

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

89492

Name: <u>Ray Block</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____	s.17(1), 17(4)(g)(i) Travel Period Month: <u>March/April 2011</u>

Non Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
17/03/11	Meet W. McIndrick; Good Sun						3.15		
22/03/11	Postage						7.51		
27/03/11	Office Printer ink etc						112.76		
21/03/11	Air Fare Grande Prairie						343.61		
	April Board Meetings								
31/03/11	Travel Athabasca to Egan (Special HRC Meeting)							160	
	SUB-TOTAL						467. ⁰³		
TOTAL KMS								160	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)								467. ⁰³	80.80 ⁰³

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	80. ⁸⁰
OTHER (D)	01.71110300002.41090000	467. ⁰³
GRAND TOTAL		547.83

<p><u>Ray Block</u> CLAIMANT SIGNATURE</p> <p><u>April 2, 2011</u> DATE SUBMITTED</p>	<p><u>[Signature]</u> APPROVAL SIGNATURE</p> <p><u>April 21/2011</u> DATE APPROVED</p>
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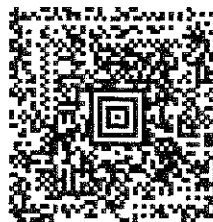
meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

Search Select Review Passengers Purchase Seats **Itinerary**

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



Booking Information



Booking Reference: **PASHKA**

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:
Dr Raymond Block

Flight Arrivals and Departures
1-888-422-7533

Home:
Work: s.17(1), 17(4)(g)(i)
Mobile:

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8369*	Edmonton, Edmonton Int'l (YEG) Tue 12-Apr 2011 22:05	Grande Prairie (YQU) Tue 12-Apr 2011 23:14	0	1hr09	DH3	Tango P	
AC8364*	Grande Prairie (YQU) Thu 14-Apr 2011 13:20	Edmonton, Edmonton Int'l (YEG) Thu 14-Apr 2011 14:28	0	1hr08	DH3	Tango E	

*Operated by Jazz

Passenger Information

1: Dr Raymond Block : Adult (16+), Ticket Number: 0142193533825
s.17(1), 17(4)(g)(i)

Air Canada - Aeroplan : Meal Preference: **None**
Credit Card: Special Needs: **None**
Seat Selection: **None** s.17(1), 17(4)(e.1)

Purchase Summary

Grand Total **1 adult**
Total including travel options, taxes, fees and charges **\$343.61 CAD**

Fare Rules

Departing Flight Edmonton (YEG) To Grande Prairie (YQU) - **Tango**

Returning Flight Grande Prairie (YQU) To Edmonton (YEG) - **Tango**

- Tickets are **non-refundable** and **non-transferable**.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** is available on Air Canada and Jazz (subject to availability).
- **Same-day standby** is not permitted.
- Earn 25% non-status Aeroplan Miles (unless the opt-out option has been selected).
- Read complete fare rules applicable to this fare.
- **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference.
- **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.

APPLICANT COPY

- **Changes** can be made up to 2 hours prior to departure. **Cancellations** can be made up to 45 minutes prior to departure. Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.

Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the Travel documentation page for important information on identification required for travel.

Baggage Policy

Carry-on baggage | Checked baggage

Flight confirmation

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

Travel insurance

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

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

Check-in and boarding times

Links

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

Starbucks Coffee Canada #4360
10116 109th Street
Edmonton, AB T5J 1M7
1548342 Sydia

Canada Post / Postes Canada
TERWILLIGAR
584 Riverbend SQ NW
EDMONTON T6R2E0
GST/TPS#: 899063184

CHK 706836

03/17/2011 01:58:20PM

T1 Hot Choc 3.00
Cash 20.15

Subtotal 3.00
GST 5% 0.15
Total **\$3.15**

Change Due **\$17.00**

Check Closed

03/17/2011 01:58:20PM

Wayne McKeen
Good Swartz

GST: 66585 3535

New VIA Flavoured Coffee
Available in vanilla, mocha,
caramel and cinnamon spice
100 percent Arabica coffee
natural flavours & cane sugar.

Wayne McKeen

2011/03/22 05:23:11
CC/CE556257 W/GZ

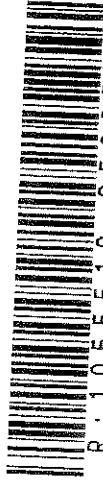
G/S 5% 1@ \$1.25
Oversized/Surdimensionné

G/S 5% 1@ \$5.90
P2008 FLAG/P2008 DRAPEAU

SUBTL/SOUS-TOTAL \$7.15
GST/TPS \$0.36
PST/TPV \$0.00
HST/TVH \$0.00
TOTAL/TOTAL \$7.51

CDN Cash / Espèces CAN \$20.51
CHG. DUE / MONNAIE (\$13.00)

Receipt required for all returns.
Reçu requis pour tous les retours.



R:1055518.350257

WWW.CANADAPOST.CA / WWW.POSTESCANADA.CA

TRACY TR1055518
APPLICANT COPY

APPLICANT COPY

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

Sale 00075 4 004 00109
0150 03/27/11 02:04

8888888

1	BINDER CLIPS 1'		
	718103071239		3.44G
1	AAG-WKLY REFL SML		
	038576061316		14.79G
1	PARKER REFILL		
	071402303266		5.02G
1	PARKER REFILL		
	071402303266		5.02G
1	HP#02 C8773WC YELL		
	829160921075		13.60G
1	HP#02 C8721WC BLAC		
	829160920986		25.96G
1	HP#02 C8772WC MAGE		
	829160921044		13.60G
1	HP#02 C8721WC BLAC		
	829160920986		25.96G

Subtotal 107.39
GST 5.00% 5.37

Total \$112.76
American Express 112.76

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

American Express	S	Purchase
Authorization Number		502554
0010019790	109	66164176
75	03/27/11	14:04:31
00/025	APPROVED	THANK YOU

Thank you for shopping at STAPLES!
We will not be undersold!
Visit Staples.ca

IMPORTANT
Retain This Copy for Your Records

GST No. 126152586



ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

84525
44675

Name: Ray Block (For Board Office Use Only) A/P Vendor ID#: _____
 s.17(1), 17(4)(g)(1)
 Phone #: _____ Travel Period Month: March 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
08/03/11	Travel Athabasca to Edmonton					RECEIVED		160	
09/03/11	Travel Edmonton to Red Deer					5 2011		155	
09/03/11	Parking					FINANCE	8.00 ✓		
09/03/11	Hotel				107.91 ✓				
09/03/11	Per Diem						7.35 ✓		
10/03/11	Parking						8.00 ✓		
10/03/11	Travel Red Deer to Athabasca							315	
	Trip Purpose: Board Meeting				107.91 ✓	16.00 ✓	7.35 ✓	315	
TOTAL KMS								630	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E	F	G	
			107.91	16.00	7.35			318.15	

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	442.06
OTHER (D)	01.71110300002.41090000	7.35
GRAND TOTAL		449.41 ✓

ENTERED APR 06 2011

CLAIMANT SIGNATURE: [Signature] APPROVAL SIGNATURE: [Signature]
 DATE SUBMITTED: March 22, 2011 DATE APPROVED: April 21/11

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



Black Knight Inn

Guest Folio APPLICANT COPY

2929 - 50 Avenue
Red Deer, AB T4R 1H1

Phone: 403-343-6666
Fax: 403-340-8970

www.blackknightinn.ca
frontoffice@blackknightinn.ca

Print Date 3/10/2011
Print Time 6:45:48AM

Reservation 29209 - 0

Guest **Ray Block**
Agent: General Groups
Reference: Alberta Health Services

From	to	Nights	Adults	Children
3/9/2011	3/10/2011	1	1	0

Room	Date	Reference and Description	Amount with tax	
815	3/9/2011	Non smoking, King Bed	99.00	107.91
815	3/10/2011	American Express		-107.91
		s.17(1), 17(4)(e.1)		
		Tourism Levy	3.96	
		GST	4.95	
Balance			\$0.00	

