSPITALITY/E TANGO

Flight & Date | Vol et date

Gate | Porte

Seat | Place

AC 0157 14 JAN | | |

Where not prohibited by law  
Sauf où la loi l'interdit

Boarding time

Heure d'embarquement

16:00

AC

From | De

To | Destination

Section 17(1)

TORONTO-T1

EDMONTON-YEG

Name | Nom

Airline use | À usage interne

HILL AP 0071 KYOW210

Boarding Pass | Carte d'accès à bord

Class | Classe ELECTRONIC  
TICKET

HOSPITALITY/E TANGO

Flight & Date | Vol et date

Gate | Porte

Seat | Place

AC 8857 14 JAN | 13B | |

Where not prohibited by law  
Sauf où la loi l'interdit

Boarding time

Heure d'embarquement

13:25

AC

From | De

To | Destination

OTTAWA

TORONTO-T1

Name | Nom

Airline use | À usage interne

HILL AP 0017 KYOW210

Boarding Pass | Carte d'accès à bord

Class | Classe ELECTRONIC  
TICKET

HOSPITALITY/E TANGO

Flight & Date | Vol et date

Gate | Porte

Seat | Place

AC 0104 12 JAN | 54 | ET | 19D

Where not prohibited by law  
Sauf où la loi l'interdit

Boarding time

Heure d'embarquement

07:55

AC

From | De

To | Destination

Section 17(1)

EDMONTON-YEG

OTTAWA

Name | Nom

Airline use | À usage interne

HILL AP 0089 KYEG250

Boarding Pass | Carte d'accès à bord



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: <u>WENDY HILL</u>	Employee Number: <u>[REDACTED]</u>	Union Name: <u>✓</u>
Position: <u>VP/COV</u>	Department: <u>RSS/Comm. Hospitals</u>	
Business Phone: <u>413-7703</u>	Period From: <u>Nov 12</u> to <u>JAN 13/06</u> <u>TRIP TO OTTAWA HONORARIUM</u>	

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	7110101088	62414000			454.80	<input checked="" type="checkbox"/>
		446.55 w					<input type="checkbox"/>
		8.25 n					<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						454.80	<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: <u>[Signature]</u>	Date: <u>Jan 23/06</u>

Approved By: <u>SHEILA WEATHERILL</u> (Print name)	Title:	Phone #
(Signature) <u>[Signature]</u>		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.
  - 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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.





100 APPLICANT COPY ON K1K 4S3  
 Toll Free/Sans frais (877) 701-1281 • Tel. (613) 741-2300 • Fax (613) 741-8689  
 e-mail/courriel: yowcn\_hampton@hilton.com

HILL WENDY MS

name & address  
nom et adresse

room number: 505/SDBL  
 arrival date: 01/18/06 3:00PM  
 departure date: 01/19/06  
 adult/child: 1/0  
 room rate: \$115.00

Section 17(1)

CONFIRMATION NUMBER : 88379128

01/19/06 PAGE 1

RATE PLAN L-GVT  
 HH#  
 AL:  
 CAR:

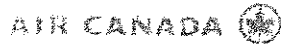
Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or full amount of these charges. "I have requested weekday delivery of The Globe & Mail. If refused, a credit of .50 cents will be applied to my account." In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here:  Les tarifs sont assujettis aux taxes d'hébergement et ventes. S'il-vous-plait, ne laissez pas d'objets de valeur dans votre chambre, sans surveillance. Des coffres de sûreté sont à votre disposition à la réception. Je m'engage personnellement à défrayer les frais encourus soit en partie ou en entier à défaut de paiement complet par la compagnie, l'association ou son représentant délégué et serai responsable des pertes ou dommages des lieux ou son contenu. J'ai demandé de recevoir un journal local durant la semaine. Si cela est refusé, un crédit de 0.50\$ CAD sera porté à mon compte. En cas d'urgence, moi-même ou un membre de mon groupe, dû à une déficience physique, ai besoin d'aide pour évacuer les lieux. Si oui, cochez ici  signature:

date	reference référence	description	amount montant
01/18/06	1103996	GUEST ROOM	\$115.00
01/18/06	1103996	GOODS & SERVICE TAX	\$8.05
01/18/06	1103996	PROVINCIAL TAX	\$5.75
01/19/06	1104274	GUEST ROOM	\$50.00
01/19/06	1104274	GOODS & SERVICE TAX	\$3.50
01/19/06	1104274	PROVINCIAL TAX	\$2.50
		** BALANCE **	\$184.80

for reservations call/pour réservations 1.800.hampton or visit us online at/ou visitez www.hamptoninn.com

account no. numéro de compte	date of charge date de la charge	invoice number/ facture 187949 A
card member name nom du membre	authorization autorisation	initial initiales
establishment no. and location de l'établissement + location	purchases & services achats + services	
	taxes GST# 867827388RT0001	
	tips & misc. pourboires + divers	
signature of card member du membre X	total amount montant total	




## 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.

ELECTRONIC TICKET		AIR CANADA 	
Class   Classe <b>HOSPITALITY/E TANGO PLUS</b>			
Flight & Date   Vol et date		Gate   Porte	Seat   Place
<b>AC 0104 18JAN</b>		<b>50</b>	<b>ET 27D</b>
Where not prohibited by law Sauf où la loi l'interdit  			
Boarding time Heure d'embarquement		<b>07:55</b>	
From   De		To   Destination	
<b>EDMONTON-YEG</b>		<b>OTTAWA</b> <span style="color: red;">Section 17(1)</span>	
Name   Nom		Check-in   Enregistrement	Airline use   À usage interne
<b>HILL AP</b>		<b>AIRCANADA.COM</b>	<b>0002</b>
Boarding Pass   Carte d'accès à bord			Remarks   Observations <b>AC*A</b>

**Important**

Please have the following items ready for presentation. Without the documents you may not be allowed to board your flight:

- photo identification
- printed boarding pass

E-ticket customers must be aware of the conditions of contract. Copies are available at the Air Canada counter.

Please also remember:

- You must be present at your departure gate at least 35 minutes prior to departure as indicated on your boarding pass
- Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed
- We recommend that you allow extra time for airport processing such as security clearance
- When you have baggage to check-in, please proceed to the Express Bag Drop-Off counter or the Air Canada check-in counter. Please allow 1 hour for baggage acceptance on flights within Canada and at least 90 minutes for all other flights.
- If the print quality of boarding pass is poor, or should you lose your printed boarding pass, you may re-print the boarding pass at an Air Canada Express Check-in Kiosk (where available)
- In the event you are unable to travel, please call Air Canada at 1 888 247-2262 to rebook the flight, **after flight departure time**. Regular change fees will apply. Failure to call Air Canada may result in your ticket being forfeited.



Name | Nom: HILL AP  
Seat & Class | Place et classe: 13F ET Y

Class | Classe: HOSPITALITY/E TANGO PLUS  
Flight & Date | Vol et date: AC 143 19 JAN 17  
Seat | Place: ET 13F

Boarding time | Heure d'embarquement: 19:20 AC  
From | De: OTTAWA  
To | Destination: EDMONTON-YEG

Airline use | À usage interne: YOWJ63586



Section 17(1)  
Where not prohibited by law  
Sauf où il l'est interdit

Boarding Pass | Carte d'accès à bord

Remarks | Observations: ACXA

10135-31 Avenue  
Edmonton, AB T6N 1C2

ADMIN: 465-8500  
FAX: 462-2722  
CAB 462-3456

THANK YOU/MERCI  
Date: 19/06/06  
Amount/Montant \$: 75.00  
Car/Voiture #: 715

Driver/Chauffeur: AA  
GST #:  
From/De: IAP  
To/A: S. Albert

Logos: VISA, MasterCard, American Express, Diners Club International, enRoute

APPLICANT COPY

THANK YOU FOR RIDING WITH CHECKER

Date: Jun 18, 06 Amount: 75.00  
From: Home  
To: IAP  
Unit: 958 Driver: D

GST# 139185722

PLEASE CALL AGAIN  
484-8888

BLUE LINE RECEIPT FOR CAB FARE

Amount: 31 Date: 19-1-06  
From:  
To:  
Cab No. Driver:  
G.S.T. Included in meter fare



