



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

BOSTON-CASH IS

APRIL 23-25

CASH

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

Reimburse - 25 Apr 06

Name: ^{OR} DAVID R. MADOR.	Vendor Employee Number:	Union Name:
Position: ASSOCIATE VICE PRESIDENT	Department: MEDICAL AFFAIRS	
Business Phone:	Period From: 23 to 25 APRIL 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	7111252000002	62414000			59.66	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						59.66	<input checked="" type="checkbox"/>

Capital Health
RECEIVED
JUN 19 2006
ACCOUNTS PAYABLE

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

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

Employee Signature: *[Signature]* Date: June 19/06

Approved By: DOONNA STRATING (Print name)	Title: CHIEF INFORMATION OFFICER	Phone # 735-0444.
<i>[Signature]</i>		Date June 19/06
Approved By: (Print name)	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.
 - 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	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Apr 22/06			10.90				
Apr 22/06					30.00		
Apr 24/06			10.37				
Apr 24/06						8.39	
Total km							
*(or alternate rate as outlined in Section 2 – Travel below) @							
Totals			21.27		30.00	8.39	\$0.43*

\$59.66

EXPENSE LIMITS

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

APPLICANT COPY

Metrocab

617 782-5500

84 Braintree St., Boston, MA 02134

www.metro-cab.com

Customer Receipt

FARE	
TIP	
TOTAL	30.00

DATE: 4/22/06 TIME: _____

From: Logan Airport

To: Dudley

Driver: [Signature]

Hack/Lic. No.: _____ Cab No.: _____

- ◆ Airport Service
- ◆ Business Acct. Available
- ◆ Station Wagons
- ◆ Courtes Service
- ◆ Handicapped Vehicles Available
- ◆ 24 hr. Service

LOGAN AIRPORT

ORDER # 0189

EVERYTH	2.75
TIP	0.95
NET CAB	5.95
SUBTOTAL	\$ 0.69
TAX 1	\$ 0.48
TOTAL	\$ 10.17
CASH	\$ 10.00

CHANGE

DATE APR 22 2006

THANK YOU

BORDERS AIRPORT STORES

SALE 1891 102 7884 04-24-06
REL 7.9/1.08 22 16:50:12

01 0061015733	7.99
SUBTOTAL	7.99
MASSACHUSETTS 5% TA	.40
TOTAL	8.39
CASH	10.00
CHANGE	1.61-
PV# 0027884	

Visit our website @ www.borders.com

=====CUSTOMER RECEIPT=====

BOSTON - VISA-
IS
APRIL 23-25.

APPLICANT COPY



Travel & Employee Expense Claim Form

(In Canadian Dollars)

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

Name: ^{DR.} DAVID R. MADOR ^{PROF. CORP.}		Vendor Employee Number:		Union Name:	
Position: Associate Vice President			Department: MEDICAL AFFAIRS.		
Business Phone: 735-0761		Period From: 23 to 25 APRIL 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	71123200002	62414000			\$419.55 \$428.55	<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						\$428.55	<input type="checkbox"/>

Capital Health
RECEIVED
JUN 19 2006
ACCOUNTS
PAYABLE

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

Employee Signature:	Date: June 19/06
---------------------	------------------

Approved By: DONNA STRATING (Print name)	Title: CHIEF INFORMATION OFFICER	Phone # 735-0444
(Signature)		Date June 19/06
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.

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Apr 22/06			64.81				
Apr 28/06					49.60		
Apr 21/06		314.14					
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals		314.14	64.81		49.60		

\$ 428.55

EXPENSE LIMITS

- 1. Meal Allowances**
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Breakfast	\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
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- 3. Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

EDMONTON REGIONAL AIRPORT AUTH
 MAIN STATION (INT'L AIRP
 EDMONTON AB
 S.17(J), 17(4)(e.1)

CARD NUMBER
 EXPIRY DATE
 CARD TYPE
 DATE/TIME
 RECEIPT NUMBER
 PURCHASE
 TOTAL AMOUNT

VISA 0283
 2006/04/25 11:33:21
 880141243-716-004
 \$49.60

01 APPROVED 027 AUTH. # 088917
 THANK YOU

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

DAVID MADOR EXP

SUMMER SHACK RESTAURANT
 50 Dalton St. Boston 02115
 Server: BAK 2
 Guests: 0

04/22/2006
 8:53 PM

#90014

Pint Harpoon (3 @4.75)
 Oysters (4 @2.00)
 Fish & Chips
 Tax
 Total

14.25
 8.00
 8.00
 15.00
 45.25
 2.26
 47.51

Balance Due 47.51

(617) 867-9955
 Purchase Gift Cards at
 www.summershackgiftcard.com
 Late Night Menu Fri & Sat Nite
 Seafood Brunch every Sat & Sun
 FOOD IS LOVE!

Best Copy Possible

EDMONTON AIRPORTS

867-6439
 867-8329

SUMMER SHACK RESTAURANT
 50 Dalton St. Boston 02115

Server: BAK
 08:53 PM
 523/1
 s.17(I), 17(4)(e.1)
 VISA
 Card # 9437207
 Magnetic card present: MADOR EXP DAVID
 Approval: 002349

Amount: 47.51
 + Tip: 8.55
 = Total: 56.06

X Approval: 002349

(617) 867-9955
 Purchase Gift Cards at
 www.summershackgiftcard.com
 Late Night Menu Fri & Sat Nite
 Seafood Brunch every Sat & Sun
 FOOD IS LOVE!

Customer Copy

For questions regarding this folio,
please call Marriott Business Services
toll-free 1-866-435-7627.

GUEST FOLIO

807 MADOR/DAVID/R/DR **259.00 04/24/06 12:00 19029**
ROOM NAME RATE DEPART TIME ACCT#
NSD **04/22/06 18:23**
TYPE ARRIVE TIME
48 **PASSPORT:**

ROOM CLERK ADDRESS PAYMENT MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
04/22			S.17(1), 17(4)(g)(i)	
04/22			DR. MADOR PAY 291.24	
04/22				
04/22			CH PAY 314.14	
04/23	GOURMELI 4323 807	22.90		
04/23	ROOM 807, 1	259.00		
04/23	RM TX 807, 1	14.76		
04/23	CITY TAX 807, 1	10.36		
04/23	CCF TAX 807, 1	7.12		
04/24	BK CARD			\$605.38

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

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

Signature X _____

FOR RESERVATIONS AT ANY MARRIOTT HOTEL, CALL (800) 228 9290

APPLICANT COPY



RBC Royal Bank

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

VISA Gold Preferred

DAVID MADOR EXP

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

STATEMENT FROM APR 22 TO MAY 19, 2006

1 OF 1

Kids travel free with VIA Rail Canada

From Jun 1 to Sept 15, 2006, travel by train and save. Purchase a ticket for an adult, senior or student 18 yrs+, and receive a second ticket for free for a child traveling with you. Call 1-877-636-2870 to redeem for your VIA Rail reward today.

DATE	DESCRIPTION	AMOUNT (\$)
------	-------------	-------------

PREVIOUS STATEMENT BALANCE		\$259.80
DAVID MADOR EXP -		s.17(1), 17(4)(e.1)
APR 22	SUMMER SHACK BOSTON MA Foreign Currency-USD 55.51 Exchange rate-1.167537	\$64.81
APR 25	MARRIOTT 33787 COPLEY PL BOSTON MA Foreign Currency-USD 605.38 Exchange rate-1.161204	\$702.97
APR 25	EDMONTON REGIONAL AIRPORT EDMONTON AB	\$49.60

Bank mtd CIRA

IMPORTANT INFORMATION

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

RBC REWARDS POINTS

Previous Points balance
 Points earned this statement
 New points balance

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2511
 Collect Outside North America (416) 974-7778
 RBC Rewards Travel Redemption 1-877-636-2877
 Merchandise Redemption 1-800-769-2511
 Web site www.rbc rewards.com
 s.17(1), 17(4)(g)(i)

PAYMENT INFORMATION

Minimum payment
 Payment due date JUN 09, 2006
 Credit limit
 Available credit
 Annual interest rate 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance
 Payments & credits
 Purchases & debits
 Cash advances
 Interest
 Fees
 s.17(1), 17(4)(g)(i)
NEW BALANCE

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

TOTAL NEW BALANCE

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

PLEASE NOTE:

Effective July 1, 2006, changes will be made to your RBC Royal Bank Visa Cardholder Agreement which will affect your rights and obligations, as you use your RBC Royal Bank Visa card. Please read the enclosed insert carefully which outlines the changes. If you have any questions, please call 1-800-769-2512.

