APPLICANT COPY

1120542

23614

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: D. Caleffi

FOR THE MONTH OF: July 2006 s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE:	$ ENTERED AUG 15 2006	
CAR RENTAL:	$	
ACCOMMODATION:	$ RECEIVED	
MEALS:	$ AUG 14 2006	
PARKING:	$ FINANCE	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 208 km at .43¢ /km R (Attach Local Travel Expense Claim form)	$ 89.44	62210000
TOTAL EXPENSES:	$ 89.44	

L. Deloste

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
D Caleffi		
DEPARTMENT	**PHONE NUMBER**	**DATE** July 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
July 7	Accreditation	70		
July 14	ACH - Stampede Breakfast	68		
Aug 11	Ladies' Tea	70		
		208		

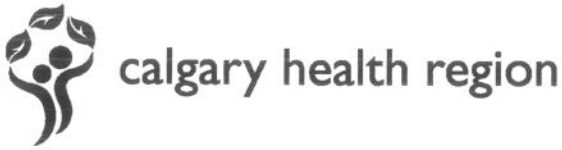
CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE D Caleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION L. Delaste		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER 943-1122	

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE



MEMORANDUM
Office of the Board

DATE: **August 14, 2006**

TO: **Marina Miller, Accounts Payable**

FROM: **Lou DeCoste**

SUBJECT: **BOARD EXPENSES**

Attached are the copies of the Board Expense forms for July 2006, for the following Board Members:

Diane Caleffi

Please call me at 943-1122 if you have any questions.

Thanks!

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

1545391

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: May 2008

ENTERED JUN 0 9 2008

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 24 km at .46¢ /km (Attach Local Travel Expense Claim form)	$ 11.04	62210000
TOTAL EXPENSES:	$ 11.04	

Employee Signature: D Caleffi

4. DeLoste

RR

C:\Documents and Settings\User-1\Local Settings\Temporary Internet Files\OLK21\Honoraria Forms.DOC Revised: February 2006

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER	DATE: May 2008

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
May 12/08	Nurses' Dinner	24		
		24		

CODING & AUTHORIZATION

FINANCIAL CODES				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE: Caleff			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: L. DeCoste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER: 943-1122	

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

1545397

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi 608893

FOR THE MONTH OF: April 2008

ENTERED JUN 0 9 2008

EXPENSES

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:	451.71	$ 468.99	62212000
MEALS:	19.85 - apr 15 34.00 - apr 13	Z $ 53.85	62212000
PARKING:		R $ 81.90	62212000
TAXIS:		$	
OTHER (please describe):			
Phone		Z $ 35.10	62212000
R		$	
		R $ 281.60	62212000
MILEAGE: 496 km at .44 /km (Attach Local Travel Expense Claim form)	640 @ .44 =	R $ 218.24	62210000
TOTAL EXPENSES:		$ 1139.68	

Employee Signature: D Caleffi

1033.45
106.23

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

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

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING

INSTRUCTIONS:
- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print): Diane Caleffi
EMPLOYEE NUMBER:
DEPARTMENT: Board
PHONE NUMBER:
DATE: April 2008

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Apr 3	Accreditation	70		
Apr 6		70		
" 7		70		
" 11		70		
" 13	HBA	640 >		
22	Finance	70		
28	Wellness	70		
29	Board & Cont. learning	76		
		640		
		496		
		1136		

CODING & AUTHORIZATION

FINANCIAL CODE			GL DESCRIPTION	AMOUNT (Including GST)
ORG	FUNCTIONAL CENTRE	ACCOUNT		
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE: D Caleffi			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
G. Deloste		943-1122

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

X:Board/Honoraria/Local Travel Expense Claim

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

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

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

travel agent/charge to

guest

Diane Caleffi

10101 Southport Road S.W.
Calgary, AB T2W 3N2
Canada

HBC15A

	509
room	142.00
rate	1
no. pers.	247961 EX-A
folio	1
page	13-APR-08 15:17
arrive	16-APR-08
depart	VI
payment	

509 142.00

date	reference	description	expenses/credits	
13-APR-08	RT509	GST	7.17	156.33
13-APR-08	RT509	DMF	1.42	
13-APR-08	RT509	Tourism Levy	5.74	
13-APR-08	RT509	Parking Valet	26.00	27.30
13-APR-08	RT509	Tax GST	1.30	
13-APR-08	301A	0002 17:11	8.09	10.07 ✓
13-APR-08	301A	Tax - GST	0.40	
13-APR-08	303A	0004 17:16 s.17(1), 17(4)(g)(i)	1.50	
13-APR-08	303A	Tax - GST	0.08	
13-APR-08	3239	In Room Dining	34.00	34.00
13-APR-08	390A	0001 22:01	1.50	1.58 ✓
13-APR-08	390A	Tax - GST	0.08	
14-APR-08	RT509	Room Charge	142.00	
14-APR-08	RT509	GST	7.17	156.33
14-APR-08	RT509	DMF	1.42	
14-APR-08	RT509	Tourism Levy	5.74	
14-APR-08	RT509	Parking Valet	26.00	27.30
14-APR-08	RT509	Tax GST	1.30	
14-APR-08	673A	0002 12:38	8.09	8.49 ✓
14-APR-08	673A	Tax - GST s.17(1), 17(4)(g)(i)	0.40	
		Personal	41.40	
14-APR-08	698A	Tax - GST	2.07	
14-APR-08	871A	0001 15:12	6.42	6.74 ✓
14-APR-08	871A	Tax - GST	0.32	
15-APR-08	RT509	Room Charge	142.00	
15-APR-08	RT509	GST	7.17	156.30
15-APR-08	RT509	DMF	1.42	
15-APR-08	RT509	Tourism Levy	5.74	
15-APR-08	RT509	Parking Valet	26.00	27.30
15-APR-08	RT509	Tax GST	1.30	
15-APR-08	749A	0001 17:27 s.17(1), 17(4)(g)(i)	1.90	✓

** 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 _____

Diane Caleffi
FOLIO 247961 13-APR-08

WESTIN HOTELS & RESORTS

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

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

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

guest

Diane Caleffi

10101 Southport Road S.w.
Calgary, AB T2W 3N2
Canada

HBC15A

room	509	
rate	142.00	
no. pers.	1	
folio	247961	EX-A
page	2	
arrive	13-APR-08	15:17
depart	16-APR-08	
payment	VI	

travel agent/charge to

date	reference	description	charges/credits	
15-APR-08	750A	0001 17:28		1.50
15-APR-08	750A	Tax - GST		0.08 } 1.58
15-APR-08	755A	0002 17:35		1.50
15-APR-08	755A	Tax - GST		0.08 } 1.58
15-APR-08	757A	0001 17:37		1.50
15-APR-08	757A	Tax - GST		0.08 } 1.58
15-APR-08	764A	0001 17:47		1.50
15-APR-08	764A	Tax - GST		0.08 } 1.58
16-APR-08	VI	Visa	663.56-	
		Balance Due	0.00	

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

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 **

personal 45.47
Accom. 468.99 ✓
Phone: 33.20 ✓ + 1.90 = 35.10
Meals: 34.00 ✓
Parking: 81.90 ✓

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 _____

Diane Caleffi
FOLIO 247961 13-APR-08

WESTIN HOTELS & RESORTS

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

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

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

guest

Diane Caleffi

10101 Southport Road S.W.
Calgary, AB T2W 3N2
Canada

HBC15A

	509	
room	142.00	
rate	1	
no. pers.	247961	EX-A
folio	3	
page	13-APR-08	15:17
arrive	16-APR-08	
depart	VI	
payment		

travel agent/charge to

date	reference	description	charges	credits

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
13-APR-08	142.00	7.17	5.74	34.00	11.65	28.72	229.28
14-APR-08	142.00	7.17	5.74	0.00	58.70	28.72	242.33
15-APR-08	142.00	7.17	5.74	0.00	8.32	28.72	191.95
Total	426.00	21.51	17.22	34.00	78.67	86.16	663.56

Date	Payment
13-APR-08	0.00
14-APR-08	0.00
15-APR-08	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	21.51
GST Food and Beverage:	0.00
GST Telephone Revenue:	3.77
GST Other:	0.00
	25.28

The Westin Edmonton GST# 861336493RT0005

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 1067 Starpoints for this visit. Please provide your member number or enroll today.

Diane Caleffi
FOLIO 247961 13-APR-08

WESTIN HOTELS & RESORTS

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

calgary health region

MEMORANDUM
Office of the Board

DATE: **June 6, 2008**

TO: **Marina Miller, Accounts Payable**

FROM: **Lou DeCoste**

SUBJECT: **BOARD EXPENSES**

Attached are the copies of the Board Expense forms for May 2008, for the following Board Members:

Diane Caleffi

Non-Responsive

Please call me at 943-1122 if you have any questions.

Thanks!

APPLICANT COPY

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

guest

Diane Caleffi

10101 Southport Road S.W.
Calgary, AB T2W 3N2
Canada

HBC15A

room	509	
rate	142.00	
no. pers.	1	
folio	247961	EX-A
page	1	
arrive	13-APR-08	15:17
depart	16-APR-08	
payment	VI	

509

date	reference	description		charges/credits	
13-APR-08	RT509	GST		7.17	156.33
13-APR-08	RT509	DMF		1.42	
13-APR-08	RT509	Tourism Levy		5.74	
13-APR-08	RT509	Parking Valet		26.00	27.30
13-APR-08	RT509	Tax GST		1.30	
13-APR-08	301A	0002 17:11		8.09	
13-APR-08	301A	Tax - GST		0.40	10.07
13-APR-08	303A	17:16	s.17(1), 17(4)(g)(i)	1.50	
13-APR-08	303A	Tax - GST		0.08	
13-APR-08	3239	In Room Dining		34.00	34.00
13-APR-08	390A	22:01		1.50	1.58
13-APR-08	390A	Tax - GST		0.08	
14-APR-08	RT509	Room Charge		142.00	
14-APR-08	RT509	GST		7.17	156.33
14-APR-08	RT509	DMF		1.42	
14-APR-08	RT509	Tourism Levy		5.74	
14-APR-08	RT509	Parking Valet		26.00	27.30
14-APR-08	RT509	Tax GST		1.30	
14-APR-08	673A	0002 12:38		8.09	8.49
14-APR-08	673A	Tax - GST		0.40	
			s.17(1), 17(4)(g)(i)	41.40	
14-APR-08	698A	Tax - GST		2.07	
14-APR-08	871A	0001 15:12		6.42	6.74
14-APR-08	871A	Tax - GST		0.32	
15-APR-08	RT509	Room Charge		142.00	
15-APR-08	RT509	GST		7.17	156.33
15-APR-08	RT509	DMF		1.42	
15-APR-08	RT509	Tourism Levy		5.74	
15-APR-08	RT509	Parking Valet		26.00	27.30
15-APR-08	RT509	Tax GST		1.30	
15-APR-08	749A	0001 17:27	s.17(1), 17(4)(g)(i)	1.90	

** continued on the next page **

agree to remain personally liable for the payment of this account in the
consideration of direct or indirect billed fees to the extent of all of the [illegible]. signature

Diane Caleffi
FOLIO 247961 13-APR-08

WESTIN
HOTELS & RESORTS

APPLICANT COPY

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

guest
Diane Caleffi

10101 Southport Road S.W.
Calgary, AB T2W 3N2
Canada

HBC15A

room	509	
rate	142.00	
size	1	
no. pers.	247961	EX-A
bed	2	
date	13-APR-08	15:17
arrive	16-APR-08	
depart	VI	
payment		

date	reference	description		charges/credits	
15-APR-08	750A		0001 17:28	s.17(1), 17(4)(g)(i)	1.50 } 1.58
15-APR-08	750A	Tax - GST			0.08
15-APR-08	755A		0002 17:35	s.17(1), 17(4)(g)(i)	1.50 } 1.58
15-APR-08	755A	Tax - GST			0.08
15-APR-08	757A		0001 17:37	s.17(1), 17(4)(g)(i)	1.50 } 1.58
15-APR-08	757A	Tax - GST			0.08
15-APR-08	764A		0001 17:47	s.17(1), 17(4)(g)(i)	1.50 } 1.58
15-APR-08	764A	Tax - GST			0.08
16-APR-08	VI	Visa		663.56-	
		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 **

personal 45.47
Accom. 468.99
Phone: 33.20
Meals: 39.00
Parking: 81.90

I agree to remain personally liable for payment of this account in the
corporation or other name billed, failing payment of all or any part of the account by the

signature

Diane Caleffi
FOLIO 247961 13-APR-08

WESTIN
HOTELS & RESORTS

APPLICANT COPY

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

guest		509	
Diane Caleffi	room	142.00	
	adults	1	
10101 Southport Road S.w.	business	247961	EX-A
Calgary, AB T2W 3N2	folio	3	
Canada	depart	13-APR-08	15:17
	arrive	16-APR-08	
HBC15A	deposit	VI	
	payment		

date	reference	description	charges/credits

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
13-APR-08	142.00	7.17	5.74	34.00	11.65	28.72	229.28
14-APR-08	142.00	7.17	5.74	0.00	58.70	28.72	242.33
15-APR-08	142.00	7.17	5.74	0.00	8.32	28.72	191.95
Total	426.00	21.51	17.22	34.00	78.67	86.16	663.56

Date	Payment
13-APR-08	0.00
14-APR-08	0.00
15-APR-08	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	21.51
GST Food and Beverage:	0.00
GST Telephone Revenue:	3.77
GST Other:	0.00
	25.28

The Westin Edmonton GST# 861336493RT0005

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

As a Starwood Preferred Guest, you could have earned 1067 Starpoints for this visit. Please provide your member number or enroll today.

Diane Caleffi

FOLIO 247961 13-APR-08

WESTIN
HOTELS & RESORTS

APPLICANT COPY

42816

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: Feb. 2004

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
Cell phone Calls	Z $ 4.62	69500000
	$	
	$	
MILEAGE: 272 km at .38¢ /km	R $ 103.36	62210000
TOTAL EXPENSES:	$ ~~103.36~~ 107.98	

ENTERED MAR 23 2004

Brandon

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

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

APPLICANT COPY

DIANE E. CALEFFI

CLIENT N° :

TELUS mobility · mobilité

INVOICE DATE: 21-Feb-04

PAGE 5 of 8

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

4.62

AIRTIME DETAIL (continued)

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

Call Period: D-Daytime, E-Evening, W-Weekend

Call	Date	Time	Call Period	From	Number Called	To	Call Length mm:ss	Local Airtime Rate	Local Airtime Charges	LD Charges	Additional Call Charges	Total
137	04 Feb	11:24	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
138	04 Feb	12:11	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
139	04 Feb	12:37	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
140	04 Feb	14:34	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
141	04 Feb	14:51	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
142	04 Feb	15:29	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
143	04 Feb	15:37	D	CALGARY AB		CALGARY AB	0:36	0.25	0.15	0.00	0.00	0.15
144	04 Feb	16:08	D	CALGARY AB		CALGARY AB	0:43	0.25	0.18	0.00	0.00	0.18
145	04 Feb	16:19	D	INCOMING		CALGARY AB	0:26	0.25	0.11	0.00	0.00	0.11
146	04 Feb	16:33	D	INCOMING		CALGARY AB	0:26	0.25	0.11	0.00	0.00	0.11
147	04 Feb	16:34	D	CALGARY AB		CALGARY AB	1:34	0.25	0.39	0.00	0.00	0.39
148	04 Feb	16:52	D	INCOMING		CALGARY AB	1:30	0.25	0.38	0.00	0.00	0.38
149	04 Feb	16:55	D	INCOMING		CALGARY AB	0:28	0.25	0.12	0.00	0.00	0.12
150	04 Feb	17:40	D	INCOMING		CALGARY AB	2:38	0.25	0.66	0.00	0.00	0.66
151	04 Feb	18:32	D	CALGARY AB		CALGARY AB	0:37	0.25	0.16	0.00	0.00	0.16
152	04 Feb	18:33	D	CALGARY AB		CALGARY AB	1:10	0.25	0.29	0.00	0.00	0.29
153	04 Feb	18:40	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
154	04 Feb	19:55	E	CALGARY AB		CALGARY AB	0:28	0.00	0.00	0.00	0.00	0.00
155	04 Feb	19:53	E	CALGARY AB		MSG FAIRVIEW AB	0:30	0.00	0.00	0.00	0.00	0.00
156	04 Feb	19:57	E	CALGARY AB		CALGARY AB	1:47	0.00	0.00	0.00	0.00	0.00
157	04 Feb	20:09	E	INCOMING		CALGARY AB	2:21	0.00	0.00	0.00	0.00	0.00
158	04 Feb	20:23	E	CALGARY AB		CALGARY AB	0:12	0.00	0.00	0.00	0.00	0.00
159	04 Feb	20:24	E	CALGARY AB		CALGARY AB	1:24	0.00	0.00	0.00	0.00	0.00
160	04 Feb	20:24	E	INCOMING		CALGARY AB	1:21	0.00	0.00	0.00	0.00	0.00
161	04 Feb	20:44	E	CALGARY AB		CALGARY AB	0:55	0.00	0.00	0.00	0.00	0.00
162	04 Feb	20:45	E	CALGARY AB		CALGARY AB	0:12	0.00	0.00	0.00	0.00	0.00
163	05 Feb	06:50	E	CALGARY AB		CALGARY AB	0:55	0.00	0.00	0.00	0.00	0.00
164	05 Feb	08:36	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
165	05 Feb	09:11	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
166	05 Feb	09:17	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
167	05 Feb	09:24	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
168	05 Feb	11:41	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
169	05 Feb	12:01	D	CALGARY AB		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
170	05 Feb	15:19	D	CALL FORWARD		MSG FAIRVIEW AB	0:36	0.25	0.15	0.00	0.00	0.16
171	05 Feb	16:32	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
172	06 Feb	10:03	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
173	06 Feb	10:34	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
174	06 Feb	13:26	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
175	06 Feb	13:30	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
176	06 Feb	16:01	D	CALGARY AB		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
177	06 Feb	16:01	D	INCOMING		MSG FAIRVIEW AB	0:29	0.25	0.07	0.00	0.00	0.07
178	06 Feb	16:10	D	CALGARY AB		CALGARY AB	0:34	0.25	0.14	0.00	0.00	0.14
179	06 Feb	16:11	D	CALGARY AB		CALGARY AB	0:15	0.25	0.06	0.00	0.00	0.06
180	06 Feb	16:15	D	CALGARY AB		MSG FAIRVIEW AB	0:15	0.25	0.07	0.00	0.00	0.07
181	06 Feb	16:48	D	CALL FORWARD		[illegible]	[illegible]	[illegible]	0.27	0.00	0.00	0.27
182	06 Feb	16:51	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
183	07 Feb	00:31	W	CALL FORWARD		MSG CENTRE AB	6:00	0.00	0.00	0.00	0.00	0.00
184	07 Feb	11:46	W	CALL FORWARD		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
185	07 Feb	19:53	W	CALL FORWARD		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
186	08 Feb	12:02	W	CALL FORWARD		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
187	08 Feb	12:37	W	CALGARY AB		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
188	08 Feb	12:38	W	CALGARY AB		CALGARY AB	0:45	0.00	0.00	0.00	0.00	0.00
189	08 Feb	12:42	W	CALGARY AB		CALGARY AB	2:20	0.00	0.00	0.00	0.00	0.00
190	08 Feb	12:43	W	CALGARY AB		CALGARY AB	0:26	0.00	0.00	0.00	0.00	0.00
191	08 Feb	12:44	W	CALGARY AB		CALGARY AB	1:32	0.00	0.00	0.00	0.00	0.00
192	08 Feb	12:49	W	CALGARY AB		800 CALL AB	0:55	0.00	0.00	0.00	0.00	0.00
193	08 Feb	13:00	W	INCOMING		800 CALL AB	0:34	0.00	0.00	0.00	0.00	0.00
194	08 Feb	14:59	W	INCOMING		CALGARY AB	1:09	0.00	0.00	0.00	0.00	0.00
195	08 Feb	15:12	W	CALGARY AB		CALGARY AB	3:46	0.00	0.00	0.00	0.00	0.00
196	08 Feb	15:46	W	INCOMING		CALGARY AB	0:41	0.00	0.00	0.00	0.00	0.00
197	08 Feb	15:51	W	CALGARY AB		CALGARY AB	0:17	0.00	0.00	0.00	0.00	0.00
198	08 Feb	16:02	W	CALGARY AB		CALGARY AB	0:52	0.00	0.00	0.00	0.00	0.00
199	08 Feb	16:11	W	CALGARY AB		CALGARY AB	0:49	0.00	0.00	0.00	0.00	0.00
200	08 Feb	16:12	W	CALGARY AB		CALGARY AB	0:22	0.00	0.00	0.00	0.00	0.00
201	08 Feb	16:13	W	INCOMING		CALGARY AB	0:42	0.00	0.00	0.00	0.00	0.00
202	08 Feb	17:00	W	CALGARY AB		CALGARY AB	0:24	0.00	0.00	0.00	0.00	0.00
203	08 Feb	17:20	W	CALGARY AB		800 CALL AB	7:53	0.00	0.00	0.00	0.00	0.00
204	08 Feb	17:20	W	INCOMING		CALGARY AB	1:52	0.00	0.00	0.00	0.00	0.00
205	09 Feb	06:56	W	CALGARY AB		800 CALL AB	1:27	0.00	0.00	0.00	0.00	0.00
							0:22	0.00	0.00	0.00	0.00	0.00