10135-31 Avenue  
Edmonton, AB T6N 1C2

ADMIN: 465-8500  
FAX: 462-2722  
CAB 462-3456

THANK YOU/MERCI  
Date: 19/06/06  
Amount/Montant \$: 75.00  
Car/Voiture #: 715

Driver/Chauffeur: AA  
GST #:  
From/De: IAP  
To/A: S. Albert

Logos: VISA, MasterCard, American Express, Diners Club International, enRoute

Taxi#:  
Driver/Chauffeur: Jey  
Thank you / Merci



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Wendy Hill	Employee Number: [REDACTED]	Union Name: Mgmt. Exempt
Position: VP / COO and CNO	Department: Community Hospitals & SRC / RNA	
Business Phone: 735-0852	Period From: JAN 1 to FEB 28 / 06.	

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	71135050044	6241000			288.66	<input type="checkbox"/>
			<div style="border: 1px solid black; padding: 5px;">           Capital Health  <b>RECEIVED</b>             MAR 28 2006             ACCOUNTS            PAYABLE         </div>				<input type="checkbox"/>
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>
Total						288.66	<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: *[Signature]* Date: Mar. 14/06.

Approved By: (Print name)	Title:	Phone #
(Signature)		Date
Approved By: Sheila Weatherill (Print name)	Title: President and CEO	Phone # 407-8004
(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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.

MAR 28 2006

**EXPENSE CLAIM LOG**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
JAN 10/06	SEH - CTC - WAT - SEH						38
JAN 11/06	CHC - RAH - CHC - WMC						12
JAN 16/06	CHC - WMC - CHC						8
JAN 17/06	CHC - WMC - CHC						8
JAN 18/06	CHC - BD - LCH - SEH						97
JAN 23/06	CHC - GRH - WST. HC - WMC - BD. - WMC.						113
JAN 24/06	CHC - WMC - CHC - WMC						12
JAN 30/06	ATA - CTC - ATA - CHC - WMC						36
JAN 31/06	CHC - EG - CHC - WMC						74
FEB 1/06	CHC - WMC - CHC						8
FEB 2/06	WMC - CHC - SEH						24
FEB 3/06	CHC - WMC - WMC						68
FEB 6/06	WMC - CHC - MIRA - WMC						20
FEB 7/06	PI 124 - WMC - SEH						22
FEB 8/06	CHC - WMC - CHC						8
FEB 9/06	CHC - WMC - CHC						8
FEB 10/06	SEH - WTC - WMC						16
FEB 13/06	CHC - WMC - CHC				5.00		8
FEB 14/06	CHC - WMC - CHC x 11						16
FEB 22/06	CHC - WMC - CHC						8
FEB 23/06	CHC - SEH - WMC						32
FEB 28/06	CL - CHC - SEH - CHC						32
							165
					5.00		767 km.
							767
							0.38
							<b>Total km</b>
							<b>2626</b>
							<b>25270</b>
							<b>*(or alternate rate as outlined in Section 2 - Travel below) @ \$0.43*</b>
<b>Totals</b>					5.00		

**EXPENSE LIMITS**

**1. Meal Allowances**

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

- Breakfast \$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.

