



ERP-13-SUN-002
 APPLICANT COPY

Reimburse - 31 Mar 06 ✓

Travel & Employee Expense Claim Form
 (In Canadian Dollars)

Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning and Construction	
Business Phone: 725-0838	Period From: March 1/06 to March 31/06	

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	71110500029	62410000			\$75.68	<input type="checkbox"/>
201	9000	71110500029	62410000			5.00	<input type="checkbox"/>
201	9000	71110500029	62410000			50.00	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						0.00	<input type="checkbox"/>
Total						\$130.68	<input type="checkbox"/>

176 ki

Capital Health
RECEIVED
 JUN 08 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: *SPaul* Date: *May 29/06*

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

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

APPLICANT COPY
2006 State of the County Address

Tuesday, March 14, 2006
11:30 AM to 1:30 PM (lunch will be served)
Festival Place, 100 Festival Way
Sherwood Park, Alberta

\$50.00

TICKET ORDER FORM

Please reserve 2 ticket(s) OR _____ table(s) of eight persons.

Tickets are \$25.00 per person or \$200.00 for a table of eight.

Payment information:

Credit Card Cheque Cash

If paying by credit card, please complete the following:

VISA Mastercard

Credit Card #: _____ Section 17(1),(4)(e.i)

Expiry Date: _____

Name on front of Credit Card: Susan Paul

Signature of Credit Card Holder: Susan Paul

Mailing Address for Tickets

Name: Susan Paul

Company: Capital Health

Address: Suite 1100, North Tower, 10030-107 St, Edmonton, AB

Postal Code: T5J 3E4

Phone Number: 735-0838

- If paying by credit card, please fax ticket order form to 464-8051.
- If paying by cheque, please mail form & cheque to: Office of the Mayor
Strathcona County Hall
2001 Shertwood Drive
Sherwood Park, AB T8A 3W7
- Cash payments can be made in person at the Mayor's Office (address above).

For additional information please call Jackie, Assistant to the Mayor, at 464-8139.

Personal information is collected in accordance with section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is protected by FOIP. It will be used to process your payment, issue receipts, assign and distribute tickets and arrange table seating. If you have any questions about the collection and use of the information please contact the Assistant to the Mayor at 464-8139.

GST #R122617160

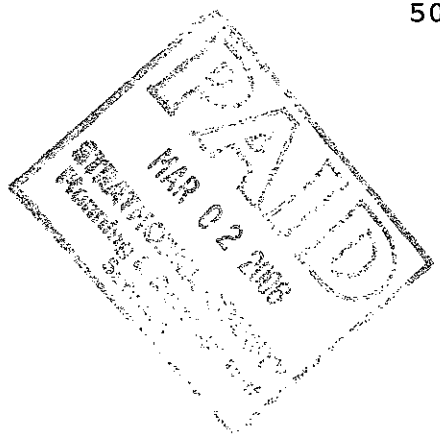
APPLICANT COPY
STRATHCONA COUNTY
2001 SHERWOOD DRIVE
SHERWOOD PARK AB T8A 3W7

OFFICIAL RECEIPT

PAUL SUSAN

GST Reg. #: R122617160
Receipt #: 3201642
Date: 2006/03/02

Account #	Description	Opening Bal	Payment	Amount Due
2005.7270.0000.A000305	STATE OF THE CO UNTY ADDRESS		50.00	
			** Payment Total:	50.00
	Visa			50.00



BLANKING JEVT/SYRATIC
2001 BERNARD DRIVE 20010000 PARKS

ID: 24536804 SLIP #1 6592

STORE: 6034804

SALE: @ 5.00 - 8.99

SIGNATURE X

4132 [REDACTED]

NEW 267801001007 WITH 623002 150 -001

APPROVED

DATE MAY 22 2006 TIME 8:48 AM

100% CASH PARKING
100% A HOLD OFF
WITH 12% CASH PARKING
PRICE IS NOT INCLUDED

03-07-2006 10:11 W

CHAMP
TOTAL
TAXES
CHARGE

1.00
5.00
1.00

0.00

CLL 1940 13:21TH

Parking

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

EXP-21-JUN-001



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

Section 17(1)

Name: Susan Paul, Employee Number: [redacted], Union Name:
Position: Senior Vice President, Department: Facilities Planning and Construction
Business Phone: 725-0838, Period From: February 1/06 to February 28/06

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 8 columns: Bal Unit, Location, Functional Centre, Account, Non-Canadian Currency, Rate, Canadian \$ (including GST), and if GST included. Includes a 'Capital Health RECEIVED' stamp dated JUN 19 2006 and '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: May 29/06

Approved By: [Signature], Title: President & CEO, Phone #, Date

NOTE:

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

APPELLANT CORPUS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Feb 1/06	UAH-CHC						3
Feb 2/06	UAH-CHC-UAH						6
Feb 3/06	CHC-UAH-CHC						6
Feb 6/06	UAH-Plaza-CHC						7
Feb 7/06	CHC-UAH-CHC						6
Feb 7/06	CHC-FORT SASK-Return						76
Feb 8/06	Parking - Lunch Mtg				2.00		0
Feb 8/06	UAH-CHC						3
Feb 9/06	UAH-CHC-UAH						6
Feb 10/06	UAH-CHC						3
Feb 15/06	Parking - Conf.				12.00		0
Feb 14/06	CHC-UAH						3
Feb 17/06	UAH-CHC						3
Feb 21/06	UAH-CHC						6
Feb 22/06	UAH-CHC-UAH						6
Feb 23/06	Plaza-UAH-CHC						8
Feb 24/06	UAH-CHC-UAH						6
Total km							148
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals					\$14.00		\$63.64

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

3. Advance

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

CITY OF EDMONTON
LIBRARY PARKADE
GST # R19326270 RT0001

Kcpt# 30390
02/15/06 12:10 L# 2 AM 6 Tkt#102036
02/15/06 07:32 In 02/15/06 12:10 Out
Tkt# 262308
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

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

02/02 02:00 PM

AMOUNT PAID

\$ 2.00 19740000 12:00 PM 07/11



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

02/02/06 12:00 PM \$ 2.00

CREDIT CARD NUMBER

44597



UNIVERSITY OF ALBERTA

RECEIPT

GST # R108102831

~~Needs Approval from Coo~~
APPLICANT COPY



Travel & Employee Expense Claim Form
 (In Canadian Dollars)

Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President		Department: Facilities Planning and Construction
Business Phone: 735-0838	Period From: January 1/06 to <u>January 31/06</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. 7110500029	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7110500029	61030000			50.00	n <input type="checkbox"/>
201	9000	7110500029	62410000			6.00	w <input type="checkbox"/>
201	9000	7110500029	62410000			69.16	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						-	<input type="checkbox"/>
Total						125.16	<input type="checkbox"/>

Capital Health
RECEIVED
 MAR 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: Susan Paul **Date:** Feb 21/06

Approved By: (Print name) <u>Sheila Weatherill</u>	Title:	Phone #
(Signature)		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

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

*1 seat @ hon F with Dr
Mark Godley Jan 17/06*

22745307
Section 17(1),(4)(e.i)

Susan Paul Sr VP
Capital Health

01/17/06 12:00:00
01/17/06 00:00:00
01/17/06 00:00:00

Subtotal _____
Tax _____
Total \$50.00

Signature *By phone*
I agree to pay the total amount
of my bill and I understand the amount
of my bill and I understand the amount
of my bill and I understand the amount

LUNCH ON THE FRONTIER
with
DR. MARK GODLEY

Fairmont Hotel - West Ballroom
Tuesday, January 17th, 2006

Seating at 11:45 **Table No. 2**

DISPLAY FACE UP ON DASH DISPLAY

EXP 01:46pm
JAN 17, 2006

TICKET # 100 55035 00070001

ISSUED BY: 00070001

ISSUE DATE: 01/17/06

ISSUE TIME: 11:46:00

ISSUE LOCATION: 00070001

ISSUE OFFICE: 00070001

ISSUE AGENT: 00070001

ISSUE STATUS: 00070001

ISSUE TYPE: 00070001

ISSUE VALUE: 00070001

ISSUE AMOUNT: 00070001

ISSUE BALANCE: 00070001

ISSUE CURRENCY: 00070001

ISSUE UNIT: 00070001

ISSUE COUNTRY: 00070001

ISSUE CITY: 00070001

ISSUE STATE: 00070001

ISSUE ZIP: 00070001

ISSUE PHONE: 00070001

ISSUE FAX: 00070001

ISSUE EMAIL: 00070001

ISSUE WEBSITE: 00070001

ISSUE ADDRESS: 00070001

ISSUE CONTACT: 00070001

ISSUE COMMENTS: 00070001

ISSUE NOTES: 00070001

ISSUE HISTORY: 00070001

ISSUE TRACKING: 00070001

ISSUE SECURITY: 00070001

ISSUE COMPLIANCE: 00070001

ISSUE LEGAL: 00070001

ISSUE FINANCIAL: 00070001

ISSUE OPERATIONAL: 00070001

ISSUE TECHNICAL: 00070001

ISSUE OTHER: 00070001

PARK 2 HOURS \$6.00

QUESTIONS? Call 760-330-1111

760-330-1111

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

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

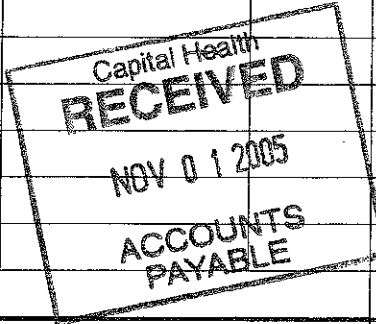
(Please Print or Type)

Section 17(1)

Name Susan Paul Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-71110500029
 Department Facilities Planning + Construction Bus. Phone 735-0018
 Period from August 1/05 to Sept. 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					
Registration Fees					
Transportation (including parking)			✓ 15.75		
Other					
Mileage			69.54		
TOTAL			\$ 85.29		\$
Less Cash Advance			-		
NET			\$ 85.29		



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 Susan Paul Date Oct 21/05

Approved by
 Print Name Sheila Weatherill Title President + CEO

Signature [Signature] Date Oct. 31/05

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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
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UNIVERSITY OF ALBERTA
 10000 851000

055EP15 13:11 001 001
 055EP15 11:57 01
 / 1:14 #166392
 =01029828
 RATE 1 \$4.50
 TOTAL \$4.50
 CASH \$4.50

FOR MONTHLY PARKING
 PHONE 4201976
 GST INCLUDED

THANK YOU FOR PARKING
 WITH IMPERIAL PARKING
 MACDONALD ESTATES

055EP15 13:11 001 001
 055EP15 11:57 01
 / 1:14 #166392
 =01029828
 RATE 1 \$4.50
 TOTAL \$4.50
 CASH \$4.50

FOR MONTHLY PARKING
 PHONE 4201976
 GST INCLUDED



RECEIPT
 University of Alberta

DETACH RECEIPT FROM TICKET
 DATE ISSUED 15/09/15
 TIME ISSUED 02:39 PM
 AMOUNT PAID \$ 4.50
 CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA
 IS TO PROTECT THE PROPERTY OF
 OF PARKING SPACE ONLY. THE
 NOT BE RESPONSIBLE FOR LOSS
 & CONTENTS
 TRANSFERABLE

EXPIRATION TIME
 15/09/15 02:39 PM
 V DASH - THIS SIDE UP

APPLICANT COPY 2005-002 ✓

Jones, Barb

From: Tailleur, Lorraine
Sent: Monday, February 27, 2006 1:50 PM
To: Jones, Barb
Subject: FW: Susan Paul

Capital Health
Director, Accounting Services

MAR 07 2006

INITIALS
ONLY

Attachments: CHCFIN1920060227130443.pdf



CHCFIN19200
27130443.pdf (1

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Barb

Please find attached an expense claim that was submitted for Susan, could you please provide additional details on items that are marked with a "*" or have Sheila or Allaudin initial.