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

DIANE E. CALEFFI

CLIENT N° :

INVOICE DATE: 21-Feb-04

PAGE 6 of 8

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

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AIRTIME DETAIL (continued)

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

Call Period: D-Daytime, E-Evening, W-Weekend

Call	Date	Time	Call Period	From	Number Called	To	Call Length mm:ss	Local Airtime Rate	Local Airtime Charges	LD Charges	Additional Call Charges	Total
206	09 Feb	08:48	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
207	09 Feb	08:49	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
208	09 Feb	08:50	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
209	09 Feb	11:00	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
210	09 Feb	13:05	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
211	09 Feb	13:58	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
212	09 Feb	14:42	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
213	09 Feb	14:54	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
214	09 Feb	15:17	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
215	09 Feb	15:37	D	CALGARY AB		CALGARY AB	0:23	0.25	0.09	0.00	0.00	0.09
216	09 Feb	15:37	D	CALGARY AB		MSG RTRVL AB	1:19	0.25	0.33	0.00	0.00	0.33
217	09 Feb	15:39	D	CALGARY AB		310 CALE AB	1:32	0.25	0.38	0.00	0.00	0.38
218	09 Feb	15:41	D	CALGARY AB		MSG RTRVL AB	0:40	0.25	0.17	0.00	0.00	0.17
219	09 Feb	15:45	D	CALGARY AB		MSG RTRVL AB	0:04	0.25	0.02	0.00	0.00	0.02
220	09 Feb	15:50	D	CALGARY AB		CALGARY AB	1:09	0.25	0.26	0.00	0.00	0.26
221	09 Feb	15:51	D	CALGARY AB		CALGARY AB	1:07	0.25	0.28	0.00	0.00	0.28
222	09 Feb	15:54	D	CALGARY AB		CALGARY AB	0:31	0.25	0.13	0.00	0.00	0.13
223	09 Feb	15:54	D	CALGARY AB		CALGARY AB	0:21	0.25	0.05	0.00	0.00	0.05
224	09 Feb	15:55	D	CALGARY AB		CALGARY AB	2:04	0.25	0.52	0.00	0.00	0.52
225	09 Feb	15:57	D	CALGARY AB		CALGARY AB	1:14	0.25	0.31	0.00	0.00	0.31
226	09 Feb	15:59	D	CALGARY AB		CALGARY AB	1:01	0.25	0.26	0.00	0.00	0.26
227	09 Feb	16:00	D	CALGARY AB		CALGARY AB	2:25	0.25	0.62	0.00	0.00	0.62
228	09 Feb	16:07	D	INCOMING		CALGARY AB	0:32	0.25	0.13	0.00	0.00	0.13
229	09 Feb	16:08	D	CALGARY AB		CALGARY AB	1:52	0.25	0.46	0.00	0.00	0.46
230	09 Feb	18:09	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
231	09 Feb	18:34	D	INCOMING		CALGARY AB	1:44	0.25	0.43	0.00	0.00	0.43
232	09 Feb	20:41	E	CALGARY AB		CALGARY AB	0:56	0.00	0.00	0.00	0.00	0.00
233	09 Feb	20:44	E	CALL FORWARD		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
234	09 Feb	20:45	E	INCOMING		CALGARY AB	18:26	0.00	0.00	0.00	0.00	0.00
235	09 Feb	21:04	E	CALGARY AB		CALGARY AB	3:04	0.00	0.00	0.00	0.00	0.00
236	10 Feb	15:57	D	CALL FORWARD		MSG DPST AB	2:00	0.00	0.00	0.00	0.00	0.00
237	10 Feb	15:35	D	CALGARY AB		CALGARY AB	2:18	0.25	0.57	0.00	0.00	0.57
238	10 Feb	15:40	D	CALGARY AB		CALGARY AB	1:24	0.25	0.36	0.00	0.00	0.36
239	10 Feb	16:29	D	CALGARY AB		CALGARY AB	0:40	0.25	0.10	0.00	0.00	0.10
240	10 Feb	16:30	D	CALGARY AB		CALGARY AB	0:40	0.25	0.10	0.00	0.00	0.10
241	10 Feb	17:02	D	CALL FORWARD		MSG DPST AB	2:00	0.00	0.00	0.00	0.00	0.00
242	10 Feb	17:16	D	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
243	10 Feb	18:04	D	CALGARY AB		MSG RTRVL AB	1:47	0.25	0.45	0.00	0.00	0.45
244	10 Feb	18:06	D	CALGARY AB		CALGARY AB	0:45	0.25	0.19	0.00	0.00	0.19
245	10 Feb	18:07	D	CALGARY AB		CALGARY AB	1:39	0.25	0.41	0.00	0.00	0.41
246	10 Feb	18:12	D	INCOMING		CALGARY AB	23:36	0.25	5.90	0.00	0.00	5.90
247	10 Feb	21:32	E	CALGARY AB		CALGARY AB	10:47	0.00	0.00	0.00	0.00	0.00
248	11 Feb	07:34	D	CALGARY AB		CALGARY AB	12:44	0.25	3.11	0.00	0.00	3.11
249	11 Feb	07:50	D	CALGARY AB		CALGARY AB	0:41	0.25	0.17	0.00	0.00	0.17
250	11 Feb	07:51	D	CALGARY AB		MSG RTRVL AB	0:08	0.25	0.02	0.00	0.00	0.02
251	11 Feb	07:52	D	CALGARY AB		CALGARY AB	0:26	0.25	0.11	0.00	0.00	0.11
252	11 Feb	08:03	D	CALGARY AB		CALGARY AB	0:05	0.25	0.02	0.00	0.00	0.02
253	11 Feb	08:04	D	CALGARY AB		CALGARY AB	0:10	0.25	0.04	0.00	0.00	0.04
254	11 Feb	08:05	D	CALGARY AB		COCHRANE AB	0:08	0.25	0.03	0.00	0.00	0.03
255	11 Feb	08:06	D	CALGARY AB		CALGARY AB	0:57	0.25	0.24	0.00	0.00	0.24
256	11 Feb	09:12	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
257	11 Feb	09:26	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
258	11 Feb	09:52	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
259	11 Feb	10:07	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
260	11 Feb	10:11	D	CALL FORWARD		MSG CENTRE AB	3:00	0.00	0.00	0.00	0.00	0.00
261	11 Feb	10:13	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
262	11 Feb	11:03	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
263	11 Feb	11:20	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
264	11 Feb	11:38	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
265	11 Feb	12:29	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
266	11 Feb	13:27	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
267	11 Feb	15:34	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
268	11 Feb	15:44	D	CALGARY AB		CALGARY AB	1:02	0.25	0.26	0.00	0.00	0.26
269	11 Feb	15:46	D	INCOMING		CALGARY AB	0:21	0.25	0.09	0.00	0.00	0.09
270	11 Feb	16:11	D	CALL FORWARD		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
271	11 Feb	16:14	D	CALGARY AB		MSG RTRVL AB	0:06	0.25	0.03	0.00	0.00	0.03
272	11 Feb	16:20	D	CALGARY AB		MSG RTRVL AB	0:22	0.25	0.09	0.00	0.00	0.09
273	11 Feb	16:20	D	CALGARY AB		CALGARY AB	1:20	0.25	0.33	0.00	0.00	0.33
274	11 Feb	16:30	D	CALGARY AB		CALGARY AB	1:04	0.25	0.27	0.00	0.00	0.27

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DIANE E. CALEFFI

CLIENT N°

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

INVOICE DATE: 21-Feb-04

AIRTIME DETAIL (continued)

Call Period: D-Daytime, E-Evening, W-Weekend

Phone (Continued)

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

Call	Date	Time	Call Period	From	Number Called	To	Call Length mm:ss	Local Airtime Rate	Local Airtime Charges	LD Charges	Additional Call Charges	Total
275	11 Feb	16:47	D	CALGARY AB		CALGARY AB	1:17	0.25	0.32	0.00	0.00	0.32
276	11 Feb	19:07	E	CALGARY AB		MSG RTRVL AB	0:05	0.00	0.00	0.00	0.00	0.00
277	11 Feb	19:10	E	CALGARY AB		CALGARY AB	0:46	0.00	0.00	0.00	0.00	0.00
278	11 Feb	20:11	E	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
279	12 Feb	14:19	D	CALGARY AB		CALGARY AB	1:30	0.25	0.45	0.00	0.00	0.45
280	12 Feb	14:55	D	CALGARY AB		CALGARY AB	2:22	0.25	0.59	0.00	0.00	0.59
281	12 Feb	15:30	D	CALGARY AB		CALGARY AB	0:34	0.25	0.14	0.00	0.00	0.14
282	12 Feb	15:50	D	INCOMING		CALGARY AB	1:14	0.25	0.31	0.00	0.00	0.31
283	12 Feb	15:55	D	INCOMING		CALGARY AB	2:25	0.25	0.61	0.00	0.00	0.61
284	12 Feb	15:56	D	INCOMING		CALGARY AB	0:29	0.25	0.12	0.00	0.00	0.12
285	12 Feb	16:03	D	CALGARY AB		CALGARY AB	3:34	0.25	0.89	0.00	0.00	0.89
286	12 Feb	19:25	E	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
287	12 Feb	20:06	E	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
288	12 Feb	20:08	E	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
289	12 Feb	20:12	E	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
290	12 Feb	20:14	E	CALL FORWARD		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
291	12 Feb	20:28	E	CALGARY AB		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
292	12 Feb	20:29	E	INCOMING		MSG RTRVL AB	0:56	0.00	0.00	0.00	0.00	0.00
293	12 Feb	20:30	E	CALGARY AB		CALGARY AB	1:18	0.00	0.00	0.00	0.00	0.00
294	12 Feb	20:32	E	CALGARY AB		CALGARY AB	0:29	0.00	0.00	0.00	0.00	0.00
295	12 Feb	20:40	E	CALGARY AB		CALGARY AB	0:59	0.00	0.00	0.00	0.00	0.00
296	12 Feb	20:41	E	CALGARY AB		CALGARY AB	1:22	0.00	0.00	0.00	0.00	0.00
297	13 Feb	20:28	W	CALL FORWARD		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
298	14 Feb	14:11	W	CALGARY AB		MSG RTRVL AB	0:55	0.00	0.00	0.00	0.00	0.00
299	14 Feb	14:11	W	CALGARY AB		CALGARY AB	0:52	0.00	0.00	0.00	0.00	0.00
300	15 Feb	14:10	W	CALGARY AB		MSG RTRVL AB	0:50	0.00	0.00	0.00	0.00	0.00
301	15 Feb	14:10	W	CALGARY AB		CALGARY AB	0:54	0.00	0.00	0.00	0.00	0.00
302	15 Feb	21:23	W	CALL FORWARD		MSG CENTRE AB	2:00	0.00	0.00	0.00	0.00	0.00
303	17 Feb	08:30	D	CALGARY AB		MSG RTRVL AB	0:51	0.25	0.21	0.00	0.00	0.21
304	17 Feb	09:48	D	INCOMING		CALGARY AB	1:37	0.25	0.39	0.00	0.00	0.39
305	17 Feb	11:36	D	CALGARY AB		CALGARY AB	0:24	0.25	0.09	0.00	0.00	0.09
306	17 Feb	11:39	D	CALGARY AB		CALGARY AB	0:24	0.25	0.01	0.00	0.00	0.01
307	17 Feb	11:39	D	CALGARY AB		MSG RTRVL AB	1:00	0.00	0.00	0.00	0.00	0.00
308	17 Feb	11:41	D	CALGARY AB		CALGARY AB	1:52	0.25	0.46	0.00	0.00	0.46
309	17 Feb	12:17	D	CALL FORWARD		CALGARY AB	0:27	0.25	0.11	0.00	0.00	0.11
310	17 Feb	12:56	D	CALGARY AB		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
311	17 Feb	14:41	D	INCOMING		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
312	17 Feb	15:02	D	CALL FORWARD		CALGARY AB	3:00	0.25	0.75	0.00	0.00	0.75
313	17 Feb	15:16	D	CALL FORWARD		CALGARY AB	1:59	0.25	0.49	0.00	0.00	0.49
314	17 Feb	15:19	D	CALL FORWARD		CALGARY AB	2:00	0.00	0.00	0.00	0.00	0.00
315	17 Feb	15:21	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
316	17 Feb	15:25	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
317	17 Feb	15:28	D	CALL FORWARD		CALGARY AB	1:00	0.00	0.00	0.00	0.00	0.00
318	17 Feb	15:35	D	CALGARY AB		CALGARY AB	1:00	0.00	0.00	0.00	0.00	0.00
319	17 Feb	16:10	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
320	17 Feb	16:45	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
321	17 Feb	16:59	D	CALL FORWARD		CALGARY AB	0:25	0.25	0.02	0.00	0.00	0.02
322	17 Feb	17:45	D	INCOMING		CALGARY AB	0:00	0.00	0.00	0.00	0.00	0.00
323	17 Feb	19:01	E	INCOMING		CALGARY AB	2:00	0.00	0.00	0.00	0.00	0.00
324	18 Feb	10:54	D	CALGARY AB		CALGARY AB	1:00	0.00	0.00	0.00	0.00	0.00
325	18 Feb	11:28	D	CALGARY AB		CALGARY AB	1:46	0.25	0.44	0.00	0.00	0.44
326	18 Feb	12:11	D	CALL FORWARD		CALGARY AB	1:03	0.00	0.00	0.00	0.00	0.00
327	18 Feb	14:03	D	CALL FORWARD		CALGARY AB	2:30	0.25	0.63	0.00	0.00	0.63
328	18 Feb	15:39	D	CALL FORWARD		CALGARY AB	1:55	0.25	0.48	0.00	0.00	0.48
329	18 Feb	16:49	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
330	18 Feb	18:09	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
331	19 Feb	11:44	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
332	19 Feb	15:03	D	CALL FORWARD		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
333	19 Feb	17:22	D	INCOMING		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
334	19 Feb	18:10	D	CALGARY AB		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
335	19 Feb	18:11	D	CALGARY AB		MSG DPST AB	1:00	0.00	0.00	0.00	0.00	0.00
336	19 Feb	20:09	E	CALGARY AB		MSG CENTRE AB	1:00	0.00	0.00	0.00	0.00	0.00
337	19 Feb	20:10	E	CALGARY AB		CALGARY AB	3:43	0.25	0.93	0.00	0.00	0.93
338	19 Feb	20:11	E	CALGARY AB		CALGARY AB	0:05	0.25	0.02	0.00	0.00	0.02
339	19 Feb	20:12	E	CALGARY AB		CALGARY AB	0:07	0.25	0.03	0.00	0.00	0.03
340	19 Feb	20:14	E	CALGARY AB		MSG RTRVL AB	0:04	0.00	0.00	0.00	0.00	0.00
341	19 Feb	20:15	E	CALGARY AB		CALGARY AB	1:02	0.00	0.00	0.00	0.00	0.00
342	19 Feb	20:16	E	INCOMING		CALGARY AB	0:41	0.00	0.00	0.00	0.00	0.00
343	19 Feb	20:19	E	CALGARY AB		CALGARY AB	0:27	0.00	0.00	0.00	0.00	0.00
						CALGARY AB	0:27	0.00	0.00	0.00	0.00	0.00
						310 CALL AB	0:15	0.00	0.00	0.00	0.00	0.00
						CALGARY AB	1:52	0.00	0.00	0.00	0.00	0.00
						CALGARY AB	0:26	0.00	0.00	0.00	0.00	0.00

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

calgary health region

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			Feb 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Feb 10/04	Finance / QAC Mtg	Ø		
Feb 19/04	J. Besner Talk	70		
Feb 24/04	Board Mtg	70		
Feb 25/04	P3 Breakfast (K. Jivraj)	70		
Feb 26/04	Meals on Wheels	62		
		272		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account 6 2 2 1 0 0 0 0	Mileage/Parking	$

Employee Signature	Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Handwy	Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

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

42817

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: January 2004 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ 5.00 R	62210000
TAXIS:	$	
OTHER (please describe):		
~~Cell phone bills~~	$	
	$	
	$	
MILEAGE: 258 km at .38¢ /km	$ 98.04 R	62210000
TOTAL EXPENSES:	R $ 103.04	