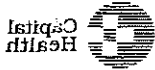
Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

**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.

**3. Advance**

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



# APPLICANT COPY

A/P

## Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

Name Wendy Hill Employee Number [REDACTED] Section 17(1)

Position COO / Executive Nursing Officer Cost Centre 201 9000 71110101088

Department Corporate Bus. Phone 413-7703

Period from Feb. 16/06 to Feb. 17/06 (Calgary) CNPLN Mtg.

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			165.93	✓	159.95 w 5.98 n
Meals (per Diem)			53.00	w	
Registration Fees					
Transportation (including parking)			180.00	w	
Other					
Mileage			\$		
TOTAL			\$		\$
Less Cash Advance					
NET			\$ 6398.93		

Capital Health RECEIVED  
MAR 03 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 [Signature] Date Feb. 23/06.

Approved by:

Print Name Sheila Weatherill [Signature] Title President / CEO

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

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 (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
  - Out of province expenses also require approval of Chief Operating Officer of Vice President.



**AMEX CANADA INC**

PHONE: 403-294-7100

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

**Itinerary - Printable By Category**

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

**Itinerary**

**MS WENDY HILL**

Reservation code: IDEOPK

**Travel Arranger Priority Comments:**

AN ELECTRONIC TICKET AND INVOICE HAVE BEEN PROCESSED  
PLEASE PRINT YOUR RECEIPT AND INVOICE BY SELECTING THE  
\*E-TICKET RECEIPT\* AND \*E-INVOICE\* LINKS LOCATED TO THE LEFT  
POSITIVE IDENTIFICATION IS REQUIRED FOR AIRPORT CHECK IN

**FLIGHTS**

**Thu, Feb 16: AIR CANADA, AC 8133**  
Operated by AIR CANADA JAZZ

From: EDMONTON INTL AB, CANADA (YEG)

To: CALGARY INTL AB, CANADA (YYC)

Class: Economy

Status: Confirmed

Meal:

Aircraft: DEHAVILLAND DASH 8 TURBOPROP

Flight Time: 56 minutes

Frequent Flyer: AIR CANADA XXXXXXXXXX

Departs: 08:00

Arrives: 08:56

Seat: Check-In Required

Confirmation: MJUA7A

Smoking: No

Mileage: 163

Notes: YOU HAVE BOOKED A TANGO FARE CLASS TICKET WITH  
AIR CANADA AND ADVANCE SEAT SELECTION CANNOT BE BOOKED  
AT THIS TIME. WE RECOMMEND THAT YOU CHECK IN AT THE  
AIRPORT EARLY TO HAVE YOUR SEAT/SEATS ASSIGNED.

**Verify flight times prior to departure**

**Fri, Feb 17: AIR CANADA, AC 8150**  
Operated by AIR CANADA JAZZ

From: CALGARY INTL AB, CANADA (YYC)

To: EDMONTON INTL AB, CANADA (YEG)

Class: Economy

Status: Confirmed

Meal:

Aircraft: DEHAVILLAND DASH 8 TURBOPROP

Flight Time: 56 minutes

Frequent Flyer: AIR CANADA XXXXXXXXXX Section 17(1)

Departs: 16:30

Arrives: 17:26

Seat: Check-In Required

Confirmation: MJUA7A

Smoking: No

Mileage: 163

**Verify flight times prior to departure**

**HOTEL & LODGING**

**Thu, Feb 16-Fri, Feb 17: DE DELTA CALGARY AIRPORT**

Address: 2001 AIRPORT RD NE

CALGARY AB T2E6Z8

Phone: 403-291-2600\$FAX 403-250-8722

Check In: Feb 16

Check Out: Feb 17

**APPLICANT COPY**

Room Type: SINGLE WITH BATH  
Status: Confirmed  
Client ID #:  
Confirmation: 3246508  
Guarantee: Room is guaranteed for late arrival

Room(s): 01  
Rate: 148.00CAD / night  
Corp Discount #:

**ARRANGER REMARKS**

**Notes:** SPECIAL PURCHASE TICKET - VALID ONLY ON AIR CANADA.  
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 X2 PLUS TAXES AND APPLICABLE FARE INCREASES.  
TICKET IS NON-TRANSFERABLE TO OTHER CARRIERS/PASSENGERS.  
FLIGHT CHANGES ON DAY OF DEPARTURE CAN BE MADE SUBJECT TO  
APPLICABLE AIRLINE CHARGES.  
OTHER RESTRICTIONS MAY APPLY. CONTACT AMERICAN EXPRESS FOR DETAILS.  
TICKET MUST BE USED ON/BEFORE THE DEPARTURE OF EACH FLIGHT SEGMENT.  
CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.  
ONCE TICKETED FLIGHT HAS DEPARTED, THIS TICKET HAS NO VALUE.  
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 642.36 FARE PAID 176.34 LOW FARE 176.34/06FEB06  
...YOUR ACCESS CODE IS...S-X970/IDEOPK  
FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN  
CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263

Copyright and Trademark Notices

Sabre  
**virtually  
there**



THANK YOU FOR RIDING WITH CHECKER

APPLICANT COPY

Date: Sept 17, 06 Amount: 90.00  
From: 1 AD  
To: Home  
Unit: 958 Driver: J  
GST# 139185722

PLEASE CALL AGAIN  
484-8888

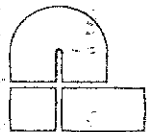
THANK YOU FOR RIDING WITH CHECKER

Date: Sept 16, 06 Amount: 90.00  
From: Home  
To: 1 AD  
Unit: 958 Driver: J  
GST# 139185722

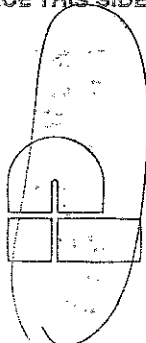
PLEASE CALL AGAIN  
484-8888

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH



impark



impark

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

ELECTRONIC

Class / Classe **TICKET**  
**HOSPITALITY/E TANGO**

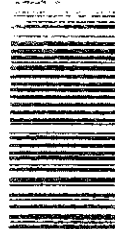
Flight & Date / Vol et date  
**AC 8150 17FEB**

Boarding time /  
Heure d'embarquement **15:55**

From / De  
**CALGARY**

Name / Nom  
**HILL AP**

F



Key: **KYYC431**



Name / Nom  
**AP**

Seat & class / Place et classe  
**01F ET Y**

To / Destination  
**EDMONTON-YEG**

Remarks / Observations  
**AC\*P**

Boarding Pass | Carte d'accès à bord

AIR CANADA



Class / Classe  
**HOSPITALITY/E TANGO**

Flight & Date / Vol et date  
**AC 8133 16FEB**

Gate / Porte  
**49**

Seat / Place  
**ET 02C**

Boarding time /  
Heure d'embarquement **07:25**

From / De  
**EDMONTON-YEG**

To / Destination  
**CALGARY**

Name / Nom  
**HILL AP**

Airline use / À usage interne  
**0021B YEG82958**

HILL

Name / Nom  
**AP**

Seat & Class / Place et classe  
**02C ET Y**

To / Destination  
**CALGARY**

Remarks / Observations  
**AC\*P**

Boarding Pass | Carte d'accès à bord





APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: <i>WENDY HILL</i>	Employee Number: [REDACTED]	Union Name:
Position: <i>VPICOV</i>	Department: <i>ADMIN</i>	
Business Phone: <i>735-0852</i>	Period From: <i>APR 1</i> to <i>APR 26/06</i>	

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
<i>201</i>	<i>9000</i>	<i>71110101088</i>				<i>381.30</i>	<input checked="" type="checkbox"/>
		<i>62410 = 10284 W</i>					<input type="checkbox"/>
		<i>62414 = 254.66 W</i>	<i>23.80 W</i>				<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"/>

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>[Signature]</i>	Date: <i>Apr 26/06</i>
--	------------------------

Approved By: (Print name) <i>Sheila Weatherill</i>	Title:	Phone #
(Signature) <i>[Signature]</i>		Date
Approved By: (Print name) <i>[Signature]</i>	Title:	Phone #
(Signature) <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.
  - 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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.