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

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

001 0018

000000000000



RBC ROYAL BANK
VISA PAYMENT CENTRE
P.O. BOX 4016, STATION "A"
TORONTO, ONTARIO M5W 2E6

NEW BALANCE

MINIMUM PAYMENT

PAYMENT DUE DATE
JUN 09, 2006

AMOUNT PAID

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

VISA Gold Preferred

RBC0150020_4521927_014-92906

02705

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

DAVID MADOR EXP
310 CSC ROYAL ALEXANDRA HOSP
10240 KINGSWAY NW
EDMONTON AB T5H 3V9

Payment options

- Telephone banking 1-800-769-2511
- Online banking www.rbcroyalbank.com
- RBC Royal Bank ATM
- RBC Royal Bank Branch
- By mail

Detach and return with payment.

Please do not send cash through the mail.
Please do not staple or damage this form.

1000032000318

0000001008

96

RBC0150020_4521927_014_2706
MIR-00-1-1-F-2516-D



Travel & Employee Expense Claim Form

(In Canadian Dollars)

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

Name: <u>DR. DAVID MADOR</u>	Vendor	Employee Number:	Union Name:
Position: <u>ASSOCIATE VP</u>	Department: <u>MEDICAL AFFAIRS</u>		
Business Phone: <u>733-0761</u>	Period From: <u>11</u> to <u>11 AUG 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. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
<u>201</u>	<u>9000</u>	<u>7110106000</u>				<u>22.96</u>	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						<u>22.96</u>	<input type="checkbox"/>

Capital Health
RECEIVED
 OCT 26 2006
 ACCOUNTS
 PAYABLE

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

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

Employee Signature: [Signature] Date: OCT 17/06

Approved By: <u>ERIN ANDERSON</u>	Title: <u>Sr. Director, MEDICAL AFFAIRS</u>	Phone # <u>50757</u>
(Signature) <u>[Signature]</u>		Date
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:**
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 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

[Handwritten initials]

APPLICANT COPY EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 12	Book "Physician Performance of Feedback"					1101.94	
						138.98	
						<u>22.96</u>	
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals						22.96	

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

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the 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).
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3. Advance

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

Original receipt on behalf of GCZ-12 Oct - 2006 - 001



APPLICANT COPY

NATIONAL HEALTHCARE
LEADERSHIP CONFERENCE

Travel & Employee Expense Claim Form

(In Canadian Dollars)

MAJOR
CASH

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

Name: DR. DAVID MAJOR	VENDOR # Employee Number:	Union Name:
Position: ASSOCIATE VP, MEDICAL AFFAIRS	Department: MEDICAL AFFAIRS	
Business Phone: 735-0761	Period From: 12 to 13 June 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
202	9000	55000005370				\$15.00	<input checked="" type="checkbox"/>
		ISPR070537 04.01 010	egpt - minor info. expense				<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						\$15.00	<input checked="" type="checkbox"/>

Capital Health
RECEIVED
JUL 10 2006
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Employee Signature: *[Signature]* Date: July 4/06

Approved By: (Print name) <i>DOANNA STRATING</i>	Title: <i>CIO, INFORMATION SYSTEMS</i>	Phone # <i>7350444</i>
(Signature) <i>[Signature]</i>		Date <i>July 6/06</i>
Approved By: (Print name) <i>[Signature]</i>	Title:	Phone #
(Signature) <i>[Signature]</i>		Date

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Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 12/06	Bus denk.				15.00		
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals					15.00		

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

AKAL AIRPORT EXPRESS BUS-LINK

June 12/06

No: *77*

\$¹⁵:⁰⁰

ADULT

(G.S.T. Incl) Reg # 892653478 RT

Airport* ↔ *Downtown

386-2525



Travel & Employee Expense Claim Form
(In Canadian Dollars)

DI APPLICANT COPY *tel.com employees*

Name: DR. DAVID MADOR	Employee Number:	Union Name:
Position: ASSOCIATE VICE PRESIDENT	Department: MEDICAL AFFAIRS	
Business Phone: 735-0761	Period From: to	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
801	9000	7110106010	62410000			\$57,46	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$57,46	<input checked="" type="checkbox"/>

Capital Health
RECEIVED
AUG 28 2006
ACCOUNTS
PAYABLE

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

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

Employee Signature: *[Signature]* Date:

Approved By: **ERIN ANDERSON** Title: **DIRECTOR, MEDICAL AFFAIRS** Phone #

(Signature) *[Signature]* Date: **08/08/06**

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.

NT6-
T51.46

**APPLICANT COPY
EXPENSE CLAIM DETAILS**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 9/06	PARKING.				\$12.40 ✓		
June 28/06	Meal Working Lunch.		45.06 ✓				
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals			45.06		12.40		

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.

APPLICANT COPY

*D. Bannard
D. Mador
Last Day
Meeting*

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

HALIFAX

10 NORM

TBL 7/1 CHK 314 GST 0
JUN28'06 12:17PM

2 *POP 4.00
2 PASTA SPEC 30.00
1 *TEA 2.50

SUBTOTAL 36.50
G.S.T. 2.56
TOTAL DUE 39.06

PLEASE PAY SERVER

IL PORTICO RESTAURANT
10012 107 ST T5J1J2
EDMONTON AB
22616227

06 28-2006 12:11:17
Acct # s.17(1), 17(4)(e.1)
Exp Date Card type: VI
Name: DA DAVID MADOR

Inv. # / Operator 00:
T22616227001
Auth # RRN 001016019

P. Aut. \$39.06
Tip 6.00
Total 45.06

Customer copy

Best Copy Possible

EDMONTON AIRPORTS

GST# R128500700

EDMONTON REGIONAL AIRPORT AUTH
MAIN STATION (INT'L AIRP
EDMONTON AB

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

Car pa Phone: (780) 443-8439
Fax (780) 443-129

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 8672
DATE/TIME 2006/05/09 20:26:25
RECEIPT NUMBER S80553602-194-055
PURCHASE
TOTAL AMOUNT \$12.40

01 APPROVED 027 AUTH. # 082714
THANK YOU

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

DAVID MADOR EXP



Capital Health

M Travel

Travel & Employee Expense Claim Form

(In Canadian Dollars)

FC

Vendor:

Aug 11, 2006 Expenses

\$191.36

Name: DR. DAVID MADOR	Employee Number: Venipelli	Union Name:
Position: Associate Vice President	Department: MEDICAL AFFAIRS	
Business Phone: 735-0761	Period From: 11 to 11 Aug 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	7110106010				\$52.38	<input checked="" type="checkbox"/>	
201	9000	7110106010				\$138.98	<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							\$191.36	<input checked="" type="checkbox"/>

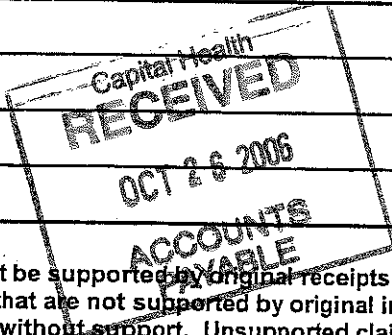
All attached

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: Oct 2006

Approved By: (Print name)	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.
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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.

GCZ_12_Oct_2006_001

**EXPENSE CLAIM DETAILS
APPLICANT COPY**

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km	
April 06	Business Lunch		52.38					
June 17/06	BOOK "Physician Performance Feedback"					138.98		
Total km								
Totals								52.38
Totals								138.98

(or alternate rate as outlined in Section 2 - Travel below) @ \$0.43

EXPENSE LIMITS

1. Meal Allowances

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- 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.

amazon.com

amazon.com

Amazon.com
1850 Mercer Rd.
Lexington, KY 40511

David Mador
500, 10030-107 Street
Capital Health Centre
Edmonton, Alberta T5J 3E4
Canada

Billing Address:
David Mador
500, 10030-107 Street
Capital Health Centre
Edmonton, Alberta T5J 3E4
Canada



Shipping Address:
David Mador
500, 10030-107 Street
Capital Health Centre
Edmonton, Alberta T5J 3E4
Canada

efvh59695/-1 of 1- /expd-intl-us-ca/2787015 1S

Our order of June 12, 2006 (Order ID 104-4108380-1095911)

Qty. Item Item Price Total

1 IN THIS SHIPMENT
10 Steps to Successful Physician Profiling: How to Achieve Excellent \$129.00 \$129.00

Physician Performance
Marder, Robert, M.D. --- Paperback
(** P-1-15D144 **) 1578393590

Subtotal \$129.00
Shipping & Handling \$9.98
Order Total \$138.98
Paid via Visa \$138.98
Balance due \$0.00

Our shipment completes your order.