ENTERED MAR 2 3 2004

Boardry

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

APPLICANT COPY

LEAVE ON DASH - **THIS SIDE UP**

EXPIRATION DATE

EXPIRATION TIME

09/01/04 12:02

AMOUNT PAID

$ 1.00 14630000 11:28

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

CREDIT CARD NUMBER

NOT TRANSFERABLE 1585919

RECEIPT 1585919

LEAVE ON DASH - **THIS SIDE UP**

EXPIRATION DATE

EXPIRATION TIME

09/01/04 13:50

AMOUNT PAID

$ 4.00 14630000 11:40

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

09/01/04 11:40 $ 4.00

CREDIT CARD NUMBER

NOT TRANSFERABLE 1585925

RECEIPT 1585925

calgary health region s.17(1), 17(4)(g)(i) APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			Jan 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Jan 6	Comm Task Force	70		
Jan 9	Job Reduction	48		
Jan 27	Comm Task Force	70		
Jan 29	Board Retreat	70		
	Total	258		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org	Functional Centre	Account 6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Bernadine		Authorizer's Employee Number	Authorizer Phone Number	

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Send Completed Form to Accounts Payable

APPLICANT COPY

43796

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: March 2004

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$ 500.40	62212000 715.18 30.32
MEALS:	$ 217.00	69500000
PARKING:	$	
TAXIS: (Mar. 26 Bone & Joint)	$ 8.00	62210000 319.98
OTHER (please describe):		
	$ ENTERED APR 1 9 2004	
	$	
	$	
MILEAGE: 1466 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 557.08	[redacted] See below
TOTAL EXPENSES:	$ 1082.48	

62210000

821 Km [redacted] @ .38 = $ 311.98 → [redacted]

645 KM [redacted] @ .38 = 245.10 → [redacted]

$557 08

62212000

Rand 1/23

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WESTIN
HOTELS & RESORTS

10135 100th Street * Edmonton, AB CAN T5J 0N7 * Ph (780)426-3636 Fax (780)428-1454

Ms. Diane Caleffi

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

Arrival 03/12/04
Departure 03/16/04
Payment Method VA

Room 0408
Cashier 34
Page 1
Starwood Pref.#
Airline Partner
Folio No. 298603

Guest Account The Westin Edmonton, 03/16/04

Date	Description	Room	Charges	Credits
03/12	Room Charge	0408	105.00	
03/12	Room Tax 5%		5.25	
03/12	Room GST 7%		7.35	
03/13	Room Charge		105.00	
03/13	Room Tax 5%		5.25	
03/13	Room GST 7%		7.35	
03/14	Room Charge		105.00	
03/14	Room Tax 5%		5.25	
03/14	Room GST 7%		7.35	
03/14	Pradera Cafe		30.00	
	->#408 : CHECK # 3190			
03/15	Room Charge		105.00	
03/15	Room Tax 5%		5.25	
03/15	Room GST 7%		7.35	
03/16	Visa			500.40

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

Capture method:keyed

Total 500.40 500.40

Balance 0.00 $

Room	GST	29.40
F&B	GST	1.74
Other	GST	0.00
Total	GST	31.14

GST Vendor R101577591

CRHA
Calgary Regional Health Authority

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

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			March 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Mar 4/04	High River / Airdrie re Mayors & Reeves	235	62210000	
Mar 5/04	David Tuer Mtg	56	62210000	
Mar 10-11	PHAA / Alta Cancer Board	645	-62212000	
Mar 18	Physician Liaison	70	62210000	
Mar 19	Alta Mental Health Open House	56	62010000	
Mar 23	Board Mtg	70	62210000	
Mar 26	Bone & Joint Breakfast	56	62210000	
Mar 30	Rural Health - High River	238	62210000	
		1466		

AUTHORIZATION & CODING

FINANCIAL CODE				
Org	Functional Centre	Account	Description	Amount
		6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature	Date		TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Sandy	Authorizer's Employee Number		Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

Inn on 7th

RESERVATIONS 1-800-661-7327 E-MAIL: reply@innon7th.com

GUEST ACCOUNT

INN ON 7TH
10001 - 107 STREET
EDMONTON, ALBERTA T5J 1J1
(780)429-2861
email: reply@innon7th.com
www.innon7th.com
Arrive 03/10/04 Depart 03/12/04

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

CALEFFI DIANE

ALBERTA CANCER BOARD
Room # 816 Folio # 283486-1

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
1-INCIDENTALS				
03/10/04	XXX	5-Restaurant	3/ 20696/GST 0.96	17.00
03/12/04	KM	92-Visa		-17.00

GST Reg. # R106198229

APPLICANT COPY

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

DIANE CALEFFI

INN ON 7TH

930 012 6262

AUTHORISATION NUMBER/NUMÉRO D'AUTORISATION 025423-50
ROOM NO./NO. DE NOTE 283486 816
DATE 03/12/04 CLERK/COMMIS

EXPIRY DATE CHECKED

DATE D'EXPIRATION VÉRIFIÉE

5 202

17	00	AMOUNT MONTANT
		TIPS POURBOIRE
17	00	$ CDN CAN

CHARGEX SALES DRAFT
CHARGEX FACTURE

CARDHOLDER'S SIGNATURE/SIGNATURE DU TITULAIRE
PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

VISA

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 DÉTENTEUR DE LA CARTE CI-HAUTE MENTIONNÉE PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-HAUT CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

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that the indicated person,
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Thank you for choosing Bonna Vista Bluebird Blue Cab

ASSOCIATED CAB

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

Air Canada International Arrival Westjet

ASSOCIATED CAB

Driver
Date Mar-26-04
Car # 99
Amount $ 8.00
GST Included $

Supplementary 2 pgs

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

Subtotal: 54.17
TIP 9.00
TOTAL $ 63.00
SIGNATURE

****
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****
THANKS FOR COMING IN
PLEASE COME AGAIN !!

CHANCE RESTAURANT
10155-102 STREET
EDMONTON, AB
T5J 4G8
(780) 424-0400
GST# 863482766

Date: Mar17'04 09:39PM
Card Type: VISA
Acct #:
Exp Date:
Auth Code: 007178
Check: 8005
Table: 50/1
Check ID: GREG1
Server: 118

DIANE CALEFFI

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

Diner's Trans. Receipt
Chance Restaurant
A. Hernandez G. Gonzalez
Donna
Dan Porter
Celebrity
Nitiam
26

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

43797

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Caleffi

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

FOR THE MONTH OF March 2004

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Mar. 11	Dinner with: A. Hargreaves G. Ganong, P. Jones (AB Cancer Bd).			63.00
Feb 25	CCHESA Seminar			15.00
			ENTERED	APR 19 2004

TOTAL EXPENSES: $ 78.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
Landry	Shirley Landry
Authorizer's Employee Number:	Authorizer Phone Number (in full): 943-1122

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

RB

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

Received from George Pinchbeck

Date Feb 25/04.

Fifteen — 100 Dollars

CANADIAN COLLEGE
HEALTH EXECUTIVES
SOUTHERN ALBERTA

$ 15.—

No.

Tax Reg. No.:

Shirley
This is the
receipt for the
P3 breakfast.
I've paid yearly
Beck.
Diane C.

Inn on 7th

RESERVATIONS 1-800-661-7327 E-MAIL: reply@innon7th.com

GUEST ACCOUNT

INN ON 7TH
10001 - 107 STREET s.17(1), 17(4)(g)(i)
EDMONTON, ALBERTA T5J 1J1
(780)429-2861
email: reply@innon7th.com
www.innon7th.com
Arrive 03/10/04 Depart 03/12/04

CALEFFI DIANE

ALBERTA CANCER BOARD
Room # 816 Folio # 283486-1

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
1-INCIDENTALS				
03/10/04	XXX	5-Restaurant	3/ 20696/GST 0.96	17.00
03/12/04	KM	92-Visa		-17.00

GST Reg. # R106198229

APPLICANT COPY

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

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

DIANE CALEFFI

INN ON 7TH

930 012 6262

AUTHORIZATION NUMBER/NO D'AUTORISATION 025425-50
BILL NO./NO. DE NOTE 283486 816
DATE 03/12/04 CLERK-COMMIS

EXPIRY DATE CHECKED

DATE D'EXPIRATION VÉRIFIÉE

5 202

17	00	AMOUNT MONTANT
		TIPS POURBOIRE
17	00	$ CDN CAN

CHARGEX SALES DRAFT
CHARGEX FACTURE

CARDHOLDER'S SIGNATURE-SIGNATURE DU TITULAIRE
PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

VISA

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 DÉTENTEUR DE LA CARTE CI-HAUTE MENTIONNÉE PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-HAUTE COMPOSÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE TITULAIRE DE LA CARTE

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y for any part or the full

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D CALEFFI

2 pages Supplementary

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Calgary International Airport
International arrival door.
Air Canada International Arrival Westjet
ASSOCIATED CAB
Driver
Car #
GST Included $
Date May-26-04
Amount 8.00

Bonne Nouvelle Ale Club

CHANCE RESTAURANT
10155-102 STREET
EDMONTON, AB
T5J 4G8
(780) 424-0400
GST# 863482766
Date: Mar11'04 09:39PM
Card Type: VISA
Acct #:
Exp Date:
Auth Code: 007178
Check: 8005
Table: 50/1
Check ID: GREG1
Server: 118
DIANE CALEFFI

Subtotal: 54.17
TIP 9.00
TOTAL 63.00
SIGNATURE

****
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****
THANKS FOR COMING IN
PLEASE COME AGAIN !!

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

Dinner Tonight
& Trish Jones
A. Hernandez
Gianni
Frank
Dana

Cam Caleffi
29 Mar 04

APPLICANT COPY

461 38

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: April 2004 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED JUL 16 2004

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:		$	
MEALS: ~~Power Break~~		$	
PARKING: 2.50 + 4.50	Z	$ 7.00	62210000
TAXIS:		$	
OTHER (please describe):			
		$	
		$	
		$	
MILEAGE: 550 km at .38¢ /km (Attach Local Travel Expense Claim form)	R	$ 209.00	62210000
TOTAL EXPENSES:		$ 216.00	

RB

Brandy

.calgary health region

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Calefi		

DEPARTMENT	SITE	PHONE #	DATE
Board			April 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Apr. 5/04	Mtg c̄ Deb Apps - re Comm Ad Hoc	70		
Apr. 6	Tob Red Steering Committee	Called in		
Apr. 13	QIHI Survey Results	46		
Apr. 16	Comm Ad Hoc	70		
Apr. 20	Board Mtg	70		
Apr. 22	Power Breakfast	70		
Apr. 23	Tob Red.	48		
Apr. 28	Comm Health Councils - Black Diamond	176		
	Total	550		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account 6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Bancroft		Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

LEAVE ON DASH - **THIS SIDE UP**

EXPIRATION DATE EXPIRATION TIME

23/04/04 10:38

AMOUNT PAID

$ 4.50 14630000 08:12

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

23/04/04 08:12 $ 4.50

CREDIT CARD NUMBER

Tdo. Red. Campus Counter/Marketing

NON TRANSFERABLE 423059

RECEIPT 423059

Best Copy Possible

(1) HI Survey Results

APPLICANT COPY

46139

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: May 2004

EXPENSES

ENTERED JUL 16 2004

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING: ~~$4.50~~ 8.00	$ ~~12.50~~ 8.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: ~~330~~ 470 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ ~~125.40~~ 178.60	62210000
TOTAL EXPENSES:	$ ~~133.40~~ 186.60	

CB

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CRHA
Calgary Regional Health Authority

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LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			May 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
May 4	Comm Ad Hoc	70		
May 6	Breakfast	60		
May 6	Q+A	70		
May 11	Finance	70		
May 27	Innovation & Integration Seminar	60		
May 18	Board Mtg	70		
May 20	Physician Liaison	70		
	Calg Catholic Immigrant - Conference			
	Total	470		

Received from Lunpark
Date 27 May 2004
Eight 100 Dollars
$ 8.00 No.
Tax Reg. No.:

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account 6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

46140

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: June 2004

EXPENSES

ENTERED JUL 16 2004

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ 4.30 Z	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 426 km at .38¢ /km (Attach Local Travel Expense Claim form)	R $ 161.88	62210000
TOTAL EXPENSES:	$ 166.18	

RB

Bandu/

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

calgary health region

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Calefi		

DEPARTMENT	SITE	PHONE #	DATE
Board			June 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
June 3	Q+A Mtg	70		
June 9	Tobacco Reduction Mtg	48		
June 14	HAC - Greetings	70		
June 16	ACH Tour	48		
June 17	Finance Mtg	70		
June 18	CLS Opening	50		
June 29	Board Mtg	70		
	Total	426		

LEAVE ON DASH - **THIS SIDE UP**

EXPIRATION DATE 09/06/04 EXPIRATION TIME 10:23

AMOUNT PAID $ 4.30 14630000 08:39

NON TRANSFERABLE 210066

DETACH RECEIPT FROM TICKET

DATE ISSUED 09/06/04 TIME ISSUED 08:39 AMOUNT PAID $ 4.30

CREDIT CARD NUMBER

Tobacco Reduction

RECEIPT 210066

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account 6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

4/6/41

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Colette

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

FOR THE MONTH OF April 2004

ENTERED JUN 1 6 2004

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Apr.22	Power Breakfast	15.00		15.00

TOTAL EXPENSES: 2 $ 15.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
Landry	Shirley Landry
Authorizer's Employee Number:	Authorizer Phone Number (in full):
	943-1122

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

RB

APPLICANT COPY

Power Breakfast

Received from
Reçu de Diane Caleffi

Date April 22/04

15 xx/100 Dollars

CANADIAN [illegible]
HEALTH [illegible]
SOUTHERN ALBERTA

$ 15 —

Tax Reg. No.:
No d'enrg. taxe

No.

Karen Saull

APPLICANT COPY

46372

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: July 2004 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ R 10.75	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 253 km at .38¢ /km (Attach Local Travel Expense Claim form)	R $ 96.14	62210000
TOTAL EXPENSES:	R $ 106.89	

ENTERED AUG 1 0 2004

Sandy RB.

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APPLICANT COPY

Calgary Health Region
Parking Fee Receipt

RcPt# 4518
07/13/04 08:58 LN 2 AN 9 Txn# 18805
07/13/04 06:28 In 07/13/04 08:58 Out
Tkt# 029655

CRHA 1	$	6.25
Total Fee	$	6.25
CASH PAID	$	6.25-
Cash Tender	$	6.25
Change Due	$	0.00

Thank-You!
GST NR107392557

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

20/07/04 10:13

AMOUNT PAID

$ 4.50 14630000 08:23

NON TRANSFERABLE 1426217

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

20/07/04 08:23 $ 4.50

CREDIT CARD NUMBER

RECEIPT 1426217

Calgary Regional Health Authority

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM

MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			July 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
July 8/04	Wellness	70		
July 13/04	Rockyview - Southport - ~~Deerfoot~~ - Return	135		
July 20/04	Tobacco Reduction	48		
	Total	253		

FINANCIAL CODE			AUTHORIZATION CODING	
Org	Functional Centre	Account	Code Description	Amount (Including GST)
		6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Sandy		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

Calgary Health Region
Parking Fee Receipt

Rcpt# 4518
07/13/04 08:58 L# 2 A# 9 Txn# 18805
07/13/04 06:28 In 07/13/04 08:58 Out
Tkt# 029655

CRHA 1	$	6.25
Total Fee	$	6.25
CASH PAID	$	6.25-
Cash Tender	$	6.25
Change Due	$	0.00

Thank-You!
GST #R107392557

Marina
Here is Diane Caleffi's
original receipts
for her expenses
for July 2004
Thx.
Shirley

LEAVE ON DASH - **THIS SIDE UP**

EXPIRATION DATE EXPIRATION TIME
20/07/04 10:13

AMOUNT PAID
$ 4.50 14630000 08:23

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
20/07/04 08:23 $ 4.50

CREDIT CARD NUMBER

NON TRANSFERABLE 1426217

RECEIPT 1426217

APPLICANT COPY

48227

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: September 2004 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 470 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 178.60	62210000
TOTAL EXPENSES:	$ 178.60	

Randall KB

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CRHA
Calgary Regional Health Authority

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			Sept. 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Sept 2	Quality & Access	70		
Sept 2	Long Service Awards	50		
Sept 9	Long Service Awards - [illegible]	50		
Sept 10	Long Service Awards - Canmore	230		
Sept 28	Board Mtg	70		
		470		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account 6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

48228

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleff

FOR THE MONTH OF: August 2004

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ 4.50	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 336 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 127.68	62210000
TOTAL EXPENSES:	$ 132.18	

Randy RB

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CRHA
Calgary Regional Health Authority

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			August/04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Aug 25	Tobacco Reduction	48		
Aug 28	High River Hospital	238		
Aug 31	Long-Service Awards	50		
		336		

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 25/08/04 EXPIRATION TIME 10:32

AMOUNT PAID $ 4.50 14630000 08:42

PRECISE PARKLINK™ NON TRANSFERABLE 1864

DETACH RECEIPT FROM TICKET

DATE ISSUED 25/08/04 TIME ISSUED 08:42 AMOUNT PAID $ 4.50

CREDIT CARD NUMBER

Tobacco Reduction

PRECISE PARKLINK™ RECEIPT 1864

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Randy		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: July 2004 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	R $ 3.50 (lost receipt)	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 323 km at .38¢ /km (Attach Local Travel Expense Claim form)	R $ 122.74	62210000
TOTAL EXPENSES:	R $ 126.24	

Randy MB

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CRHA
Calgary Regional Health Authority

APPLICANT COPY

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			July 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
July 8/04	Wellness	70		
July 13/04	Pancake Flipping & Wellness Mtg	70		
July 13/04	Sod Turning - Calgary South	135		
July 20/04	Tobacco Reduction Mtg.	48		
		323		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account 6 2 2 1 0 0 0 0	Mileage/Parking	$
Employee Signature		Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Randy		Authorizer's Employee Number		Authorizer Phone Number

00073 R(2001/01)

Send Completed Form to Accounts Payable

APPLICANT COPY

50138

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: October 2004 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED DEC 13 04

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING: Job Relocation (meter) 2	$ 3.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 514 km at .38¢ /km R (Attach Local Travel Expense Claim form)	$ 195.32	62210000
TOTAL EXPENSES:	$ 198.32	

RB

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

APPLICANT COPY

CRHA
Calgary Regional Health Authority

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			Oct 2004

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM	RATE (for mileage)	AMOUNT
Oct 5/04	Tobacco Reduction	48		
Oct 15/04	Petroleum Club - Brain Institute Lunch	58		
Oct 18/04	Wellness Mtg	70		
Oct 19/04	Board Mtg	70		
Oct 20/04	Breast Cancer Awareness / South Health Campus Opening	150		
Oct 21/04	Long-Service Awards	48		
Oct 29/04	Finance Mtg	70		
	Total KM's	514		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking	$

Employee Signature	Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization	Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

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

50159

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: November 2004 s.17(1), 17(4)(g)(i)

ENTERED DEC 15 2004

EXPENSES

		01-711	10300002
AIRFARE:	$		
CAR RENTAL:	$		
ACCOMMODATION:	$		
MEALS:	$		
PARKING:	$		
TAXIS:	$		
OTHER (please describe):			
	$		
	$		
R	$		
MILEAGE: 350 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 133.00	62210000	
TOTAL EXPENSES:	$ 133.00		