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



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

(Please Print or Type)

Name Susan Paul Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-7110500029
 Department Facilities Planning + Construction Bus. Phone 735-0018
 Period from June 1 05 to July 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)			55.25		
Other			23.33		20.33 3.00
Mileage			45.60		
TOTAL			\$ 124.18		\$
Less Cash Advance			-		
NET			\$ 124.18		

Capital Health
RECEIVED
 NOV 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 Susan Paul Date Oct. 21/05

Approved by
 Print Name Shirley Weatherill Title President + CEO

Signature [Signature] Date Oct 31/05

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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Office → CHC

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 1/05	Mtg RAH						3
June 2/05	Mtg UAH → CHC						3
June 2/05	Mtg CHC → UAH						3
June 6/05	Mtg UAH → CHC						3
June 6/05	Parking				5.00		
June 8/05	Mtg UAH → CHC						3
June 8/05	Parking				6.25		
June 9/05	Mtg Plaza 124 → PHC						2
June 9/05	Mtg CHC → UAH						3
June 10/05	Mtg UAH → RAH						7
June 14/05	Mtg UAH → CHC → UAH						6
June 15/05	Mtg UAH → CHC						3
June 16/05	Business Lunch					23.33	
June 17/05	Mtg CHC → UAH						3
June 20/05	Mtg UAH → CHC → UAH						6
June 21/05	Mtg UAH → Rexu						6
June 23/05	Mtg UAH → Return						6
June 27/05	Mtg UAH → Return						6
June 28/05	Mtg UAH → Return						6
June 29/05	Mtg EGH						1
June 29/05	Mtg UAH						3
June 30/05	Mtg UAH						3
July 5/05	Mtg Plaza 124 → Return						4
July 6/05	Mtg UAH						3
July 11/05	Mtg Plaza						2
July 12/05	Mtg UAH						3
July 13/05	Mtg UAH → Return						6
July 15/05	Catara → Taxi				44.00		
July 20/05	Mtg UAH → Return						6
July 21/05	Mtg UAH → Return						6
July 21/05	Mtg UAH → Return						6
July 21/05	Mtg Plaza 124						2
July 28/05	Mtg UAH → Return						6
	Total km						120
	@						\$0.38
TOTALS TO FRONT OF FORM					55.25	23.33	45.60

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

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

3. Advance

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

4. Hosting Expenses

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

APPLICANT COPY

UPPER CRUST CATERERS L
10709 96 AVE T6B0W8
EDMONTON AB 22947500

Name: PAUL SUSAN
Acct # [REDACTED]

Date 05/06/15 Time 12 40 52 -
Exp Date [REDACTED] Auth # 043324
Card Type VI Tran Code 01
N22347500001 001488027

* Op ID: 011 THANKS

Invoice No.: 5724

Subtotal \$20.33
Tip 3.00
Total 23.33

Signature *Susan Paul*

I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

AP

A

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 Susan Paul Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-7110500029
 Department Facilities Planning + Construction Bus. Phone 735-0018
 Period from June 1 105 to July 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)					
Other			* 55.25 23.33		20.33 3.80
Mileage			45.60		
TOTAL			\$ 124.18		\$
Less Cash Advance			-		
NET			\$ 124.18		

Capital Health
RECEIVED

NOV 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 Susan Paul Date Oct. 21/05

Approved by

Print Name Sheila Weatherill Title President + CEO

Signature [Signature] Date Oct 31/05

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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Office → CHC

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 1/05	Mtg RAN						3
June 2/05	Mtg UAH → CHC						3
June 2/05	Mtg CHC → UAH						3
June 6/05	Mtg UAH → CHC						3
June 6/05	Parking				5.00		
June 8/05	Mtg UAH → CHC						3
June 8/05	Parking				6.25		
June 9/05	Mtg Plaza 124 → CHC						2
June 9/05	Mtg CHC → UAH						3
June 10/05	Mtg UAH → RAN						7
June 14/05	Mtg UAH → CHC → UAH						6
June 15/05	Mtg UAH → CHC						3
June 16/05	Business Lunch					23.33	
June 17/05	Mtg CHC → UAH						3
June 20/05	Mtg UAH → CHC → UAH						6
June 21/05	Mtg UAH → Return						6
June 23/05	Mtg UAH → Return						6
June 27/05	Mtg UAH → Return						6
June 28/05	Mtg UAH → Return						6
June 29/05	Mtg EGH						1
June 29/05	Mtg UAH						3
June 30/05	Mtg UAH						3
July 5/05	Mtg Plaza 124 → Return						4
July 6/05	Mtg UAH						3
July 11/05	Mtg Plaza						2
July 12/05	Mtg UAH						3
July 13/05	Mtg UAH → Return						6
July 18/05	Catara → Taxi				44.00		
July 20/05	Mtg UAH → Return						6
July 22/05	Mtg UAH → Return						6
July 25/05	Mtg UAH → Return						6
July 26/05	Mtg Plaza 124						2
July 28/05	Mtg UAH → Return						6
	Total km						120
	@						\$0.38
TOTALS TO FRONT OF FORM					55.25	23.33	45.60

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

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

3. Advance

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

4. Hosting Expenses

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

APPLICANT COPY

UPPER CRUST CATERERS L
10709 96 AVE T6G0W8
EDMONTON AB 2Z347500

Name: PAUL SUSAN
Acct # [REDACTED]

Date 05/06/16 Time 12 40 52
Exp Date [REDACTED] Auth # 043324
Card Type VI Tran Code 01
MZZ347500001 001488027

* Op ID: 011 THANKS

Invoice No.: 5724

Subtotal	\$20.35
Tip	3.00
Total	23.35

Signature *Susan Paul*

I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

A

APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

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

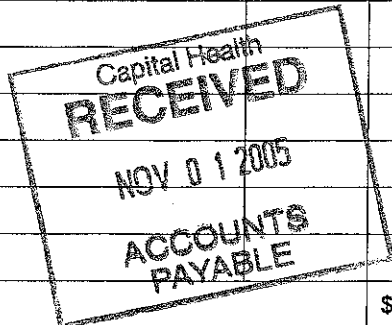
Section 17(1)

(Please Print or Type)

Name Susan Paul Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-7110500029
 Department Facilities Planning & Construction Bus. Phone 735-0018
 Period from June 1 105 to July 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)			55.25		
Other			23.33		20.33 3.00
Mileage			45.60		
TOTAL			\$ 124.18		\$
Less Cash Advance			-		
NET			\$ 124.18		



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 Susan Paul Date Oct. 21/05

Approved by
 Print Name Sheila Weatherill Title President & CEO

Signature [Signature] Date Oct 31/05

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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Office → CHC

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 11/05	Mtg RAH						3
June 20/05	Mtg UAH → CHC						3
June 21/05	Mtg CHC → UAH						3
June 26/05	Mtg UAH → CHC						3
June 26/05	Parking				5.00		
June 31/05	Mtg UAH → CHC						3
June 31/05	Parking				6.25		
June 9/05	Mtg Plaza 124 → CHC						2
June 9/05	Mtg CHC → UAH						3
June 10/05	Mtg UAH → RAH						7
June 14/05	Mtg UAH → CHC → UAH						6
June 15/05	Mtg UAH → CHC						3
June 16/05	Business Lunch					23.33	
June 17/05	Mtg CHC → UAH						3
June 20/05	Mtg UAH → CHC → UAH						6
June 21/05	Mtg UAH → Return						6
June 23/05	Mtg UAH → Return						6
June 27/05	Mtg UAH → Return						6
June 28/05	Mtg UAH → Return						6
June 29/05	Mtg EGH						1
June 29/05	Mtg UAH						3
June 30/05	Mtg UAH						3
July 5/05	Mtg Plaza 124 → Return						4
July 6/05	Mtg UAH						3
July 11/05	Mtg Plaza						2
July 12/05	Mtg UAH						3
July 13/05	Mtg UAH → Return						6
July 18/05	Catara → Taxi				44.00		
July 21/05	Mtg UAH → Return						6
July 22/05	Mtg UAH → Return						6
July 25/05	Mtg UAH → Return						6
July 26/05	Mtg Plaza 124						2
July 28/05	Mtg UAH → Return						6
	Total km						120
	@						\$0.38
TOTALS TO FRONT OF FORM					55.25	23.33	45.60

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

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

3. Advance

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

4. Hosting Expenses

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

APPLICANT COPY

EDMONTON CITY CENTRE WEST PARKADE
PH # (780) 428-4544
OPERATED BY ADVANCED PARKING

GST # R119326270 RT0001

G.S.T. No.: _____
Unit No.: _____
Amount: 22.00 (G.S.T. INCLUDED)
Chauffeur: _____
Date: 18/07

Rcpt#103092
06/08/05 13:35 LH 1 AM 9 Txn#435242
06/08/05 11:25 In 06/08/05 13:35 Out
Regular Rate \$ 5.84
Total Tax \$ 0.41
Total Fee \$ 6.25
CASH PAID \$ 6.25-
Cash Tender \$ 10.00
Change Due \$ 3.75
THANK-YOU!
WE APPRECIATE YOUR BUSINESS.
COME AGAIN!

TELUS PARKADE
GST INC. RN122388333
05JUN06 16:45 001 001
05JUN06 17:25 01
/ 1:20 #105999
=01009810
RATE 1 \$5.00
TOTAL \$5.00
CASH \$5.00
MANAGED BY
IMPERIAL PARKING

UPPER CRUST CATERERS L
10707 86 AVE T4C0W6
EDMONTON AB T2Z3A7

Name: PAUL SUSAN
Unit # [REDACTED]
Section 17(1),(4)(e.i)
Date: 05/06/16 Time: 12 40 52
Exp Date: [REDACTED] Auth #: 043224
Card Type: VI Tran Code: 01
#2234750001 00100027

Up ID: 011 THANKS
Invoice No.: 5774
Subtotal \$20.33
Tip 2.00
Total \$22.33

Signature: [Signature]
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records
Top copy-customer bottom copy-merchant

APPLICANT COPY



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 Susan Paul Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-71110500029
 Department Facilities Planning + Construction Bus. Phone 735-0838
 Period from Nov. 10/05 to Nov. 13/05 Vancouver

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			628.29		574.59 53.70
Meals					
Registration Fees			1282.93	✓	
Transportation (including parking)			688.36		92.00 w
Other					
Mileage					
TOTAL			\$ 2,599.58		\$
Less Cash Advance					
NET			\$ 2,599.58		

Capital Health
RECEIVED
DEC 02 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 Susan Paul Date Nov 28/05

Approved by

Print Name Shila Weatherill Title President + CEO

Signature [Signature] Date Dec 1/05

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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct 21/05	Registration			1282.93			
Nov 13/05	Hotel	628.29					
Nov 13/05	Parking				✓ 32.00		
Nov 13/05	Taxi				✓ 30.00		
Nov 13/05	Taxi				✓ 30.00		
Oct 25/05	Air-fair				✓ 596.36		
	Total km						
	@						\$0.38
TOTALS TO FRONT OF FORM		628.29	-	1282.93	658.36	-	-

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.)