<http://www.amazon.com>



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

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

amazon.com
and you're done.

efvh59695/-1 of 1- /1S/expd-intl-us-ca/2787015/0717-14:30/0711-05:46/ectrump Pack Type: M2 (12X9X2)

Accounting

Astill, Shawna

From: Mador, Dr. David
Sent: Thursday, June 15, 2006 3:22 PM
To: Astill, Shawna
Subject: FW: Your Order with Amazon.com

From: auto-confirm@amazon.com [mailto:auto-confirm@amazon.com]
Sent: Monday, June 12, 2006 12:42 PM
To: Mador, Dr. David
Subject: Your Order with Amazon.com



[VIEW CART](#) | [WISH LIST](#) | [YOUR ACCOUNT](#) | [HELP](#)

Thanks for your order, David Mador!

Want to manage your order online?

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

Purchasing Information:

E-mail Address: dmador@cha.ab.ca

Billing Address:

David Mador
 500, 10030-107 Street
 Capital Health Centre
 Edmonton, Alberta T5J 3E4
 Canada

Shipping Address:

David Mador
 500, 10030-107 Street
 Capital Health Centre
 Edmonton, Alberta T5J 3E4
 Canada

Order Grand Total: \$138.98

Save \$30 instantly, get up to **3% rewards** and pay **no annual fee** with the **Amazon.com Visa card** and the **Amazon.com Business Visa Card**. Already have an Amazon.com Visa® card? Visit the [Cardholder Specials page](#) for great offers.

Order Summary:

Shipping Details: (order will arrive in 1 shipment)


Order #: 104-4108380-1095911
Shipping Method: Expedited International Shipping
Shipping Preference: Group my items into as few shipments as possible
 Subtotal of Items: \$129.00
 Shipping & Handling: \$9.98

Total for this Order: \$138.98

APPLICANT COPY

Shipping estimate for these items: July 11, 2006 - July 25, 2006

Delivery estimate: July 17, 2006 - August 3, 2006

 **1 "10 Steps to Successful Physician Profiling: How to Achieve Excellent Physician Performance"**

Robert, M.D. Marder; Paperback; \$129.00

Sold by: Amazon.com

Where can I get help with reviewing or changing my orders?


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Please note: This e-mail message was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

Thanks again for shopping with us.

Amazon.com

Earth's Biggest Selection

 Prefer not to receive HTML mail? [Click here](#)

David Mador

From: Mador, Dr. David
Sent: Monday, June 12, 2006 2:22 PM
To: Astill, Shawna
Subject: Fw: Your Order with Amazon.com

Sent from my BlackBerry Wireless Handheld

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

From: auto-confirm@amazon.com
To: Mador, Dr. David
Sent: Mon Jun 12 12:42:13 2006
Subject: Your Order with Amazon.com

Amazon.com Logo

<<http://www.amazon.com/exec/obidos/subst/home/home.html/104-5993447-9679115>>
<<https://images-na.ssl-images-amazon.com/images/G/01/x-locale/common/right-topnav-default.gif>>

Thanks for your order, David Mador!

Want to manage your order online?

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

Purchasing Information:

E-mail Address: dmador@cha.ab.ca

Billing Address:

David Mador
500, 10030-107 Street
Capital Health Centre
Edmonton, Alberta T5J 3E4
Canada

Shipping Address:

David Mador
500, 10030-107 Street
Capital Health Centre
Edmonton, Alberta T5J 3E4
Canada

Order Grand Total: \$138.98

Save \$30 instantly, get up to 3% rewards and pay no annual fee with the Amazon.com Visa card <<http://www.amazon.com/InstantRewards>> and the Amazon.com Business Visa Card <<http://www.amazon.com/exec/obidos/tg/visa/marketing/-/h/B/NO/>> . Already have an Amazon.com Visa® card? Visit the Cardholder Specials page <http://www.amazon.com/oce_offers> for great offers.

Order Summary:

Shipping Details: (order will arrive in 1 shipment)

Order #: 104-4108380-1095911 <<http://www.amazon.com/exec/obidos/display-order-status/104-5993447-9679115?%5Fencoding=UTF8&order%5Fid=104-4108380-1095911>>

Shipping Method: Expedited International Shipping

Shipping Preference: Group my items into as few shipments as possible

Subtotal of Items: \$129.00

Shipping & Handling: \$9.98

Total for this Order: \$138.98

Shipping estimate for these items: July 11, 2006 - July 25, 2006 Delivery estimate: July 17, 2006 - August 3, 2006

<https://images-na.ssl-images-amazon.com/images/G/01/x-locale/product-icons/small-blue/book_display_on_website-blue-AmazonLight> **APPLICANT COPY** "10 Steps to Successful Physician Profiling: How to Achieve Excellent Physician Performance"
Robert, M.D. Marder; Paperback; \$129.00

Sold by:Amazon.com

Where can I get help with reviewing or changing my orders?
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Please note: This e-mail message was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.

Thanks again for shopping with us.

Amazon.com <<http://www.amazon.com/gp/homepage.html/104-5993447-9679115>>
Earth's Biggest Selection

<<https://images-na.ssl-images-amazon.com/images/G/01/x-locale/common/icons/icon-unsubscribe.gif>> Prefer not to receive HTML mail? [Click here](http://www.amazon.com/exec/obidos/flex-sign-in/104-5993447-9679115?%5Fencoding=UTF8&response=communication-preferences&method=GET&opt=a&return-url=communication-preferences&page=help%2Fya-sign-in-secure.html)
<<http://www.amazon.com/exec/obidos/flex-sign-in/104-5993447-9679115?%5Fencoding=UTF8&response=communication-preferences&method=GET&opt=a&return-url=communication-preferences&page=help%2Fya-sign-in-secure.html>>

amazon.com

David's Store

See All 34 Product Categories

Your Account | Cart | Wish List | Help |

Search All Products

Combine shipping at Amazon.com

Find Gifts

Web Search

Thanks, David!
Your order is being processed, and you'll receive an e-mail confirmation shortly.

Review or edit your order:

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- [Track your order status](#)
- [Edit shipping and gift options](#)

Make any other changes in your account:

[View your account](#)

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Click below to watch one of our short animated demos:

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- [Discover 1-Click ordering](#)
- [Learn how to track your order status](#)

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Keep track of the gifts you're giving

Match gift purchases to recipients in your Amazon Gift Organizer.

10 Steps to Successful Physician Profiling: How to Achieve Excellent Physician Performance

Did you purchase this as a gift?

Specify a new recipient:

Print or E-mail a Gift Notification for *this item*

[Submit](#)

Let your friends know about your order

Click the button below and we'll add these items to your Shared Purchases area of Your Profile:

- [10 Steps to Successful Physician Profiling: How to Achieve Excellent Physician Performance](#)

APPLICANT COPY

[Performance](#)[Share](#)**Never forget a birthday!**

We'll send you an e-mail reminder with gift ideas for birthdays or any occasion.

[Create reminder](#)**Amazon.com Alerts**

Sign up to be e-mailed when new products from your favorite artists are released.

Books by **Robert, M.D. Marder**

For more options, [click here](#)

Email Address:

[Sign up](#)**Free downloads**

Go to [Your Media Library](#) to view and download

[View Your Media Library](#)

digital items.

**Instant Order Update for David Mador:
Where's My Stuff?**

- Your June 12 order is being processed -- [more details](#).

Need Help?

- Forgot your password? [Click here](#).
- [Redeem](#) or [buy](#) a gift certificate.
- [Visit our Help department](#).
- See our [shipping rates & policies](#).
- [Return](#) an item.