Randy

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

CRHA
Calgary Regional Health Authority

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

- Payment will be Directly Deposited to your payroll designated bank account. Notification of deposit will be E-Mailed to your CRHA standard E-Mail address OR mailed to your home address if a valid E-Mail address doesn't exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)	CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER
Diane Caleffi		

DEPARTMENT	SITE	PHONE #	DATE
Board			November / 04

DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
NOV. 2	Tab. Seminar	35		
NOV. 3	Tab. Seminar	35		
NOV. 4	Q + A	70		
NOV 18	Physician Liaison	70		
NOV. 22	Wellness	70		
NOV. 23	Board Mtg	70		
	Total Km	350		

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org	Functional Centre	Account		
1		6 2 2 1 0 0 0 0	Mileage/Parking	$

Employee Signature	Date	TOTAL PAYABLE TO EMPLOYEE	$
Expenditure Officer Authorization: Randy	Authorizer's Employee Number	Authorizer Phone Number	

00073 R(2001/01)

Send Completed Form to Accounts Payable

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

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleff

FOR THE MONTH OF: Dec 2004 + Jan 2005

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 194 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 73.72	62210000
TOTAL EXPENSES:	$ 73.72	

L. DeCoste RB

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER	DATE: Dec 04 - Jan 31/05

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Dec 16/04	Physician Liaison	70		
Jan 17/05	Wellness	70		
Jan 25/05	Board Retreat	54		
	Total	194		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: L. Deloste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER	

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

APPLICANT COPY

53561

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: March 2005 s.17(1), 17(4)(g)(i)

EXPENSES

			01-71' 10300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:	118.77 6.81	$ 125.58	62212000
MEALS:		$ ENTERED APR 13 2005	
PARKING:	2	$ 17.12 + 18 = 35.12	62212000
TAXIS:	13.60 2.40	$ 17.00	62212000
OTHER (please describe):			
		$	
		$	
		$	
MILEAGE: 660 km at .38¢ /km (Attach Local Travel Expense Claim form)	380 Km @ .38¢/Km	$ 144.40 →	62210000
		$ 250.80 →	62212000
TOTAL EXPENSES:		$ 572.90	

62212 - 383.17 - G
- 44.33

62210 - 144.40 - G

L. Deloste

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APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print): Diane Caleffi

EMPLOYEE NUMBER:

DEPARTMENT:

PHONE NUMBER:

DATE: March 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Mar 3/05	Q+A	70		
Mar 13-16/05	HBA & ACB	660		
Mar 17/05	Physician Liaison	?		
	Tobacco Reduction	85		
Mar 21/05	Comm. Mtg & J. Millar	70		
Mar 22/05	Board	85		
	People First Gala			
Mar 25/05	Wellness	70		
		1040		

CODING & AUTHORIZATION

	GL DESCRIPTION	AMOUNT (Including GST)
6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE	TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION: L. DeCoste

AUTHORIZER EMPLOYEE NUMBER:

AUTHORIZER PHONE NUMBER:

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

CROWNE PLAZA
EDMONTON
CHATEAU LACOMBE

Crowne Plaza - Chateau Lacombe
10111 Bellamy Hill, Edmonton, Alberta, Canada, T5J 1N7
Tel. (780) 428-6611 Fax (780) 425-6564
Worldwide Reservations 1-800-2-CROWNE (1-800-227-6963)
G.S.T. REG. # R122074388

APPLICANT COPY

Name & Address

D CALEFFI
XX

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

Room	1304-11
Arrive Date	03/14/05
Dept. Date	03/16/05
Folio #	VIEW
Room Rate	89.00
Account	2-CMAST
Mkt/Seg	2-ACB

Page 1

CHECK IN BY: WKM 07:08
CHECK OUT BY:

Our promise to you:

1. We will safeguard, according to strict standards of security and confidentiality, any information our guests share with us.
2. We will limit the collection and use of guest information to the minimum we require to deliver superior service to our guests, which includes advising our guests about our services and other opportunities, and to administer our hotel.
3. We will not reveal guest information to any external organization unless we have previously informed the guest in disclosures or agreements and been authorized by the guest, or as required by law.

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges 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 such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0316	641	242109	WKM	GUEST PARKING	8.56$	.00$	8.56$
0316	641	242110	WKM	GUEST PARKING	8.56$	.00$	17.12$
0316	915	0316000	WKM	MASTERCARD	.00$	-17.12$	.00$
				TOTAL			.00$

CAFÉ Lacombe

YELLOW CAB
ADMIN: 465-8500
FAX: 462-2722
10135-31 Avenue
Edmonton, AB T6N 1C2
462-3456
THANK YOU/MERCI

Date: 15/03/05 Amount/Montant $ 5.00 Car/Voiture # 328
Driver/Chauffeur: GT GST #
From/De: DT To/A: DT

VISA MasterCard [redacted] enRoute

Bellamy's

YELLOW CAB
ADMIN: 465-8500
FAX: 462-2722
10135-31 Avenue
Edmonton, AB T6N 1C2
462-3456
THANK YOU/MERCI

Date: 15/03/05 Amount/Montant $ 8.5 (10.00) Car/Voiture # 645
Driver/Chauffeur: GST #
From/De: To/A:

VISA MasterCard [redacted] enRoute

CROWNE CUP

La Ronde

Independently Owned and Operated by Chateau Lacombe Hotel Ltd.

APPLICANT COPY

WESTIN
HOTELS & RESORTS

10135 100th Street * Edmonton, AB CAN T5J 0N7 * Ph (780)426-3636 Fax (780)428-1454

Ms. Diane Caleffi

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

Arrival 03/13/05
Departure 03/14/05
Payment Method MC

Room 0812
Cashier 24
Page 1
Starwood Pref.#
Airline Partner
Folio No. 354001

Copy of Invoice The Westin Edmonton, 03/14/05

Date	Description	Room	Charges	Credits
03/13	Room Charge	0812	111.00	
03/13	Room Tax 5%		5.55	
03/13	Room GST 7%		7.77	
03/13	Parking GST 7%		1.26	
03/13	s.17(1), 17(4)(g)(i)	—	~~18.00~~	
03/14	Mastercard			143.58
	XX/XX			

Capture method: swiped s.17(1), 17(4)(e.1) Total 143.58 143.58

Balance 0.00 $

Room	GST	7.77
F&B	GST	0.00
Other	GST	1.26
Total	GST	9.03

GST Vendor R101577591

Dinner c̄ A. Hargreaves
ACB

125.58

Best Copy Possible

25.00 liquor
38.64

THANK YOU

MAR.29.2005 16:13 780 428 1454 WESTIN MAIN FAX #2692 P.001/001

APPLICANT COPY

53802

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: Feb 2005 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71' 10300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	ENTERED APR 13 2005
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 334 km at .38¢ /km (Attach Local Travel Expense Claim form)	$ 126.92	62210000
TOTAL EXPENSES:	$ 126.92	

R

L. Deloste KB

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: June 23, 2003

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print): Diane Caleffi

EMPLOYEE NUMBER:

DEPARTMENT: Board

PHONE NUMBER:

DATE: Feb 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Feb 2/05	Wellness Presentation	70 km		
Feb 4/05	Finance	70		
Feb 9/05	Tobacco Red Strategy Session	54		
Feb 14/05	Wellness Strategy	70		
Feb 15/05	Board Mtg	70		
		334 km		

CODING & AUTHORIZATION

	GL DESCRIPTION	AMOUNT (Including GST)
6 2 2 1 0 0 0 0	MILEAGE/PARKING	
	TOTAL PAYABLE TO EMPLOYEE	

EMPLOYEE SIGNATURE:

AUTHORIZATION: L Delosta

AUTHORIZER EMPLOYEE NUMBER:

AUTHORIZER PHONE NUMBER:

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

54554

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Caleffi

FOR THE MONTH OF April 2005 s.17(1), 17(4)(g)(i)

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Mar 15	Dinner c. MLA	50.00		50.00
Mar 22	J Davis / L. Martin	39.65		39.65
		PROCESSED 05 11 2005		

TOTAL EXPENSES: 74.60 R 15.05 Z $ 89.65

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: L. DeCosta	Print Name: Lou DeCosta
Authorizer's Employee Number:	Authorizer Phone Number (in full): 943-1122

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

05/06/2005 15:48

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

VAN GOGH
VALLEYRIDGE

Please Pay Your
Server

Table #14

Seat 1	$9.[illegible]
WINGS RIBS	$12.95
NACHOS	
3 x $2.25	$6.[illegible]
POP	$2.[illegible]
JUICE	$1.[illegible]
Gst...	
Total	$34.40

6:37 PM 3/22/2005 Mel

CHECK OUT OUR
DAILY SPECIALS
403-288-9564
GST # 122962079RT

CHR - April Supplemental

VAN GOUGH'S GRILL & BAR
11245 VALLEY RIDGE DR. N.
CALGARY AB

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

CARD NUMBER	
ACCOUNT TYPE	CHEQUING 0592
DATE/TIME	2005/03/22 18:45:36
RECEIPT NUMBER	S80568256-365-033
PURCHASE	
AMOUNT	$34.40
TIP	$0.00
TOTAL AMOUNT	$34.40

Tip 5.25

DO APPROVED 001 AUTH. # 482396
THANK YOU

39.65

CHR

THE COPPER POT
G.S.T.[illegible]

4 KEN

TBL 24/4 CHK 605 GST [illegible]
M2015 05 02:59PM

2 N.Y. 6OZ	36.[illegible]
1 COFFEE	1.[illegible]
2 POP	4.50
SUBTOTAL	38.35
G.S.T.	2.68
TOTAL DUE	41.03

OUR PLEASURE SERVING YOU 9.00

50.00

PLEASE PAY SERVER
WWW.COPPERPOT.CA

APPLICANT COPY

VAN GOGH
VALLEYRIDGE

Please Pay Your
Server

Table #14

Seat 1
WINGS RIBS
NACHOS
3 x $2.25
POP
JUICE
Gst...
Total $34
6:37 2005 Mel

CHECK OUT OUR
DAILY SPECIALS
403 288-9664
122962079RI

CHR
- April Supplemental

VAN GOUGH'S GRILL & BAR
11245 VALLEY RIDGE DR
CALGARY AB

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

CARD NUMBER	
ACCOUNT TYPE	CHEQUING
DATE/TIME	2005/03/22 18:
RECEIPT NUMBER	S80568256-365-C
PURCHASE	
AMOUNT	$34.40
TIP	$0.00
TOTAL AMOUNT	$34.40
Tip	5.25
00 APPROVED 001	AUTH. # 482396
THANK YOU	39.65

.00
50.00

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

54555

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: April 2005 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ 10.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 162 km at ~~.38¢~~ .405 /km (Attach Local Travel Expense Claim form)	$ 65.61	62210000
TOTAL EXPENSES:	$ 75.61	

05 11 2005

U. DeCoste

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:
- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER:	DATE: April 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
April 15/05	Tobacco Reduction	46		
" "	Accreditation	46		
April 26/05	Ladies "Tea" Mtg	70.		
		162		

CODING & AUTHORIZATION

[redacted]			
[redacted]	[redacted]	GL DESCRIPTION	AMOUNT (Including GST)
	6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE		TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: L DeCosta	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

D CALEFFI PAGE 02

Calgary Health Region
Foothills Medical Centre
Parking Fee Receipt

Rcpt# 8583
04/15/05 16:18 L# 1 A# 16 Txn# 39099
04/15/05 10:41 In 04/15/05 16:18 Out
Tkt# 387429

CRHA 1	$	10.00
Total Fee	$	10.00
CASH PAID	$	10.00-
Cash Tender	$	10.00
Change Due	$	0.00

Thank-You!
GST #R107392

Calgary Health Region
Foothills Medical Centre
Parking Fee Receipt

Rcpt# 8583
04/15/05 16:18 L# 1 A# 16 Txn# 39099
04/15/05 10:41 In 04/15/05 16:18 Out
Tkt# 387429

CRHA 1	$	10.00
Total Fee	$	10.00
CASH PAID	$	10.00-
Cash Tender	$	10.00
Change Due	$	0.00

Thank-You!
GST #R107392857

APPLICANT COPY

57740

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Calefi

FOR THE MONTH OF: May & June & July 2005

EXPENSES ENTERED AUG 1 2 2005

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:		$	
MEALS:		$	
PARKING: 2.50 + 17.12	2.50	$ 19.62	62210000
TAXIS:	R	$ 10.00	62210000
OTHER (please describe):			
		$	
		$	
	R	$	
MILEAGE: 1046 km at .40.5¢ /km (Attach Local Travel Expense Claim form)		$ 423.63	62210000
TOTAL EXPENSES:		$ 453.25	

$ 436.13
17.12

H. Deloste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: March 2005

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE May & June & July 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
May 12/05	Finance	70		
May 16/05	Wellness	70		
May 19/05	Critical Incidents	70		
May 24/05	Comm Ad Hoc (Foothills)	48		
May 30/05	Wellness	70		
May 31/05	Board	70		
June 1-3/05	Scripps	168		
June 9/05	Finance	70		
June 14/05	Minister Evans-McDougall	~~54~~ taxi		
June 15/05	A.R.B.I. AGM	60		
June 16/05	Q & A	70		
June 21/05	Long Service Awards	70		
June 28/05	Board	70		
July 4/05	Ladies' Team Mtg	70		
July 14/05	Mission, Vision, Values	70		
				Total 1046

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
L Ocoste			943-1122	

00073

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

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

APPLICANT COPY

DELTA
LODGE AT KANANASKIS

Kananaskis Village, Alberta, Canada T0L 2H0
Tel.: (403) 591-7711 • Fax: (403) 591-7770
G.S.T. Registration #122372063

ARRIVAL/ARRIVÉE: WED 01JUN,05
FOLIO NUMBER N° DOSSIER: 002041
DEPARTURE/DÉPART: FRI 03JUN,0
BALANCE/SOLDE: .00
FOLIO/DOSSIER

NAME/NOM: Ms Diane Caleffi
NIGHTS/NUITS: 2
STATUS/STATUT: CK-Out
DATE: 03JUN,05
TIME/HEURE: 10:35a
ID: OC
ADDRESS/ADRESSE: s.17(1), 17(4)(g)(i)
GUARANTEED BY/GARANTI PAR: MC
REMARKS/REMARQUES: s.17(1), 17(4)(e.1)

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	ID
001	01JUN	Upgrade fee	Room		40.00+	KS
002	01JUN	*	Tourism Levy 4%		1.60+	KS
003	01JUN	*	Room GST 7%		2.80+	KS
004	02JUN	upgrade	Room		40.00+	NJ
005	02JUN	.	Tourism Levy 4%		1.60+	NJ
006	02JUN	.	Room GST 7%		2.80+	NJ
007	02JUN	732925	Bear Nook&Candle		31.78+	ER
008	02JUN	MOVIE - 1	On Command Video		10.69+	
009	03JUN	no upgrade	Room		80.00-A	NJ
010	03JUN	.	Tourism Levy 4%		3.20-A	NJ
011	03JUN	.	Room GST 7%		5.60-A	NJ
012	03JUN	parking 2nts	Parking		17.12+	NJ
013	03JUN	Video Check Out	Mastercard		59.59-	OC

17.12
31.78
10.69
59.59.

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

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

X _____
Guest's Signature / Signature du client

08/02/05 TUE 16:25 FAX 1 403 5917770 LODGE AT KANANASKIS 002

APPLICANT COPY

Name CHR

Car # 470 60

Amount + 1

Date 6/14 5 00

G.S.T. #

Thank You for choosing CHR

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the Calgary International Airport international arrival door.

Air Canada International Arrival WestJet

ASSOCIATED CAB

Driver

Date June 14

Car #

Amount 5 -

GST Included #

Best Copy Possible

Meeting c James Millar

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Calefhi

FOR THE MONTH OF: Aug/Sept 2005 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	R $ 6.00	62210000
TAXIS:	$	
OTHER (please describe):	ENTERED OCT 17 2005	
	$	
	$	
	$	
MILEAGE: 1063 km at .40.5¢ /km (Attach Local Travel Expense Claim form)	R $ 430.52	62210000
TOTAL EXPENSES:	R $ 436.52	

L. Deloste

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE
	803-8455	Aug/Sept 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Aug 22/05	Ladies' Tea Mtg	70		
Aug 24/05	VMV Mtg	70		
Sept 13/05	VMV Mtg	70		
Sept 19/05	Alta Children Hospital	60		
Sept 20/05	Aboriginal Training	60		
Sept 27/05	Board Mtg / Canmore-Comm.	250		
Sept 28/05	Long Term Care luncheon	70		
Sept 28/05	Didsbury	285		
Sept 29/05	VMV Interview	70		
Sept 30/05	Ladies Tea	58		
		1063		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER	
L Deleste			943-1122	

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

19/09 10:11 AM

DATE ISSUED

TIME ISSUED

AMOUNT PAID

19/09/05 08:11 AM $ 6.00

AMOUNT PAID

$ 6.00 20320000 08:11 AM

CREDIT CARD NUMBER

12300

PRECISE PARK LINK™

NON TRANSFERABLE

4911754

PRECISE PARK LINK™

RECEIPT

4911754

APPLICANT COPY

5303

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Caleffi

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

FOR THE MONTH OF Aug/Sept 2005

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Sept 29/05	Book - Inside the Boardroom & Holder	79.94	5.60	85.54

ENTERED OCT 7 2005

TOTAL EXPENSES: R $85.54

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
L. DeCoste	Lou DeCoste
Authorizer's Employee Number:	Authorizer Phone Number (in full):
	943-1122

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

APPLICANT COPY

Chapters

Store# 00964 Chinook
Chinook Centre,
6455 Macleod Trail South, Unit
Calgary,AB T2H 0K9
Phone: (403) 212-0090
Fax: (403) 212-0109

* Thank you for shopping at Chapters *
Store# 00964 Term# 004 Trans# 6130
Operator: 163NP 09/29/2005 15:27

SALE

****

RETANGULAR TUBE READERS ASSO	$29.95G
626260030306	
INSIDE THE BOARDROOM: HOW BO	$49.99G
0470835206	

****

Items: 2

Subtotal:		$79.94
GST:	7.0%	$5.60
Total:		**$85.54**
DEBIT CARD:		**$85.54**

****

* Thank you for shopping at Chapters *

If, for any reason, you purchase any items that are not totally satisfactory, please feel free to return it for refund or exchange within 14 days. We simply ask that the item be returned in store-bought condition and be accompanied by a proof of purchase from any of our stores. Please note we cannot accept a return or exchange of magazines or newspapers

Store# 00964 Term# 004 Trans# 6130
GST Registration # R897152666

0096400400061301

APPLICANT COPY

59718

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleff

FOR THE MONTH OF: October 2005 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$ 4.00	62210000 No receipt - Meter
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 1209 km at .43¢ /km (Attach Local Travel Expense Claim form)	$ 519.87	62210000
TOTAL EXPENSES:	$ 523.87	

RB

RECEIVED NOV 17 2005

ENTERED NOV 18 2005

L. DeCoste
519.87
4.00

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: October 2005

NOV 03 2005 5:37PM HP LASERJET 3200 p.3

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:
- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) Diane Colleffi		EMPLOYEE NUMBER
DEPARTMENT Board	PHONE NUMBER	DATE Oct 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Oct 1/05	High River - Abbeyfield Event	245		
Oct 4/05	VMV Interviews	70		
Oct 7/05	VMV Interviews	44		
Oct 11/05	VMV Interviews	70		
Oct 12/05	VMV Interviews	75		
Oct 17/05	Report to the Community	60		
Oct 14/05	VMV Meeting	70		
Oct 24/05	Wellness	70		
Oct 25/05	Board Session / Communications - Flaresholm	355		
Oct 26/05	VMV Mtg / Tobacco Reduction	150		
		1209		

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
01	7111030000 1	6221000	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

ENTERED NOV 18 2005

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. McCoste		943-1122

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

NOV 03 2005 5:37PM HP LASERJET 3200 p.4

APPLICANT COPY

66609

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleff

FOR THE MONTH OF: November 2005 s.17(1), 17(4)(g)(i)

EXPENSES

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:	116.61	$ 122.20	62212000
MEALS:	R	$ ~~80.34~~ @ 22.00	62212000
PARKING: 6.25 + 4.00 + 8.56	R	$ ~~[illegible]~~ @ 18.81	62212000
TAXIS:		$	
OTHER (please describe):			
		$	
		$	
	R	$	
MILEAGE: 1131 km at .43¢ /km (Attach Local Travel Expense Claim form)		$ 486.33	62212000
TOTAL EXPENSES:		$ 649.34	

643.75
5.59

H. DeLoste

APPLICANT COPY

Calgary Health Region	___ ACH ___ FMC ___ Southport ___ PLC ___ RGH Other _____	**LOCAL TRAVEL EXPENSE CLAIM** **MILEAGE & PARKING**

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE November 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Nov 1	Board outreach	245		
Nov 4	Fam. Medicine Event	28		
Nov 13	Edm. Cont. Health Care Service Standards	660		
Nov 16	Tob Reduction	48		
Nov 17	Q+A	70		
Nov 29	Board	80		
		1131		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. DeCosta		943-1122

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

The Coast Edmonton Plaza Hotel

10155 - 105th STREET
EDMONTON, ALBERTA
CANADA T5J 1E2

TEL. (780) 423-4811
FAX: (780) 423-3204

RESERVATIONS
www.coasthotels.com
or 1-800-663-1144

Best Copy Possible

This is where the hotel has me listed under.