BLACK KNIGHT INN
2929 50 AVENUE
RED DEER AB

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

CARD
CARD TYPE AMEX
DATE 2011/03/10
TIME 3334 06:45:11
CLERK ID A2
RECEIPT NUMBER
30663583-001-018-010-0

PRE-AUTH COMPLETION
TOTAL

\$107.91

APPROVED

AUTH# 526254 00-025
THANK YOU

PLEASE RETURN COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE

10/03/11 08:49 AM

AMOUNT PAID

\$ 8.00 73260000 08:49 AM

1488484



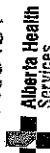
Alberta Health Services

CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE

CREDIT CARD NUMBER

1488484



Alberta Health Services

RECEIPT

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

09/03/11 08:49 AM \$ 8.00

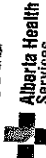
LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE

11/03/11 06:55 AM

AMOUNT PAID

\$ 8.00 73300000 06:55 AM

1485302



Alberta Health Services

CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

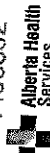
NON TRANSFERABLE

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

10/03/11 06:55 AM \$ 8.00

CREDIT CARD NUMBER

1485302



Alberta Health Services

RECEIPT

134888

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>Ray Block</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: <u>April-2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
09/04/11	Greater Edmonton Hlth Advisory Council - Com. Expense							74	
11/04/11	Meeting Dr Eagle - PKG					PKG 7.50			
12/04/11	Bd Orientation - PKG					PKG 12.50			
12/04/11	BD Meeting - G.P. Edmonton to Airport							25	
12/04/11	Per Diem						7.35		
13/04/11	BRFST	✓			9.20				
14/04/11	Hotel - airport				11.60	AB Hotel			
14/04/11	Motel					217.98			
14/04/11	Taxi - Airport						64 - taxi		
15/04/11	Pilgrims Hospice - PKG						5 - PKG		
TOTAL KMS								99	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		20.80	217.98	89	7.35	50			

RECEIVED
MAY 20 2011
FINANCE

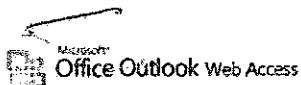
FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.80
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	356.98
OTHER (D)	01.71110300002.41090000	7.35
GRAND TOTAL		385.13

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE
<u>April 16/11</u> DATE SUBMITTED	<u>May 17/11</u> DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY



Type here to search

This Folder



Address Book

Options



Log Off

- Mail
 - Calendar
 - Contacts
 - Deleted Items
 - Drafts
 - Inbox (1)
 - Junk E-Mail
 - Sent Items
- Click to view all folders
- AHS
 - Manage Folders...

Reply Reply to All Forward Move Delete Junk Close

Location AHS - Greater Edmonton Health Advisory Council - Community Engagement Event

Shirley McLeod [shirley.mcleod@albertahealthservices.ca]

Sent: Monday, April 04, 2011 9:45 AM

To: Ray Block

Good Morning Dr. Block,

On behalf of Lynn Redford I am providing you with the details of this event. The Greater Edmonton Health Advisory Council has secured booth number #702.

Location:
 Millennium Place
 2000 Premier Way
 Sherwood Park, AB T8H 2G4

Trade Show Hours:
 Friday, April 8 from 1 p.m. to 8 p.m.
 Saturday, April 9 from 10 a.m. to 8 p.m.
 Sunday, April 10 from 10 a.m. to 5 p.m.

Thank you, Shirley

Shirley McLeod
 Correspondence Coordinator
 Alberta Health Services Board Office
 10101 Southport Road SW
 Calgary, AB T2W 3N2
 Tel 403.943.2949 | Fax 403.943.1108 | Toll Free 1.866.943.1120
shirley.mcleod@albertahealthservices.ca

Alberta Health Services
www.albertahealthservices.ca

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Edm → SMWD DK = 37
 SMWD → Edm = 37
 PK
74

APPLICANT COPY



HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE

9805 - 100th Street

Grande Prairie, AB T8V 6X3

Tel:780.513.5555

Fax:780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website:www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 320205 Description: standard folio

Page: 1

Always the Smart Choice

Mail To: Ray Block

Res.#: 278911

Arrive: 12/04/2011 11:23pm

Depart: 14/04/2011 12:29am

Room: JCSN 329

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

Group: Alberta Health Services Board

Guest: Ray Block

Bill To: Block

Date	Description	Voucher	Amount
12/04/2011	Room Revenue	GP -329	99.00
12/04/2011	Destination Marketing Fee	GP -329	.99
12/04/2011	GST	GP -329	5.00
12/04/2011	Provincial Tourism Levy	GP -329	4.00
13/04/2011	Room Revenue	GP -329	99.00
13/04/2011	Destination Marketing Fee	GP -329	.99
13/04/2011	GST	GP -329	5.00
13/04/2011	Provincial Tourism Levy	GP -329	4.00
14/04/2011	Mastercard	THANK YOU	-217.98

Balance: .00

Bill To: Block

Total GST

10.00

GST Registration # R-121767065

Signature



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

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

INVOICES ARE VALID ONLY WHEN PRESENTED WITH THIS CARD

www.sandmanhotels.com

APPLICANT COPY

SALMON HILTS #1-42
 9085-100 ST
 GRAND PRAIRIE, IL 60131
 s.17(1), 17(4)(e.1)

CARD # 42318177 / #402055
 CARD TYPE MASTERCARD
 DATE 2011/04/14
 TIME 05:59 07:11:27
 RECEIPT NUMBER 530115642-001-073-005-0
 PIN # [REDACTED]
 CARDHOLDERS COMPLETION
 TO: [REDACTED]

\$217.98

APPROVED

AUTH# 025282 01-027
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

RECEIVED
 04/17/2011
 THEODORE
 CASH
 Pilgrims Hospice

Terminal#: 1 Cashier#: 5
 12/04/2011 10:22 AM
 12/04/2011 12:56 PM - 02:35
 42318177 / #402055
 RATE : \$ 12.50
 TOTAL : \$ 12.50
 Cash : \$ 12.50
 GST #897727657RT
 Have a Nice Day

Thank You For
 Parking At Commerce
 Place Parkade

BD orient ho

Terminal#: 1 Cashier#: 5
 11/04/2011 2:44 PM
 11/04/2011 3:52 PM - 01:08
 42247481 / #401941
 RATE : \$ 7.50
 TOTAL : \$ 7.50
 Cash : \$ 10.00
 CHANGE : \$ 2.50

GST #897727657RT
 Have a Nice Day

Meeting Chris Eagle

Thank You For
 Parking At Commerce
 Place Parkade

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

(780) 890-7070 ADMINISTRATION LINE: 780-890-7990		CUSTOMER COPY
AUTH. NO.	DRIVER UNIT NO.	
TIME	DAY MO. YR.	
1347458		
G.S.T. #	FROM	TO
691722	HRP	NAIT
PRINT NAME	CUSTOMER	
	X	
FARE 58 VAN SURCHARGE GRATUITY 6 TOTAL 64		
THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.		

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

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

224295

APPLICANT COPY

Name: Ray Block s.17(1), 17(4)(g)(i) (For Board Office Use Only) A/P Vendor ID#: _____

Phone #: _____ Travel Period Month: May, 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
05/05/11	Focus Group School of Bb/Hh				10.00		PKB 14	✓	
11/05/11	Greater Edm. H.A.C.						PKB 15	✓	
11/30/11	HRC - Red -> Airport								50
✓✓	Taxi -						39.20	✓	
✓✓	PKB - Airport						344.00	✓	
✓✓	lunch - Per Diem		✓		11.60		21.00	✓	
✓✓	Air Fare						387.31		
					11.60		510.91		
TOTAL KMS									50
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		11.60	-	123.60	510.91	25.25			

ENTERED JUL 06 2011

RECEIVED
JUL - 4 2011
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005 01.71110300002.45000000	2 11.60
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	142.85 R > 148.85
OTHER (D)	01.71110300002.41090000	6.00 Z
GRAND TOTAL		160.45 547.76

Ray Block
CLAIMANT SIGNATURE

[Signature]
APPROVAL SIGNATURE

May 31/11
DATE SUBMITTED

June 24/11
DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPEAR ON DASH THIS SIDE UP
EXPIRATION DATE EXPIRATION TIME

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

12/05/11 05:37 PM

11/05/11 05:37 PM \$15.00

AMOUNT PAID
\$15.00 76520000 05:37 PM

CREDIT CARD NUMBER
Edward M.A.C.