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APPLICANT COPY

100102
+004

Astill, Shawna

Quincy
ACPE

From: Mador, Dr. David
Sent: Friday, March 31, 2006 9:38 AM
To: Astill, Shawna
Subject: FW: Your order has shipped from ACPE.

From: acpe@acpe.org [mailto:acpe@acpe.org]
Sent: Friday, March 31, 2006 6:50 AM
To: Mador, Dr. David
Subject: Your order has shipped from ACPE.

Dear valued customer,

Thank you for your order.

Your Order Number 478369 has shipped on 3/31/2006

Your FedX Tracking Number is :791902690083

If you have any questions, you can contact us Monday-Friday 9am-6pm at 1-800-562-8088

*Note: Although your order may have been shipped today, all tracking numbers need to be activated by the shipping vendor. This may not transpire until midnight of the same business day (or midnight of the next business day if your order is shipped on weekends or holidays).

APPLICANT COPY

IL PORTICO
EDMONTON, ALBERTA
815 144 8420/03514

30 STEPHON

TEL 12/1 GPA 23% GR 0
AUG11'06 12:12PM

1 XPOP	2.00
1 SOUP BOWL	5.00
1 FRITTATA	9.50
2 SALAD CAYEN	20.00
1 CAPPUCCINO	2.75
1 COFFEE	2.50
1 ESPRESSO	2.00

SUBTOTAL	40.75
G.S.T.	2.63
TOTAL DUE	46.38

PLEASE PAY SERVER



Best Copy Possible

IL PORTICO RESTAURANT
10012 107 ST T5J1J2
EDMONTON AB
22616227

1111 PRE AUTH PURCHASE 1111

08-11-2006 13:08:15

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

Acct # Exp Date 09/08 Card Type VI
Name: DAVID MADOR EXP

Inv. # 12 Operator 820
T22616227001

Auth # 093247 RRN 001062015

P.Auth Purchase \$46.38
Tip 6

TOTAL 52.38

Customer copy

IL PORTICO
EDMONTON RESTAURANT
10012 107 ST
EDMONTON AB T5J1J2

SO STRIP

TRF 1227 13:08:15 93.00
PURCHASE TOTAL

1 OPERATOR 2.00
1 SERVICE 5.00
1 FAVORITE 9.00
2 COFFEE 20.00
1 CUPCAKE 2.00
1 FAVORITE 2.00
1 FAVORITE 2.00

22616227 52.38
TOTAL 52.38
TOTAL 46.38

F.P.E.P. I. V. S. U. V. H.

Handwritten signature



Capital Health

APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

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

Name: DR. DAVID MADOR	Employee Number:	Union Name:
Position: Associate Vice President	Department: MEDICAL AFFAIRS	
Business Phone: 738-0761	Period From: 12 to 12 Sept 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	71110106010				\$47.90	<input checked="" type="checkbox"/>	
201	9000	71110106010					<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							47.90	<input checked="" type="checkbox"/>

Capital Health
RECEIVED
 OCT 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: *[Signature]* Date: October 2, 2006

Approved By: ERIN ANDERSON (Print name)	Title: <i>[Signature]</i>	Phone #
(Signature)	MEDICAL AFFAIRS	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.

[Handwritten mark]

APPLICANT COPY EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km	
Sept 12/06	TAXI				35.00			
Sept 12/06	PARKING				12.90			
Total km								
(or alternate rate as outlined in Section 2 - Travel below) @								\$0.43
Totals					47.90			

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.


APPLICANT COPY

Galileo ViewTrip

Your personal travel web site that displays up to the minute itinerary information.

Itinerary Information



Today's Date:	31 Aug 2006
Reservation ID:	VSNC18

Agency Information


MARLIN
Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-BARB


Passenger


Mador, David Dr

Flight - Air Canada (AC) - 8143**Tue 12 Sep 2006**



Flight 8143	Non-stop		
Status:	Confirmed (HK)		
Class of Service:	Economy (A)		
Flight Operated By:	AIR CANADA JAZZ		
Air Canada Confirmation Number:	KMGWFV		
Depart:	12:00 PM	Arrive:	12:48 PM
	Tue 12 Sep 2006		Tue 12 Sep 2006
Edmonton Intl Arpt (YEG)	Calgary Intl Arpt (YYC)		
Terminal Not Available	Terminal Not Available		
Seat Status:	Passenger		
11C Confirmed	Mador, David Dr		

Flight Service Information +

Flight - Air Canada (AC) - 8158**Tue 12 Sep 2006**



Flight 8158	Non-stop		
Status:	Confirmed (HK)		
Class of Service:	Economy (L)		
Flight Operated By:	AIR CANADA JAZZ		
Air Canada Confirmation Number:	KMGWFV		
Depart:	9:30 PM	Arrive:	10:24 PM
	Tue 12 Sep 2006		Tue 12 Sep 2006
Calgary Intl Arpt (YYC)	Edmonton Intl Arpt (YEG)		
Terminal Not Available	Terminal Not Available		
Seat Status:	Passenger		
06D Confirmed	Mador, David Dr		

Flight Service Information +

Other


Start Location:	(YEG - Edmonton Intl Arpt)	Status:	Confirmed (HK)
Start Date:	Thursday, 01 Feb 2007		
Number of Persons:	1		

Other Information +

Remarks


AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS

APPLICANT COPY

FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL4756
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834

Weather Forecast

Sorry, no weather forecasts or averages available.

Weather Search

ViewTrip.com is a means of displaying your
reservation via the Internet.
Please contact your Travel Provider for
changes or reservation information.
Thank you.

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Best Copy Possible

EDMONTON AIRPORTS

1014 1123-1176

For more information please call 1-780-420-8409
Fax: 1-780-420-8328

Receipt No. 121 (0177) 0957 12/09/06

121 (0177) 0957 12/09/06

121 (0177) 0957 12/09/06

121 (0177) 0957 12/09/06

22.00 \$
7.10 \$
0.73 \$

121 (0177) 0957 12/09/06

Driver: N. Carver Date: 09/12/06

Unit No.: 163 Amount: \$ 35.00
(G.S.T. Included)

G.S.T. No. _____

"It is our pleasure to serve you. Please call again."

777-2222

777-1111



Travel & Employee Expense Claim Form

(In Canadian Dollars)

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

**MADOR
CASH**

Name: DR. DAVID MADOR.	Vendor Employee Number: _____	Union Name: _____
Position: Associate VP	Department: MEDICAL AFFAIRS	
Business Phone: 735-0761	Period From: 26 to 27 MAY 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	7110106010	62414000			\$651.00	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total							<input checked="" type="checkbox"/>

Capital Health
RECEIVED

OCT 18 2006

ACCOUNTS
PAYABLE

(T) \$651.00

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: *[Signature]* Date: **Oct 18/06**

Approved By: (Print name) ERIN ANDERSON	Title: VP, MEDICAL AFFAIRS	Phone # 7350737
(Signature) <i>[Signature]</i>		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - 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	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
MAY 20/06	TAXI				30.00 ✓		
MAY 27/06	TAXI				35.00 ✓		
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals					75.00		

RECEIPT / REÇU

Amount/Montant: \$ 30.00 Date: _____

From/De: AIRPORT

To/à _____

Taxi#: 76 Driver/Chauffeur: *[Signature]*

Thank you / Merci

BLUELINE RECEIPT FOR CAB FARE

Job # _____

Amount \$ 35.00 Date _____

From _____

To _____

Cab No. _____ Driver _____

G.S.T. Included in meter fare

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.



Dr Travel please pay.
APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

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

Name: <u>DR. DAVID MADOR</u>	Vendor: <u> </u>	Employee Number: <u> </u>	Union Name: <u> </u>
Position: <u>Associate VP</u>	Department: <u>Medical Affairs</u>		
Business Phone: <u>735-0761</u>	Period From: <u>07</u> to <u>07 Dec 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. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
<u>201</u>	<u>9000</u>	<u>711010600</u>				<u>\$13.36</u>	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						<u>\$13.36</u>	<input type="checkbox"/>

Capital Health
RECEIVED
DEC 21 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: <u>[Signature]</u>	Date: <u>Dec 13/2006</u>
--	--------------------------

Approved By: <u>ERIN ANDERSON</u>	Title: <u>Senior Director, Medical Affairs</u>	Phone # <u>735-0757</u>
-----------------------------------	--	-------------------------

(Signature) <u>[Signature]</u>	Date <u>Dec 20/06</u>
--------------------------------	-----------------------

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.