STATEMENT DATE

FOLIO NUMBER

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
			room	
			Parking	
			Meal	

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
16/11	03:26 PM	16/11/05	02:06 PM	$ 4.00

AMOUNT PAID

$ 4.00 20350000002:06 PM

CREDIT CARD NUMBER

PRECISE PARKLINK™

NON TRANSFERABLE

47

GST # 10103 5467 RT0020

I AGREE THAT MY LIABILITY FOR THIS INDICATED PERSON OR COMPANY OR A

SIGNATURE _____

DUE _____

calgary health region

MEMORANDUM
Office of the Board

DATE: **December 14, 2005**

TO: **Marina Miller, Accounts Payable**

FROM: **Lou DeCoste**

SUBJECT: **BOARD EXPENSES**

Attached are the copies of the Board Expense forms for November 2005, for the following Board Members:

Diane Caleffi

Non-Responsive

Please call me at 943-1122 if you have any questions.

Thanks!

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

61533

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: Dec 2005

ENTE

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING: HBA 23.54 x 2 Receipts to be submitted by L DCosta	$ 47.08	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 448 km at .43¢ /km (Attach Local Travel Expense Claim form) R	$ 192.64	62210000
TOTAL EXPENSES:	$ 239.72	

L. DeCosta

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:
- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE
Board		Dec. 2005

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Dec 1	HBA Workshop	54		
Dec 2	HBA Workshop	54		
Dec 5	Conf Call - HBA	Ø		
Dec 6	Tob. Reduction - Strathmore) Picked up others	200		
Dec 15	Physician Liaison	70		
Dec 20	Board Mtg.	70		
	Total	448		

CODING & AUTHORIZATION

| FINANCIAL CODE | | | |

APPLICANT COPY

SHERATON EAU CLAIRE SUITES
255 BARCLAY PARADE SW
[illegible]

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

ACCOUNT TYPE	[illegible]0656
DATE/TIME	2005/12/02 11:54:39
RECEIPT NUMBER	S80545366-691-008
PURCHASE	---
TOTAL AMOUNT	$23.54

00 APPROVED 001 AUTH. # [illegible]9629
THANK YOU

Sheraton Suites Calgary
EAU CLAIRE

OFFICIAL RECEIPT

DATE: 12/2/05

Received from [illegible]

the sum of [illegible]

in payment of [illegible]

$ 23.54 1367

Method of Payment
- ❑ Cash
- ❑ Cheque
- ☒ Debit Card
- ❑ Credit Card, Type _____

_____
Hotel Authorization

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: Jan + Feb 2006

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 796 km at .43¢ /km (Attach Local Travel Expense Claim form)	$ 342.28	00212000
TOTAL EXPENSES:	$ 342.28	

ENTERED MAR 16 2006

R

K. Delaste

RB

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER:	DATE: Jan + Feb 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Jan 16	Wellness	80		
"	Tob Free			
Jan 17	VMV	70		
Jan 18	Q+A	70		
Jan 31	Board	70		
Feb 9	Finance	70		
~~Feb 17~~ Feb 21	Brd Evaluation	40		
Feb 22	Com Ad Hoc	70		
" 23	VMV	70		
" 24	VMV	70		
" 28	Board & PLC	102		
Feb 23	Arlene Weidner Dinner	84		
		796		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. Deloste		943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

Case 52

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Coleff

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

FOR THE MONTH OF Jan + Feb 2006

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 23/06	Dinner	50.00		50.00
	s.17(1), 17(4)(g)(i)			
		ENTERED	MAR 1 6 2006	

TOTAL EXPENSES: 2 $50.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
L. DeLeste	Lai DeLeste
Authorizer's Employee Number:	**Authorizer Phone Number (in full):**
s.17(1), 17(4)(g)(i)	943-1122

APPLICANT COPY

Receipt of Payment

Ticket for Celebration, February 23, 2006 at the Calgary Winter Club s.17(1), 17(4)(g)(i)

TOTAL $50.00

(Payment received in full from Diane Caleffi)

Celebrating

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

[redacted] outstanding career

on

[redacted] 23, 2006

[redacted] Winter Club
4611 - 14 Street NW

Cocktails 6 PM
Dinner 7 PM

Tickets $50.00 per person

RSVP by February 15, 2006
to

Di Vos Burgh
1434 8 St. NW
Calgary AB T2M3K5
Telephone 282-3462

or

Nora Kirkham
701-320 Meredith Rd. NE
Calgary AB T2E 5A6
Telephone 202-1665

APPLICANT COPY

64882

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: March 2006

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

EXPENSES

ENTERED APR 1 2 2006

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	24855 $ 257.86	62212000
MEALS: Sunday-lunch	Z $ 10.20	62212000
PARKING:	$ [redacted] 8.00	62212000
TAXIS:	$	
OTHER (please describe):		
Phone Calls	7.80 1.51 $ 9.31	62212000
	$	
	$	
MILEAGE: 1202 km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 516.86	62212000
TOTAL EXPENSES:	$ 802.23	

773.21
29.02

L. DeCoste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: October 2005

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER:	DATE: March 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Mar 1	VMV	70		
Mar 2	Q+A	70		
Mar 12-14	HBA	70x2	(drove L.Gilmore home)	
Mar 16	Physician Liaison	70		
Mar 24	Finance	70		
Mar 28	Board	70		
Mar 31	ACB Seminar	80		
Mar 30	Wellness Task Force	70		
		1202		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. Deloste		943-1122

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST
Ms. Diane Caleffi
Calgary Health Region.

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

GRAUTH

ROOM	915
RATE	115.00
NO. PERS.	1
FOLIO	57328 EX-A
PAGE	1
ARRIVE	12-MAR-06 11:54
DEPART	14-MAR-06 14:00
PAYMENT	MC

TRAVEL AGENT
CHARGE TO

915

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT915	Room Charge	115.00
12-MAR-06	RT915	GST	8.13
12-MAR-06	RT915	DMF	1.15
12-MAR-06	RT915	Tourism Levy	4.65
12-MAR-06	RT915	0002 15:51 s.17(1), 17(4)(g)(i)	1.39 } 1.49
12-MAR-06	046A	Tax - GST	0.10
12-MAR-06	046A	Room Charge	115.00
13-MAR-06	RT915	GST	8.13
13-MAR-06	RT915	DMF	1.15
13-MAR-06	RT915	Tourism Levy	4.65
13-MAR-06	RT915	0001 16:15	5.92 } 7.82
13-MAR-06	985A	Tax - GST s.17(1), 17(4)(g)(i)	0.42
13-MAR-06	985A	0001 16:21	1.39
13-MAR-06	994A	Tax - GST	0.10 } 9.31
13-MAR-06	994A	Mastercard	267.17-
14-MAR-06	MC		
		Total Charges	267.17
		Total Credits	267.17-
		Balance Due	0.00

phone calls

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 **

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

THE WESTIN
EDMONTON

Ms. Diane Caleffi
FOLIO 57328 12-MAR-06

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST
Ms. Diane Caleffi
Calgary Health Region.

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

GRAUTH

ROOM	915		
RATE	115.00		
NO. PERS.	1		
FOLIO	57328	EX-A	
PAGE	2		
ARRIVE	12-MAR-06	11:54	
DEPART	14-MAR-06	14:00	
PAYMENT	MC		

TRAVEL CHARGE

DATE	REFERENCE	DESCRIPTION	CHARGES - CREDITS

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-MAR-06	115.00	8.13	4.65	0.00	1.49	1.15	130.42
13-MAR-06	115.00	8.13	4.65	0.00	7.82	1.15	136.75
Total	230.00	16.26	9.30	0.00	9.31	2.30	267.17

Date	Payment
12-MAR-06	0.00
13-MAR-06	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	16.26
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.61
GST Other:	0.00
	16.87

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 811 Starpoints for this visit. Please provide your member number or enroll today.
Ms. Diane Caleffi
FOLIO 57328 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

DELTA
CALGARY AIRPORT

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

ARRIVAL/ARRIVÉE
FOLIO NUMBER N° DOSSIER 000122
DEPARTURE/DÉPART
BALANCE/SOLDE .00
FOLIO/DOSSIER

Mar 31/06 08:00

NAME/NOM	NIGHTS/NUITS	STATUS/STATUT	DATE	TIME/HEURE	ID
Parking Charges	0	Open	25FEB,	0610:02a	SR

ADDRESS/ADRESSE
GUARANTEED BY/GARANTI PAR
AX
REMARKS/REMARQUES

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

CASH ONLY CAN

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	ID
001	31MAR	/	Parkade Parking		8.00+	BS
002	31MAR	/	Cash Payment		8.00-	BS

---- G.S.T. SUMMARY ----Amounts indicated with a "B" include G. S. T.
B .52+

PARTIAL FOLIO B

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

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

X
Guest's Signature / Signature du client

calgary health region

MEMORANDUM
Office of the Board

DATE: **April 11, 2006**

TO: **Marina Miller, Accounts Payable**

FROM: **Lou DeCoste**

SUBJECT: **BOARD EXPENSES**

Attached are the copies of the Board Expense forms for March 2006, for the following Board Members:

Diane Caleffi

Non-Responsive

Please call me at 943-1122 if you have any questions.

Thanks!

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST
Ms. Diane Caleffi
Calgary Health Region.

GRAUTH

ROOM	915	
RATE	115.00	
NO. PERS.	1	
FOLIO	57328	EX-A
PAGE	1	
ARRIVE	12-MAR-06	11:54
DEPART	14-MAR-06	14:00
PAYMENT	MC	

TRAVEL AGENT
CHARGE TO
915

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT915	Room Charge	115.00
12-MAR-06	RT915	GST	8.13
12-MAR-06	RT915	DMF	1.15
12-MAR-06	RT915	Tourism Levy	4.65
12-MAR-06	046A	0002 15:51 s.17(1), 17(4)(g)(i)	1.39 } 1.49
12-MAR-06	046A	Tax - GST	0.10 }
13-MAR-06	RT915	Room Charge	115.00
13-MAR-06	RT915	GST	8.13
13-MAR-06	RT915	DMF	1.15
13-MAR-06	RT915	Tourism Levy	4.65
13-MAR-06	985A	0001 16:15	5.92 } 7.82
13-MAR-06	985A	Tax - GST s.17(1), 17(4)(g)(i)	0.41 }
13-MAR-06	994A	0001 16:21	1.39 } 9.31
13-MAR-06	994A	Tax - GST	0.10 }
14-MAR-06	MC	Mastercard	267.17-
		Total Charges	267.17
		Total Credits	267.17-
		Balance Due	0.00

phone calls

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 **

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

Ms. Diane Caleffi
FOLIO 57328 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST
Ms. Diane Caleffi
Calgary Health Region

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

ROOM	915	
RATE	115.00	
NO. PERS.	1	
FOLIO	57328	EX-A
PAGE	2	
ARRIVE	12-MAR-06	11:54
DEPART	14-MAR-06	14:00
PAYMENT	MC	

TRAVEL AGENT
CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-MAR-06	115.00	8.13	4.65	0.00	1.49	1.15	130.42
13-MAR-06	115.00	8.13	4.65	0.00	7.82	1.15	136.75
Total	230.00	16.26	9.30	0.00	9.31	2.30	267.17

Date	Payment
12-MAR-06	0.00
13-MAR-06	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	16.26
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.61
GST Other:	0.00
	16.87

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 811 Starpoints for this visit. Please provide your member number or enroll today.
Ms. Diane Caleffi
FOLIO 57328 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

DELTA
CALGARY AIRPORT

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

ARRIVAL/ARRIVÉE

FOLIO NUMBER N° DOSSIER
000122

DEPARTURE/DÉPART

BALANCE/SOLDE
.00

FOLIO/DOSSIER

Mar 31/06 08:00

NAME/NOM	NIGHTS/NUITS	STATUS/STATUT	DATE	TIME/HEURE	ID
Parking Charges	0	Open	25FEB,	0610:02a	SR

ADDRESS/ADRESSE

GUARANTEED BY/GARANTI PAR

AX

REMARKS/REMARQUES

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

CASH ONLY CAN

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	ID
001	31MAR	/	Parkade Parking		8.00+	BS
002	31MAR	/	Cash Payment		8.00-	BS

---- G.S.T. SUMMARY ----Amounts indicated with a "B" include G. S. T.
B .52+

PARTIAL FOLIO B

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

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

X_____
Guest's Signature / Signature du client

APPLICANT COPY

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

6594d

Thank You for choosing ASSOCIATED CAB for all your transportation needs.

Visit our counter at the Calgary International Airport international arrival door.

Driver

Car #

GST Included #

Date Apr 17/06

Amount 16.00

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE
(403) 299-1111
THANK YOU CALL AGAIN

DATE: 2006/04/1
PICK-UP TIME: 18:4
DROP-OFF TIME: 11:8
TRIP ID: 59532
LOCATION: 883888-4512216588
CAR NUMBER: 816
CARD TYPE: VIS
CARD:
EXPIRY:
AUTH: AP84551
s.17(1), 17(4)(e.1)

FARE ($): 18.6
EXTRA ($): 8.8
SUBTTL ($): 18.6

TIP ($): 3.00

TOTAL ($): 21.6

SIGNATURE:

BE PARTICULAR INSIST ON THE PROFESSIONALS

CALGARY HEALTH REGION

BOARD EXPENSE FORM

Diane Caleffi

MONTH OF: April 2006 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED MAY 18 2006

AIRFARE: $

CAR RENTAL: $

ACCOMMODATION: $

MEALS: $

PARKING: Cont. Learning R $ 7.50 → 63210000

TAXIS: VMV x 2 34.80 $ 37.60 → 63210000

CALGARY HEALTH REGION
PARKING FEE RECEIPT

OTHER (please describe):

$ 63210000

$

$

MILEAGE: 238 km at .43¢ /km R $ 102.34
(Attach Local Travel Expense Claim form)

Rcpt# 28072
04/25/06 11:45 L# 2 A# 7 Tx#1
04/25/06 08:43 In 04/25/06 11:45
Tkt# 047832
CRHA 1 $ 7.50
Total Fee $ 7.50
CASH PAID $ 7.50
Cash Tender $ 7.50
Change Due $ 0.00
THANK YOU!
GST #R107592557

TOTAL EXPENSES: $ 147.44

144.44
3.00

L. Deloste

APPLICANT COPY

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

To: Lori from Diane Caleffi 3 pgs

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE
Board		April 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Apr. 10	Brd Evaluation	62		
Apr. 18	Brd Evaluation	62		
Apr. 20	Brd Evaluation	44		
Apr. 25	Board / Cont. Learning	70		
		238		

CODING & AUTHORIZATION

FINANCIAL CODE			GL DESCRIPTION	AMOUNT (Including GST)
ORG	FUNCTIONAL CENTRE	ACCOUNT		
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. DeCoste		943-1122

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

6670 8

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: May 2006 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED JUN 16 2006

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION: CCHSA	148.73. $ 159.85	62210000
MEALS: May 2, 3 - CCHSA (19.20 + 19.20)	Z $ 38.40	62210000
~~PARKING~~: Accreditation lunch	62.10. $ 70.16	62210000
TAXIS: May 2, May 3 - CCHSA	120.00. $ 135.00	62210000
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 244 km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 104.92	62210000
TOTAL EXPENSES:	$ 508.33	

435.75 L. DeCoste
72.58
RB

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: October 2005

APPLICANT COPY

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

CHR

BLUELINE RECEIPT FOR CAB FARE

$20.00 20.00

Amount 20.00 Date 03 05 06

From

To

Cab No. 342 Driver T5

G.S.T. included in meter fare

CHR RECEIPT / REÇU $30 30

Amount/Montant: 25.56 May 2-06

From/De: AIRPORT

To/à: Kost

Taxi#: 733 Driver/Chauffeur: RC

Thank you / Merci

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

CHR

ACCT. NO.

D. E. CALEFFI

NAME OF ACCOUNT

OTHER

Associated Cab Alta. Ltd.
TEL: 299-1111

ALLIED LIMOUSINE
TEL: 299-9555

TIME: 1500 A.M. P.M.

Driver GST #

TAXI FROM: Home

TO: Airport

Authorization Number

DATE: May 02-06

DRIVER NAME & CAB NO.