1239434

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

1239434

Alberta Health Services

Alberta Health Services

NON TRANSFERABLE

Alberta Health Services

RECEIPT

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2011/05/30
PICK-UP TIME: 08:48
DROP-OFF TIME: 09:10
TRIP ID: 0
LOCATION: 873800-45024103707
CAR NUMBER: 0523
CARD TYPE: AHES S
CARD: AHES S
EXPIRY: **/**
AUTHS: 17(1), 17(4)(e.1) AP584477

TIP (\$): 3.00

TOTAL (\$): 39.20

SIGNATURE: *Airport SSA/XX*
FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@HWI ASSOCIATEDCAB CA

CUSTOMER'S COPY

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2011/05/30
PICK-UP TIME: 14:58
DROP-OFF TIME: 15:18
TRIP ID: 176517
LOCATION: 873800-45024103707
CAR NUMBER: 1014
CARD TYPE: AHES S
CARD: AHES S
EXPIRY: **/**
AUTH: S.17(1), 17(4)(e.1) AP584477

TIP (\$): 3.00

TOTAL (\$): 34.40

SIGNATURE: *Airport LIRC*
FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@HWI ASSOCIATEDCAB CA

CUSTOMER'S COPY

Edmonton Airports
Taxi Code CAS5%
Date: 30/05/11 17:33
Receipt 085638
Event: Rental parking fee
E No: 268210
Date: 07/05/11 17:33
E No: 17331
Type: Smt paid
Total: \$21.00
Amount Received: \$21.00
Auth: 9428641500 S.17(1), 17(4)(e.1)
Auth: 582330
Type: Smt paid
Total: \$20.00
Auth: 1.00

TICKET VOID IF RE-SOLD

PHONE 780-420-1976
EVENTING PARKER
Impark
400P MAY 04

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

VOID IF RE-SOLD

6:00A THU
MAY 05 11
INSTRUCTIONS ON BACK
SI NO 8231563RR10001

PLACE THIS SIDE UP

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

354634

Name: s.17(1).17(4)(g)(i) Ray Block (For Board Office Use Only) A/P Vendor ID#: _____
 Phone #: _____ Travel Period Month: June & July 2011
 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
17/06/11	Travel 2 Hills 25 th Anniv								280
29/07/11	Travel Ponoka - 100 th Anniv.								220
								TOTAL KMS	500
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)					A	B	C	D	E 252.50

APPROVED AUG 31 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62210000	252.50
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		252.50

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	breakfast	\$9.20
		meals	
August 4/11 DATE SUBMITTED	August 19/2011 DATE APPROVED	lunch	\$11.60
		dinner	\$20.75
		Lodging per night	\$20.15
		Per diem 24-hour	\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**


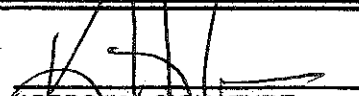
293872

Name: <u>Ray Block</u> s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>June 11, 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
08/06/11	BD Meeting # HAC Residence to Airport				pd				25
08/06/11	Per Diem				20.75 ✓		7.35		
09/06/11	✓ ✓ s.17(1), 17(4)(g)(i)						7.35		
10/06/11	Hotel Bill (includes				43.77	536.66 ✓			
10/06/11	Per Diem						7.35		
11/06/11	PKG airport					51.50 ✓			
11/06/11	Airport to Residence								25
ENTERED AUG 02 2011									
PB Hotel									
TOTAL KMS									50
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		64.52 ✓	536.66 ✓	51.50 ✓	22.05 ✓	25.25 ✓			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	64.52
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	613.41
OTHER (D)	01.71110300002.41090000	22.05
GRAND TOTAL		\$ 699.98 ✓

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
DATE SUBMITTED: <u>June 12, 2011</u>	DATE APPROVED: <u>July 17, 2011</u>														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

SHERATON SUITES CALGARY EAU CLAIRE
 255 Barclay Parade S.W.
 Calgary, Alberta T2P 5C2 Canada
 T- 403 266 7200
 F- 403 266 1300



GUEST / CLIENT
 GUEST / CLIENT

TRAVEL AGENT / CHARGE TO
 AGENT DE VOYAGES / PORTER AU COMPTE DE

Mr Ray Block

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

1207
 ROOM / CHAMBRE 239.00
 RATE / TARIF 1
 # PERS. / N° PERS. 895247 EX-A
 FOLIO / DOSSIER 1
 PAGE / PAGE 08-JUN-11 17:54
 ARRIVE / ARRIVÉE 10-JUN-11
 DEPART / DÉPART AX
 PAYMENT / PAIEMENT

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CREDIT
08-JUN-11	RT1207	Group Government	239.00
08-JUN-11	RT1207	DMF	7.17
08-JUN-11	RT1207	Alberta Tourism Levy (4%)	9.85
08-JUN-11	RT1207	GST (5%)	12.31
09-JUN-11	RT1207	Group Government	239.00
09-JUN-11	RT1207	DMF	7.17
09-JUN-11	RT1207	Alberta Tourism Levy (4%)	9.85
09-JUN-11	RT1207	GST (5%)	12.31
			s.17(1), 17(4)(g)(i) <u>21.66</u>
			<u>22.11</u> > 43.77
10-JUN-11	AX	American Express	580.43-
		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.

** continued on the next page **

580.43
 - 43.77

 536.66

SIGNATURE 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 Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

Mr Ray Block ROOM DEPART AGENT
 FOLIO 895247 08-JUN-11 1207

APPLICANT COPY

SHERATON SUITES CALGARY EAU CLAIRE
 255 Barclay Parade S.W.
 Calgary, Alberta T2P 5C2 Canada
 T - 403 266 7200
 F - 403 266 1300



GUEST / CLIENT
 GUEST / CLIENT

TRAVEL AGENT / CHARGE TO
 AGENT DE VOYAGES / PORTER AU COMPTE DE

Mr Ray Block

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

1207
 ROOM / CHAMBRE 239.00
 RATE / TARIF 1
 # PERS. / N° PERS. 895247 EX-A
 FOLIO / DOSSIER 2
 PAGE / PAGE 08-JUN-11 17:54
 ARRIVE / ARRIVÉE 10-JUN-11
 DEPART / DÉPART AX
 PAYMENT / PAIEMENT

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CRÉDITS/FRAIS / CRÉDIT
-------------	-----------------------	---------------------------	----------------------------------

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
08-JUN-11	261.16	0.00	0.00	7.17	268.33	0.00
09-JUN-11	261.16	22.52	0.00	28.42	312.10	0.00
Total	522.32	22.52	0.00	35.59	580.43	0.00

We would certainly appreciate any feedback that you may have. Please send to Gord Minor at gminor@sheratonsuites.com

GST Summary

GST Room Revenue	24.62
GST Food and Beverage	1.77
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	26.39

846543619 RT0002

SIGNATURE 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 je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

As a Starwood Preferred Guest you have earned at least 149
 Starpoints for this visit s.17(1), 17(4)(g)(i)

Mr Ray Block ROOM DEPART AGENT
 FOLIO 895247 08-JUN-11 1207

APPLICANT COPY

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax-CodeCA5%

Exit Lane 11/06/11 17:13
Receipt 040649

Short-term parking tkt
VP - No. 091559
08/06/11 14:48 -
11/06/11 17:13 -
Period 3d2h26'
(Tax)