100

TRAVEL AND MAINTENANCE EXPENSES

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
07-Dec-06	lunch Do Bernard		38.86				
	PARKING				4.50		
Total km							
(or alternate rate as outlined in Section 2 - Travel below) @							\$0.43
Totals			38.86		4.50		

Total =

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

3. Advance

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

APPLICANT COPY

Credit Card Voucher

London Place Hotel
#R135710589
CAPITALS

752
22/1
102 Wanita
07DEC'06 1:31PM

752 GST 2
07/DEC'06 12:44PM

CARD TYPE: Visa
ACCT #:
EXP DATE:
AUTH CODE: 020646
s.17(1), 17(4)(e.1)

*** Seat # 1 ***
Sandwich 12.00
Salad 13.00
Fruit 2.50
Soft Drink 3.50
Subtotal 31.00
G.S.T. 1.86
1:30 Amount Due \$32.86
** Everybody **

Subtotal 32.86

Please Sign Server Copy
Gratuity _____

Total _____

Signature _____

Phone # _____

THANK YOU

SERVER COPY SERVER COPY

Subtotal 31.00
G.S.T. 1.86
1:30 Amount Due \$32.86

Gratuity 6.00

Total 38.86

Room Number _____

Print Name _____

Signature _____

Please Pay Your Server. Join us
For our Famous Sunday Bruch!

Best Copy Possible

BEST COPY POSSIBLE

BEST COPY POSSIBLE

BEST COPY POSSIBLE

BEST COPY POSSIBLE



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

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Travel 12 May 07
APPLICANT COPY

2007
CSPE
CONFERENCE
OTTAWA

Name: DR. DAVID MADOR.	Employee Number: _____	Union Name: _____
Position: MEDICAL DIRECTOR, SPECIAL PROJECTS	Department: MEDICAL AFFAIRS	
Business Phone: 780-733-0761	Period From: 11 to 12 MAY 2007.	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	7110106035	62318000			283.30	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						283.30	<input checked="" type="checkbox"/>

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

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

Employee Signature: *[Signature]* Date: June 20/07

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

Approved By: FARAH JAMIL (Print name)	Title: Manager, Phy. Contracts + COMP	Phone # 7360761
(Signature)		Date 21-Jun-07
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

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

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
11-MAY-07	TAXI to HOTEL				\$30.00		
12-MAY-07	AIRPORT PARKING				\$42.40		
12-MAY-07	HOTEL	\$210.90					
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals		\$210.90			\$72.40		

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

EDMONTON REGIONAL AIRPORT AUTH
 MAIN STATION (INT'L AIRP)
 EDMONTON AB

EDMONTON AIRPORTS
 GST # R128599776
 VALET PARKING

2007 9:05PM 0001
 #000#0004 SHIFT A

CARD NUMBER
 CARD TYPE VISA 8798
 DATE/TIME 2007/05/12 22:03:25
 RECEIPT NUMBER 980535773-133-003
 PURCHASE
 TOTAL AMOUNT \$42.40

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

#889722
 PARKING \$40.00
 MDSE ST \$40.00
 GSTAX \$2.40

01 APPROVED 027 AUTH. # 097408
 THANK YOU

CARDHOLDER COPY

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

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

DO NOT WRITE ABOVE THIS LINE - NE RIEN ECRIRE AU-DESSUS DE CETTE LIGNE

DAVID CARDHOLDER EXP
 TAXI
 762 5 747

AUTHORIZATION NUMBER/NO. D'AUTORISATION		AMOUNT-MONTANT	
DATE	05 11 07	TAKEN	EMPORTÉ <input type="checkbox"/>
EXPIRY	DATE	CLERK	DEPT.
DATE	05 11 07	COMMS	RAYON
CHECKED		DELIVERED	LIVRÉ <input type="checkbox"/>

DATE D'EXPIRATION VERIFIEE

DESCRIPTION	AMOUNT-MONTANT
	27.

CHARGEX FACTURE

CAN \$	30.00
CDN \$	

X CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

Official Mark Canadian Olympic Association
 Marque officielle Association olympique canadienne

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
 LE DÉTENEUR DE LA CARTE CI-HAUTE MENTIONNÉE PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUÉ CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENEUR DE LA CARTE.

CUSTOMER COPY
 COPIE DU CLIENT

APPLICANT COPY

the westin ottawa
 11 colonel by drive ottawa, ontario k1n 9h4 canada
 phone 613.560.7000 fax 613.560.7359
 westin.com/ottawa

guest Dr David Mador 9929 108th St Edmonton, AB T5K 1G8 Canada GCE09A	room rate no. pers. folio page arrive depart payment	1731 185.00 1 204651 1 11-MAY-07 12-MAY-07 VI	travel agent/charge to EX-A
---	---	--	---

11-MAY-07	RT1731	Room	185.00
11-MAY-07	RT1731	G.S.T. Room 6%	11.10
11-MAY-07	RT1731	P.S.T. Room 5%	9.25
11-MAY-07	RT1731	DMF Fee 2.83%	5.24
11-MAY-07	RT1731	GST On DMF 6%	0.31
12-MAY-07	VI	Visa	210.90-
Total Charges			210.90
Total Credits			210.90-
Balance Due			0.00

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

EXPENSE REPORT SUMMARY

Date	Other	Total	Payment
11-MAY-07	210.90	210.90	0.00
Total	210.90	210.90	0.00

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

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

Dr David Mador
 FOLIO 204651 11-MAY-07

APPLICANT COPY

the westin ottawa
11 colonel by drive ottawa, ontario k1n 9h4 canada
phone 613.560.7000 fax 613.560.7359
westin.com/ottawa

guest				travel agent/charge to
Dr David Mador		1731		
	room	185.00		
9929 108th St	rate	1		
Edmonton, AB T5K 1G8	no. pers.	204651	EX-A	
Canada	folio	2		
	page	11-MAY-07		
GCE09A	arrive	12-MAY-07		
	depart	VI		
	payment			

GST Summary for your stay:

Room Revenue GST:	11.41
Food & Beverage GST:	0.00
Phone/Fax/Copy Services GST:	0.00
Other Revenue GST:	0.00
Total GST for your stay:	11.41

The Westin Ottawa GST vendor # 861336493RT002

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature _____

As a Starwood Preferred Guest, you could have earned 335 Starpoints for this visit. Please provide your member number or enroll today.

Dr David Mador

FOLIO 204651 11-MAY-07

APPLICANT COPY

Reimburse - Feb 19 - 23 / 06



Travel Expense Claim Form

(In Canadian Dollars)

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

(Please Print or Type)

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

Name DR. DAVID R. MADOR PROFESSIONAL CORP

VENDOR #
Employee Number

Position Associate Vice President

Oracle Cost Centre 20190007110106010

Department MEDICAL AFFAIRS

Bus. Phone 735-0761

Period from 19 Feb 2006 to 23 Feb 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.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation	728.00	1.1810	859.80		
Meals					
Registration Fees	2200.00	1.2018	2644.02		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>Capital Health RECEIVED</p> <p>APR 20 2006</p> <p>ACCOUNTS PAYABLE</p> </div>
Transportation (including parking)					
Other	161.50	1.9561	315.91		
Mileage					
TOTAL			\$ 3819.73		
Less Cash Advance					
NET			\$ 3819.73		

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 April 12 / 2006

Approved by

Print Name DR. KEN GARDNER

Title VP, MEDICAL AFFAIRS

Signature [Signature]

Date Apr 15 / 06

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
FEB 18							
FEB 23	HOTEL - TAMPA, FL	728.00					
JAN 17	COURSE Registration			2200.00			
DEC 22	COURSE TEXT "ESSENTIALS OF MEDICAL MANAGEMENT"					36.00	
DEC 5	TUTORIAL APPLICATION					125.00	
	Total km						
	@						\$0.38
TOTALS TO FRONT OF FORM		728.00		2200.00		161.50	3089.50

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.