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2. Travel

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

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Aerogold[®] VISA[®]

Statement from
Oct 9 to Nov 8, 2005

10 (4) 0083 Section 17(1)
PAUL

012017

Account number

Questions? Moving?

Call 1-800-465-4653
Fax 1-800-897-0551
TTY 1-877-331-3338
Write PO BOX 4058, STN A
Toronto ON M5W 1L8

Lost or stolen card?

Call 1-800-663-4575

Account summary

Previous balance

Payments

Other credits

Total credits

Purchases

Cash advances

Other charges

Interest

Total debits

New balance

Minimum payment due

Please pay the current amount due by Nov 25

Total minimum payment due

Credit limit

Total credit limit

Available credit

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

Interest rates

	Annual	Daily
Purchases	19.50 %	0.05342 %
Cash advances	19.50 %	0.05342 %

Aeroplan[®] Miles summary

This statement

Earned on net card purchases +

Total Aeroplan Miles sent =

Aeroplan acct

Section 17(1)

Section 17(1)

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



tear off here

Page 1 of 4

CIBC Aerogold[®] VISA[®]

PAUL

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

Account number

New balance

Payment due immediately

Current amount due by Nov 25

Payment amount

Payment options

- Online Banking: www.cibc.com
- Telephone Banking: 1-800-465-CIBC (2422)
- CIBC bank machines and most financial institutions
- Mail: Return completed slip with your cheque or money order payable to CIBC Credit Card Services.

For general inquiries call 1-800-465-4653

CIBC
PO BOX 4595 STN A
TORONTO ON M5W 4X9

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



Transaction details

Card number [redacted]

Trans date Post date

Description

Amount (\$)

Trans date	Post date	Description	Amount (\$)
OCT 25	OCT 26	AIR CANADA 0142130197217WINNIPEG MB	[redacted]

OCT 25 OCT 26 AIR CANADA 0142130197217WINNIPEG MB

[redacted]

Continued on next page

Aerogold VISA

Account number [redacted]

If you find an error in this statement you must tell us within days after the statement date. If you do not, the statement will be regarded as final (except for improper credits). The statement date is the closing date of the statement period shown on the front.

How we apply your payments

We apply your payments to your Aerogold VISA account in the following order: (a) interest, (b) fees (shown as "Other Charges" on this statement), (c) Previously Billed items in the following order: (i) Balance Transfers, (ii) Cash Advances, (iii) Purchase Promotions, (iv) Purchases (d) items on this statement in the same order as Previously Billed items. Credit balances are applied to Unbilled items in the order in which they are posted. Within each category of items referred to in (c) and (d) where there are multiple transactions, the payment will be applied to those items which bear interest at the lowest rate first.

How we charge interest

To calculate interest, the daily interest rate displayed on the front of this statement is multiplied by the interest-bearing balance at the end of each day.

If there are different daily rates, each rate is multiplied by the portion of the interest-bearing balance to which it applies.

a) On purchases: For non-Quebec residents, no interest is charged on a new purchase if you pay your new balance in full by the payment due date and you have paid the full balance shown on your previous monthly statement by the payment due date. For Quebec residents, no interest is charged on a new purchase if you pay your new balance in full by the payment due date. For residents of all provinces and territories, if interest is charged on purchases, it will be charged retroactively from the transaction date until you pay all of your new balance and the interest.

b) On cash advances (including Aerogold VISA Convenience Cheques and balance transfers): We charge interest on a cash advance from the day you receive the advance until you make a payment which covers the amount of the advance and the interest charged on that advance. We charge interest on an Aerogold VISA Convenience Cheque or balance transfer from the date we post it to your Aerogold VISA account until you make a payment which covers the amount of the cheque or balance transfer and the interest charged on that cheque or balance transfer.

Minimum payment due

Your current amount due is 3% of your new balance or \$50, whichever is greater. This amount must be paid by the payment due date.

Payment period extensions: If you did not make full payment of the balance on your last month's statement, your payment due date was extended this month by 3 days to give you extra time to make your payment. Interest will continue to accrue for the extended period. When you pay your balance in full, your payment due date will revert back to your regular payment due date.

Available credit

This section shows the credit you had available at the end of the statement period, and does not reflect transactions you've made since this statement was issued.

**Denotes transaction in foreign currency. You have been charged the same conversion rate CIBC is required to pay, plus an administration fee of 2.5% of the converted amount. This fee applies to both debits and credits.

* Visa Int./CIBC, Air Canada, lic users.

© Aerogold and Aeroplan are registered trade-marks of Air Canada. CIBC is an authorized licensee of the marks.

Air Canada return flight Edmonton Vancouver. \$596.36

APPLICANT COPY



900 WEST GEORGIA STREET
VANCOUVER, BC V6C 2W6
T 604 684 3131 F 604 662 1929
G.S.T. Registration # 86707 3611 RT0002

Room : 0281
Folio # : 131856
Cashier # : 137
Page # : 1 of 1

Group Name Cdn Independent Medical Clinics Assn

Susan Paul
10030 107th St
Edmonton, AB T5J 3E4
Canada

Arrival : 11-10-05
Departure : 11-13-05

Date	Description	Additional Information	Charges	Credits
11-10-05			14.97	
11-10-05	Room Charge		179.00	
11-10-05	Room Tax		17.90	
11-10-05	Room GST		12.53	
11-11-05	Room Charge		179.00	
11-11-05	Room Tax		17.90	
11-11-05	Room GST		12.53	
11-12-05	Room Charge		179.00	
11-12-05	Room Tax		17.90	
11-12-05	Room GST		12.53	
11-13-05	Visa	XXXXX		643.26
Total			643.26	643.26

Balance Due 0.00 - 14.97

GST Summary

Room	37.59
F&B	0.00
Other	0.98
Total	38.57

Total \$ 628.29

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'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

Merci d'avoir choisi les Hôtels Fairmont

APPLICANT COPY

EDMONTON AIRPORTS

GST# R128539776

Car park 0000001049 Plate # 139

Receipt no. 0116/05

015100 pay ...
10.11.05
Length of stay

10.11.05

Best copy available

etc.
dun.
tax

Thank you
for
the
service



604 681-1111
604 876-5555

RECEIVED FROM

DATE

10/13/05

\$30.00

FROM

WAL HOTEL TO VAN AIRPORT

CAB NO.

114

DRIVER

[Signature]

AIRPORT SERVICE • 24 Hour Courier • Serving you since 1921
AT A PAYPHONE? CALL: 1-800-898-TAXI(8294) NO COINS NEEDED
TTY LINE (hearing impaired) 604 258-4747
GST INCLUDED



CIMCA | ACMIC
 Canadian Independent Medical Clinics Association
 Association des Cliniques Médicales Indépendantes Canadiennes

Receipt from the Canadian Independent Medical Clinics Association

Questions? Contact CIMCA at (604) 688-6364 or email conference@climca.ca

Receipt No.	961095
Date	21-Oct-05
Received From	Mrs. Susan Paul
Organization	Capital Health
City	Edmonton, Alberta
Telephone No.	780-735-0018
Registration Fee	\$1,199.00
GST	\$83.93
Total Received	\$1,282.93

Thank you!

Please check our web

CANADIAN INDEPENDENT MEDICAL
 280 NELSON STREET SUITE 2
 VANCOUVER BC

CARD NUMBER [REDACTED]
 EXPIRY DATE [REDACTED]
 CARD TYPE VISA 7191
 DATE/TIME 2005/10/21 19:51:31
 RECEIPT NUMBER M47148716-012-010
 PURCHASE
 TOTAL AMOUNT **\$1,282.93**

01 APPROVED-027 AUTH. # 072651
 THANK YOU

CARDHOLDER COPY

APPLICANT COPY



Travel Approval Form / Request for Advance

A. Travel Particulars

Complete this section and forward to your Travel Co-ordinator.

Section 17(1)

Name Susan Paul Signature Susan Paul Employee Number [redacted]
 Department Facilities Planning & Construction Business Telephone 735-0838
 Office Location Capital Health Centre, 11th Fl. Program Facilities Planning & Construction
 Oracle Cost Centre 201-9000-71110500029
 Destination Vancouver, B.C.
 Dates: from (day/month) 10/11 (year) 2005 to (day/month) _____ (year) 2005
 Purpose of Trip CIMCA Conference
 Travel Co-ordinator Barb Jones Business Telephone 735-0838

APPROVAL:

Name of Supervisor (please print) Sheila Weatherill Title President & CEO
 Signature [Signature] Date Oct 31/05
 Vice President / Chief Operating Officer Signature (for out of Province travel) _____
 Date _____

B. Estimate of Expenses (Canadian Dollars)

Complete this section if your Supervisor needs to know total costs before approving travel.

1. Accommodation Charge 3 Nights at \$200 \$ 600⁰⁰
 2. Meals 51.00
 3. Registration 1282.93
 4. Airfare of other travel costs not known yet
 5. Other Expenses (please specify) taxi
 Total Estimated Travel Costs \$ _____

C. Complete this section if you require an advance (only if amount required is \$500. or above)

Advance requested \$ _____ Date required _____

D. Ticket / Travel information to be completed by Travel Co-ordinator

Date _____ Invoice Number _____ Amount _____
 Date information sent to Traveller _____
 Date information received from Traveller _____ Date notified Travel Agent _____

- Complete from (properly approved) and forward to a Travel Co-ordinator in your area.
- Travel Co-ordinators designated in each area will work with the approved travel agent for the region.
- The Travel Co-ordinator will forward this form with required approvals to Accounts Payable.
- All out of province travel requires additional approval as indicated in SECTION A.

APPLICANT COPY

UPCOMING CONFERENCE:

Strategies & Solutions

November 11 - 12, 2005
Fairmont Hotel Vancouver, Vancouver, British Columbia



Conference Registration Form

- Please mail with payment to: CIMCA, #245 - 280 Nelson St., Vancouver, BC, V6B 2E2
You may register by Fax if using Visa or MasterCard: (604) 689-7729

Dr Mr Ms Mrs

First Name: Susan Family Name: Paul

Company/Organization: Capital Health Title: Senior Vice President, Facilities Planning & Construction

CIMCA Membership Number:

Mailing Address: Capital Health Centre, 10030-107 St., North Tower, 11th Floor

City: Edmonton Province/State: Alberta Postal Code/Zip: T5J 3E4

Country: Canada Phone: 780-735-0018 Fax: 780-735-0840

Email: spaul@cha.ab.ca Website: www.capitalhealth.ca

Meal Restrictions:

Personal Mobility Problems:

Conference Registration Fees

Registration fees include admission to all sessions, panel discussions and conference material. Also included are: two breakfasts, two lunches, a cocktail reception and four coffee breaks.