	\$51.50
Total	----- \$51.50

Payment Received AMEX	\$51.50
--------------------------	---------

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

Merch:9326641900
Auth:508794
Type: Swiped

Sub Total	\$49.05
Tax 5%	2.45

02090047-1/1

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

455055

Name: Ray Block s.17(1), 17(4)(g)(i) (For Board Office Use Only) A/P Vendor ID#:
 Phone #: Alberta Travel Period Month: September 19-30, 2011
 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose, trip, mode of travel, starting point, details of expenditure)	MEALS			ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D				
								Non-Responsive
	Res - Museum of Banff							28
Sept 27/11	ARB Bone & Joint Hlth Inst.				PKG 5.25			
Sept 26/11	Meeting Chris Eagle				PKG 10.00			
TOTAL KMS								
APPLICABLE MILEAGE RATE @								50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)				A	B	C	D	
					15.25			14.14

RECEIVED
OCT 21 2011
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	29.39
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		29.39

<u>Ray Block</u> CLAIMANT SIGNATURE	<u>[Signature]</u> APPROVAL SIGNATURE	<table border="1"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast			\$9.20											
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>September 30, 2011</u> DATE SUBMITTED	<u>Oct 20/11</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME DATE ISSUED TIME ISSUED AMOUNT PAID

27/09/11 06:25 PM

AMOUNT PAID

27/09/11 04:55 PM \$ 5.25

CREDIT CARD NUMBER

\$ 5.25 76440000 04:55 PM



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION



NON TRANSFERABLE 5009443

RECEIPT 5009443

UP ON DASH

PLACE THIS SIDE UP ON DASH

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

impark

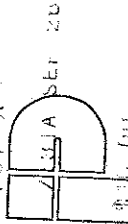
IMF-ARK

PHONE 780-420-1976

HOURLY PARKER

MEMO: 101 111

Time: 27/09/11



Price: \$5.25

Card:

EXP:

EXP:

impark

9:31AM MON

SEP 26 11

GST NO. 887315638K1000

INSTRUCTIONS ON BACK

LD

TICKET VOID

TICKET VOID IF RE-SOLD

PLA

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

455074

Name: Ray Block s.17(1), 17(4)(g)(i) (For Board Office Use Only) A/P Vendor ID#: _____

Phone #: _____

Travel Period Month: August/September 2011
 Alberta Health Services Board Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL/PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
31/08/11	Speak @ "Care Transformation Pilot" UofA Hosp - Edm.								
31/08/11	11762-10651K -> UofA Hosp. Travel Return								12
14/09/11	Residence to airport								25
14/09/11	airport to Res (Sept 15)								25
14/09/11	Per diem - BKFAST/overnight ✓				9.20 ✓			20.15	
15/09/11	Hotel (COW)					144.93 ✓		7.35	
15/09/11	Airport Parking (Public pay)						42.00 ✓		
								misc	
TOTAL KMS								62	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D			51.31 ✓	
		9.20 ✓	144.93 ✓	49.00 ✓	20.15 ✓			31.31 ✓	

Rec'd SEP
Copy to:
File Name:

RECEIVED
OCT 21 2011
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.1110300004 01.71110300002.45000000	9.20
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	225.24
OTHER (D)	01.71110300002.41090000	7.35
GRAND TOTAL		241.79 254.59

M Block
CLAIMANT SIGNATURE

[Signature]
APPROVAL SIGNATURE

September 17, 2011
DATE SUBMITTED

Oct 20/11
DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

APPLICANT COPY



Ray Block

**Calgary, AB
Ab Health Services**

Page # 1
Res. # 488926
Checked in Wed Sep 14/11 - 6:00 pm
Checked out Thu Sep 15/11 - 7:01 am
Nights 1
Room Rate 129.00
Room 374

Group: Ab Health Services

Date	Description	Reference	Charges	Credits
Sep14	Long Distance Charges		2.00	
Sep14	GST		0.10	
Sep14	GOVERNMENT RATE		129.00	
Sep14	GST	s.17(1), 17(4)(g)(i)	6.45	
Sep14	Room Tax		4.92	
Sep14	Destination Marketing Fee		2.46	
Sep15	PAID BY AMEX - Thank you			144.93
			-----	-----
			0.00	144.93

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

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 6.55
Room Tax 4.92

MEDICINE HAT LODGE
1051 ROSS GLEN DR. SE
MEDICINE HAT, AB T1B3T8
4035028170

Merchant ID: 87212780614 Ref #: 068
Term ID: 003

Pre-Auth Compl

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

AMEX Entry Method: Swiped

09/15/11 06:59:50

Inv #: 0000005 Appr Code: 502539

Apprvd Batch#: 000196

Original Pre-Auth Amount: \$ 250.00

Total: \$ 144.93

Customer Copy



APPLICANT COPY

UNIVERSITY OF ALBERTA
HOSPITAL - 83 AVE. PARKADE

GST # R124072513

Rcpt# 27553
08/31/11 12:33 LH 1 A# 2 Txn# 67117
08/31/11 10:18 In 08/31/11 12:33 Out
Tkt# 852350
Fee 1 \$ 7.00
Total Fee \$ 7.00
CASH PAID \$ 7.00-
Cash Tender \$ 7.00
Change Due \$ 0.00

GST Included in Price

Comments? - Email us:
provincialparking@
albertahealthservices.ca

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 15/09/11 18:58
Receipt 003068

Short-term parking tkt
DL - No. 065255
14/09/11 06:47 -
16/09/11 06:46 -
Period 2d0h0'
(Tax) \$42.00
Total \$42.00

Payment Received
AMEX \$42.00

Merchant: 9326641900
Auth: 505447
Type: Swiped

Sub Total \$40.00
Tax 5% 2.00

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

0158988 - 1/1

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

52359

Name: Ray Block (For Board Office Use Only) A/P Vendor ID#: _____
 Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: Oct 14 2011

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, DRIVING, ETC.)	OTHER (MILEAGE)	MILEAGE (KM)
		B	L	D	AMOUNT				
05/10/11	L.T. Gov. Circle on Mental Health Addiction (Residence - bus 4 hrs & back)								28
09/10/11	OFFICE Supplies, Binders, Highlighters & Printer Ink						21.94		Mix w/ 4T
12/10/11	Residence to Airport						58.77		Mix 4T
12/10/11	Board Strategic Session						80.71		25
14/10/11	Per Diem - Overnight Allowance								
14/10/11	Chateau Nova Hotel								
14/10/11	Parking Edm Airport								
14/10/11	Airport to Res								25
14/10/11	BKFAST				9.20				
TOTAL KMS								78	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		9.20		412.02		63		95.41	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	9.20
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	514.41
OTHER (D)	01.71110300002.41090000	95.41
GRAND TOTAL		619.02

<p><u>Ray Block</u> CLAIMANT SIGNATURE</p> <p><u>OCTOBER 14, 2011</u> DATE SUBMITTED</p>	<p><u>[Signature]</u> APPROVAL SIGNATURE</p> <p><u>Nov 25/11</u> DATE APPROVED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford



APPLICANT COPY

NOVA HOTELS

Chateau Nova Hotel
Mod 3, Comp 9, RR 1
Fort McMurray Airport
Fort McMurray, AB T9H 5B5
P:780-791-6682 F:780-743-0560
Toll Free 1-866-924-6682
Arrive 10/12/11 Depart 10/14/11

BLOCK RAY

ALBERTA HEALTH SERVICES
Room # 1211 Invoice # 20773

Table with columns: DATE, CLERK, DEPARTMENT, DESCRIPTION, AMOUNT. Rows include accommodation and tax charges for 10/12/11, 10/13/11, and 10/14/11, plus a MasterCard charge.