SIGNATURE: In writing

METER CHARGE G.S.T. INCLUDED	$ 70.00
LESS 10% ($2.50 Per Trip) Passenger Pays	$
GRATUITY	$ 15.00
TOTAL - Subsidy (Payable by A.C.E.)	$ 85.00

073073 CUSTOMER'S COPY

85.00

LUCIANO'S STADIUM
1935 Uxbridge Dr. NW
Tel:
Check #: 200

Server: Megs Date: 05/25/2006
Table: 23 Time: 13:30
Client: 5

1	Diet	2.49
3	Caesar Salad	20.85
2	Add-4oz Chicken	7.90
1	Add Shrimp	3.95
2	Steak Salad	19.90
1	Pop Refill	0.00

SUB-TOTAL: 58.09
GST: 4.07

TOTAL: 62.16

Thank You For Dining With Us.

Thank you!

TRANSACTION RECORD

LUCIANO'S STADIUM REST
1935 UXBRIDGE DR T2M7V2
CALGARY AB

Acct # 22450734
Type
Savings

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

Date 06/05/25 Time 13 42 43
Expiry Auth # 657749
N22450734001 001247006

Op ID: 111

Invoice Number 4441

Purchase $62.16
Tip $8.00
TOTAL $70.16

00 APPROVED-THANK YOU

Retain this copy for your record

Marriott
OTTAWA

APPLICANT COPY

GST# B81815684RT0001

100 Kent Street
Ottawa, Ontario K1P 5R7
(613) 238 1122
Marriott.com/YOWMC

CHR

GUEST FOLIO

ROOM 1534 NAME CALEFFI/DIANE/MS RATE 139.00 DEPART 05/03/06 TIME 13:00 ACCT# 5388

TYPE SKNG CALGARY HEALTH REGIO ARRIVE 05/02/06 TIME 23:39

9 10101 SOUTHPORT RD

ROOM CLERK CALGARY ADDRESS AB T2W3N2 PAYMENT MR#:

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
05/02	ROOM	1534, 1	139.00		
05/02	7%RM GST	1534, 1	9.73		A
05/02	5%RM PST	1534, 1	6.95		B
05/02	DMF	1534, 1	3.89		J
05/02	DMF GST	1534, 1	.28		L
05/03	VS CARD			$159.85	

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.

---------- GST # RT891615684 ----------

DESCRIPTION	TAXED AMOUNT		TAX
GST (AFH)			9.73
A 7% GST ROOM TAX	.00	9.73	
F 7% GST MISC	.00	.00	
H 7% GST MISC INCLUSIV	.00	.00	
PST (BGI)			6.95
B 5% PST ROOM TAX	.00	6.95	
G 8% PST MISC	.00	.00	
I 8% PST MISC INCLUSIV	.00	.00	
J DESTINATION MKT FEE	.00		3.89
K DMF PST	.00		.00
L DMF GST	.00		.28

NET CHARGES	TAX	CREDITS	FOLIO
139.00	20.85	.00	159.85

---------- EXP. REPORT SUMMARY ----------

05/02	ROOM	139.00
	7%RM GST	9.73
	5%RM PST	6.95
	DMF	3.89
	DMF GST	.28
		159.85

Marriott
OTTAWA

100 Kent Street
Ottawa, Ontario K1P 5R7
(613) 238 1122
Marriott.com/YOWMC

This statement is your only invoice. You have agreed to pay in cash or by approved personal check, or to authorize us to charge your credit card for all amounts claimed to you. If by agreement between the credit card issuer and us, only certain charges shown on this bill are to be charged to the credit card, you guarantee we will pay any amount that the credit card company will bill us the usual manner. If for any reason the credit card issuer does not make payment, on this account you will pay us the amount that we show billed, in the event payment is not made within 7 days, this charge will be subject to interest from the date of our original invoice 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.

6-2955
ev. 12/03

Signature X

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

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE May 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
May 18/06	D+A	70		
May 23/06	Minister Evans Mtg.	56		
May 25/06	Accreditation Mtg.	48		
May 30/06	Board Mtg.	70.		
		244		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER	
L. DeCoste			943-1122	

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

Marriott OTTAWA

GST# 891615684RT0001

100 Kent Street
Ottawa, Ontario K1P 5R7
(613) 238 1122
Marriott.com/YOWMC

CHR

GUEST FOLIO

ROOM 1534 NAME CALEFFI/DIANE/MS RATE 139.00 DEPART 05/03/06 TIME 13:00 ACCT# 5388

TYPE SKNG CALGARY HEALTH REGIO ARRIVE 05/02/06 TIME 23:39

9 10101 SOUTHPORT RD

ROOM CLERK ADDRESS CALGARY AB T2W3N2 PAYMENT MR#:

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
05/02	ROOM	1534, 1	139.00		
05/02	7%RM GST	1534, 1	9.73		A
05/02	5%RM PST	1534, 1	6.95		B
05/02	DMF	1534, 1	3.89		J
05/02	DMF GST	1534, 1	.28		L
05/03	VS CARD			$159.85	

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.

GST # RT891615684

DESCRIPTION	TAXED AMOUNT		TAX
GST (AFH)			
A 7% GST ROOM TAX			9.73
F 7% GST MISC	.00	9.73	
H 7% GST MISC INCLUSIV	.00	.00	
PST (BGI)	.00	.00	
B 5% PST ROOM TAX			6.95
G 8% PST MISC	.00	6.95	
I 8% PST MISC INCLUSIV	.00	.00	
J DESTINATION MKT FEE	.00	.00	
K DMF PST	.00		3.89
L DMF GST	.00		.00
	.00		.28

NET CHARGES	TAX	CREDITS	FOLIO
139.00	20.85	.00	159.85

EXP. REPORT SUMMARY

05/02	ROOM	139.00
	7%RM GST	9.73
	5%RM PST	6.95
	DMF	3.89
	DMF GST	.28
		159.85

Marriott OTTAWA

100 Kent Street
Ottawa, Ontario K1P 5R7
(613) 238 1122
Marriott.com/YOWMC

This statement is your guide to right. You have agreed to pay in cash or the approved personal check or to charge your credit card for all amounts charged to you. The amount shown in the credit column represents any credit card credit for the amount shown above will be credited to the credit card number set forth above. If the credit card company will fail in the legal manner if for any reason the credit card center may does not make payment on this account, you will owe us such amount. If you are offered billed, in the event payment is not made within 30 days after check out you will owe us interest from the charged date on an 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.

6-2955
Rev. 12/03

Signature x

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

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

601348

5018100172

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: June 2006 s.17(1), 17(4)(g)(i)

ENTERED JUL 1 4 2006

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 943. km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 405.49	62210000
TOTAL EXPENSES:	$ 405.49	

4. DeCoste

RB

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: October 2005

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

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:
- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE June 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
June 6/06	Finance	70		
June 8/06	Tob. Reduction Event	134		
June 9/06	Kananaskis Conf.	163		
June 15/06	Physician Liaison	70		
June 15/06	Nurse of the Month	60		
June 16/06	Shades of Grey	80		
June 16/06	Accreditation	48		
June 19/06	Wellness	70		
June 21/06	ARBI AGM	50		
June 22/06	Q+A	70		
June 26/06	Long Service Awards	50		
June 27/06	Cont Learning /Board	78		
		943		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE Caleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION L. DeCoste		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER 943-1122	

00073

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

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim s.17(1), 17(4)(g)(i)

APPLICANT COPY

721P2

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caletti

FOR THE MONTH OF: October 2006

ENTERED DEC 14 2006

EXPENSES

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:		$	
MEALS:		$	
PARKING:	R	$ 2.00	62210000
TAXIS:		$	
OTHER (please describe):			
		$	
		$	
		$	
MILEAGE: 434 km at .43¢ /km (Attach Local Travel Expense Claim form)	R	$ 186.62	62210000
TOTAL EXPENSES:		$ 188.62	

L. Deloste

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caletti		
DEPARTMENT: Board	PHONE NUMBER:	DATE: October 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Oct 2	3 Cheers	60		
Oct 4	Ladies Tea - High River	140		
Oct 5	" " - ~~Jk~~ Cochrane	56		
Oct 30	Comm. Health Council - Black Diamond	178		
		434		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. DeCoste		943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

CHR ~~Sock~~ 3 Cheers

isplay this ticket o
shboard, this side u

Lot 61-8C

id of parking time 2

12-10- 06 12

ate pm
Time

ee: $2.00
icket No.: 31137

61- 9457869
2.0 06:26p
.5

APPLICANT COPY

72183

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: September 2006

ENTERED DEC 14 2006

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	R $ 13.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 328 km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 141.04	62210000
TOTAL EXPENSES:	R $ 154.04	

L. Deloste

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE
Board		Sept 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Sept 7	Accreditation	60		
Sept 18	Ladies' Tea	70		
Sept 22	People + Finance	70		
Sept 26	Board Mtg	70		
Sept 29	Ladies' Tea	58		
		328		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. Deloste		943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

LOT:

Ticket Expires:
07:00 PM Thu
2006 Sep 07

Ticket: 0000006389
Time: 08:15 AM Thu
Date: 2006 Sep 07
: $13.00
$13.00

SPLAY FACE
P ON DASH

are for use of parking
nly This company is not
ible for loss or damage
cle or contents.

HR
accreditation
pltg

APPLICANT COPY

72|84

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: November 2006

ENTERED DEC 14 2006

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 335 km at .43¢ /km (Attach Local Travel Expense Claim form)	$ 144.05	62210000
TOTAL EXPENSES:	$ 144.05	

R

L. Deloste

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
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EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER:	DATE: Nov 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Nov 3	Board Retreat	55		
Nov 6	Accreditation	70		
Nov 16	Ladies' Tea Mtg / Q+A.	70		
Nov 20	Wellness	70		
Nov 28	Board Mtg	70		
		335		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. DeCosta		943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

72185

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: Aug. 2006

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

ENTERED DEC 14 2006

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 178 km at .43¢ /km (Attach Local Travel Expense Claim form)	R $ 76.54	62210000
TOTAL EXPENSES:	$ 76.54	

L. Deloste

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER: July +	DATE: August 2006

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Aug 17	Home - New ACH - Home	48		
July 14	Home - ACH - Home Pancake flipping	60		
Aug 11	Ladie's lunch	70		
		178		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
01	71110300002	6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. Deloste		943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICA

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

73762

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleffi

FOR THE MONTH OF: December 2006

RECEIVED
JAN 18 2007
FINANCE

EXPENSES

ENTERED JAN 22 2007

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:	562.51	$ 632.09	62214000
MEALS:	45.94	$ 106.35	62214000
PARKING:		$	
TAXIS:	138.00	$ 176.00	62214000
OTHER (please describe):			
		$	
		$	
		$	
MILEAGE: _____ km at .43¢ /km (Attach Local Travel Expense Claim form)		$	
TOTAL EXPENSES:		$ 914.44	

746.45
167.99

L. Deloste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: October 2005

APPLICA

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

RENAISSANCE.
TORONTO AIRPORT HOTEL
801 Dixon Road, Toronto, Ontario, Canada M9W 1J5 Tel: 416-675-6100 Fax: 416-675-4022

GUEST FOLIO

228 CALEFFI/DIANE/MS 129.00 12/07/06 15:55 4143 287
ROOM NAME RATE DEPART TIME ACCT# GROUP

NOOG 12/03/06 17:27
TYPE ARRIVE TIME

18 XX
ROOM CLERK

CALGARY AB T2W3N2 MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
12/03 LD PHONE	3496-403	10.48		C
12/03 LD PHONE	3498-403	6.35		C
12/03 ROOM	228, 1	129.00		
12/03 ROOM GST	228, 1	7.74		A
12/03 ROOM PST	228, 1	6.45		B
12/03 DMF	228, 1	3.65		I
12/03 GST DMF	228, 1	.22		J
12/04 LOCAL	3877-LOC	1.18		C
12/04 LOCAL	3883-LOC	1.18		C
12/04 LD PHONE	3884-403	8.42		C
12/04 LOCAL	3885-LOC	1.18		C
12/04 LOCAL	3886-LOC	1.18		C
12/04 LOCAL	3892-LOC	1.18		C
12/04 LD PHONE	3908-780	6.35		C
12/04 LD PHONE	3910-780	6.35		C
12/04 ROOM	228, 1	129.00		
12/04 ROOM GST	228, 1	7.74		A
12/04 ROOM PST	228, 1	6.45		B
12/04 DMF	228, 1	3.65		I
12/04 GST DMF	228, 1	.22		J
12/05 ROOM	228, 1	129.00		
12/05 ROOM GST	228, 1	7.74		A
12/05 ROOM PST	228, 1	6.45		B
12/05 DMF	228, 1	3.65		I
12/05 GST DMF	228, 1	.22		J
12/06 OLIO	00005244	19.00 meal		
12/06 ROOM	228, 1	129.00		
12/06 ROOM GST	228, 1	7.74		A
12/06 ROOM PST	228, 1	6.45		B
12/06 DMF	228, 1	3.65		I
12/06 GST DMF	228, 1	.22		J
12/07 CCARD-VS			651.09	
PAYMENT RECEIVED BY: VISA				

-19.00
breakfast
$632.09

.00

GST #873446892RT0001

	DESCRIPTION	TAXED AMOUNT	TAX
A	GST 6%	.00	30.96
C	GST INCLUSIVE 6%	41.35	2.50
J	GST DMF	.00	.88

CHARGES	TAX	CREDITS	FOLIO
616.75	34.34	651.09	.00

RENAISSANCE.
TORONTO AIRPORT HOTEL

ACCOUNTS PAST 30 DAYS SUBJECT TO SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL RATE OF 18%)
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 RENAISSANCE HOTEL CALL 1 (800) HOTELS-1 6-2955R

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

APPLICA

Meals

CHR - Accreditation Dinner
Thank You!

OUTBACK STEAKHOUSE
GST 832724744RT0001
HOME OF THE BLOOMIN' ONION

GCK# 499
1 GUESTS VIRGINI SRVR 42
1 COCO 8.49
1 STKHOUSE CHP.SLD 15.99
1 COLD BEV 2.79

GST 1.64

SBTL 28.91

PST 2.18
TOTL 31.09

CSHR DINNER 5.00 TIP
6907 19:24 #01 DEC.03 06 36.09
Sunday Dec 3

Lunch
Dec 3rd
$10.75
(lost receipt)

Dinner

[illegible]

Breakfast
Dec 6
19.00
(on Hotel bill)

Dec 4
Dinner
$19.20
(lost receipt)

Dinner
c Val Austin
Weber, Byron
Moore

TUCKER'S MARKETPLACE
AIRPORT
TEL#(416) 675-8818

51 SELINA

TBL 32/1 CHK 715 GST 1
05DEC'06 05:35PM
*** REPRINT MEMO CHECK ***

PERSON #:3
1 ADULT DINNER 15.99
1 GLS CAWARRA WH 6.99
SUBTOTAL 22.98
22.98 G.S.T. TAX 1.38
15.99 FOOD-TAX 1.28
6.99 LIQUOR TAX 0.70
AMOUNT DUE 26.34
+ Tip
SUNDAY BRUNCH 29.00
10:30AM TO 2:00PM
RESERVE NOW! - 7.69 for liquor
PLEASE PAY SERVER
GST# 88509858RT

$21.31

Taxi

CHR - Home to airport

Driver # Re Accreditation
To:
From:
Date: Dec 9 Amount: 68.00
GST#

Receipt

Amount $22 Date Dec-3-06
Price includes G.S.T.
From Airport
To Renaissance Hotel
Cab No. 128 Driver [illegible]

Thank You For Riding Best Choice Taxi

Car No. 68 Date Dec 9
From
To Airport Pearson
Fare Amount $
GST No. Tip
Total 16
Received with Thanks
Signature

CHR - Airport to Home

Driver # Almahar Car # Re accreditation
To:
From:
Date: December 9 06 Amount: 70.00
GST#

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

APPLICANT COPY

RENAISSANCE.
TORONTO AIRPORT HOTEL

801 Dixon Road, Toronto, Ontario, Canada M9W 1J5 Tel: 416-675-6100 Fax: 416-675-4022

GUEST FOLIO

228 CALEFFI/DIANE/MS 129.00 12/07/06 15:55 4143 287
ROOM NAME RATE DEPART TIME ACCT# GROUP

NOOG 12/03/06 17:27
TYPE ARRIVE TIME

18 XX
ROOM CLERK

CALGARY AB T2W3N2 MR#:

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12/04 LD PHONE	3910-780	6.35	C	
12/04 ROOM	228, 1	129.00		
12/04 ROOM GST	228, 1	7.74	A	
12/04 ROOM PST	228, 1	6.45	B	
12/04 DMF	228, 1	3.65	I	
12/04 GST DMF	228, 1	.22	J	
12/05 ROOM	228, 1	129.00		
12/05 ROOM GST	228, 1	7.74	A	
12/05 ROOM PST	228, 1	6.45	B	
12/05 DMF	228, 1	3.65	I	
12/05 GST DMF	228, 1	.22	J	
12/06 OLIO	00005244	19.00		
12/06 ROOM	228, 1	129.00		
12/06 ROOM GST	228, 1	7.74	A	
12/06 ROOM PST	228, 1	6.45	B	
12/06 DMF	228, 1	3.65	I	
12/06 GST DMF	228, 1	.22	J	
12/07 CCARD-VS			651.09	
PAYMENT RECEIVED BY: VISA				

-19.00
breakfast

$632.09

.00

---------- GST #873446892RT0001 ----------

	DESCRIPTION	TAXED AMOUNT	TAX
A	GST 6%	.00	30.96
C	GST INCLUSIVE 6%	41.35	2.50
J	GST DMF	.00	.88

NET CHARGES	TAX	CREDITS	FOLIO
616.75	34.34	651.09	.00

RENAISSANCE.
TORONTO AIRPORT HOTEL

ACCOUNTS PAST 30 DAYS SUBJECT TO SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL RATE OF 18%)

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 RENAISSANCE HOTEL CALL 1 (800) HOTELS-1

6-2955R

APPLICANT COPY

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

74527

7

CALGARY HEALTH REGION

BOARD EXPENSE FORM

CHR Changing Social Norms

PERFORMING ARTS CENTRE
INCL. G.S.T.
---631854--- 2 --
MO 22.01.07 14:40
00 ==>D500
#ST P5 -4353-
4.00 $

NAME: Diane Caleffi 608893

FOR THE MONTH OF: ~~Dec~~ Jan 2007

EXPENSES

RECEIVED FEB 1 6 2007

01-71110300002

AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING: Changing Social Norms	$ 4.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 258 km at .43¢ /km (Attach Local Travel Expense Claim form)	$ 110.94	62210000
TOTAL EXPENSES:	$ 114.94	

ENTERED FEB 1 4 2007

R

R

L. Deloste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: October 2005

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

calgary health region

__ ACH __ FMC __ Southport
__ PLC __ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print): Diane Caleffi

EMPLOYEE NUMBER:

DEPARTMENT: Board

PHONE NUMBER:

DATE: Jan 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Jan 18/07	Q + A	70	.43	
Jan 22/07	Changing Social Norms	58	.43	
Jan 23/07	Seniors Forum	60	.43	
Jan 30/07	Board	70	.43	
		258		

CODING & AUTHORIZATION

FINANCIAL CODE			GL DESCRIPTION	AMOUNT (Including GST)
ORG	FUNCTIONAL CENTRE	ACCOUNT		
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
			TOTAL PAYABLE TO EMPLOYEE	

EMPLOYEE SIGNATURE: D Caleffi

AUTHORIZATION: L. Deloste

AUTHORIZER EMPLOYEE NUMBER:

AUTHORIZER PHONE NUMBER: 943-1122

00073

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

DISTRIBUTION: WHITE ACCOUNTS PAYABLE

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

75/65

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: Feb 2008 s.17(1), 17(4)(g)(i)

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE 28/02/07 EXPIRATION TIME 22:00

AMOUNT PAID $ 10.00 14630000 07:18 LOT1

TICKET VALID THIS LOT ONLY.