Pre September 23, 2005:

Active Member: \$949 + \$66.43 (GST) = \$1,015.43
Non-Member: \$1,049 + \$73.43 (GST) = \$1,122.43

Post September 23, 2005

Active Member: \$1,079 + \$75.53 (GST) = \$1,154.53
Non-Member: \$1,199 + \$83.93 (GST) = \$1,282.93

Payment Information

Total amount payable: \$ 1,282.93
(GST Registration No. 857727200)

Enclosed is my cheque
Please charge my credit card: Visa MasterCard

Credit Card Number:

Expiry Date:

Cardholder's Name: Susan Paul

Cardholder's Signature: SPaul

As registration acknowledgments will be sent by email, please indicate your email address above. Official receipts will be provided to delegates with their program material at the conference registration desk.

Signature: Susan Paul Date: Oct 11, 2005

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 Canadian Independent Medical Clinics Association
 Association des Cliniques Médicales Indépendantes Canadiennes

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Upcoming Conference

Saving Medicare Strategies & Solutions

Healthcare Summit: Legal, Economic and Medical Issues
 Fairmont Hotel Vancouver – Vancouver, British Columbia
 November 11 - 12, 2005

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- > Preliminary Program
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Or complete the print registration form and fax it with your payment

Register

"Yet another pivotal moment in Canadian history is shaping up to take place at the venerable Hotel Vancouver this fall."

Matt Borsellino, The Medical Post, July 19, 2005

The June 8 th 2005 Supreme Court of Canada (Chaouli-Zeliotis), legalizing private health insurance in Quebec, rejected arguments that the pain and disability of waiting were justifiable in order to preserve the public system. The goal of this conference is to provide answers to long debated questions regarding the Canadian medical system.

- Should other provinces revise their legislation to conform to the principles set forth by the Court or will they face court challenges of their own? What will the impact be inside and outside Quebec?
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Speakers and Moderators
Hon. George Abbot

Minister of Health, Br

Charles Auld

Former CEO BMI / Gr

Mary Anne Bobinski

Dean of Law, Univers

Dr. Jacques Chaouli

Quebec physician and

Court of Canada chal

Dr. Ruth Collins-Na

Canadian Medical As

2006

Bruce Davidson

Lawyer and Director,

Group, New Zealand

Dr. Brian Day

Associate Professor,

Hon. Madam Justice

BC Supreme Court at

Got to Do with It? - I

Canada

Hon. Ujjal Dosanjh

Federal Health Minist

Robin Elliot QC

Professor and Associ

Nadeem Esmail

Senior Health Policy

Gordon Gibson

Federal - Provincial r

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GST Registration No. 857727200

· Active Member: \$1,079 + \$75.53 (GST) = **\$1,154.53**

· Non-Member: \$1,199 + \$83.93 (GST) = **\$1,282.93**

Receipts: Official receipts will be provided to delegates with their program material at the conference registration desk.

Cancellation Policy: An administration charge of 20% will be charged on all refunds. Refunds will be made if notification is received in writing and postmarked not later than October 7, 2005. No refunds will be available after October 7, 2005. Refunds will be mailed following the Conference.

Special Needs: Please indicate special dietary needs or personal mobility problems on your registration form.

Accommodation

Room Reservation Procedures:

We have secured a room rate at The Fairmont Hotel Vancouver of \$179.00 single/double for our participants. All rates are in Canadian dollars and are subject to prevailing taxes at the time of occupancy.

Please make your reservations directly with the hotel by one of the following methods:

- By phone: (604) 684-3131
- Toll free: 1 (800) 441-1414
- By fax: (604) 662-1924
- By email: hvreservations@fairmont.com
- By Internet: [Fairmont online reservations](#)

When making your reservations please advise that you are registering for the Canadian Independent Medical Clinics Association Conference - Group code "GRIMC1." Check-in time is 3:00 pm, check-out time is 12:00 noon.

Rooms are subject to availability and will be processed on a first come, first reserved basis. Room rates will only be reserved until Tuesday, October 11, 2005. Please reserve early to avoid disappointment.

Cancellation Policy: You will be required to guarantee your reservations for late arrival in cash or by use of a major credit card. Cancellation of individual reservations made up to 48 hours prior to arrival will be accepted, and the deposit refunded for those rooms for the full night's stay.

Air Canada discounted rates

Air Canada has been appointed the official airline of the "Saving Medicare: Strategies & Solutions" conference in Vancouver.

To book your flights and take advantage of special discounted fares, simply contact your travel agency or

Air Canada at 1 800 361-7585, and mention our convention number: CV050182.

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900 West Georgia Street

former leader BC Lib
Dr. Mark Godley
 Consultant Anaesthe
Ida J. Goodreau
 President and Chief E
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Johan Hjertqvist
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Christopher E. Hini
 Harper Grey, LLP, Va
Peter Hogg QC
 Former Dean of Osgo
 Cassels & Graydon LI
Senator Michael Ki
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 and Official Oppositio
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Ian McPherson
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John H. Saunders
 Davis and Co LLP, Va
Marvin R.V. Storror
 Blake Cassels & Gray
Dr. Les Vertesi
 Councillor, Health Co
Linda West
 Health Care and Busi
 Faculty of Nursing TR
John Williamson
 Federal Director, Car
Judy Wilson
 Partner, Blake Casse

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 Nov. 10, 11, 12

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Preliminary Programme

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Conference Day 1 – Friday, November 11th 2005
7:00 a.m. Registration and Continental Breakfast
Speakers and Moderators
Hon. George Abbot

Minister of Health, BC

Charles Auld

Former CEO BMI / GE

Mary Anne Bobinski

Dean of Law, Université

Dr. Jacques Chaouli

Quebec physician and

Court of Canada

Dr. Ruth Collins-Na

Canadian Medical Assoc

2006

Bruce Davidson

Lawyer and Director,

Group, New Zealand

Dr. Brian Day

Associate Professor,

Hon. Madam Justice

BC Supreme Court at

Got to Do with It? -

Canada

Hon. Ujjal Dosanjh

Federal Health Minister

Robin Elliot QC

Professor and Associate

Nadeem Esmail

Senior Health Policy

Gordon Gibson

Federal - Provincial

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7:30 a.m. Welcoming remarks and Introduction

7:40 a.m. The Canadian Health System: A Reality Check

Brian Day

- The current system: its strengths and failures
- Private sector role in Canada: Past, Present and Future

8:05 a.m. A Strong and Free Canada: Critical Surgery for Health Care.

Preston Manning

- The relationships of federal and provincial governments in health care financing and delivery
- Improving the financial health and efficiency of health care delivery in Canada

Constitutional and Legal Issues:

8:40 a.m. Moderator: *Mary Anne Bobinski*

8:40 a.m. The Supreme Court of Canada Decision in Chaoulli-Zeliotis

Peter Hogg

- The decision, the reasoning, and the likely impact outside of Quebec
- The constitutional implications for the private provision of health care and health care insurance alongside a universal public system.

9:15 a.m. The Chaoulli - Zeliotis Case: Constitutional Issues and Impact?

Robin Elliot

- Relevance of Supreme Court ruling in other provinces
- Are new challenges likely to occur and succeed?

9:35 a.m. Private Health Insurance in Canada: Legal status after the Chaoulli-Zeliotis decision.

Marvin Storrow

- Quebec health insurance: its legal status
- Can non-Quebec residents purchase such insurance?
- Legal implications of direct payment for medical care

10:00 a.m. Refreshment Break

10:15 a.m. Moderator: *Janice R. Dillon*

10:15 a.m. The Auton and Chaoulli-Zeliotis Cases: A Contrast in Legal Arguments; is there a definition of "medically necessary"?

Chris Hinkson

10:35 a.m. Commercial implications of private health care and its relationship to the Canada Health Act.

Judy Wilson

- The Canada Health Act after Chaoulli-Zeliotis
- Should the Act be changed?
- The Federal Government's jurisdiction
- Is there a rationale for exempted groups (RCMP, WCB, etc)?

former leader BC Lib
Dr. Mark Godley
 Consultant Anaesthe:
Ida J. Goodreau
 President and Chief E
 Coastal Health
Johan Hjertqvist
 President, Health Co
 Brussels, Belgium
Christopher E. Hini
 Harper Grey, LLP, Va
Peter Hogg QC
 Former Dean of Osgo
 Cassels & Graydon LI
Senator Michael Ki
 Chairman of the Star
 Social Affairs, Scienc
Preston Manning
 Former Leader of the
 and Official Oppositio
Kenneth G. Martin
 President & CEO, Pac
Gary McLeod
 Chair of Advocis and
Ian McPherson
 Chief Executive of Sc
Zoltan Nagy
 Executive Director, C
Hon. Wally Oppal C
 Attorney-General, Br
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 of Surgery, McMaster
Sally C. Pipes
 President and CEO of
 Institute, San Francis
Tom Sackville
 Chief Executive, Inte
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John H. Saunders
 Davis and Co LLP. Ve
Marvin R.V. Storrow
 Blake Cassels & Gray
Dr. Les Vertesi
 Councillor, Health Co
Linda West
 Health Care and Busi
 Faculty of Nursing Tr
John Williamson
 Federal Director, Car
Judy Wilson
 Partner, Blake Casse

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11:00 a.m. Remembrance Day

11:01 a.m. Provincial Health Law after Chaoulli - Zeliotis.

Hon Wally Oppal

11:25 a.m. Legal Panel: The National Impact of the Chaoulli-Zeliotis Ruling: Moderator: Mary Anne

Bobinski

Panel: Janice R. Dillon, Robin Elliott, Chris Hinkson, Hon Wally Oppal, Marvin Storrow, Peter Hogg, Judy Wilson, Jacques Chaoulli

12:15 p.m. Lunch and Speaker: My Journey to the Supreme Court of Canada

Jacques Chaoulli

International Health

1:15 p.m. Moderator : *William Orován*

1:15 p.m. The Senate Committee Report and Beyond

Senator Michael Kirby

- Recommendations for reform
- How and why the Senate intervened
- Is the result a victory for patients?
- The next steps: where should we go from here?

1:50 p.m. Evolution of the NHS and Private Centres in Britain

Charles Auld

- History, evolution and recent trends in the British NHS
- Public – Private relationships
- Lessons for Canada : what to adopt, what to reject

2:25 p.m. Health Care Delivery and Funding in Continental Europe

Johan Hjertqvist

- European systems: What can Canada learn from them?
- The Swedish experience

3:00 p.m. Refreshment

3:15 p.m. Moderator: *Mark Godley*

3:15 p.m. Private Health Insurance: How does it work and integrate with a publicly funded system

Tom Sackville

- Financing of health care delivery
- International experience
- Developing a model for Canada

3:50 p.m. A New Zealand Prescription for Canada?