GST On Accommodatio 18.90
Tax Reg. # 856465620RT0001

CHATEAU NOVA
FORT McMURRAY
MOD 3, COMP 9, RR 1
FORT McMURRAY, AB T9H5B5
99149965727

TERM ID: NS914996 BATCH#: 019
EMPLOYEE ID: 1 SHIFT#: 001

Completion

INVT#: 000000456
MCARD Chip
Application Label: MasterCard
AID: A000000001010
SQR: 00 00 00 00 00
TST: FR 00

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

Total: CAD\$ 412.02

APPROVED 005861
000/00

3-Oct -11 07:22:47

CUSTOMER COPY
THANK YOU
(780) 791-6682

BALANCE DUE 0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

SIGNATURE

X

ATTENTION

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Reservations: 1-866-401-6682

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Nova Hotels Locations

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

Saskatchewan - Kindersley

NWT & Nunavut - Inuvik, Iqaluit

APPLICANT COPY



*** LD CURRENTS DRIVE 780-944-4583 ***
 LOOKING FOR WORK? www.londondrugs.com

HP #2 INK CART (BLUE) 13.99 G
 HP #2 INK CART (Magenta) 13.99 G
 HP #2 INK CART (Black) 27.99 G
 **** TAX 2.80 BAL 58.77
 VF MasterCard 58.77
 s.17(1), 17(4)(e.1)

AUTH: 025714
 CHANGE *Printer* .00
 (P)ST .00
 (G)ST 2.80

10/09/11 15:28 0083 080 0011 48195
 (B)OTH = (G)ST + (P)ST
 LONDON DRUGS LIMITED GST #R103378972

CREDIT CARD TRANSACTION RECORD

LONDON DRUGS 83
 6048 CURRENTS DR NW
 EDMONDON, AB
 T6W 0L7

CASH REG.: 080 EMPLOYEE: 48195 1
 NO.: s.17(1), 17(4)(g)(i)

AMOUNT s.17(1), 17(4)(e.1) \$58.77

MasterCard PURCHASE

10/09/11 15:28:00 AUTH: 025714
 REFERENCE: 66176930 0013490100

APL: MasterCard
 APN:
 AID: A0000000041010
 TVR: 0000008000

01 APPROVED - THANK YOU 027

IMPORTANT:

Retain this copy for your records.

0083 080 48195 0011

 ENTER FOR A CHANCE TO WIN 1 OF 3
 \$1000 CDN WAL-MART GIFT CARDS

To enter, please complete a survey
 about today's store visit at:

http://survey.walmart.ca

 WE WANT TO KNOW HOW
 WE'RE DOING!

No purchase necessary. Math skill
 testing question required. Open to
 Canadian residents of the age of
 majority. Survey must be taken
 within 2 weeks of today. Odds of
 winning depend on the number of
 eligible entries received. Full
 rules available in store at
 the customer service desk
 and online at

http://survey.walmart.ca

Please retain this receipt for the
 purposes of completing
 the online survey

Your STORE CODE is: 1094

Your opinion counts
 (Le sondage est également offert
 en français).

WAL-MART

SUPERCENTER

(780) 438 - 1190

ST# 1094 DP# 00001645 TE# 16 TR# 07219
 HTGHI TIGHTER 072432891R30

	\$1.97 J
	\$2.97 J
	\$2.97 J
	\$2.97 J
PTEC BINDER 006580004072	\$9.46 J
PTEC BINDER 006580004072	\$9.46 J
SUBTOTAL	\$29.80
GST 5%	\$1.49
TOTAL	\$31.29
s.17(1), 17(4)(e.1) MCARD TEND	\$31.29

MasterCard I 1
 APPROVAL # 025714 29.80
 REF # 128200349953
 PAYMENT SERVICE - A -2.97
 AID A0000000041010 -2.97-8.91
 TC D814B88BDA611AB
 TERMINAL # WMTAU895489SJB 20.89
 *Pin Verified GST 1.105

CHANGE DUE \$0.00
 GST/HST 137466199 RT 0001
 QST 1016551356 TQ 0001

ITEMS SOLD 6

TC# 2354 1143 3619 1223 8110



Please visit www.walmart.ca
 10/09/11 15:21:24

CUSTOMER COPY

0899CF6E - 1/1

GST# R128599776
 Edmonton Airports
 Can-T5J 2T2 Edmonton
 Tax CodeCA5%
 Exit Lane 14/10/11 18:14
 Receipt 038773

Short-term parking tkt
 HL - No. 038425
 12/10/11 06:10 -
 15/10/11 06:09 -
 Period 3d0h0'
 (Tax) \$63.00
 Total \$63.00

Payment Received
 MC \$63.00
 Merch:82005340013
 Auth:015462
 Type: Swiped
 Sub Total \$60.00
 Tax 5% 3.00

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

634470

APPLICANT COPY

Name: <u>Ray Block</u> s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>December 7-8, 2011</u>

Non-Responsive

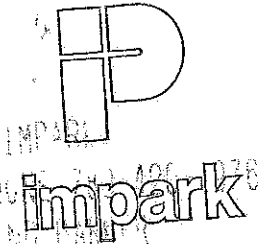
DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
07/12/11	Committee of the Whole							28	
07/12/11	AHS Advisory Rept - Greater Edm - Matrix Hotel					PKB 500			
08/12/11	Bd Meetings - Public etc							22	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 27 2012 FINANCE </div>									
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-30deg);"> ENTERED JAN 30 2012 </div>									
TOTAL KMS								50	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E		25.25	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005. 91110300004 01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	30.25
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		30.25

<u><i>Ray Block</i></u> CLAIMANT SIGNATURE	<u><i>Cathy Ruzay</i></u> APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>December 8, 2011</u> DATE SUBMITTED	<u>Jan. 26 2012.</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

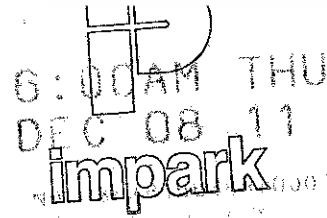
TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

Section: 4 (39) Dec 11
s.17(1), 17(4)(e.1)

TICKET VOID IF RE-SOLD



PLACE THIS SIDE UP ON DASH

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

APPLICANT COPY


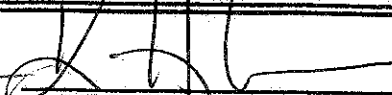
574314

Name: <u>Ray Block</u> s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>OCT. 15/11 - Nov. 30/11</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, destination, etc. of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
15/10/11	Stamp						6.20 ✓		
22/10/11	Prov. Advisory Council - Cancer					PKG 6.00 ✓		40	
31/10/11	E. Garner King Memorial Lecture - Dr. Oliver Smithies				✓	PKG 11.25 ✓			
					Non-Responsive				
								40	
29/11/11	Institute Health Economics					PKG 7.50 ✓			
ENTERED - 28 2011						TOTAL KMS			
						APPLICABLE MILEAGE RATE @ 50.5¢			
SUB-TOTAL <small>(carry forward to continuation sheet, where applicable)</small>		A	B	C	D	E			
				24.75 ✓	6.20 ✓	20.20 ✓			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.7111030000 ⁴ 2.45000000	
TRAVEL EXPENSE (B+C+E)	01.7111030000 ⁴ 2.62212000	44.95
OTHER (D)	01.7111030000 ⁴ 2.41090000	6.20
GRAND TOTAL		51.15

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE
<u>Nov. 30/11</u> DATE SUBMITTED	<u>Dec 13/11</u> DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford

APPLICANT COPY



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

Account Number
Period Covered: October 23 - November 21, 2011
Page 3 of 4

Transactions

Transaction Date	Posting Date	Description	Promotional Offer ID	Reference Number	Account Number	Amount	Total
------------------	--------------	-------------	----------------------	------------------	----------------	--------	-------

Payments and Credits

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

Purchases and Adjustments

10/31	11/01	AHS PARKING	EDMONTON AB	*	7626	7592	\$11.25
-------	-------	-------------	-------------	---	------	------	---------

No Receipt provided from parking machine

THE NINETEENTH ANNUAL
E. GARNER KING
MEMORIAL LECTURE

OCTOBER 31, 2011

4:00 P.M.