NON TRANSFERABLE 498362

DETACH RECEIPT FROM TICKET

DATE ISSUED 28/02/07 TIME ISSUED 07:18 AMOUNT PAID $ 10.00

CREDIT CARD NUMBER 12300 EXPIRATION DATE & EXPIRATION TIME 28/02/07 22:00

UNIVERSITY OF CALGARY

RECEIPT 498362

AIRF

CAR

ACCOMMODATION: $

MEALS: $

PARKING: $ 10.00 62210000

TAXIS: $

OTHER (please describe):

$ ENTERED MAR 16 2007

$

$

MILEAGE: 146 km at .43¢ /km $ 62.78 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: $ 72.78

RECEIVED MAR 15 2007 FINANCE

L. Delosta

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

APPLICANT COPY

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

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- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) Diane Caleffi		EMPLOYEE NUMBER
DEPARTMENT	PHONE NUMBER	DATE Feb 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Feb 26	Bid Evaluation Mtg	38		
Feb 27	Bid Mtg	60		
Feb 28	Determinants of Health	48		
		146		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
L. Deloste			943-1122	

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

APPLICANT COPY

7730P

CALGARY HEALTH REGION

BOARD EXPENSE FORM

RECEIVED APR 11 2007 FINANCE

NAME: Diane Caleffi

FOR THE MONTH OF: May 2007 s.17(1), 17(4)(g)(i)

ENTERED APR 11 2007

EXPENSES

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:	349.10	$ 362.25	62212000
MEALS:		$	
PARKING:	R	$ 21.75	62212000
TAXIS:		$	
OTHER (please describe):			
		$	
		$	
660 Km	R	$ 283.80	62212000
MILEAGE: 328 km at .43¢ /km (Attach Local Travel Expense Claim form)	R	$ 141.04	62210000
TOTAL EXPENSES:		$ 808.84	

L. DeLoste

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE
Board.		March 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Mar 11	Travel - Calg - Edm - Return HBA	660		
Mar 14	Board Evaluation	48		
Mar 15	Accreditation	70		
Mar 19	Wellness	70		
Mar 27	Board	70		
Mar 29	Physician Liaison	70		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE D Caleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION M. Delaste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER 943-1122	

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

THE WESTIN
EDMONTON

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
780-426-3636

Caleffi, Diane	Page Number:	1	Invoice Nbr:	1000002285
10101 Southport Road S.w.	Guest Number:	133449	Arrive Date:	03-11-2007
Calgary, AB T2W 3N2	Folio:	A	Depart Date:	03-13-2007
	No. Of Guests:	1		
	Room Number:	944		
	Club Account:	SPG -		

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

Tax Invoice

Tax Invoice

Tax ID: 861336493RT0005

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
03-11-2007	RT944	Room Charge	$150.00	
03-11-2007	RT944	GST	$9.09	
03-11-2007	RT944	DMF	$1.50	
03-11-2007	RT944	Tourism Levy	$6.06	
03-12-2007	RT944	Room Charge	$150.00	
03-12-2007	RT944	GST	$9.09	
03-12-2007	RT944	DMF	$1.50	
03-12-2007	RT944	Tourism Levy	$6.06	
03-12-2007	RT944	Parking Self	$18.00	
03-12-2007	RT944	Tax GST	$1.08	
03-12-2007	801A	Tax - GST	$0.09	
03-12-2007	801A	0001 08:01	$1.49	
03-12-2007	924A	Tax - GST	$0.09	s.17(1), 17(4)(g)(i)
03-12-2007	924A	10:22	$1.49	
03-12-2007	928A	Tax - GST	$0.09	
03-12-2007	928A	0001 10:28	$1.49	
03-12-2007	931A	Tax - GST	$0.09	
03-12-2007	931A	0001 10:30	$1.49	s.17(1), 17(4)(g)(i)
03-12-2007	934A	Tax - GST	$0.09	
03-12-2007	934A	0002 10:31	$1.49	
03-12-2007	938A	Tax - GST	$0.09	
03-12-2007	938A	0002 10:33	$1.49	

Continued on next page

APPLICANT COPY

THE WESTIN
EDMONTON

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
780-426-3636

Caleffi, Diane
10101 Southport Road
S.w.
Calgary, AB T2W 3N2

Page Number: 2
Guest Number: 133449
Folio: A
No. Of Guests: 1
Room Number: 944
Club Account: SPG -

Invoice Nbr: 1000002285
Arrive Date: 03-11-2007
Depart Date: 03-13-2007

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

Tax Invoice

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
03-12-2007	060A	Tax - GST	$0.09	
03-12-2007	060A	0001 12:15	$1.49	
03-12-2007	063A	Tax - GST	$0.48	
03-12-2007	063A	0002 12:15	$8.01	
03-12-2007	610A	Tax - GST	$0.38	
03-12-2007	610A	0001 21:35	$6.36	
03-12-2007	611A	Tax - GST	$0.09	
03-12-2007	611A	0002 21:36	$1.49	
03-13-2007	VI	Visa		$-380.25
**Total			$380.25	$-380.25
***Balance Due			$-0.00	

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

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

Continued on next page

APPLICANT COPY

THE WESTIN
EDMONTON

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
780-426-3636

Caleffi, Diane	Page Number:	3	Invoice Nbr:	1000002285
10101 Southport Road S.w.	Guest Number:	133449	Arrive Date:	03-11-2007
Calgary, AB T2W 3N2	Folio:	A	Depart Date:	03-13-2007
	No. Of Guests:	1		
	Room Number:	944		
	Club Account:	SPG -		

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

Tax Invoice

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.

GST Summary:	
GST Room	18.18
GST Food and Beverage	0.00
GST Telephone Revenue:	1.58
GST Other	0.00
GST Total Revenue	19.76

G.S.T # RT 861336493RT0005

As a Starwood Preferred Guest you have earned at least 652 Starpoints for this visit @.Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

Signature_____

APPLICANT COPY

THE WESTIN
EDMONTON

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
780-426-3636

Caleffi, Diane	Page Number:	4	Invoice Nbr:	1000002285
10101 Southport Road S.w.	Guest Number:	133449	Arrive Date:	03-11-2007
Calgary, AB T2W 3N2	Folio:	A	Depart Date:	03-13-2007
	No. Of Guests:	1		
	Room Number:	944		
	Club Account:	SPG -		

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

Tax Invoice

Expense Report Summary

Currency: CAD

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total	Payment
03-11-2007	$150.00	$9.09	$6.06	$0.00	$0.00	$1.50	$166.65	$0.00
03-12-2007	$150.00	$9.09	$6.06	$0.00	$27.87	$20.58	$213.60	$0.00
03-13-2007	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$-380.25
Total	$300.00	$18.18	$12.12	$0.00	$27.87	$22.08	$380.25	$-380.25

APPLICANT COPY

Calgary Health Region
Foothills Medical Centre
Parking Fee Receipt

Rcpt# 37788
03/14/07 11:23 L# 6 A# 7 Txn#175599
03/14/07 09:54 In 03/14/07 11:23 Out
Tkt# 875744

CRHA - 1	$	3.75
Total Fee	$	3.75
CASH PAID	$	3.75-
Cash Tender	$	3.75
Change Due	$	0.00

Thank-You!
GST #R107392557

APPLICANT COPY

82301

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Colelli

FOR THE MONTH OF: June 2007

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$ 282.10	62210000
PARKING:	$ 5.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
395	$ 173.80	
MILEAGE: 339 km at .44¢ /km (Attach Local Travel Expense Claim form)	$ ~~149.16~~	62210000
TOTAL EXPENSES:	$ ~~435.06~~ 460.90	

L. Delaste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Colleffi

FOR THE MONTH OF: June 2007

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

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	Z $ 282.10	62210000
PARKING:	R $ 5.00	62210000
TAXIS:	$	
OTHER (please describe):		
	$ ENTERED AUG 7 2007	
	$	
395	R $ 173.80	
MILEAGE: ~~339~~ km at .44¢ /km (Attach Local Travel Expense Claim form)	$ ~~149.16~~	62210000
TOTAL EXPENSES:	$ ~~435.26~~ 460.90	

L. Delaute

178.80

282.10

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
D Caleff		
DEPARTMENT	PHONE NUMBER	DATE
Board		June 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
June 8	Shades of Grey Conf	80		
June 18	East Health Centre Opening	85		
June 19	Bid Eval	44		
June 21	Physician Liaison	70		
June 26	Board	60		
June 27	Careers Fair	56		
~~June 28~~				
		395		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. DeCoste		943-1122

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

CHR Accreditation Team appreciation Dinner

earls

GREAT FOOD GREAT PEOPLE

Best Copy Possible

43 CATLA

1 ICED TEA	2.50
3 PT KOKANEE @ 6.00	18.00
3 PT HONEY LGR @ 6.00	18.00
2 @ 7.50	
GL DWN UN WHT	15.00
1 GL HONEY LGR	4.50
2 COFFEE @ 2.50	5.00
1 CAPPUCCIN	3.75
1 7oz SIRLOIN	21.00
1 SALMON FILET	21.50
1 MED LINGUINI	12.50
Add Shrimp	3.50
1 SEAFOOD PENNE	17.00
2 TOFFEE CAKE @ 7.50	15.00
1 BENTO BOX	17.50
1 DRY RIBS	9.50
2 @ 12.50	
WH CN PR	25.00
Subtotal	280.75
GST Tax	16.85
07:47 Total	~~297.60~~

PLEASE PAY YOUR SERVER

earls WillowPark

Alberta

403-278-7860

TELL US ABOUT YOUR GREAT EXPERIENCE

bvoy@earls.ca

242.10

tip 40.00

282.10

#R893005637RT

CHR Board Tour

Calgary Health Region
Foothills Medical Centre
Parking Fee Receipt

Rcpt# 10773
06/26/07 10:55 L# 2 A# 24 Txn# 47172
06/26/07 09:13 In 06/26/07 10:55 Out
Tkt# 103909

CRHA 1	$	5.00
Total Fee	$	5.00
CASH PAID	$	5.00-
Cash Tender	$	5.00
Change Due	$	0.00

Thank-You!
GST #R107392557

EARL'S WILLOW
10640 MCLEOD TRA
CALGARY, AB
604-984-4606

Merchant ID: 4019289
Term ID: A4019289
Server ID: 43
Shift #: 1

Sale

DEBIT
Account Type: Savings

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

Entry Method: Swiped
Batch #: 000001 Seq #: 574001001040
Invoice#: 030567

Amount:	$	297.60
Tip:	$	40.00
Total:	$	337.60

001 Approved
Approval Code: 860986

SIGNATURE REQUIRED

19:49:55

Customer Copy

APPLICANT COPY

2

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Calessi

FOR THE MONTH OF: April 2007

FINANCE
NOV 07 2007
RECEIVED

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$ 45.03	62210000
PARKING:	$	
TAXIS:	$ 129.00	62210000
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 394 km at .44¢ /km (Attach Local Travel Expense Claim form)	$ 173.36	62210000
TOTAL EXPENSES:	$ 347.39	

L. Deloste

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: April 2007

EXPENSES

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:		$	
MEALS:	40.03	$ 45.03	62210000
PARKING:		$	
TAXIS:	113.00	$ 129.00	62210000
OTHER (please describe):			
		$ ENTERED AUG 17 2007	
		$	
		$	
MILEAGE: 394 km at .44¢ /km (Attach Local Travel Expense Claim form)	R	$ 173.36	62210000
TOTAL EXPENSES:		$ 347.39	

RB

L. Deloste
326.39
21.00

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Coleffi		
DEPARTMENT: Board	PHONE NUMBER	DATE: April 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Apr 5	Finance	70		
Apr 12	Acc. Update	70		
Apr 16	Accreditation	70		
Apr 18	"	70		
Apr 19	" - Going forward	44		
Apr 24	Board	70		
		394		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. Deloste		943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

April 2007

APPLICANT COPY

CHR Accreditation

= TRANSACTION RECEIPT =

The Checker Group
316 Meridian Road SE
Calgary, AB T2A 1X2
403 299-9999

ACCT TYPE: CREDIT CARD
CARD NUMBER:

CARD TYPE:VISA
DATE/TIME:
07/04/15 11:01:43
AUTHORIZATION: 046788.

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

VEH/DRV: 0474 / 4652
GST#: 888420510
TXN ID: 2181343

AMOUNT: $ 50.80
TIP: $ 10.00

TOT 80

HR - Accreditation
To ACH

= TRANSACTION RECEIPT =

The Checker Group
316 Meridian Road SE
Calgary, AB T2A 1X2
403 299-9999

ACCT TYPE: CREDIT CARD
CARD NUMBER:

CARD TYPE:M/C
DATE/TIME:
07/04/15 18:29:11
AUTHORIZATION: 202928.

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

VEH/DRV: 0686 / 5593
GST#: 888420910
TXN ID: 2181745

AMOUNT: $ 21.20
TIP: $ 6.00

$ 27.20

Accreditation
Lunch Apr 16/07

WHITE SPOT #303
10440 MACLEOD TRAIL SE
CALGARY, AB

ID: A4070161
STORE: 4070161
INV#: 146
EMPL#: DEFAULT
SLIP#: 6990

PRE-AUTH $40.03

TIP $ 5.00

TOTAL $ 45.03

VISA 02/09 *S
451601******1391
APPROVED AUTH 011633
2001001016 -001
07 1 06 PM

COPY

Same

Accreditation Mtg.

****
CHECK # 300146 DATE 4/16/07
TABLE # 45 TIME 1:06PM
==========

-- 1-DINING : SUZANNE --

ITEMS ORDERED	AMOUNT
1 NOBASHI PRAWNS	7.99
1 FAJITA SALAD	12.49
1 AB LEGENDARY HB, fries	8.29
1 CKN CAESAR WRAP, tossed	8.99

****

SUBTOTAL 37.76
G.S.T. % 2.27

TOTAL DUE 40.03

3

Val
Austin-W
Byron
Marjorie
Deane

CHR - Acc. Home - Support

Driver # Uc Car # 474
To:
From:
Date: April 15 07 Amount: 60.80
GST#

615-4508 Khan

CHR - Acc ACH - Home

Driver # H Car # 1123
To:
From:
Date: Apr 15/07 Amount: 41.00
GST#

calgary health region

MEMORANDUM
Office of the Board

DATE: **August 15, 2007**

TO: **Marina Miller, Accounts Payable**

FROM: **Lou DeCoste**

SUBJECT: **BOARD EXPENSES**

Attached are the copies of the Board Expense forms for July 2007, for the following Board Members:

Diane Caleffi (April-June)

Non-Responsive

Please call me at 943-1122 if you have any questions.

Thanks!

APPLICANT COPY

82301

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleffi

FOR THE MONTH OF: May 2007

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 298 km at .44¢ /km (Attach Local Travel Expense Claim form)	$ 131.12	62210000
TOTAL EXPENSES:	$ 131.12	

L. DeCoste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Coleffi

FOR THE MONTH OF May 2007

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

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
May 7/07	Subscription - Board Governance	396.74		396.74
		ENTERED AUG 17 2007		
CHR	10 May 7 May 8 USD350.00@1.133548MLR PUBLISHING CO PHIL	396.74		

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

TOTAL EXPENSES: 2 $396.74

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
L. Deloste	Lou Deloste
Authorizer's Employee Number:	Authorizer Phone Number (in full): 943-1122

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

RB

X:Board/Honoraria/Supplementary Expenses Claim Form

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

APPLICANT COPY

Directors & Boards

Phone: 215-567-3200 • Fax: 215-405-6078 • Internet: www.directorsandboards.com
P.O. Box 41966 • Philadelphia, PA 19101-1966

FAX

attn Lou

Date:	Oct. 18, 2007	Number pages (incl. cover):	2
To:	Diane Caleffi		
Company:		Fax No.	s.17(1), 17(4)(g)(i)
From:	Barbara Wenger	Tel. No.	215-405-6072
		Fax No.	215-405-6078

Message:

Diane,

Here is the receipt for your subscription to Directors & Boards Magazine.

Please note the last issue on your subscription Will be the 1st Quarter 2008, which will be sent in January.

Barbara

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

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

APPLICANT COPY

ara Wenger

om: info@directorsandboards.com
ent: Thursday, May 03, 2007 4:44 PM
To: orders@directorsandboards.com
Subject: Subscription Request

RECEIVED MAY - 4 2007

Date Submitted: 05/03/2007

SUBSCRIPTION TYPE: New Subscription

CONTACT INFORMATION:

Caleffi
Member
Calgary Health Region

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

Email Addr:
Phone Num:
Fax Num:

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

PAYMENT DETAILS:

Credit Card Type:
Credit Card Num:
Expiration Date:

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

OTHER INFO:

Message Created by FormProcessor 1.2.2

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

DO NOT WRITE ABOVE THIS LINE

BANKCARD SALES SLIP 2 PT. 68640 FORM 80-69002

EXPIRATION DATE CHECKED

M L R ENTERPRISES PHILA PA 2376701421

050707

SIGN HERE

X

The issuer of the card identified on this form 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 governing the use of such card.