MAY 04 2006



# APPLICANT COPY



**RENAISSANCE**  
VANCOUVER HOTEL  
HARBORSIDE

1133 West Hastings Street  
Vancouver, BC, Canada V6E 3T3  
(604) 689 - 9211  
(604) 689 - 4358 FAX

GST REGISTRATION # R103873113

## GUEST FOLIO

1240 HILL/WENDY      119.00 DUPLICATE      9:11 ACCT#  
ROOM NAME      RATE DEPART      TIME 18032  
NKCT      03/20/06  
TYPE      ARRIVE      TIME      GROUP  
605 5TH SW      [REDACTED]      4210  
ROOM CLERK      CALGARY      AB  
T2P3H5  
ADDRESS

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

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
03/20	COAL HBR 57721240	14.87		
03/21	RM SERV 29021240	22.33		
03/23	CCARD-AX ROOM C/O		37.20	PREVIOUSLY REIMBURSED
03/21	ROOM GL 4210	119.00		
03/21	ROOM TAX GL 4210	11.90		
03/21	GST TAX GL 4210	8.33		
03/22	ROOM GL 4210	119.00		
03/22	ROOM TAX GL 4210	11.90		
03/22	GST TAX GL 4210	8.33		
04/04	CCARD-AX		278.46	NEW CHARGE RE: CHSRF MAR 21-23 106



**RENAISSANCE**  
VANCOUVER HOTEL  
HARBORSIDE

1133 West Hastings Street  
Vancouver, BC, Canada V6E 3T3  
(604) 689 - 9211  
(604) 689 - 4358 FAX

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.

Signature X \_\_\_\_\_

APPLICANT COPY

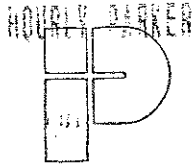
TICKET

impark

ON DASH

IMPERIAL PARKING  
PHONE 420-1076

TICKET VOID IF RE-SOLD



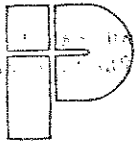
PLACE THIS SIDE UP ON DASH

impark

TICKET VOID IF RE-SOLD

2 1/2 HRS TUE  
APR 18 00

PLACE THIS SIDE UP ON



impark

STANDARD  
LIFE  
PARKADE

04-04-2006 TUE #1

2 1/2 HOURS 8.75  
CASH 8.75

ITEM 1  
ICL 3918 14:34TM



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Wendy Hill	Employee Number: [REDACTED]	Union Name: na
Position: VP/COO	Department: RSS, Community Hospitals	
Business Phone: 735-0852	Period From: March 1 to March 31, 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	71110101088				\$440.27	<input checked="" type="checkbox"/>
✓	✓	✓				426.00	<input type="checkbox"/>
		62410 = 316.79 w					<input type="checkbox"/>
		69600 = 96.21 w	13.00 w				<input type="checkbox"/>
		69500 = 440.27					<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$866.27	<input type="checkbox"/>

Capital Health  
**RECEIVED**  
APR 20 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: *W. Hill* Date: March 31, 2006

Approved By: <i>Sheila Weatherill</i> (Print name)	Title: President + CEO	Phone # 407-8004.
(Signature)		Date: APR 19 2006
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.
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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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APR 19 2006