BERNARD SNELL HALL
WALTER C. MACKENZIE HEALTH SCIENCES CENTRE



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Medicine

Canada Post / Postes Canada
TERWILLIGAR
584 Riverbend SQ NW
EDMONTON T6R2E0
GST/TPS#: 899063184

2011/10/15 02:47:29 ASHLEY
CC/CC350257 W/G1 TR1099493

G/S 5% 1@\$5.90 \$5.90
P2011 BOOKLET OF 10/P2011 CARNET DE 10

SUBTL/SOUS-TOTAL \$5.90
GST/TPS \$0.30
PST/TVP \$0.00
HST/TVH \$0.00
TOTAL/TOTAL \$6.20

CDN Cash / Espèces CAN \$20.25
CHG. DUE / MONNAIE (\$14.05)

Receipt required for all returns.
Reçu requis pour tous les retours.



R : 1 0 9 9 4 9 3 . 3 5 0 2 5 7 ;

WWW.CANADAPOST.CA / WWW.POSTESCANADA.CA

APPLICANT COPY

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

Rcpt# 2019
 10/22/11 11:20 LH 4 AM 15 Txn# 12235
 10/22/11 07:30 In 10/22/11 11:20 Out
 TKt# 218459
 Regular Rate \$ 5.71
 Total Tax \$ 0.29
 Total Fee \$ 6.00
 CASH PAID \$ 6.00-
 Cash Tender \$ 6.00
 Change Due \$ 0.00

THANK YOU
 COME AGAIN

Edmonton City Centre West
 Managed by Advanced Parking
 Rcpt# 5334
 11/29/11 16:14 LH 3 AM 70 Txn# 12617
 11/29/11 14:46 In 11/29/11 16:14 Out
 Regular Rate \$ 7.14
 Total Tax \$ 0.36
 Total Fee \$ 7.50
 CASH PAID \$ 7.50-
 Cash Tender \$ 10.00
 Change Due \$ 2.50
 GST 122014491RT0003

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>Ray Block</u> <small>s.17(1), 17(4)(g)(i)</small>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>Jan, 2012 - Feb, 4, 2012</u>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
23/01/12	Meeting with Minister						PKG 18 ⁰⁰ ✓		
24/01/12	South Health Campus	✓			11.60		Taxi 72 ⁸⁰ ✓		
✓ ✓ ✓	✓ ✓ (los → airport → los)						PKG 21 ⁰⁰ ✓		50
01/02/12	Committee of the Whole Meeting						PKG 39 ⁰⁰		
✓	Rtn Travel AHE to los.								65
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 23 2012 FINANCE </div>									
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg);"> ENTERED FEB 24 2012 </div>									
								TOTAL KMS	115
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL <small>(carry forward to continuation sheet, where applicable)</small>		A	B	C	D	E			
		11.60		111.80 ✓		58.08 ✓			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	11.60 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	169.88 ✓
OTHER (D)	01.71110300002.41090000	-
GRAND TOTAL		181.48 ✓

<u>Ray Block</u> CLAIMANT SIGNATURE	<u>Adrian Rangan</u> APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center;">meals</td> <td style="width: 10%;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td>lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td>dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>Feb. 4, 2012</u> DATE SUBMITTED	<u>Feb. 20/2012.</u> DATE APPROVED														
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford															

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AIR CANADA



aircanada.com check-in

BLOCK RAYMOND**ECONOMY/E TANGO****ETKT0142103914206**

Frequent Flyer / Voyageur assidu

AC*A

Flight / Vol

AC 8143 24JAN

From / De

EDMONTON-YEG

Destination

CALGARY

Boarding time / Heure d'embarquement

11:25 Gate / Porte **49**Seat / Place **10A****WINDOW/HUBLOT**Departure Time / Heure de départ **12:00** Remarks / ObservationsAirline use / À usage interne **0013 WCI00692****Boarding Pass | Carte d'accès à bord****AIR CANADA**A STAR ALLIANCE MEMBER
MEMBRE DU RÉSEAU STAR ALLIANCEBooking
Reference:
MYRYX5

- * You may reprint your boarding pass at a Self-service application.
- * Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed.
- * If you are unable to travel, please return to the aircanada.com [Check-in](#) option, where you may cancel your check-in, subject to certain rules and restrictions.
- * E-ticket customers must be aware of the conditions of contract. Copies are available at the Air Canada counter.

Bags:**Hand baggage only** - please go directly to security clearance.**Baggage to check in:** proceed to **Bag Drop**, in keeping with the following times:

	Suggested times *	Accepted until *
Flights within Canada:	60 minutes	30 minutes
Flights to / from the USA:	90 minutes	60 minutes
International flights:	90 minutes	60 minutes

* prior to departure time

Boarding:Ensure you have your **travel documents**. Without them you may not be allowed to board your flight:

- government issued photo ID
- boarding pass

Security**Hand baggage (carry-on):**

Restrictions apply to liquids, gels and aerosols in carry-on baggage.

For full details, please consult:
aircanada.com/security**Passenger baggage must NOT contain dangerous goods such as:**

Compressed gases (aerosols or oxygen cylinders), explosives (fireworks or ammunition), flammable solids or liquids (lighter fuels or matches), radioactive materials, oxidising material (bleach), corrosives (acids, alkalis, mercury or wet cell batteries), magnetized materials, poisons and infectious materials.

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- Airport Lounge Access

*Conditions apply



AIR CANADA

americanexpress.ca/faster

Remarks/Observations

07C AISLE/COULOIR

Seat/Place

EDMONTON-YEG

AC 8152

Flight/Yol

Destination

Y

Cabin/Cabine

BLOCK R



Boarding Time/Heure d'embarquement 15:55 Gate/Porte A03 Seat/Place 07C

EDMONTON-YEG

From/De CALGARY

AC*Y

Frequent Flyer/Voyageur assidu

EDMONTON-YEG

Boarding Pass | Carte d'accès à bord

Airline Use/A usage interne 0053 YYC070851

Departure Time/Heure de depart 16:30

AC 8152 24JAN

Flight/Yol

ECONOMY/E TANGO PLUS

ETKT0142103914206

BLOCK RAYMOND

Associated Cab Alta. Ltd. TEL: 299-1111

ALLIED LIMOUSINE TEL: 299-9555

TIME: A.M. P.M.

Driver GST #

Authorization Number

DATE: JAN 23 2012

DRIVER NAME & CAR NO. RAY BLOCH 399

METER CHARGE G.S.T. INCLUDED \$ 65.00

LESS 10% \$

(\$2.50 Per Trip) Passenger Pays \$

GRATUITY \$ 5.00

TOTAL - Subsidy (Payable by A.C.E.) \$ 72.50

128659 CUSTOMER'S COPY s.17(1), 17(4)(g)(1)

PLACE ON DASH FA

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107 B

EXPIRES

23 JAN 18:00 PAID \$18.00

ENTRY TIME 23 JAN 12 16:42

07879 SUR LE TABLEAU DU BORD

PLAQUE SUR LE TABLEAU DU BORD

CE CÔTÉ VISIB

65226791 - 1/1

Edmonton Airports
Can-TS 212 Edmonton
Tax Code CA5%

Exit Lane 24/01/12 17:31
Receipt 012001

Short-term parking tkt
DL - No: 084944
24/01/12 10:45 -
25/01/12 10:44 -
Period 1d0h0'
(Tax) \$21.00

Total \$21.00

Payment Received \$21.00
AMEX

Merch: 9326641900 s.17(1), 17(4)(c.1)
Auth: 561442
Type: Swiped

Sub Total \$20.00
Tax 5% 1.00

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

75726

Name: Ray Block s.17(1), 17(4)(g)(i)
Phone #:

(For Board Office Use Only) A/P Vendor ID#: _____
Travel Period Month: Feb. 5, 2012 - Feb 27/12

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
16-02-12	Audit of Fin Cont						24-		
24-02-12	Bd Meeting HQCA						12-		
		Non-Responsive							
	<u>TOTAL</u>						36-		
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
				36.00					

RECEIVED MAR 26 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	36.00
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		