PLEASE DO NOT WRITE ABOVE THIS LINE

1	DB Subscription	350.00
	Barbara	
DATE	AUTHORIZATION 194712-2	SUB TOTAL
REFERENCE NO.	SERVER	TAX
ID-FOLIO-CHECK NO. / I.C. NO. STATE	REGUDEPT CLERK	TIP / MISC.
VISA MasterCard 5688506		TOTAL 350.00

SALES SLIP ORIGINAL

1

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

APPLICANT COPY

82304

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Calesse

FOR THE MONTH OF: May 2007

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 298 km at .44¢ /km (Attach Local Travel Expense Claim form)	$ 131.12	62210000
TOTAL EXPENSES:	$ 131.12	

ENTERED AUG 17 2007

R

L. Delcoste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) Diane Caleffi		EMPLOYEE NUMBER
DEPARTMENT Board	PHONE NUMBER	DATE May 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
May 8	Brd Eval	44		
May 10	Finance	70		
May 15	Brd Eval	44		
May 17	Q+A	70		
May 29	Board	70		
		298		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
L. Deloste		943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

82305

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Caleffi

FOR THE MONTH OF July 2007

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
July 8	Movie	11.50		11.50
			ENTERED	AUG 17 2007

FamousPlayers Westhills
Auditorium 4
Sicko
Sun 04:10p 08/07/07
Admission Price $11.50
GST $0.00
Amusement Tax 0.00
GENERAL
Ticket 2007

R

TOT $ 11.50

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name:
L. Deloste	Lou Deloste
Authorizer's Employee Number:	Authorizer Phone Number (in full): 943-1122

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

RB

X:Board/Honoraria/Supplementary Expenses Claim Form

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

Re576

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Caleff

FOR THE MONTH OF: October 2007 s.17(1), 17(4)(g)(i)

ENTERED DEC 0 6 2007

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	703.31 $ 735.30	62214000
MEALS:	76.69 $ ~~98.97~~ 95.94	62214000
PARKING:	R $ 84.00	62210000
TAXIS:	R $ 50.00	62214000
OTHER (please describe):		
Flowers - Ladies' Tea	R $ 25.38	69600000
Phone / Fax	5.30 $ 37.24	62214000
	$	
MILEAGE: 428 km at .44¢ /km (Attach Local Travel Expense Claim form)	R $ 188.32	62210000
TOTAL EXPENSES:	$ ~~1219.21~~ 1216.18	

Employee Signature: D. Caleff H. DeCoste

1133.00
83.18

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

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

APPLICANT COPY

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print): Diane Caleffi

EMPLOYEE NUMBER:

DEPARTMENT: Board

PHONE NUMBER:

DATE: October 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Oct 3	Ladies' Tea	221		
Oct 4	Ladies' Tea	57		
Oct 5	Board Outreach	70		
Oct 10	Home - Airport (Halifax 7)	40		
Oct 13	Airport - Home (Halifax 7)	40		
		428		

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
			TOTAL PAYABLE TO EMPLOYEE	

EMPLOYEE SIGNATURE: D Caleffi

AUTHORIZATION: L. Deloste

AUTHORIZER EMPLOYEE NUMBER:

AUTHORIZER PHONE NUMBER: 943-1122

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

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/client

Ms. Diane Caleffi

GHALI7 s.17(1), 17(4)(g)(i)

room/chambre	1727
rate/tarif	215.00
# pers./nº pers.	1
folio/dossier	228714 A
page	1
arrive/arrivée	10-OCT-07
depart/départ	13-OCT-07
payment/paiement	VI

travel agent/charge to
agent de voyage/débiter à

date	reference/référence	description	charges-credits/débit-crédit
10-OCT-07	RT1727	Room	215.00
10-OCT-07	RT1727	G.S.T. Room 6%	12.90
10-OCT-07	RT1727	P.S.T. Room 5%	10.75
10-OCT-07	RT1727	DMF Fee 2.83%	6.08
10-OCT-07	RT1727	GST On DMF 6%	0.37
11-OCT-07	RT1727	Room	215.00
11-OCT-07	RT1727	G.S.T. Room 6%	12.90
11-OCT-07	RT1727	P.S.T. Room 5%	10.75
11-OCT-07	RT1727	DMF Fee 2.83%	6.08
11-OCT-07	RT1727	GST On DMF 6%	0.37
11-OCT-07	607A	800-622-6232 0002 10:08	1.59
11-OCT-07	612A	613-995-8471 0002 10:09	1.50
		5.30 Fax	5.00
			0.30
		Phone	13.01
		31.94	7.92
			7.92
12-OCT-07	RT1727	Room	215.00
12-OCT-07	RT1727	G.S.T. Room 6% s.17(1), 17(4)(g)(i)	12.90
12-OCT-07	RT1727	P.S.T. Room 5%	10.75
12-OCT-07	RT1727	DMF Fee 2.83%	6.08
12-OCT-07	RT1727	GST On DMF 6%	0.37
13-OCT-07	VI	Visa	772.54-
		37.24	

Total Charges	772.54
Total Credits	772.54-
Balance Due	0.00

** continued on the next page **

(37.24)

735.30

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
J'assume l'entière responsabilité du paiement du présent compte si l'entreprise ou un autre tiers ne paie pas une partie ou la totalité des frais.

signature _____

Ms. Diane Caleffi
FOLIO 228714 10-OCT-07

WESTIN HOTELS & RESORTS

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

travel agent/charge to
agent de voyage/débiter à

guest/client

Ms. Diane Caleffi

GHALI7 s.17(1), 17(4)(g)(i)

room/chambre	1727	
rate/tarif	215.00	
# pers./nº pers.	1	
folio/dossier	228714	A
page	2	
arrive/arrivée	10-OCT-07	
depart/départ	13-OCT-07	
payment/paiement	VI	

date	reference/référence	description	charges-credits/débit-crédit

EXPENSE REPORT SUMMARY

Date	Other	Total	Payment
10-OCT-07	245.10	245.10	0.00
11-OCT-07	282.34	282.34	0.00
12-OCT-07	245.10	245.10	0.00
13-OCT-07	772.54-	772.54-	0.00
Total	0.00	0.00	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary for your stay:

Room Revenue GST:	39.81
Food & Beverage GST:	0.00
Phone/Fax/Copy Services GST:	0.00
Other Revenue GST:	0.00
Total GST for your stay:	39.81

The Westin Ottawa GST vendor # 861336493RT002

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
J'assume l'entière responsabilité du paiement du présent compte si l'entreprise ou un autre tiers ne paie pas une partie ou la totalité des frais.

signature _____

As a Starwood Preferred Guest, you could have earned 1354 Starpoints for this visit. Please provide your member number or enroll today.
Ms. Diane Caleffi
FOLIO 228714 10-OCT-07

WESTIN HOTELS & RESORTS

BLUELINE

Job #

RECEIPT FOR CAB FARE

Amount $16.00 Date Oct 12, 07

From

To

Cab No. 121 Driver WM

G.S.T. Included in meter fare

VISA MasterCard AMERICAN EXPRESS Diners Club International

BLUELINE

Job #

RECEIPT FOR CAB FARE CHR

Amount 40.00 Date Oct 13

From Westin

To Airport

Cab No. 146 Driver EK

G.S.T. Included in meter fare

VISA MasterCard AMERICAN EXPRESS Diners Club International

RECEIPT
GST NO. R122556194

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194
RECEIPT H5
IN: 10/10/07 09:36
OUT:10/13/07 21:27
PARKED: 3 11:51
PAID: $ 84.00
VISA

201
AUTH. CODE065554
REF. 88

CHR

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

Calgary International Airport Parkade

CHR Ladies' Tea

IGA
Your Hometown Advantage

Cochrane IGA
609-1st St West
403.932.3222
GST #86889 9709 RT0001

Flowers

Served by: Sissy A

6 @ 1/ $3.99
Hybrid Lily 77798918102 $23.94 GD
SUBTOTAL $23.94
6% GST $1.44
TOTAL $25.38
Cash TENDER $25.45
Cash CHANGE $0.07

NUMBER OF ITEMS 6

Term	Tran	Store	Oper	10/04/07
3	6324	1105	103	10:43:35

Thank you for shopping at
Cochrane IGA
PLEASE COME AGAIN

1 QUESO AU POULET 2.59
QUESO CHIX
1 BREUV FUT
SODA BAR
PRM RONDE BEU FT
FIRST ROUND SBEV
COKE DIET
SUB/SOUS TOTAL 12.58
12.58 GST 6% 217101 0.75
12.58 PST/TVP 217010 1.01
TOTAL $14.34
**** SEAT 3 ****

CHR 9.
+3.66
18.00

42.24
13.25
21.20

CHR

****
CHECK # 245935 DATE 10/13/07
TABLE # 60 TIME 8:48PM
DINING : JAMIE B.

SEAT# ITEMS ORDERED AMOUNT
2 KEG FOLNRI PINOT 10.50
BKD GARLIC SHRMP 7.95
SIRLOIN/SHRIMP 25.95
CLASSIC VEG 5.95

SUBTOTAL 50.35
PST 3.19
LIQ TAX 1.05
GST 3.02

TOTAL 57.61

****

SUBTOTAL 50.35
PST 3.19
LIQ TAX 1.05
GST 3.02

TOTAL DUE 57.61

We accept dining room reservations six days per week with limited availability Fridays.

The Keg Steakhouse & Bar

51.82

CHR

ELEPHANT & CASTLE
OTTAWA
50 RIDEAU STREET
OTTAWA, ON K1N9J1
613-234-5544

1588869.1
JULIE M — Table 109
Wed 10/10/17 7:42 PM — Guests 2
Guest Name: 1

1 GL LINDEMAN'S C	6.00
1 SIN... PLATE	[illegible]
1 BURGUNDY BEEF S	[illegible]
1 DIET COKE	[illegible]
SubTotal	28.00
Taxes	2.40
GST	1.68

Please pay this amount
Total 32.08
4.92
$37.00
-8.00
.48 GST
28.52

... MIL NIGHT LIVE ... DOROTHY
... OR BE SQUARE
ASK ... SERVER TODAY FOR DETAILS

GST # - 105205985RT0001

PLEASE PAY YOUR SERVER

Thanks!

26.12.

APPLICANT COPY

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

86578

6

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Caleff

FOR THE MONTH OF: September 2007

Calgary Health Region
Foothills Medical Centre
Parking Fee Receipt

Rcpt# 75689
09/25/07 11:33 L# 1 A# 20 Txn#140921
09/25/07 09:09 In 09/25/07 11:33 Out
Tkt# 012994
DRHA 1 $ 6.25
Total Fee $ 6.25
CASH PAID $ 6.25-
Cash Tender $ 6.25
Change Due $ 0.00
Thank-You!
GST #R107392557

EXPENSES

ENTERED DEC 0 6 2007

AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	R $ 6.25	62210000
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 244 km at .44¢ /km (Attach Local Travel Expense Claim form)	R $ 107.36	62210000
TOTAL EXPENSES:	R $ 113.61	

Employee Signature: DCaleff 4 Dec 07

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

RB

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

APPLICANT COPY

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER:	DATE: Sept 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Sept 6	Finance	70		
Sept 7	Wellness	44		
Sept 24	Board Eval Mtg - Skip McD.	56		
Sept 25	Board Mtg	74		

CODING & AUTHORIZATION

FINANCIAL CODE				GL DESCRIPTION	AMOUNT (Including GST)
ORG	FUNCTIONAL CENTRE	ACCOUNT			
		6 2 2 1 0 0 0 0		MILEAGE/PARKING	
EMPLOYEE SIGNATURE: Caleffi				TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: R. Delosto	AUTHORIZER EMPLOYEE NUMBER			AUTHORIZER PHONE NUMBER: 943-1122	

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

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

8659

9

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: Diane Coleffi

FOR THE MONTH OF: November 2007

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$ ENTERED DEC 0 6 2007	
	$	
	$	
MILEAGE: 126 km at .44¢ /km (Attach Local Travel Expense Claim form)	$ 55.44	6221000
TOTAL EXPENSES:	$ 55.44	

Employee Signature: D Coleffi 4 Oct 07

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

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

APPLICANT COPY

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	**PHONE NUMBER**	**DATE**
Board		Nov. 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Nov 14	Accreditation	70		
Nov 22	Report to Community	56		
		126		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE: D Caleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: L. DeCoste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER: 943-1122	

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Coleff

FOR THE MONTH OF: August 2007 s.17(1), 17(4)(g)(i)

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 293 km at .44¢ /km (Attach Local Travel Expense Claim form)	$ 128.92	62210000
TOTAL EXPENSES:	$ 128.92	

ENTERED DEC 0 6 2007

Employee Signature: D Coleff. 4. DeCosta

RB

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

APPLICANT COPY

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

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:
- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER:	DATE: August 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
July 23/07	Mileage - Ladies Team	70		
Aug 28/07	Mayors & Reeves	223		
		293		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE: D Caleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: K DeCoste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER: 943-1122	

00073

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

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

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

APPLICANT COPY

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Coleff

FOR THE MONTH OF: February 2008 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED APR 2 1 2008

			01-71110300002
AIRFARE:		$	
CAR RENTAL:		$	
ACCOMMODATION:	267.96	$ 292.66	62212000
MEALS:	2	$ 20.21	62212000
PARKING:	2	$ 17.60	62212000
TAXIS:		$	
OTHER (please describe):			
Phone/Email	2	$ 9.07	62212000
		$	
		$	
MILEAGE: 140 250 km at 44¢/km (Attach Local Travel Expense Claim form)		R 61.60 $ R 110.00	62210000 62212000
TOTAL EXPENSES:		$ 511.14	

Employee Signature: Diane Coleff K. DeCoste

RB.

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

377.96 60
46.88

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT: Board	PHONE NUMBER:	DATE: February 2008

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Feb 4	Wellness / accreditation	70		
Feb 19	Board	70		
Feb 24-26	Health + Healing	250		
	Total	390		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE: D Caleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: L. DeLoste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER: 943-1172	

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) WHITE-ACCOUNTS PAYABLE

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

Guest Name: Diane Caleffi

Room #: 8383
Folio #: R3C425 - 1
Group #: CHR0802
Guests: 1
Clerk:

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

CL #:
CC #: **********

Arrive: 02/24/08 Time: 06:06 PM Depart: 02/27/08 Time: 12:46:18 Status: FOL

Date	Description	Reference	Comment	Charges	Credits
02/24/2008	LONG DISTANCE CALL	8383	00:02	$1.30	$0.00
02/24/2008	GST OTHER TAX	8383t	00:02 s.17(1), 17(4)(g)(i)	$0.06	$0.00
02/24/2008	**RM SRV GST INCL	11820	Rest..Room Service New/V1Rest	$20.21	$0.00
02/24/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	$146.33	$0.00
02/25/2008	LONG DISTANCE CALL	8383	00:01	$1.15	$0.00
02/25/2008	GST OTHER TAX	8383t	00:01	$0.06	$0.00
02/25/2008	LONG DISTANCE CALL	8383	00:02	$1.30	$0.00
02/25/2008	GST OTHER TAX	8383t	00:02	$0.06	$0.00
02/25/2008	LONG DISTANCE CALL	8383	00:02	$1.30	$0.00
02/25/2008	GST OTHER TAX	8383t	00:02 s.17(1), 17(4)(g)(i)	$0.06	$0.00
02/25/2008	LONG DISTANCE CALL	8383	00:01	$1.15	$0.00
02/25/2008	GST OTHER TAX	8383t	00:01	$0.06	$0.00
02/25/2008	LONG DISTANCE CALL	8383	00:01	$1.15	$0.00
02/25/2008	GST OTHER TAX	8383t	00:01	$0.06	$0.00
02/25/2008	LONG DISTANCE CALL	8383	00:02	$1.30	$0.00
02/25/2008	GST OTHER TAX	8383t	00:02	$0.06	$0.00
02/25/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	$146.33	$0.00
02/26/2008	PAY DEBIT			$0.00	($321.94)

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

Folio Balance: $0.00

Package Taxes

Only applies if you paid for package

Alberta Tourism Levy	$10.20
GST Other Tax	$0.70
GST Tax (Room)	$12.76
Tourism Improvement Fee	$5.00

Calls: 9.07
Meal (Dinner - Sunday night) 20.21
Room: 292.66

Best Copy Possible

** CUSTOMER COPY **

TRANSACTION RECORD 080224/17:36

BANFF EAST GATE banff
BANFF ADMINSTRATION
BANFF, AB
T0: 0C0 s.17(1), 17(4)(e.1)

CARD #

OP ID: 003

ACCOUNT TYPE: M/C PURCHASE
REFERENCE #:0004004

TOTAL $17.60

(001) APPROVED
AUTH #193619
THANK YOU

TERMINAL J2424278
MERCHANT 00724162
#: 120[illegible]6

APPLICANT COPY

92897

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: March 2008

FOR THE MONTH OF: [redacted]

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

Diane Caleffi

ENTERED APR 2 1 2008

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 280 km at ~~.44¢~~ /km (Attach Local Travel Expense Claim form)	$ 123.20	6221000
TOTAL EXPENSES:	$ 123.20	

Employee Signature: D Caleffi

4. DeCosta

RB.

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) Diane Coleffi		EMPLOYEE NUMBER
DEPARTMENT Board	PHONE NUMBER	DATE March 2008

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Mar 6	Accreditation	70		
Mar 20	Physician Liaison	70		
Mar 25	Board Planning Session	70		
Mar 27	Q+A	70		
		280		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE D Coleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION L DeCoste	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER 943-1122	

00073

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

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: Diane Caleff

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

FOR THE MONTH OF February 2008

ENTERED APR 1 2008

EXPENSES
(Please attach original receipts.)

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

Date	Description	Amount	GST	Total
Feb 2	Dinner	100.00		100.00
	(D Caleff & J. Dreger)			

TOTAL EXPENSES: 2 $100.00

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: L. DeLoste	Print Name: Lou DeLoste
Authorizer's Employee Number: s.17(1), 17(4)(g)(i)	Authorizer Phone Number (in full): 943-1123
Employee Signature: D Caleff	

X:Board/Honoraria/Supplementary Expenses Claim Form

Received from / Reçu de Diane Caleffi

No. 003 Date Feb 2/08

One hundred xx/100 Dollars

2 Tickets for Retirement Dinner

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

$ 100.00 CASH.

Tax Reg. No. / N° de taxe N/A

By / Par

2880B

APPLICANT COPY

92394

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Coleff

FOR THE MONTH OF: Dec 2007

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

ENTERED APR 2 1 2008

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 70 km at ~~.44¢~~ /km (Attach Local Travel Expense Claim form)	$ 30.80	62210000
TOTAL EXPENSES:	$ 30.80	

Employee Signature: D Coleff

K. Delaste

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

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calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
Diane Caleffi		
DEPARTMENT	PHONE NUMBER	DATE
Board		Dec 2007

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Dec 20	Mileage - Home - Hotel - Home	70		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE Dcaleffi			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER	
L Deloste			943-1172	

00073

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

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

92595

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: Diane Coleffi

FOR THE MONTH OF: Jan 2008 s.17(1), 17(4)(g)(i)

ENTERED APR 1 2008

EXPENSES

		01-71110300002
AIRFARE:	$	
CAR RENTAL:	$	
ACCOMMODATION:	$	
MEALS:	$	
PARKING:	$	
TAXIS:	$	
OTHER (please describe):		
	$	
	$	
	$	
MILEAGE: 70 km at ~~.44¢~~ /km (Attach Local Travel Expense Claim form)	~~$~~ R 30.80	62210000
TOTAL EXPENSES:	$ 30.80	

Employee Signature: D Coleffi

L. DeCosta

RB

X:\BOARD\Honoraria\Honoraria Forms.DOC Revised: February 2006

APPLICANT COPY

calgary health region

___ ACH ___ FMC ___ Southport
___ PLC ___ RGH Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print) Diane Galeffi		EMPLOYEE NUMBER
DEPARTMENT Board	PHONE NUMBER	DATE Jan 2008

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Jan 31	Q+A	70		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE D Galeffi			TOTAL PAYABLE TO EMPLOYEE	

AUTHORIZATION	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER
G McLaughlin		943-1172

00073

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

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

X:Board/Honoraria/Local Travel Expense Claim