APR 10 2006



THANK YOU  
CATE EDEN  
GST # R134287978

APPLICANT COPY  
STANDARD  
LIFE  
PARKADE

03-09-2006 THU #1

SORRENTINOS  
ST. ALBERT  
G.S.T.# R136462256

ORDER NO. 4 NO. PERSON  
SERVED BY NICOLE

1 1/2 HOUR 3.75  
CASH 3.75

1 OPEN SAND	10.95	10.95
1 OPEN COOK	12.45	12.45
1 APPETIZE	20.40	
1 LINZER SALAD	8.95	8.95
1 GARDEN GREEN SAL	6.25	6.25
1 FOOD	15.00	
2 COFF	31.07	31.07
1 BELL CANTILL	31.79	31.79
1 COFF MILK	7.06	
GST		3.22

ITEM 1  
ICL 2006 14:03TM

10 GERMAINE  
TBL 18/1 CHK 1859 GST 2  
MAR31'06 12:33PM

1 SOFR SALAD	8.50
1 ZUPPA DEL GIORN	5.50
1 1/2 INS CEASER	5.95

SUBTOTAL 19.95  
G S T 1.40  
TOTAL DUE 21.35

CASH 55.18  
49.10  
+6.00

PLEASE PAY SERVER  
THANK - YOU  
+3.00  
24.35

INVOICE NO.

86395

#2596 WEST EDMONTON MALL  
8882 - 170 STREET, EDMONTON, ALBERTA T5T 4M2  
www.editionsgallery.com  
G.S.T. #R134287978

*Editions Gallery*

EDMONTON  
A DIVISION OF 545846 ALBERTA LTD.  
(780) 444-2278  
FAX (780) 444-1455

DATE: March 30/06

MR., MRS., MS.: W. Hill  
Edmonton AB

ADDRESS: Capital Health

TELEPHONE: HOME:

POSTAL CODE:  
BUS.: 735-0852

EMAIL:

ARTIST	TITLE	RECEIVED	FRAMING	STORAGE	ORDER	PRINT NO.
Boteman	Cardinal & Snowberries	X				AP83

MISC. Retirement gift - [redacted]  
event - (Apr 3/06)

SUB TOTAL	4100.00
FRAMING	
PACKAGING	
SHIPPING	
GST	28.00
TOTAL	428.00
DEPOSIT	428.00
BALANCE	0

REP. Milan

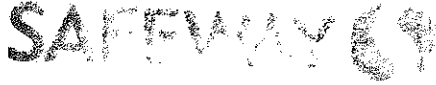
PAID  
 CASH  MC  
 CHEQUE  AMEX  
 VISA  INTERAC  
 NO REFUNDS - EXCHANGE ONLY WITHIN 60 DAYS

\*NOT RESPONSIBLE FOR GOODS LEFT OVER 180 DAYS



Member Since: 11/11/06

IL PORTICO  
EDMONTON, ALBERTA  
G.S.T.# R128500554



11/11/06

14 LUPIN

TBL 11/11 07:19:00 3519  
MAR08/06 11:24PM

WELCOME AHEAD!  
Your Account #

GEN MERCH

HLMK EVERYDAY  
HLMK ROLL WRAP  
HLMK CARD CHARGE  
\*\*\*\* 7 0.15  
\*\*\*\* TAX  
CASH

Best copy available

1 CHICKPEA	5.00
1 TUNA SALAD	11.00
2 APPLES	4.00
SUBTOTAL	24.00
G.S.T.	1.58
TOTAL DUE	25.58

PLEASE PAY HERE

29.68

CHEQUE

NO. 1

3/30/06 19.35 0603

WENDY HILL

Section 17(1)

YOU HAVE PURCHASED 4 OF 7 TOWARD  
YOUR 1st FREE DELI SANDWICH  
See Store for Details.