Bruce Davidson

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- Evolution of the New Zealand health system
- Relation of private and public health insurance
- Lessons for Canada

4:25 p.m. Health Care Below The 49th Parallel: What Canadians Can Learn From The U.S. System.

Sally Pipes

- Why the U.S. health system is in trouble and how to fix it
- Myths about the U.S. system
- How can Canadians benefit from the American experience?

4:55 p.m. International Health Panel:

Moderator: *Preston Manning*

Mr. Charles Auld, Jacques Chaoulli, Bruce Davidson, Johan Hjertqvist, Senator Michael Kirby, Ian McPherson, Sally Pipes, Tom Sackville

5:30 p.m. Adjourn

Conference Day 2 – Saturday November 12 th 2005

7:00 a.m. Continental Breakfast

7:40 a.m. Opening Remarks

7:45 a.m. Moderator: *Sally Pipes*

7:45 a.m. Medicare Reform after Chaoulli-Zeliotis. *Ruth Collins-Nakai*

- The Canadian Medical Association and wait lists
- Physician training, retention and medicare reform
- Private practice for Canadian doctors?

8:10 a.m. The Canadian Health Council: What it can and cannot do

Les Vertesi

- Canadian Wait List Project
- Plans to improve wait times
- Global budgets and health care delivery

8:30 a.m. Public and Private Sector Relationships in Health Care Delivery.

Ida Goodreau

- Funding issues and constraints in public delivery
- Public – Private initiatives
- Entrepreneurial opportunities
- Adapting to change: the impact of funding reforms

9:00 a.m. The Impact of Health Care Reform on Medical Education, Research and Access to Technology.

William Orován

- Access to new technology in Canada

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- Academic and research initiatives

9:25 a.m. Health Care Delivery in Canada : Federal and Provincial Role

Gordon Gibson

- Evolution of government roles in Canadian health care delivery
- Overcoming political constraints to meaningful reform

9:50 a.m. Panel DISCUSSION and QUESTIONS: *Ruth Collins-Nakai, Les Vertesi, Ida Goodreau, William Orovan, Gordon Gibson. Moderator: Sally Pipes*

10:10 a.m. Refreshment Break

10:25 a.m. Moderator: *Nadeem Esmail*

10:25 a.m. Public and Private Roles in Health Insurance and Delivery: An International Perspective

Ian McPherson

- Experience in New Zealand and Asia
- Innovation in Health Care Funding
- Lessons for Canada

10:50 a.m. The Canadian Health System and the Taxpayer: Political and Financial Issues

John Williamson

- Federal-Provincial taxation and health care spending
- Economic crisis facing provincial health care funding
- Overcoming political constraints

11:15 a.m. Medicare after Chaoulli-Zeliotis: Corporate, employee benefit and insurance issues.

Gary McLeod

- Financing health care in Canada : the fiscal reality
- Planning for future financial and medical health
- Existing private health and benefit plans in Canada : how they may evolve after Chaoulli-Zeliotis

11:40 a.m. The Growth Potential of Complementary Private Insurance in Canada.

Kenneth Martin

- Assessing the market for private health insurance in Canada
- Employer and employee funded health insurance
- Health funding and insurance lessons from other countries

12:05 p.m. Panel DISCUSSION and QUESTIONS:

Ian McPherson, Gary McLeod, Kenneth Martin, John Williamson

Moderator: *Nadeem Esmail*

12:20 p.m. Lunch and Speaker: Medicare and the Federal Government: Adapting to Change.

Hon Ujjal Dosanjh

1:20 p.m. Moderator: *Zoltan Nagy*

1:20 p.m. Private Sector Delivery of Public Health Services.

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Speaker TBA

1:45 p.m. The Future of Nursing and Medicare in Canada

Linda West

- Canadian versus International experience
- The changing role of nursing
- Nursing in the public and private sectors

2:10 p.m. Questions**2:15 p.m. Canada's Health System: How does it rate?**

Nadeem Esmail

- Measuring performance
- Comparative costs and outcomes
- Technology access
- Practical reform of the Canadian system

2:40 p.m. Questions**2:45 p.m. Refreshment Break****3:00 p.m. PANEL ON PATIENT PERSPECTIVES.**

Moderator: *John Saunders*

John Saunders, Paula Brook and Jandi Fraser

3:50 p.m. Closing Session: Moderator: Brian Day**3:50 p.m. Synopsis: the Law after Chaoulli – Zeliotis: What Have We Learned?**

Marvin Storrow and Peter Hogg

4:05 p.m. Practical Pearls on Reform: International insights.

4:15 p.m. *Charles Auld*

4:25 p.m. *Johan Hjertqvist*

4:35 p.m. *Tom Sackville*

4:45 p.m. *Bruce Davidson*

4:55 p.m. *Sally Pipes*

5:05 p.m. *Ian McPherson*

5:15 p.m. Questions

5:30 p.m. Concluding remarks: *Brian Day*

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Dec. 16/05

Jones, Barb

From: Tailleur, Lorraine
Sent: Wednesday, December 14, 2005 8:44 AM
To: Jones, Barb
Subject: FW: Susan Paul Travel Expenses

Attachments: CHCFIN1920051213154951.pdf

Capital Health
Director, Accounting Services

DEC 19 2005

*Lorraine,
All attached.
with signature.
Barb.*



CHCFIN19200
13154951.pdf (

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Barb

Please see attached Susan Paul's Expense Claim, the item Accounts Payable is questioning is why Susan booked her own flight instead of going through American Express our Corporate Travel Agent. Do you have a receipt from Air Canada or anything like a boarding pass to attach to her claim?

If you don't please have Leila Shwed or Allaudin Merali approve/initial.

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

From: chcf19@cha.ab.ca [mailto:chcf19@cha.ab.ca]
Sent: Tuesday, December 13, 2005 3:50 PM
To: Tailleur, Lorraine
Subject: Susan Paul Travel Expenses

FROM:
Image data has been attached to the e-mail.

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



(Please Print or Type)

Section 17(1)

Name Susan Paul Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-71110500029
 Department Facilities Planning + Construction Bus. Phone 735-0838
 Period from Nov. 10/05 to Nov. 13/05

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			628.29		574.59 33.70
Meals					
Registration Fees			1282.93	✓	
Transportation (including parking)			688.36		
Other					
Mileage					
TOTAL			\$ 2,599.58		\$
Less Cash Advance					
NET			\$ 2,599.58		

Capital Health
RECEIVED
DEC 02 2005
ACCOUNTS PAYABLE

Paula Shue

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 Susan Paul Date Nov 29/05

Approved by
 Print Name Shaila Weatherill Title President + CEO

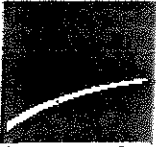
Signature [Signature] Date Dec 1/05

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 (Capital Health Centre, North Tower - 10th FL, 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.



Transaction details

Card number [redacted]

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

Trans Post
date date Description

Amount (€)

[Redacted transaction table]

OCT 25	OCT 26	AIR CANADA 0142130197217WINNIPEG MB	€
[Redacted]			[Redacted]

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Flight Edmonton
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charge interest on an Aerogold or Aeroplan conversion fee on the balance transfer from the date we post it to your Aerogold or Aeroplan until you make a payment which covers the amount of the charge or balance transfer and the interest charged on that charge or balance transfer.

Minimum payment due
Your current amount due is 3% of your new balance or \$50, whichever is greater. This amount must be paid by the payment due date.

Payment period extensions: If you did not make full payment of the balance on your last month's statement, your payment due date was extended this month by 3 days to give you extra time to make your payment. Interest will continue to accrue for the extended period. When you pay your balance in full, your payment due date will revert back to your regular payment due date.

Available credit
This section shows the credit you had available at the end of the statement period, and does not reflect transactions you've made since this statement was issued.

**Denotes transaction in foreign currency. You have been charged the same conversion rate CIBC is required to pay, plus an administration fee of 2.5% of the converted amount. This fee applies to both debits and credits.

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EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Apr. 4/05	Travel - Plaza 124 Return						10
Apr. 6/05	Travel - RAH						7
Apr. 7/05	Travel - EGH						4
Apr. 7/05	Travel - EGH → Fort Sask - Return						76
Apr. 8/05	Travel - CHC Return						10
Apr. 12/05	Travel - CHC						3
Apr. 18/05	Travel - CHC Return						6
Apr. 20/05	Travel - CHC						3
Apr. 29/05	Travel - Gray Nuns Hosp.						47
Apr. 29/05	Travel - Plaza 124 Return						20
May 3/05	Travel - CHC Return						3
Apr. 27/05	Pager Fee					✓ 50.00	
in CHC							
May 5/05	Travel - UAH						3
May 6/05	Travel - UAH						3
May 6/05	Travel - UAH → EGH						4
May 6/05	Travel - EGH → CHC						1
May 7/05	Travel - CHC → UAH						3
May 7/05	Travel - UAH → Plaza 124						5
May 7/05	Travel - Plaza 124 → CHC						2
May 7/05	Travel - CHC → Fort Sask Return						76
May 11/05	Travel - CHC → UAH						3
May 12/05	Travel - UAH → CHC						3
May 13/05	Travel - CHC → UAH Return						6
May 16/05	Parking at Airport			✓ 12.00 w			
May 16/05	Cab - Vancouver			✓ 34.00 w			
May 16/05	Cab - Vancouver			✓ 42.00 w			
May 17/05	Travel - CHC → UAH						3
May 18/05	Travel - UAH → CHC						3
May 24/05	Travel - CHC → UAH Return						6
May 25/05	Travel - CHC → Spruce Grove, Return						60
May 26/05	Travel - CHC → UAH Return						6
	Total km						372
	@						\$0.38
TOTALS TO FRONT OF FORM					88.00	50.00	141.36

130.20

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

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

3. Advance

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

4. Hosting Expenses

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



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

(Please Print or Type)

Name Susan Paul Employee Number [REDACTED]
 Position Senior Vice President Oracle Cost Centre 201-9000-7110500029
 Department Facilities Planning & Construction Bus. Phone 735-0838
 Period from Apr. 1/05 to May 27/05

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	Capital Health RECEIVED JUN 02 2005 ACCOUNTS PAYABLE					
Meals						
Registration Fees						62414 = 88W
Transportation (including parking)				138.00	✓	Pager = 50.00
Other				130.20		
Mileage				141.36		W
TOTAL			\$ <u>279.36</u> 268.20 ✓		\$	
Less Cash Advance			-			
NET			\$ <u>279.36</u> 268.20 ✓			

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 Susan Paul Date May 25/05

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 (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Susan Paul Expense Summary
2006-2007