Ray Block
CLAIMANT SIGNATURE
Feb. 27/12
DATE SUBMITTED

Caden Rayner
APPROVAL SIGNATURE
March 27/2012
DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP

Valid for 2 Hours
Standard Parking 107 Street
Machine Web ID = LOT 107 B
EXPIRES
24 FEB
10:31 PAID \$12.00C
ENTRY TIME 24 FEB 12 08:31
09625 s.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD CÔTÉ VISIBLE PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE

ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP

(NEXT DAY 06h00am)
Standard Parking 106 Street
Machine Web ID = LOT 106A
EXPIRES
16 FEB (+1)
06:00 PAID \$24.00C
ENTRY TIME 16 FEB 12 08:51
14487 s.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD CÔTÉ VISIBLE PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

815221

Name: <u>Ray Block</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	s.17(1), 17(4)(g)(i) Travel Period Month: <u>Feb. 29 - Mar. 19/12</u>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
05-03-12	Minister's Announcement Meeting (AHE (WAIT-AHE/Action))							27.5	
14-03-12	Committee of the Whole Commore						Per diem 7.35		
13-03-12	Travel to Canmore				20.75		7.35	389	
13-03-12	Motel & Travel to Edm.				199.84			389	
14-03-12		Non-Responsive							
					Misc 14.70				
	SUB-TOTAL				20.75	199.84	14.70		
	Non-Responsive							TOTAL KMS	805.5
							APPLICABLE MILEAGE RATE @	50.5¢	
	SUB-TOTAL				20.75	199.84	14.70	406.78	

ENTERED APR 24 2012
(carry forward to continuation sheet, where applicable)

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.75 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	606.62 ✓
OTHER (D)	01.71110300002.41090000	14.70 ✓
GRAND TOTAL		642.07 ✓

RECEIVED
APR 23 2012
FINANCE

<u>Ray Block</u> CLAIMANT SIGNATURE	<u>Cheryl...</u> APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align:center;">meals</td> <td style="text-align:center;">breakfast</td> <td style="text-align:right;">\$9.20</td> </tr> <tr> <td style="text-align:center;">lunch</td> <td style="text-align:right;">\$11.60</td> </tr> <tr> <td style="text-align:center;">dinner</td> <td style="text-align:right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align:center;">Lodging per night</td> <td style="text-align:right;">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align:center;">Per diem 24-hour</td> <td style="text-align:right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>March 19, 2012</u> DATE SUBMITTED	<u>April 13, 2012</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford

Ray Block
Canada

Room No. : 236
 Arrival : 03-13-12
 Departure : 03-15-12
 Page No. : 1 of 1
 Folio No. : 1068335
 Conf. No. : 1108010
 Cashier No. : 125

INVOICE

Membership No. :
 A/R Number :
 Group Code : 1201ALBHEA
 Company Name : Alberta Health Services

03-15-12 11:25:28 AM EST

Date	Text		Charges	Credits
03-13-12	Room Charge		89.00	
03-13-12	Destination Marketing Fee		2.67	
03-13-12	Alberta Tourism Levy %4		3.67	
03-13-12	Room %5 GST		4.58	
03-14-12	Room Charge		89.00	
03-14-12	Destination Marketing Fee		2.67	
03-14-12	Alberta Tourism Levy %4		3.67	
03-14-12	Room %5 GST		4.58	
03-15-12	American Express			199.84
		s.17(1), 17(4)(e.1)		
		XX/XX		
Room GST	9.16	Other PST 12.68	Other GST	0.00
Net Amount	178.00	CAD		
Total			199.84	199.84
Balance				0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
 Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____
 GST# 865543425

Radisson Hotel & Conference Center
 511 Bow Valley Trail
 Canmore, Alberta T1W 1N7
 Telephone: (403) 678-3625 Fax: (403) 678-5534

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

932697

Name: <u>Ray Block</u> s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>March 20 - May 25/12</u>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
11-04-12	Norlien Foundation Meeting						PKG 7.50		
		Non-Responsive							
19-05-12	Binders & Ink Printer							71.98	
21-05-12	Audit & Finance Comm.						PKG 18	Travel to 19.40	
ENTERED JUN 25 2012									
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <small>(carry forward to continuation sheet, where applicable)</small>		A	B	C	D	E	F	G	
				25.50	71.98	20.20			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	45.70
OTHER (D)	01.71110300002.41090000	71.98
GRAND TOTAL		117.68

RECEIVED
 JUN 25 2012
 FINANCE

<u>Ray Block</u> CLAIMANT SIGNATURE	<u>Calvin Ray</u> APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td style="text-align: center;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td style="text-align: center;">lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td style="text-align: center;">dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align: center;">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>May 26, 2012</u> DATE SUBMITTED	<u>June 18/2012</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY



L.D JASPER GATES 780 944 4522
 LOOKING FOR WORK? www.londondrugs.com

206.29	L D REFERENCE BIND	12.58	G
	HP #2 INK CART	27.99	G
	HP #2 INK CART	13.99	G
	HP #2 INK CART	13.99	G
****	TAX 3.43 BAL	71.98	
VF	AMEX	71.98	

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

AUTH: 542334
 CHANGE .00
 (P)ST .00
 (G)ST 3.43

05/19/12 11:16 0022 092 0055 49867
 ** THANK YOU **
 LONDON DRUGS LTD. G.S.T. #R103378972

CREDIT CARD TRANSACTION RECORD

LONDON DRUGS 22
 14951 STONY PLAIN ROAD
 EDMONTON, AB
 T5P 4W1

CASH REG.: 092 EMPLOYEE: 49867 1.
 NO.: s.17(1), 17(4)(e.1)
 AMOUNT \$71.98
 AMEX PURCHASE

05/19/12 11:16:04 AUTH: 542334
 REFERENCE: 66172287 0015680260 S

00 APPROVED - THANK YOU 025

IMPORTANT:

Retain this copy for your records.

0022 092 49867 0055

PLACE ON DASH FACE UP (SAME DAY 18:00) PLACE ON DASH FACE UP PLACE ON

AHS
Fine
Com

Standard Parking 107 Street
 Machine Web ID = LOT 107 B
 EXPIRES
24 MAY
18:00 PAID \$18.00C

ENTRY TIME 24 MAY 12 08:10
 14731 s.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE

Norlien Edtn.
 IMPARK LOT #101
 TELUS PLAZA PARKADE
 GST #28731 5638 RT0006

04-11-2012 WED #1
 1 1/2 HOUR 7.50
 CASH 7.50
 ITEM 1
 1CL 4085 18:16TM

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

983176

1/2
A

s.17

Name: Ray Black (For Board Office Use Only) A/P Vendor ID#: _____

Phone #: _____ Travel Period Month: May 31/12 - June 10, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)		
		B	L	D	AMOUNT						
31/05/12	IHE Conference						PKG 20	61.12			
05/06/12	HRC										
05/06/12	Travel to Calgary (AF)			✓	20.75		per diem 7.35	295			
05/06/12	HOTEL 2 BD						✓ 7.35				
06/06/12	COW + Atty Meeting	✓			20.80	279.55	PKG ✓ 38.85	Internet			
07/06/12	Public mag.	✓			9.20	279.55	PKG ✓ 38.85				
08/06/12	Health Advisory Com. MH						per diem 7.35				
09/06/12							tel .98				
09/06/12	Travel Calgary to Edmonton							295			
SUB-TOTAL					50.75	838.65	136.55	38.73			
TOTAL KMS								590			
APPLICABLE MILEAGE RATE @								50.5¢			
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	75	B	838.65	C	136.55	D	38.73	E	297.95

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	101.0005. 4 622/21 01.71110300002.45000000	50.75 AB3
TRAVEL EXPENSE (B+C+E)	101.0005. 4 01.71110300002.62212000	1273.15 R
OTHER (D)	101.0005. 4 01.71110300002.41090000	38.73 R
GRAND TOTAL		1362.63 ✓