Best Copy Possible

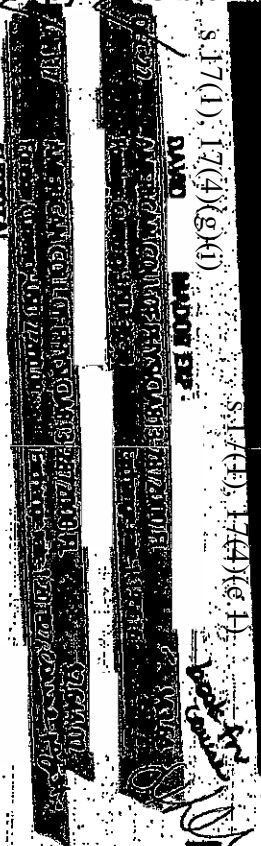
RBC
Royal Bank

VISA Gold Preferred

STATEMENT FROM DEC 22, 2005 TO JAN 24, 2006

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

1 OF 1



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

DAVID

MADOR EXP

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

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

RBC Registered Rewards

Use your RBC Rewards points to help build your future. Redeem your points for RBC Registered Rewards vouchers and then deposit them into a RBC RRSP and/or an RBC RESP. Visit www.tbrowns.com to redeem today.

CONTACT US

Customer Service / Lost a Statement: 1-800-769-2512
Collect Outside North America: (416) 974-1780
RBC Rewards Travel Redemption: 1-877-636-2879
Merchandise Redemption: 1-800-769-2512
Web site: www.tbrowns.com
s.17(1), 17(4)(e.1)

RBC REWARDS POINTS

Previous Points balance
Points earned this statement
New points balance

PAYMENT INFORMATION

Minimum payment: FEB 10, 2006
Payment due date
Credit limit
Available credit
Annual interest rate: s.17(1), 17(4)(g)(1)

CALCULATING YOUR BALANCE

Previous statement balance
Payments & credits
Purchases & debits
Cash advances
Fees
Interest

New balance

WIN A TRIP FOR TWO!
Spend \$500 or more on purchases using a Visa card issued by RBC Royal Bank, before Feb. 28, 2006 and be automatically entered to win an ultimate trip for 2 in the exciting 2006 Olympic Games. For full contest details visit www.tbrowns.com

APPLICANT COPY

INVOICE



American
College of
Physician
Executives

Invoice # 473314

Date: 15-Dec-2005

4890 West Kennedy Blvd. • Suite 200 • Tampa, Florida 33609-2575 • Phone: (800) 562-8088 • Fax (813) 287-8993

Sold to: s.17(1), 17(4)(g)(i)
David Mador
Capital Health Centre
Suite 500 North Tower
10030-107 Street
Edmonton Alberta, T5J 3E4 CA

Shipped to:
David Mador
Capital Health Centre
Suite 500 North Tower
10030-107 Street
Edmonton Alberta, T5J 3E4 CA

Qty	Item #	Description	Unit Price	Ext. Price	Amt. Paid
1	56101	2006 CCMM Tutorial February 19-23, 2006	\$2,200.00	\$2,200.00	\$0.00
			Totals:	\$2,200.00	\$0.00
			Amt. Due:	\$2,200.00	

Thank you for your order.

10127735
David Mador

Please charge my Visa Discover
 MasterCard American Express

Check enclosed



INVOICE #: 1473314

Card #: _____

Expiration Date: _____ s.17(1), 17(4)(e.1)

Signature: *David Mador*

Amount Due : \$2,200.00

Amount Paid : \$2,200 US

Please remit to :
The American College of Physician Executives
4890 West Kennedy Boulevard
Suite 200
Tampa, Florida 33609-2575

Please return this stub with your payment.



APPLICANT COPY



American
College of
Physician
Executives

*Received
Jan. 12/06*

RECEIPT

Invoice # 473487

Date: 15-Dec-2005

4890 West Kennedy Blvd. • Suite 200 • Tampa, Florida 33609-2575 • Phone: (800) 562-8088 • Fax (813) 287-8993

Sold to: s.17(1), 17(4)(g)(i)
David Mador
Capital Health Centre
Suite 500 North Tower
10030-107 Street
Edmonton Alberta, T5J 3E4 CANADA

Shipped to:
David Mador
Capital Health Centre
Suite 500 North Tower
10030-107 Street
Edmonton Alberta, T5J 3E4 CA

Qty	Item #	Description	Unit Price	Ext. Price	Amt. Paid
1	55356	Essentials of Medical Management	\$30.00	\$30.00	\$30.00
1	52715	Shipping & Handling, Domestic	\$6.50	\$6.50	\$6.50
Totals:				\$36.50	\$36.50
Amt. Due:				\$0.00	

Thank you for your order.

10127735

David Mador

Please charge my Visa Discover Check enclosed
 MasterCard American Express



INVOICE #: 1473487

Card #: _____

Expiration Date: _____

Signature: _____

Amount Due : \$0.00

Amount Paid : _____

Please remit to :

The American College of Physician Executives
4890 West Kennedy Boulevard
Suite 200
Tampa, Florida 33609-2575

Please return this stub with your payment.



Book ordered
on-line -

PM

American College of Physician

Order Information View All Products Search A

Checkout

INVOICE

ACPE
4890 West Kennedy Blvd., Suite 200
Tampa, FL, 33609-2575
Phone: (800) 562-8088, Fax: (813) 287-8993

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

Date: 22-Dec-05 10:51 AM
Order ID: 31178

Contact: David R. Mador
Terms: Visa

Customer ID:
Auth:

Bill To:
Capital Health Edmonton and Area
David R. Mador
Suite 500, N. Tower
10030 - 107 Street
Edmonton, Alberta, T5J 3E4
Canada
Phone: 780 735-0761
Fax: 780 735-0756
dmador@cha.ab.ca

Ship To:
Capital Health Edmonton and Area
David R. Mador
Suite 500, N. Tower
10030 - 107 Street
Edmonton, Alberta, T5J 3E4
Canada
Phone: 780 735-0761
Fax: 780 735-0756

SKU	Items in Basket	Qty.	Price	Ext. Price
Pub-EssofMM	Essentials of Medical Managemen..	1	\$30.00	\$30.00
			International Shipping	\$15.00
			Total:	\$45.00

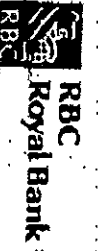
Thank you! Please return again.
Print this invoice for your records.

American College of Physician Executives

4890 West Kennedy Blvd., Suite 200, Tampa, FL 33609,
800/562-8088, From outside the U.S.: 813/287-2000
Fax: 813/287-8993, e-mail: webmaster@acpe.org



RBC0150020_4024051_003 8633
HRI-00-2-2-V-28AE-D



VISA Gold Preferred

DAVID MADOR EXP
STATEMENT FROM FEB 22 TO MAR 21, 2006

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

1 OF 2

PREVIOUS STATEMENT BALANCE

DAVID MADOR EXP

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



Customer Service / Lost & Stolen 1-800-769-25
Collect Outside North America (416) 974-77
RBC Rewards Travel Redemption 1-877-636-28
Merchandise Redemption 1-800-769-25
Web site www.rbc.ca
www.rbc.ca

CONTACT US

IMPORTANT INFORMATION s.17(1), 17(4)(e.1)
RBC REWARDS POINTS
Previous Points Balance
Points earned this statement
New points Balance

REVIEW OF MONTHLY ACTIVITY

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

REVIEW OF MONTHLY ACTIVITY

TOTAL NEW BALANCE

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

CALCULATING YOUR BALANCE

Previous Statement Balance
Payments & credits
Purchases & debits
Cash advances
Interest
Fees
NEW BALANCE

Your Visa Statement is now easier to read

We have made some changes to your Visa Statement. See for yourself how easy it is to find information that is important to you. If you have any questions please contact Customer Service at 1-800-769-2512.

It's out, the RBC Rewards Catalogue
Look for your New 2006/2007 RBC Rewards
catalogue, arriving this month! From a car
to win a 2006 Toyota Prius, to over 275 new
brand-named merchandise items, you'll find
the rewards you want. Start redeeming tod!