Functional Centre: 201.9000.71110101090/71110500029

CATEGORY

Accounting Period	Invoice Number	Travel- Local/Parking 62410000	Meals 69600000	GST	Total	Comments
JUN-07	MILE-28FEB06	72.56		5.08	77.64	MILEAGE
JUN-07	REIMBURSE-28APR06	78.36		5.49	83.85	MILEAGE & PARKING
JUN-07	REIMBURSE-31MAR06	122.13		8.55	130.68	MILEAGE & PARKING
	1st Quarter Total	273.05	-	19.12	\$ 292.17	
SEP-07	REIMBURSE-31MAY06	83.59	20.70	7.09	111.38	MEAL/MILEAGE MAY01-31/06
SEP-07	MILE-29JUN06	148.66		8.92	157.58	MILEAGE
	2nd Quarter Total	232.25	20.70	16.01	\$ 268.96	
NOV-07	REIMBURSE-31JUL06	103.14		6.19	109.33	MILE/PARKING JUL01-31/06
NOV-07	REIMBURSE-29AUG06	94.92		5.70	100.62	MILEAGE AUG01-29/06
NOV-07	REIMBURSE-30SEP06	109.90		6.59	116.49	MILE/PARKING SEP01-30/06
DEC-07	GIFTS-05DEC06		1,875.00		1,875.00	SECOND CUP GIFT CARDS FOR STAFF
DEC-07	REIMBURSE-15DEC06	63.69		3.82	67.51	MILEAGE DEC01-15/06
	3rd Quarter Total	371.65	1,875.00	22.30	\$ 2,268.95	
	Total to Date	876.95	1,895.70	57.43	\$ 2,830.08	



APPLICANT COPY

Travel & Employee Expense Claim Form

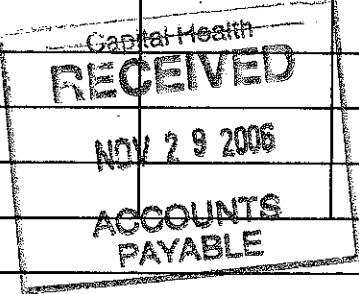
(In Canadian Dollars)

Section 17(1)

Name: Susan Paul	Employee Number: 	Union Name:
Position: Senior Vice President	Department: Facilities Planning & Construction	
Business Phone: 735-0018	Period From: July 1 to July 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	71110500029	62410000			\$10.00	<input checked="" type="checkbox"/>
201	9000	71110500029	62410000			99.33	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$109.33	<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: <i>S Paul</i>	Date: <i>Nov 20/06</i>

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

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

NOTE:

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

EXPENSE CLAIM DETAILS
APPLICANT COPY

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
July 4/06	CHC-Health First						13
July 5/06	UAH-CHC						3
July 6/06	UAH-CHC-UAH						6
July 7/06	Sturgeon-CHC						17
July 11/06	CHC-Fort Sask-Health First						64
July 12/06	CHC-UAH-CHC						6
July 13/06	CHC-UAH-CHC-Health First						19
July 17/06	Parking UofA - Meeting					10.00	
July 18/06	CHC-Sturgeon-UAH						36
July 19/06	UAH-CHC						3
July 20/06	Health First-UAH-CHC						20
July 21/06	CHC-UAH-CHC						6
July 24/06	CHC-RAH						3
July 25/06	CHC-UAH						3
July 26/06	CHC-UAH-CHC						6
July 27/06	CHC-UAH-MCH-UAH						23
July 31/06	UAH-CHC						3
Total km							231
Rate as outlined in Section 2 – Travel below @							0.43
Totals						10.00	\$99.33

EXPENSE LIMITS

1. Meal Allowances

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

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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

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

2. Travel

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

3. Advance

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



UNIVERSITY OF ALBERTA

PARKING SERVICES

DAILY PARKING PERMIT

PLACE ON DASH THIS SIDE UP

Valid only in and on:

134382

UC
 VEHICLE
 STYR
 07-17-2
 07-17-2
 DPM
 GST
 DASH
 WHEN
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07-17-2013
 10:00 AM
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 10:00 AM

Help prevent crime. Remove all valuables. Lock your car.
 •• See reverse for Limitation of Liability ••



UNIVERSITY OF ALBERTA
 PARKING SERVICES

134382

GST # R108102831

DAILY PARKING PERMIT - RECEIPT

CUSTOMER RECEIPT: \$ 10.00



APPLICANT COPY

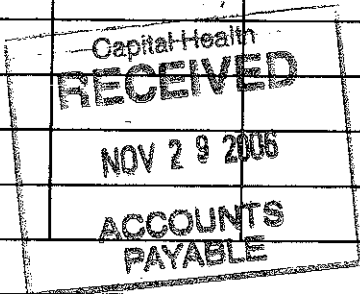
Travel & Employee Expense Claim Form

(In Canadian Dollars)
Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning & Construction	
Business Phone: 735-0018	Period From: August 1 to 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	71110500029	62410000			\$100.62	<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						\$100.62	<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: <i>S Paul</i>	Date: <i>Nov 29 2006</i>

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

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

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

APPLICANT DETAILS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Aug 1/06	CHC-RAH-UAH						10
Aug 2/06	UAH-CHC-UAH-CHC						12
Aug 3/06	CHC-UAH						3
Aug 4/06	CHC-Health First						13
Aug 16/06	UAH-CHC						3
Aug 17/06	UAH-CHC						3
Aug 23/06	UAH-CHC						3
Aug 24/06	UAH-Leduc-Fort Sask-Sturg-UAH						158
Aug 28/06	Health First-CHC-Health First						26
Aug 29/06	CHC-UAH						3
Total km							234
Rate as outlined in Section 2 – Travel below @							0.43
Totals							100.62

EXPENSE LIMITS

1. Meal Allowances

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

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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

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

2. Travel

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

3. Advance

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



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning & Construction	
Business Phone: 735-0018	Period From: September 1 to 30, 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	71110500029	62410000			\$93.74	<input checked="" type="checkbox"/>
201	9000	71110500029	62410000			22.75	<input checked="" type="checkbox"/>
			Capital Health RECEIVED NOV 29 2006 ACCOUNTS PAYABLE				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$116.49	<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: *S Paul*

Date: *Nov 20/06*

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

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

NOTE:

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

APPLICABLE POLICIES

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Sept 5/06	CHC-UAH-RAH-UAH						17
Sept 6/06	CHC-UAH						3
Sept 7/06	UAH-CHC						3
Sept 8/06	UAH-RAH-CHC						10
Sept 11/06	Health First-Plaza-CHC						18
Sept 12/06	CHC-UAH-RAH						10
Sept 5/06	Parking -RAH					6.75	
Sept 13/06	UAH-CHC-UAH						6
Sept 14/06	Parking-GNH					10.00	
Sept 14/06	Sturgeon-UAH-CHC-GNH						37
Sept 15/06	RAH-CHC-UAh						6
Sept 15/06	Parking-RAH					6.00	
Sept 18/06	CHC-UAH						3
Sept 19/06	CHC-UAH						3
Sept 20/06	CHC-Westview-UAH-CHC						73
Sept 21/06	CHC-UAH-CHC						6
Sept 25/06	Sturgeon-CHC						17
Sept 26/06	CHC-UAH						3
Sept 29/06	CHC-UAH						3
Total km							218
Rate as outlined in Section 2 – Travel below @							0
Totals						22.75	\$93.74

EXPENSE LIMITS

1. Meal Allowances

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

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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

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

2. Travel

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- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
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 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE

15/09/06 03:46 PM

AMOUNT PAID

\$ 6.75 15/09/06 03:16 PM

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.

785882



Capital Health

NON TRANSFERABLE



Capital Health
RECEIPT

285882

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

15/09/06 03:16 PM \$ 6.75

CREDIT CARD NUMBER

44597

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE

15/09/06 15:13

AMOUNT PAID

\$ 10.00 15/09/06 15:13

CARITAS HEALTH GROUP

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

1037344



CARITAS HEALTH GROUP

NON TRANSFERABLE



CARITAS HEALTH GROUP
RECEIPT

1037344

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

15/09/06 15:13 \$ 10.00

CREDIT CARD NUMBER

44597

APPLICANT COPY

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE

15/09/06 07:37 AM

AMOUNT PAID

\$ 6.00 15/09/06 07:37 AM

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.

1337517



Capital Health

NON TRANSFERABLE



Capital Health
RECEIPT

1337517

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

15/09/06 07:37 AM \$ 6.00

CREDIT CARD NUMBER

44597



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning & Construction	
Business Phone: 735-0018	Period From: Dec 5/06 to Dec 5/06	

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	71110500005	69600000	\$1,875.00	-0.0000	\$1,875.00	<input type="checkbox"/>
			-				<input type="checkbox"/>
(Gift Cards from Second Cup for staff X-mass party Reimbursement from Incentive Fund)							
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,875.00	<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: <i>Susan Paul</i>	Date: December 7, 2006
---------------------------------------	------------------------

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

Approved By: (Print name) <i>H. Brent Knivier</i>	Title: <i>Chief Planning Officer</i>	Phone #
(Signature) <i>[Signature]</i>		Date <i>Dec 7/06</i>
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.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE ACCOUNT FORM

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Dec. 5/06	75 Gift Cards @ \$25.00 each from Second Cup for X-Mas Party					\$1,875.00	
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals						1,875.00	

EXPENSE LIMITS

1. Meal Allowances

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

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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

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

2. Travel

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

3. Advance

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

APPLICANT COPY

13 December 2006

Lorraine T

Just rec'd the attached expense form back from Corporate this afternoon.



Any chance this can be included in this weeks????

thanks
Sylvia W

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

Second Cup " 9445 D
 120 WOOD ROAD
 SHERWOOD PARK, ALB. T8A 6P2
 780-417-2228
 TERMINAL 9445
 Tel. ext: 4502410236902
 V/I

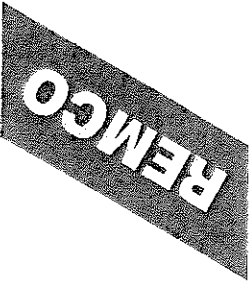
PURCHASE
 SHIP 1222
 Seq# 6 Ref# Val: (063931)
 Items Code: 00 Trans Type: 01
 Date: 06/12/05 Time 15:58:30

TOTAL \$1675 00

ROBERT W RAY (Signature)

Thank You
 REMCO

000 AP



LAND MANAGEMENT

Gift Cards from Second Cup
 for Department X-mas Party.
 Reimbursement from
 Incentive Fund)

13	14	15	16
12	11	10	9
5	6	7	8
4	3	2	1



APPLICANT COPY

Travel & Employee Expense Claim Form

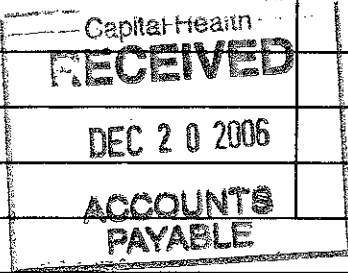
(In Canadian Dollars)

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

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning & Construction	
Business Phone: 735-0018	Period From: Dec. 1 to Dec. 15/06	