<p><u>Ray Black</u> CLAIMANT SIGNATURE</p> <p><u>June 10/12</u> DATE SUBMITTED</p>	<p><u>Clayton Rayner</u> APPROVAL SIGNATURE</p> <p><u>July 9/2012</u> DATE APPROVED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td>breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td>lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td>dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

ENTERED 11.2.12

Sheraton Suites Calgary Eau Claire
 255 Barclay Parade SW
 Calgary, AB T2P 5C2
 403 266 7200 / 403 266 1300
 http://www.sheratonsuites.com

APPLICANT COPY



Sheraton
 HOTELS & RESORTS

Mr Block, Ray	Page Number	1	Invoice Nbr	29535557
	Guest Number	966031	Arrive Date	06-05-2012
	Folio ID	A	Depart Date	06-08-2012
s.17(1), 17(4)(g)(i)	No. Of Guest	1		
	Room Number	1007		
	Club Account			s.17(1), 17(4)(g)(i)
	Time	06-08-2012 10:34		

Invoice

Tax Identification 846543619 RT0002

Date	Reference	Description	Charges	Credits
		s.17(1), 17(4)(g)(i)	<u>\$15.00</u>	personal
06-05-2012	RT1007	Group Government	\$249.00	
06-05-2012	RT1007	DMF	\$7.47	} \$279.55
06-05-2012	RT1007	Alberta Tourism Levy (4%)	\$10.26	
06-05-2012	RT1007	GST (5%)	\$12.82	
06-05-2012	RT1007	Valet Parking	\$38.85 →	
06-06-2012	4363	Barclay's Restaurant	\$20.80	BKFAST
06-06-2012	1	In-room Internet	\$15.70	→
06-06-2012	RT1007	Group Government	\$249.00	} \$279.55
06-06-2012	RT1007	DMF	\$7.47	
06-06-2012	RT1007	Alberta Tourism Levy (4%)	\$10.26	
06-06-2012	RT1007	GST (5%)	\$12.82	
06-06-2012	RT1007	Valet Parking	\$38.85	→
		s.17(1), 17(4)(g)(i)	<u>\$37.50</u>	Not claimed
06-07-2012	RT1007	Group Government	\$249.00	} \$279.55
06-07-2012	RT1007	DMF	\$7.47	
06-07-2012	RT1007	Alberta Tourism Levy (4%)	\$10.26	
06-07-2012	RT1007	GST (5%)	\$12.82	
06-07-2012	RT1007	Valet Parking	\$38.85	→
06-07-2012	RT1007	Club Access Gold	<u>\$25.00</u>	BKFAST - claimed per Diem.
06-08-2012	AX	American Express		\$-1,069.20
		** Total	\$1,069.20	\$-1,069.20
		** Balance	\$0.00	
****			\$42.16	

Continued on the next page

Sheraton Suites Calgary Eau Claire
 255 Barclay Parade SW
 Calgary, AB T2P 5C2
 403 266 7200 / 403 266 1300
 http://www.sheratonsuites.com

APPLICANT COPY



Mr Block, Ray	Page Number	2	Invoice Nbr	29535557
	Guest Number	966031	Arrive Date	06-05-2012
	Folio ID	A	Depart Date	06-08-2012
s.17(1), 17(4)(g)(i)	No. Of Guest	1		
	Room Number	1007		
	Club Account		s.17(1), 17(4)(g)(i)	
	Time	06-08-2012 10:34		

Invoice

For Authorization Purpose Only

RAY BLOCK

Date	Credit Card	Code	Authorized
06-05-2012		581786	1,008.45

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

GST Summary

GST Room Revenue	38.46
GST Food and Beverage	2.95
GST Telephone	0.00
GST Other Revenue	0.75
	42.16

GST Other Revenue 846543619 RT0002

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
06-05-2012	\$272.08	\$0.00	\$0.00	\$61.32	\$333.40	\$0.00
06-06-2012	\$272.08	\$20.80	\$0.00	\$62.02	\$354.90	\$0.00
06-07-2012	\$272.08	\$0.00	\$0.00	\$108.82	\$380.90	\$0.00
06-08-2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-1,069.20
Total	\$816.24	\$20.80	\$0.00	\$232.16	\$1,069.20	\$-1,069.20

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

Your SPG Account earned at least 233 Starpoints. Get 10,000 more with the SPG Credit Card. spg.com/axpcard

Signature _____

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Sheraton Cavalier Hotel Calgary
 2620 32 Avenue N.E.
 Calgary, AB T1Y 6B8
 Canada
 Tel: 403-291-0107 Fax: 403-291-2834

Dr. Raymond Block
 Alberta Health Services

s.17(1), 17(4)(g)(i)
 Email:
 PROVLG - Provincial Advisory C

Page Number : 1
 Guest Number: 1011182 Arrive Date: 08-JUN-12 15:11
 Folio ID : EX-A Depart Date: 09-JUN-12
 No. Of Guest: 1
 Room Number : 406
 Room Rate : 119.00
 Club Account:

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

Information Invoice

Tax ID: GST- r100846435
 Sheraton Cavalier 09-JUN-12 02:17 ROMANO

Date	Reference	Description	Charges	Credits
		s.17(1), 17(4)(g)(i)		
08-JUN-12	500G		0.93	
08-JUN-12	500G	GST	0.05	
09-JUN-12	AX	American Express	-0.98	
		** Total	0.98	-0.98
		*** Balance	0.00	

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

Continued on the next page

APPLICANT COPY

Sheraton Cavalier Hotel Calgary
 2620 32 Avenue N.E.
 Calgary, AB T1Y 6B8
 Canada
 Tel: 403-291-0107 Fax: 403-291-2834

Dr. Raymond Block
 Alberta Health Services

Page Number : 2
 Guest Number: 1011182 Arrive Date: 08-JUN-12 15:11
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 Room Number : 406
 Room Rate : 119.00
 Club Account:

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

Email:

PROVLG - Provincial Advisory C

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

Amount CAD

0.00
 0.00
 0.05
 0.00
 0.05

Get 3 free weeks of personal training, because fitness and travel go hand in hand. To keep you fit while traveling or at home, Sheraton has partnered with world-renowned training and nutrition experts Core Performance(TM). Get started at www.sheraton.com/fitness

As a Starwood Preferred Guest you have earned at least 3 Starpoints for this visit

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

EXPENSE SUMMARY REPORT

Date	Room Chrg	Food & Bev	Telephone	GST	Other	Total
08-JUN-12	0.00	0.00	0.93	0.05	0.00	0.98
Total	0.00	0.00	0.93	0.05	0.00	0.98

Date	Payment
08-JUN-12	0.00
Total	0.00

Barclay's

Sheraton Suites Calgary
GST #846543619RT0002

138 KIM _____ 1

14 / 1 _____ CHK 4363 GST 1
JUN06'12 7:08AM

1 *CONTINENTAL BUF	16.95
FOOD	16.95
GST	0.85
Total Due ..	\$ 17.80

GRATUITY _____ 3

TOTAL _____ 2080

ROOM # _____

PRINT NAME _____

SIGNATURE _____

NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER

1HE
CONFERENCE

Best Copy Possible

15-01-2012 11:11:00
20.00
20.00
15-01-2012 11:11:00

Name: Ray Block ^{VOYAGER} 1064356 (For Board Office Use Only) A/P Vendor ID#: _____
 Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: June 21 - July 4th /12

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
		Non-Responsive							7-16-12	
26/06/12	Minister's Gov. Com. Task Force						(Kas → Tems → RSS)	7-17-12 40		
		Non-Responsive							7-18-12	
TOTAL KMS										
APPLICABLE MILEAGE RATE @								50.5¢		
SUB-TOTAL (carry forward to continuation sheet, where applicable)						A	B	C	D	E
										20.20 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	20.20
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		20.20

Ray Block
 CLAIMANT SIGNATURE

Colin Ray
 APPROVAL SIGNATURE

July 4/12
 DATE SUBMITTED

Aug. 08/2012
 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lou DeCoste