APR 11, 20

1830

APPLICANT COPY



QUORUM
HOTEL - TAMPA

Dr. David Mador
US

Room No. : 0622
Arrival : 02/18/06
Departure : 02/23/06
Page No. : 1 of 2
Folio No. : 68065
Conf. No. : 91228
Cashier No. : 132
User ID : VBAMUNDELE

INVOICE

Membership No. :
A/R Number :
Group Code : 0602AMERIC
Company Name :

Thank You For Staying With Us

02/23/06

Date	Text	Cashier ID	Charges	Payments
02/18/06	Group Corporate Rate	132	130.00	
02/18/06	Sales Tax	132	15.60	
02/19/06	Group Corporate Rate	132	130.00	
02/19/06	Sales Tax	132	15.60	
02/20/06	Group Corporate Rate	132	130.00	
02/20/06	Sales Tax	132	15.60	
02/21/06	Group Corporate Rate	132	130.00	
02/21/06	Sales Tax	132	15.60	
02/22/06	Group Corporate Rate	132	130.00	
02/22/06	Sales Tax	132	15.60	
02/23/06	Visa	132		728.00

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

APPLICANT COPY



QUORUM
HOTEL - TAMPA

Dr. David Mador
US

Room No. : 0622
 Arrival : 02/18/06
 Departure : 02/23/06
 Page No. : 2 of 2
 Folio No. : 68065
 Conf. No. : 91228
 Cashier No. : 132
 User ID : VBAMUNDELE

INVOICE

Membership No. :
 A/R Number :
 Group Code : 0602AMERIC
 Company Name :

Thank You For Staying With Us

02/23/06

Date	Text	Cashier ID	Charges	Payments
			Total	728.00
				728.00
	Balance		0.00	0.00



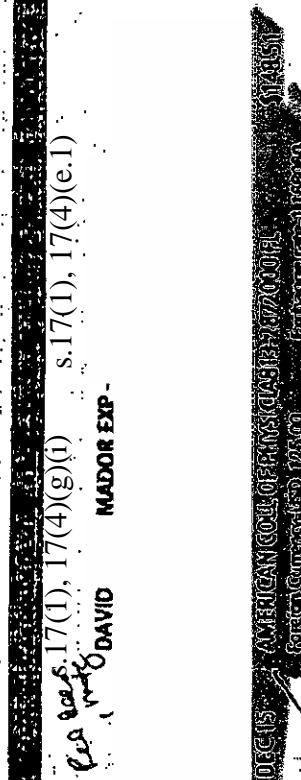
VISA Gold Preferred

s.17(1), 17(4)(g)(i) DAVID MADOR EXP

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

STATEMENT FROM NOV 22 TO DEC 21, 2005

1 OF 1



IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
RBC Rewards Travel Redemption 1-877-636-2870
Merchandise Redemption 1-800-769-2512
Web site: www.rbcwards.com

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

RBC REWARDS POINTS

Previous Points balance s.17(1), 17(4)(e.1)
Points earned this statement
New points balance

SUBTOTAL

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

PAYMENT INFORMATION

Minimum payment
Payment due date
Credit limit
Available credit

JAN 17 2006

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

18.50%
OP

CALCULATING YOUR BALANCE

Previous statement balance
Payments & credits
Purchases & debits
Cash advances
Fees
Interest

Now balance

Did you know that with your RBC Royal Bank Visa card you can receive Auto Collision Loss Damage Insurance coverage when you use your card to pay for the full cost of the rental? Before renting a vehicle, it's important to read the Insurance Certificate so you understand what is covered and what is not. That way you can ensure that you are adequately covered in the event of an accident. For the most up to date copy of the Certificate, visit www.rbcroyalbank.com/cards/documentation/index.html

Shop online and save

Hundreds of great shopping offers. Only at www.visaperks.ca. Valid from November 1 to December 31, 2005.

RBC0150020 2318015.003 100
HRI 00 - 1 - 1 - M - 2 - 0

APPLICANT COPY



American
College of
Physician
Executives

RECEIPT

Invoice # 472551

Date: 15-Dec-2005

4890 West Kennedy Blvd. • Suite 200 • Tampa, Florida 33609-2575 • Phone: (800) 562-8088 • Fax (813) 287-8993

Sold to: s.17(1), 17(4)(g)(i)
David Mador
Capital Health Centre
Suite 500 North Tower
10030-107 Street
Edmonton Alberta, T5J 3E4 CA

Shipped to:
David Mador
Capital Health Centre
Suite 500 North Tower
10030-107 Street
Edmonton Alberta, T5J 3E4 CA

Qty	Item #	Description	Unit Price	Ext. Price	Amt. Paid
1	55977	2005 Tutorial Application	\$125.00	\$125.00	\$125.00
Totals:				\$125.00	\$125.00
Amt. Due:				\$0.00	

Notes: Thank you for your order.

10127735
David Mador

Please charge my Visa Discover
 MasterCard American Express

Check enclosed



INVOICE #: 1472551

Card #: _____

Expiration Date: _____

Signature: _____

Amount Due : \$0.00

Amount Paid : _____

Please remit to :
The American College of Physician Executives
4890 West Kennedy Boulevard
Suite 200
Tampa, Florida 33609-2575



Please return this stub with your payment.

Handwritten: 155 100



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars) s.17(1), 17(4)(g)(i)

Name: DR. DAVID MADOR	Vendor Employee Number:	Union Name:
Position: ASSOCIATE VP	Department: MEDICAL AFFAIRS	
Business Phone: 735-0761	Period From: 19 to 21 Oct 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	
ISPR0J0507	04.01	AH01	egpt-Miner Info Adv.			\$674.10	<input checked="" type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							\$674.10	<input checked="" type="checkbox"/>

Capital Health
RECEIVED
AUG 16 2006
ACCOUNTS
PAYABLE

Capital Health
RECEIVED
AUG 09 2006
ACCOUNTS
PAYABLE

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

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

Employee Signature: *[Signature]* Date: July 15/06

Approved By: *KEN GARDENER* Title: *VP, MEDICAL AFFAIRS* Phone #
(Signature) _____ Date

Approved By: *ERIN ANDERSON* Title: *Sr. Director, Medical Affairs* Phone # *735 0757*
(Signature) *[Signature]* Date *07/08/06*

- 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	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals							

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.

APPLICANT COPY



Halifax 6: The Canadian Healthcare Safety Symposium
Safety Management: Changing the way we do things
 October 19 to 21, 2006
 Vancouver, British Columbia

RECEIPT

The Canadian Healthcare Safety Symposium
 GST # 81157 7345 RT0001

Date	Receipt No.
06/16/2006	H000058

Payer:

David Mador
 500, 10030 - 107 Street
 Edmonton, AB T5J 3E4

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000041	Registration for David Mador for the event: <i>Halifax 6: The Canadian Healthcare Safety Symposium</i>	\$630.00	\$44.10	\$674.10
		GST = \$44.10	Total Fees w/Tax	\$674.10
Visa: s.17(1), 17(4)(e.1)			Total Paid	\$674.10
			Total Applied	\$674.10
			Unapplied Balance	0.00

Thank you for your payment received on 06/16/2006.

Note: If you paid by credit card, your statement will read **BUKSA Assoc. (780) 436-0983 Edm.**

BUKSA ASSOCIATES
 SUITE 307, 10328-81 AVE
 EDMONTON AB
 s.17(1), 17(4)(e.1)

ARC
 CARD TYPE VISA
 DATE 2006/06/16
 TIME 1805 10:38:15
 RECEIPT NUMBER
 194537598-001-082-059-

PURCHASE
 TOTAL CND

\$674.10

APPROVED

AUTH# 069208 01-027
 THANK YOU

Centre of Safety Registration
 Registration and Program Development

Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
 Phone: (780) 436-0983 ext. 231 Fax: (780) 437-5984 E-mail: halifax5@buksa.com



APPLICANT COPY Payment Requisition

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

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

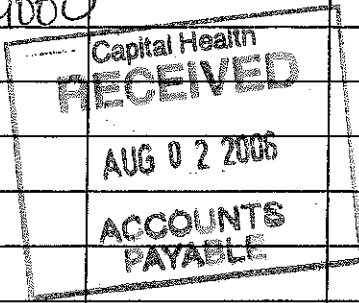
Invoice Date 04-Jul-06 (DD-MMM-YY) Invoice Number s.17(1), 17(4)(g)(i)
 Vendor Number (or S.I.N.) _____ Payee Name DR. R. MADOR PROF. CORP.
 Address _____ City s.17(1), 17(4)(g)(i)
 Province/State _____ Postal Code _____ Country _____