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	71110500029	62410000			67.06	<input type="checkbox"/>
						67.51	<input type="checkbox"/>
						67.51	<input type="checkbox"/>
						67.51	<input type="checkbox"/>
						67.51	<input type="checkbox"/>
Less Cash Advance						-	<input type="checkbox"/>
Total						67.06	<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: Susan Paul Date: Dec. 14/06

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

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: President & CEO	Phone # 407-8008
<small>(Signature)</small> <u>[Signature]</u>		Date <u>Dec 17/06</u>
Approved By:	Title:	Phone #
<small>(Signature)</small>		Date

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

EXPENSE CLAIM FORMS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Dec 4/06	Health First-CHC-UAH						16
Dec 6/06	UAH-CHC-UAH-Health First						23
Dec 7/06	UAH-CHC-UAH-CHC						9
Dec 8/06	UAH-CHC						3
Dec 11/06	UAH-CHC						3
Dec 13/06	Fort Sask-UAH-CHC-UAH						103
Total km							142
Rate as outlined in Section 2 – Travel below @							.43
Totals							61.06

✓
157

EXPENSE LIMITS

1. **Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 - Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
 - Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
 Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

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

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

67.51

APPLICANT COPY

Susan Paul Expense Summary
 2005-2006
 Functional Centre: 201.9000.71110101090/7111050029

CATEGORY

Accounting Period	Invoice Number	Page	Course Material	Travel-Local/Parking	Travel-Out of Province	Planning - Incentive Account	Meals	GST	Total	Comments
JUN-06	REIMBURSE-27MAY05	61020007	61030000	62410000	62414000	04171055	69600000			
	1st Quarter Total	50.00		121.68	82.24			14.28	268.20	TAX/MILEAGE/PAGER APR1-MAY27/05
	2nd Quarter Total	50.00		121.68	82.24			14.28	268.20	
	3rd Quarter Total	50.00		121.68	82.24			14.28	268.20	
	4th Quarter Total	50.00		121.68	82.24			14.28	268.20	
	Total to Date	50.00		121.68	82.24			14.28	268.20	
NOV-06	REIMBURSE-31JUL05									
NOV-06	REIMBURSE-30SEP05									
DEC-06	REIMBURSE-07DEC05									
DEC-06	TRAVEL-13NOV05									
	3rd Quarter Total	1849.06		94.26	79.71	1,100.00	22.00	7.92	124.18	MEAL/PARKING/MILEAGE JUN01-JUL31/05
	4th Quarter Total	1849.06		79.71	622.98	1,100.00	22.00	5.58	85.29	PARKING/MILEAGE AUG01-SEP30/05
	Total to Date	1849.06		173.97	622.98	1,100.00	22.00	127.54	2,599.58	XMAS STAFF RECOGNITION GIFTS VANCOUVER-CIMCA CONFERENCE- NOV10-13/05
MAR-06	REIMBURSE-31DEC05									
MAR-06	REIMBURSE-31JAN06									
	4th Quarter Total	50.00		112.13	70.25		33.00	9.88	155.01	MEAL/PARK/MILE OCT 01-DEC31/05
	Total to Date	50.00		70.25	705.22	1,100.00	22.00	4.91	125.16	MILE/PARK/REGIS JAN01-31/06
	Total to Date	1,899.06		365.90	705.22	1,100.00	22.00	166.23	4,457.42	

S. Paul



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

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

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning and Construction	
Business Phone: 735-0838	Period From: October 1, 2005 to December 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

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	71110500029	69600000			35 ✓ 31.03	<input type="checkbox"/>
201	9000	71110500029	62410000			26.50	<input checked="" type="checkbox"/>
201	9000	71110500029	62410000			93.48	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						- 155.01	<input type="checkbox"/>
Total						151.01	<input type="checkbox"/>

Capital Health
RECEIVED
 MAR 08 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: *S Paul* Date: *Feb. 29/06*

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

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct 5/05	Mtg UAH						3
Oct 6/05	Mtg UAH → return						6
Oct 12/05	Mtg UAH → return						6
Oct 13/05	Mtg UAH → CONM → Return						26
Oct 17/05	Mtg RAH → return						6
Oct 18/05	Mtg UAH → return						6
Oct 18/05	Mtg UAH → return						6
Oct 19/05	Mtg UAH						3
Oct 19/05	UAH → Leduc → Return						6
Oct 20/05	CHC → Plaza 124 Return						4
Oct 25/05	FGH - Parking				3.00		
Oct 27/05	Reach Awards Parking				3.00		
Oct 28/05	CHC → UAH						3
Oct 28/05	UAH → NHE → CHC						36
Oct 31/05	CHC → Plaza 124 → CHC						4
Nov 1/05	CHC → UAH						3
Nov 2/05	CHC → UAH → CHC		5				6
Nov 3/05	Lunch Mtg.		31.03				
Nov 4/05	CHC → UAH						3
Nov 7/05	CHC → UAH						3
Nov 8/05	UAH → CHC						3
Nov 9/05	CHC → UAH						3
Nov 14/05	UAH → CHC						3
Nov 16/05	Parking - Mtg.				10.50		
Nov 18/05	UAH → MIS → CHC						20
Nov 23/05	UAH → CHC → UAH						6
Nov 24/05	UAH → CHC						3
Nov 27/05	UAH → CHC						3
Dec 1/05	UAH → CHC						3
Dec 2/05	CHC → UAH → CHC						6
Dec 6/05	CHC → UAH						3
Dec 12/05	Parking - Mtg.				10.00		
Dec 20/05	CHC → UAH						3
	Total km						246
	@		5				\$0.38
TOTALS TO FRONT OF FORM		-	31.03	-	26.50	-	93.48

EXPENSE LIMITS

1. Meal Allowances

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

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

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

2. Travel

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

3. Advance

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

4. Hosting Expenses

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

CUSTOMER COPY
COPIE DU CLIENT

APPLICANT COPY

Thank you!

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

168 BABSON B

Tbl 8/1 Chk 5154 Gst 2
Nov 02 2005 11:57AM

2 CUP OF SOUP @ 4.00	8.00
1 COLD PRAWN	8.00
1 SALAD GREENS	6.00
1 COFFEE	2.75
1 CAFE LATTE	4.25

Subtotal	29.00
GST	2.03
12:45 Amount Du	31.03

WELCOME TO CHARACTERS!
& HAVE A GREAT DAY!!

Bar Beckwalkie lunch.

THANK YOU FOR PARKING
AT THE CROWN PLAZA
IMPERIAL PARKING

0500CT27 18:30 001 002
0500CT27 17:37
7 0:53 #086084
DAY RATE \$3.00
TOTAL \$3.00
CASH \$3.00

FOR INQUIRIES CALL
780 420 1976

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

12/12/05 12:00 PM

AMOUNT PAID

\$ 10.00 152100000 07:42 AM

University of Alberta
CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE
AUTHORITY ENDEAVOURS TO PROTECT THE PROPERTY OF
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE



DETACH RECEIPT FROM TICKET

DATE ISSUED	TIME ISSUED	AMOUNT PAID
12/12/05	07:42 AM	\$ 10.00

CREDIT CARD NUMBER

University of Alberta

RECEIPT



North 17839
11/16/05 10:59 LH 2 AM 39 TYN 61594
11/16/05 07:30 Th 11/16/05 10:59 Out
TKM 215355
Retailer Rate \$ 9.81
Total Tax \$ 0.69
Total Fee \$ 10.50
CASH PAID \$ 10.50-
Cash Tender \$ 20.50
Change Due \$ 10.00
THANK YOU!
DINE AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # R19326270 RT0001



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

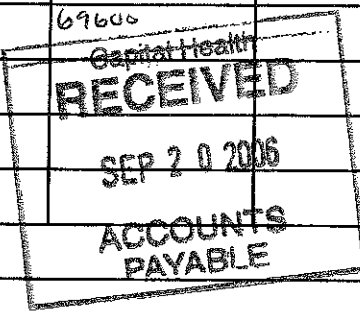
Name: Susan Paul	Employee Number: 	Union Name:
Position: Senior Vice President		Department: Facilities Planning and Construction
Business Phone: 735-0018	Period From: May 1 to May 31/06	

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	71110500029	62410000			\$89.44	<input checked="" type="checkbox"/>
201	9000	71110500029	62410000			21.94	<input checked="" type="checkbox"/>
			69600				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$111.38	<input checked="" type="checkbox"/>

790

18.94
3.00



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>Susan Paul</i>	Date: <i>Sept 11/06</i>

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

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

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
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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.
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- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM FORMS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
May 1/06	Plaza 124 - RAH - Westview						38
May 2/06	CHC-EGH-UAH-HealthFirst						22
May 3/06	UAH-CHC-UAH						6
May 4/06	UAH-CHC						3
May 10/06	UAH-CHC-UAH-CHC						9
May 11/06	UAH-CHC						3
May 12/06	UAH-CHC						3
May 15/06	UAH-CHC						3
May 16/06	CHC-UAH						3
May 17/06	UAH-CHC-Fort Sask Hosp Return						79
May 18/06	CHC-UAH-Capital Care Group						6
May 19/06	UAH-CHC-UAH-CHC						9
May 23/06	Lunch with Bev Rachawiski		21.94				
May 24/06	UAH-CHC						3
May 25/06	CHC-UAH						3
May 26/06	CHC-UAH-CHC						6
May 29/06	CHC-UAH-CHC						6
May 31/06	CHC-UAH-CHC						6
Total km							208
Rate as outlined in Section 2 – Travel below @							0.43
Totals			\$21.94				\$89.44

EXPENSE LIMITS

1. Meal Allowances

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

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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

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

2. Travel

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

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

APPLICANT COPY

TRANSACTION RECORD 060523/12:43

MARTINI'S BAR & GRILL
9910 109 STREET
EDMONTON ALBERTA
T5K1H5

TERM ID: 02462748
MID: 387423
CARD # [REDACTED]
ACCT TYPE: VISA
REF NO: 0107750

UP ID: 209
PURCHASE
AMOUNT \$18.94

TIP: \$ 3.50
TOTAL: \$ 21.94

(001) APPROVED - THANK YOU AUTH #026914

CARDHOLDER AGREES TO PAY ISSUER SUCH
TOTAL IN ACCORDANCE WITH ISSUER'S
AGREEMENT WITH CARDHOLDER

X _____
CARDHOLDER SIGNATURE

0**
by Nimesa
Dease 7.95+
SM 4.50+
side chicken 2.50+
Latte 2.75+
17.70

17.70x
7.0%
1.24*
1.24+
18.94*



EXP-29-58-2006-002
APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning and Construction	
Business Phone: 735-0018	Period From: June 1 to June 30/06	

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	71110500029	62410000			\$153.08	<input type="checkbox"/>
201	9000	71110500029	62410000			4.50	<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						\$157.58	<input type="checkbox"/>

Capital Health
RECEIVED
 SEP 27 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: *Susan Paul* Date: *Sept 11/06*

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

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: President & CEO	Phone # 407-8008
<i>[Signature]</i>		Date <i>Sept 20/06</i>
Approved By: <small>(Print name)</small>	Title:	Phone #
<i>[Signature]</i>		Date

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

EXPENSE CLAIM FORMS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
June 1	UAH-Strug-Plaza 124						34
June 2	CHC-UAH						3
June 3	CHC-Plaza 124						2
June 7	CHC-UNH-AHE-UAH-Leduc-CHC						106
June 8	UAH-CHC						3
June 9	CHC-RAH-CHC						10
June 13	CHC-UNH-HealthFirst						20
June 14	CHC-URH						3
June 16	UAH-CHC-UAH						6
June 19	UAH-EG-CHC						5
June 21	UAH-CHC						3
June 22	CHC-UAH-EG-CHC						8
June 22	Parking-Gov. Mtg					4.50	
June 23	UAH-CHC						3
June 26	UAH-CHC						3
June 27	CHC-UAH						3
June 28	CHC-UAH-Redwater-CHC						145
June 29	CHC-UAH						3
Total km							356
Rate as outlined in Section 2 – Travel below @							.43
Totals						4.50	153.08

EXPENSE LIMITS

1. Meal Allowances

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

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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

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

2. Travel

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

3. Advance

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

APPLICANT COPY

Government Mtg.