LET US HEAR FROM YOU!  
1-800-723-3929 OR VISIT SAFEWAY.COM





# APPLICANT COPY

## Travel & Employee Expense Claim Form

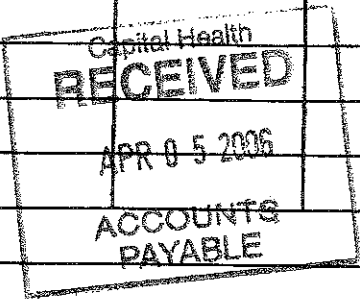
(In Canadian Dollars)

Section 17(1)

Name: <u>WENDY HILL</u>	Employee Number: <span style="background-color: grey; color: grey;">[REDACTED]</span>	Union Name: <u>N/A</u>
Position: <u>VP/COO</u>	Department:	
Business Phone: <u>735-0852</u>	Period From: <u>MAR 20</u> to <u>MAR 23/06</u> <u>CHSRPTACEN meeting MAR 20-22</u>	

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	7110101088	62414000			262.00	<input checked="" 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						262.00	<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: <u>W Hill</u>	Date: <u>Mar. 25/06</u>

Approved By: <u>S WEATHERILL</u> <small>(Print name)</small>	Title: <u>PRES. + CEO</u>	Phone # <u>7-8008</u>
<u>[Signature]</u> <small>(Signature)</small>		Date <u>Apr. 3/06</u>
Approved By: <u> </u> <small>(Print name)</small>	Title: <u> </u>	Phone # <u> </u>
<u> </u> <small>(Signature)</small>		Date <u> </u>

- 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 - 10<sup>th</sup> Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
  - Out of province expenses also require approval of Chief Operating Officer or Vice President.



**CASH RECEIPT**  
**WHITE ROCK SOUTH**  
**SURREY TAXI LTD.**

UNIT #3 - 17921 - 55TH AVENUE  
 SURREY, B.C. V3S 6C4

536-7666 534-5311  
 G.S.T. # R105671622

Date 20-3-2008

Fare \$ 33.00 G.S.T. Included

FROM AIR LEFT

TO Raymond Hotel

DRIVER HIND CAB # 74

"YOUR COMMUNITY CONNECTION"

**THANK YOU FOR RIDING WITH CHECKER**

Date: 20/03/08 Amount: 48.00  
 From: 9550-51 Ave  
 To: 188  
 Unit: 958 Driver: [Signature]  
 GST # 139185722

PLEASE CALL AGAIN  
**484-8888**

**ELECTRONIC**  
**APPLICANT TICKET**  
**HOSPITALITY/E TANGO PLUS**

Flight & Date / Vol et date: **AC 0239 20MAR** Gate / Porte: **50** Seat / Place: **ET 13A**

Boarding time / Heure d'embarquement: **09:50** AC [Redacted]

From / De: **EDMONTON-YEG** To / Destination: **VANCOUVER**

Name / Nom: **HILL** Airline use / A usage interne: **AP 0071 KYEG255**

Boarding Pass | Carte d'accès à bord

**AIR CANADA**



**ELECTRONIC**  
**TICKET**  
**HOSPITALITY/E TANGO**

Flight & Date / Vol et date: **AC 0238 23MAR** Gate / Porte: **C42** Seat / Place: **ET 16F**

Boarding time / Heure d'embarquement: **12:00** AC [Redacted]

From / De: **VANCOUVER** To / Destination: **EDMONTON-YEG**

Name / Nom: **HILL** Airline use / A usage interne: **AP 0078 KYVR395**

Boarding Pass | Carte d'accès à bord

**AIR CANADA**



For prompt, safe and courteous service call...  
**Black Top Cabs**  
**& Checker Cabs**  
 604-733-3333 or 604-731-1111

\$ 32.00

From: [Redacted]  
 To: [Redacted]  
 Driver: [Redacted]  
 Cab No: [Redacted]

Thank You for riding Black Top

**YELLOW CAB**  
 ADMIN: 465-8500 FAX: 462-2122  
 10135-31 Avenue Edmonton, AB T6N 1C2  
**462-3456**  
 THANK YOU/MERCI

Date: 23/3/08 Amount/Montant: \$ 40.00 Car/Vehicule # 132  
 Driver/Chauffeur: [Redacted] GST # [Redacted]  
 From/De: [Redacted] To/A: 9550-51 Ave