II PAYMENT DETAILS

Reason for payment Thoracic Surgery Referred 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? June 2006 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
<u>201</u>	<u>9000</u>	<u>71110106010</u>	<u>62414000</u>			<u>\$176.26</u>
		<u>(NT) 21.67</u>				
		<u>(IT) 154.59</u>				
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other TOTAL						<u>\$176.26</u>



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) Sharon Astill Phone # 735-0761
 (Signature) Sharon Astill Date 14 Jan 04-04 Jul 06
 Approved by (Print name) DR. DAVID MADOR, ASSOCIATE VP, MEDICAL AFFAIRS Phone # 735 0760
 (Signature) [Signature] Date 04-Jul-06
 Approved by (Print name) ERIN ANDERSON Phone # 735 0751
 (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

BEAUCHAMP

MURRIETA'S EDMONTON

10812 82nd Ave.
Tel: 780-438-4100
Check #: 33939

Server: Neil C.
Table: 65

Date: 06/26/2006
Time: 22:03

Client: 2

- 1 Crantini 7.06
- 1 Romaine Leaves 7.73
- 2 Feature Fish 59.82
- 1 Peach Crisp 8.97
- 1 Corona 5.28
- 1 Spinach Salad 8.97
- 1 Estancia PinotGrigio 41.68
- 1 Creme Caramel 6.97

SUB-TOTAL: 144.48
 GST: 10.11
 GRATUITIES: 21.67

TOTAL: 176.26

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

MURRIETA'S EDMONTON

10812 82nd Ave.
Tel: 780-438-4100
Check: 33939

Server: Neil C.
Table: 65

Date: 06/26/2006
Time: 22:05

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

Expiry:

AUTH 025172 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 176.26
(Gratuity Included)

TIP \$ _____
(Optional Additional Gratuity)

TOTAL \$ _____

Signature _____

to pay this amount in accordance
with the cardholder agreement.

MERCHANT COPY **



10612 - 82ND AVENUE
EDMONTON, ALBERTA, T6E 2A7
PH 780-438-4100 WWW.MURRIETAS.CA FX 780-439-4103

FACSIMILE TRANSMITTAL SHEET

TO: 407 6710	FROM: <i>Mila Jacuta</i>
COMPANY:	DATE: JUNE 28, 2006
FAX NUMBER	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 438-4100
RE INVOICE AND VISA RECEIPT	FUNCTION NUMBER: JUNE 26, 2006

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

HI SANDY,

SORRY FOR THE DELAY IN GETTING THIS TO YOU. PLEASE CONTACT ME IF YOU HAVE ANY FURTHER REQUIREMENTS.

Mila Jacuta per.

LINDA SHABEN
GENERAL MANAGER



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

MADOR
Credit Card

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

Name: DR. DAVID MADOR	VENDOR Employee Number:	Union Name:
Position: Associate VP	Department: MEDICAL AFFAIRS	
Business Phone: 735-0761	Period From: 26 to 27 MAY 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	7110106010	62414000			310.94	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$310.94	<input type="checkbox"/>

Capital Health
RECEIVED
OCT 19 2006
ACCOUNTS PAYABLE

Capital Health
RECEIVED
NOV 10 2006
ACCOUNTS PAYABLE
\$310.94

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: *Oct 18/06*

Approved By: ERIN ANDERSON Title: SR. DIRECTOR, MEDICAL AFFAIRS Phone # 7350757
 (Signature) *[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.

(AT) 12.20 (T) 298.74

EXPENSE MAINTENANCE

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
MAY 27/06	PARKING			✓	\$49.60 ✓		
MAY 26/06	MEAL		\$25.96 ✓				
MAY 27/06	MEAL		\$23.78 ✓				
MAY 26/06	HOTEL	211.60 ✓					
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals		211.60	49.74		49.60		

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.

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.

\$ 310.94

APPLICANT COPY



1 Rideau Street
 Ottawa, ON K1N 8S7
 T 613 241 1414 F 613 562 7030
 G.S.T. Registration #139445290

***Canadian Medical Assn / Assoc. médical**
David Mador
CA

Room/Chambre # : 0600
 Folio # : 92070
 Cashier/Caissier # : 320
 Page # : 1 of 1
 Group/Groupe : Cdn Society of Physician Exe

Arrival/Arrivée : 05-26-06
 Departure/Départ : 05-27-06

Date	Description	Additional Information Supplémentaire	Charges	Credits
05-26-06	Room Charge		184.00	
05-26-06	Room P.S.T. (5%)		9.20	
05-26-06	Room G.S.T. (7%)		12.88	
05-26-06	Destination Marketing Fee	s.17(1), 17(4)(e.1)	5.16	
05-26-06	DMF - G.S.T. (7%)		0.36	
05-27-06	Visa			211.60
		XXXXXX		
Total			211.60	211.60
Balance/Solde			0.00	

G.S.T. Summary / Sommaire

Room/Chambre	13.24
F&B/Restauration	0.00
Other/Autres	0.00
Total	13.24

Guest signature

Signature du client **X** _____

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je 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



VISA Gold Preferred

DAVID MADOR EXP

STATEMENT FROM MAY 28 TO JUN 21, 2006

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

Ottawa 24-27
PAY

1 OF 2



DAVID MADOR EXP

PREVIOUS STATEMENT BALANCE \$2,356.00

DAVID MADOR EXP

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

MAY 26	✓	NATES DELI & STEAK HSE OTTAWA ON	\$25.96
MAY 27	✓	EDMONTON REGIONAL AIRPORT EDMONTON AB	\$49.60
MAY 27	✓	NATES LEVEL 3 #6932# OTTAWA ON	\$23.78
MAY 28	✓	CHATEAU LAURIER HD OTTAWA ON	\$211.60

TOTAL NEW BALANCE

Insurance Coverage

Did you know that with your RBC Royal Bank Visa card you can receive Auto Collision/Loss Damage Insurance coverage when you use your card to pay for the full cost of the rental? Before renting a vehicle it's important to read the Insurance Certificate so you understand what is covered and what is not. That way you can ensure that you are adequately covered in the event of an accident. For the most up to date copy of the Certificate, visit www.rbcroyalbank.com/cards/insurance.

Traveling within Canada?

Download hundreds of offers at visaperks.ca for top Canadian travel destinations today!

Redeem for Golf Town Gift Certificates

A Golf Town gift certificate is the ultimate way to make sure golfers get what they really want. Redeem your RBC Rewards points for Golf Town gift certificates and get the season off to a good start. Redeem today!

IMPORTANT INFORMATION

RBC REWARDS POINTS

Points earned this statement
New points balance

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

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
RBC Rewards Travel Redemption 1-877-636-2870
Merchandise Redemption 1-800-769-2512
Web site www.rbcwards.com

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

PAYMENT INFORMATION

Minimum payment
Payment due date JUL 12, 2006
Credit limit
Available credit
Annual interest rate 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance
Payments & credits
Purchases & debits
Cash advances
Interest
Fees

NEW BALANCE

Best Copy Possible

EDMONTON AIRPORTS

APPLICANT

EDMONTON REGIONAL AIRPORT AUTH
MAIN STATION INT'L AIRP
EDMONTON AB
s.17(1), 17(4)(e)

CARD NUMBER
EXPIRY DATE
CARD TYPE
DATE/TIME
RECEIPT NUMBER
PURCHASE
TOTAL AMOUNT

VISA
2006/05/27 21:52:44
580511967-731 041
\$49.60

01 APPROVED 027 AUTH. # 032491
THANK YOU

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

DAVID MADOR EXP

Best Copy Possible

APPLICANT'S SIGNATURE

APPLICANT'S NAME
ADDRESS
CITY
STATE
ZIP

DATE OF BIRTH s.17(1), 17(4)(e.1)

DATE OF ISSUE
DATE OF EXPIRATION
ISSUE DATE

ISSUE DATE
EXPIRES

ISSUE DATE - THREE MONTHS AFTER

APPLICANT'S SIGNATURE IS THE SAME AS THAT IN RECORD WITH ISSUE DATE

APPLICANT'S SIGNATURE

APPLICANT'S NAME