TELUS PARKADE
GST INC. R#122388333

06JUN22 16:04 001 002
06JUN22 14:48
/ 1:16 #139985
RATE 1 \$4.50
TOTAL \$4.50
CASH \$4.50

MANAGED BY
IMPERIAL PARKING

Susan Paul Expense Summary
 2006-2007
 Functional Centre: 201.9000.71110101090/71110500029

CATEGORY

Accounting Period	Invoice Number	Travel-		Meals	GST	Total	Comments
		Local/Parking	62410000				
JUN-07	MILE-28FEB06	72.56			5.08	77.64	MILEAGE
JUN-07	REIMBURSE-28APR06	78.36			5.49	83.85	MILEAGE & PARKING
JUN-07	REIMBURSE-31MAR06	122.13			8.55	130.68	MILEAGE & PARKING
1st Quarter Total		273.05		-	19.12	\$ 292.17	
SEP-07	REIMBURSE-31MAY06	83.59		20.70	7.09	111.38	MEAL/MILEAGE MAY01-31/06
SEP-07	MILE-29JUN06	148.66			8.92	157.58	MILEAGE
2nd Quarter Total		232.25		20.70	16.01	\$ 268.96	
NOV-07	REIMBURSE-31JUL06	103.14			6.19	109.33	MILE/PARKING JUL01-31/06
NOV-07	REIMBURSE-29AUG06	94.92			5.70	100.62	MILEAGE AUG01-29/06
NOV-07	REIMBURSE-30SEP06	109.90			6.59	116.49	MILE/PARKING SEP01-30/06
DEC-07	GIFTS-05DEC06			1,875.00		1,875.00	SECOND CUP GIFT CARDS FOR STAFF
DEC-07	REIMBURSE-15DEC06	63.69			3.82	67.51	MILEAGE DEC01-15/06
3rd Quarter Total		371.65		1,875.00	22.30	\$ 2,268.95	
JAN-07	MILE-31OCT06	26.77			1.61	28.38	MILEAGE
JAN-07	REIMBURSE-30NOV06	67.71			4.06	71.77	MILEAGE
4th Quarter Total		94.48		-	5.67	\$ 100.15	
Total to Date		971.43		1,895.70	63.10	\$ 2,930.23	

S. Paul

EXP-05-JAN-00 1-005



APPLICANT COPY Travel & Employee Expense Claim Form (In Canadian Dollars) Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning & Construction	
Business Phone: 735-0018	Period From: October 1 to 31/06	

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	71110500029	62410000	\$28.38		\$28.38	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						(0.00)	<input type="checkbox"/>
Total						\$28.38	<input type="checkbox"/>

Capital Health
RECEIVED
DEC 14 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: *S Paul* Date: *Dec 12/06*

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

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone # 407-8008
(Signature) <i>[Signature]</i>		Date <i>Dec 13/06</i>
Approved By:	Title:	Phone #
(Signature)		Date

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

ke

EXPENSE CLAIM DETAILS
APPLICANT COPY

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct. 2/06	CHC - UAH						3
Oct. 3/06	CHC - UAH						3
Oct. 4/06	RAH - UAH - CHC						10
Oct. 5/06	UAH - CHC - GRH						6
Oct. 6/06	UAH - CHC						3
Oct. 17/06	CHC - UAH						3
Oct. 18/06	UAH - CHC						3
Oct. 19/06	UAH - CHC - UAH						6
Oct. 20/06	Health First - UAH						17
Oct. 25/06	UAH - CHC						3
Oct. 26/06	UAH - CHC						3
Oct. 30/06	UAH - CHC - UAH						6
Total km							66
Rate as outlined in Section 2 – Travel below @							0.43
Totals							\$28.38

EXPENSE LIMITS

1. Meal Allowances

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

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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

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

2. Travel

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

3. Advance

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

EXP-03-JAN-2007-003

APPLICANT COPY



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning & Construction	
Business Phone: 735-0018	Period From: November 1 to 30/06	

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	71110500029	62410000		\$59.77	\$59.77	<input type="checkbox"/>
201	9000	71110500029	62410000		12.00	12.00	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						(0.00)	<input type="checkbox"/>
Total						\$71.77	<input type="checkbox"/>

Capital Health
RECEIVED
 DEC 14 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>S Paul</i>	Date: <i>Dec 13/06</i>
-----------------------------------	------------------------

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

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone # 407-8008
(Signature)		Date <i>Dec 13/06</i>
Approved By: <i>[Signature]</i> (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
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llc

APPLICANT COPY

Recommended Coding							
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Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Nov. 1/06	Leduc - UAH - CHC						36
Nov. 2/06	UAH - CHC - UAH						6
Nov. 3/06	CHC - RAH - Health First						19
Nov. 6/06	UAH - CHC						3
Nov. 7/06	CHC - UAH						3
Nov. 8/06	UAH - Plaza - UAH - CHC						13
Nov. 9/06	UAH - CHC - RAH						6
Nov. 10/06	UAH - CHC						3
Nov. 14/06	CHC - UAH						3
Nov. 15/06	UAH - CHC						3
Nov. 20/06	Health First - CHC						13
Nov. 21/06	Health First - CHC - UAH						16
Nov. 23/06	UAH - CHC - RAH						6
Nov. 24/06	UAH - CHC						3
Nov. 27/06	CHC - UAH - CHC						3
Nov. 8/06	Cab from UAH - CHC				12.00		
Total km							139
Rate as outlined in Section 2 – Travel below @							0.43
Totals					\$12.00		\$59.77

EXPENSE LIMITS

1. Meal Allowances

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

3. Advance

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

YELLOW

ADMIN: 465-8500
FAX: 462-2722



10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456

THANK YOU/MERCI

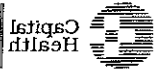
Car/Voiture #

Date: 8/1/06 Amount/Montant \$ 12.00 Car/Voiture # 499

Driver/Chauffeur: ADDUM GST # _____

From/De: V-A To/A: 10757-109716





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 **91528**)

Invoice Date **7-Dec-05** (DD-MMM-YY) Invoice Number **s.17(1), 17(4)(g)(i)**

Vendor Number (or S.I.N.) Payee Name **SUSAN PAUL**

Address 1 City

Province/State Postal Code Country

II PAYMENT DETAILS

Reason for payment **CHRISTMAS LUNCHEON STAFF RECOGNITION GIFTS** 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	00000000000	04171055			\$1,100.00
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">Capital Health RECEIVED DEC 09 2005 ACCOUNTS PAYABLE</p> </div>						
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other					TOTAL	\$1,100.00

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) **S. Whitson** Phone # **735-0839**

(Signature) Date **7-Dec-05**

Approved by (Print name) **H. Brent Skinner** Phone # **735-0431**

(Signature) *[Signature]* Date **Dec 7/05**

Approved by (Print name) **Sheila Weatherill** Phone # **-**

(Signature) *[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

TRANSACTION RECORD 051206/19:48

SECOND CUP
UNIT 113-980 FIR ST
SHERWOOD PA ALBERTA
T8A1Z8

0
C
W
H
O
3
M
2
V
0
F
H
0
7

TERM ID: 02484862 Section 17(1),(4)(e.i)
MID: 124307

CARD # [REDACTED] EXP: [REDACTED]
CARD TYPE: VISA PURCHASE
AMOUNT \$1100.00
STREET #02/3/02

CONSUMER AGREES TO PAY ISSUER SUCH
AS PERMITTED BY CARDHOLDERS AGREEMENT WITH CARDHOLDER

X

CARDHOLDER SIGNATURE

EXP-2 13-JUN-002



Capital Health

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

Section 17(1)

Reimburse - 28 Apr 06

Name: Susan Paul	Employee Number: [REDACTED]	Union Name:
Position: Senior Vice President	Department: Facilities Planning and Construction	
Business Phone: 725-0838	Period From: April 1/06 to April 30/06	

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	71110500029	62410000			\$58.05	<input type="checkbox"/>
201	9000	71110500029	62410000			25.80	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						0.00	<input type="checkbox"/>
Total						\$83.85	<input type="checkbox"/>

Capital Health
RECEIVED
JUN 08 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>S Paul</i>	Date: <i>May 29/06</i>
-----------------------------------	------------------------

Approved By: <i>Sheila Weatherill</i> (Print name)	Title: <i>CEO & President</i>	Phone #
<i>Weatherill</i> (Signature)		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.
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 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPIES

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Apr 3/06	UAH-CHC-UAH						6
Apr 4/06	CHC-UAH						3
Apr 5/06	Health First-Plaza-CHC						18
Apr 10/06	CHC-UAH-CHC-RAH-UAH						16
Apr 11/06	CH-RAH						3
Apr 12/06	RAH-CHC-UAH-CHC						9
Apr 13/06	UAH-CHC-UAH						6
Apr 13/06	Taxi-UAH				25.80		0
Apr 18/06	CHC-UAH						3
Apr 19/06	UAH-CHC						3
Apr 20/06	UAH-CHC						3
Apr 21/06	Plaza-CHC						2
Apr 24/06	CHC-UAH-CHC-UAH						9
Apr 25/06	CHC-UAH						3
Apr 26/06	UAH-CHC-UAH						6
Apr 27/06	UAH-CHC-UAH						6
Apr 28/06	CHC-UAH						3
Apr 7/06	CHC-AHE-CHC						36
Total km							135
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals					\$25.80		\$58.05

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 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
 - If union contract rate differs from \$0.43 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
- 3. Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

CHARGE TO:

ACCOUNT NO.

PAUL

DELTA (800) 462-3456
RESERVE (780) 462-4444
ADMINISTRATION (780) 465-8600

AUTH. NO. 0655401
TIME 11:22
DRIVER
DAY 13
MO 04
YR 06

0744327



FARE	85.80
INT'L	
GRATUITY	
TOTAL	85.80

GUEST #

FROM *Alcfta.*

TO

PRINT NAME *Shirley Paul*

CUSTOMER'S SIGNATURE *Shirley Paul*

X

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

CUSTOMER COPY