



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan 5	Reception - Laffi Meade					222

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): PIERRE CLEVON

SIGNATURE: [Signature]

DATE: March 15, 2005

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 71110300000

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

\$	[Redacted]
\$	643.19
\$	[Redacted]

222
TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

HON [Redacted]
MIS (643.19)
PPO506
AA

Non-Responsive
Date: _____

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Jan 5	airfare Calgary - Edmonton	\$ 222 ¹⁴ /
Jan 5	taxi Edm. airport → U of A Faculty Club	55 ⁰⁰ /
Jan 5	taxi Faculty Club → Edm airport	55 ⁰⁰ /
Jan 5	Dinner Edm. airport	15 ⁰⁰ /
Jan 5	airfare Edmonton → Calgary	184 ⁶⁹ /
Jan 5	Parking Calgary airport	15 ⁰⁰ /
Jan 11	Parking Edm airport	12 ⁰⁰ /
Jan 12	U of A Meeting / Auditorium Entrance	

TOTAL KMS (from front) 222 X 38¢

TOTAL EXPENSES
(transfer to front)

84³⁶
\$ 643¹⁹

REMUNERATION - effective March 1, 2004

CHAIRMAN
\$165 for up to and including four hours in any day
\$280 for over four hours and up to and including eight hours in any day
\$447 for over eight hours in any day
MEMBER
\$122 for up to and including four hours in any day
\$203 for over four hours and up to and including eight hours in any day
\$318 for over eight hours in any day
MILEAGE
38¢ km

APPLICANT COPY

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194

Best Copy Possible

RECEIPT H1
ENTRY DATE/TIME:
01/05/05 15:02:28
EXIT DATE/TIME:
01/05/05 22:34:31
PAID: \$ 15.00
LENGTH OF STAY:
0 07:32
METHOD OF PAYMENT:
CREDIT CARD

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

AUTH. CODE 011673
REF. 39

THANK YOU FOR YOUR
VISIT

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

et

EDMONTON AIRPORTS
Terminal Parkade
10000 104th Street
Edmonton, Alberta T5C 0G8
Tel: (780) 443-1111
Fax: (780) 443-1112

DATE: 01/05/05
TIME: 15:02
EXIT DATE: 01/05/05
EXIT TIME: 22:34
PAID: \$ 15.00
LENGTH OF STAY: 0 07:32
METHOD OF PAYMENT: CREDIT CARD
AUTH. CODE: 011673
REF: 39

15.00

EDMONTON AIRPORTS
Terminal Parkade
10000 104th Street
Edmonton, Alberta T5C 0G8
Tel: (780) 443-1111
Fax: (780) 443-1112

Clair

EDMONTON AIRPORTS

Car Rental
Receipt
01/05/05
11:02 AM
Length of stay: 07:32
total amount \$ 15.00
Tax \$ 0.00

Thank you for your patronage.
Please Come Again.
** Open 24 hours **
** Thank you **

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

V

01/04

PIERRE CREVOLIN

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	WAFH	816
TIME	DAY	MO.
05:05	05	01/05

FROM: 84681 7246
TO: IAP

PRINT NAME: FACULTY CLUB

CUSTOMER'S SIGNATURE: *[Signature]*

1258238



FARE	
INTL	
GRATUITY	
TOTAL	55.00

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

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

V

01/04

PIERRE CREVOLIN

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	WAFH	816
TIME	DAY	MO.
05:05	05	01/05

FROM: 84681 7246
TO: IAP

PRINT NAME: FACULTY CLUB

CUSTOMER'S SIGNATURE: *[Signature]*

1258239



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INTL	
GRATUITY	
TOTAL	55.00

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APPLICANT COPY

CUSTOMER COPY

APPLICANT COPY



RECEIPT/RECU

05 JAN 05 FLT/VOL 144 GATE/PRT 16 08:20PM

CREVOLIN/PIERRE M Seq 2 DJJ8ER

DEP: EDMONTON 08:50PM

ARR: CALGARY 09:35PM

FARE/TARIF:	140.00
FUEL/INS/NAV/ASS/CAR	12.00
ATF/R/EDMONTON	15.00
GST/HST/TPS/TMH (866112535)	12.08
SECURITY/SECURITE	5.61

11A

TOTAL: 184.69

Seat/Place

THANKS FOR CHOOSING WESTJET!
MERCİ DE VOYAGER AVEC WESTJET!



RECEIPT/RECU

05 JAN 05 FLT/VOL 240 GATE/PRT 045 03:30PM

CREVOLIN/PIERRE M Seq 120 DJJ8ER

DEP: CALGARY 04:00PM

ARR: EDMONTON 04:45PM

FARE/TARIF:	180.00
FUEL/INS/NAV/ASS/CAR	12.00
ATF/R/CALGARY	10.00
GST/HST/TPS/TMH (866112535)	14.53
SECURITY/SECURITE	5.61

13E

TOTAL: 222.14

Seat/Place

THANKS FOR CHOOSING WESTJET!
MERCİ DE VOYAGER AVEC WESTJET!

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mar 13	Parking (no receipt)	\$ 2 ⁰⁰
Mar 14	Parking	14 ⁰⁰ ✓
Mar 15	Parking	12 ⁰⁰ ✓
Mar 21	Parking (no receipt)	9 ⁰⁰
Mar 23	Parking	2 ⁰⁰ ✓

TOTAL KMS (from front) _____ X 40.5¢

TOTAL EXPENSES
(transfer to front)

\$ 39⁰⁰

REMUNERATION - effective March 1, 2005

CHAIRMAN
 \$170 for up to and including four hours in any day
 \$288 for over four hours and up to and including eight hours in any day
 \$460 for over eight hours in any day

MEMBER
 \$126 for up to and including four hours in any day
 \$209 for over four hours and up to and including eight hours in any day
 \$328 for over eight hours in any day

MILEAGE
 40.5¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 93643
03/14/05 21:29 LH 2 AM 35 Txn#326367
03/14/05 08:32 In 03/14/05 21:29 Out
Tkt# 093343
Regular Rate \$ 13.08
Total Tax \$ 0.92
Total Fee \$ 14.00 ✓
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00
THANK YOU
COME AGAIN

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

075371

LIC. NO.:

READ CONDITIONS CAREFULLY:
• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

OUT:

005

AMOUNT:

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

RECEIPT OR VALIDATION

LIC. NO.:

AMOUNT:

075371

RECYCLEABLE THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001 VISIT OUR WEBSITE AT www.impark.com

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 93706
03/15/05 11:49 LH 2 AM 39 Txn#326519
03/15/05 07:50 In 03/15/05 11:49 Out
Tkt# 093714
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00 ✓
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May ¹⁰⁻¹¹ 11	airport parking	\$ 24 ⁰⁰ /
May 12	parking (Shaw conf. center)	9 ⁰⁰
		NO RECEIPT 49 ⁰⁰ NONE

TOTAL KMS (from front) _____ X 40.5¢

TOTAL EXPENSES

(transfer to front)

\$ 33⁰⁰

REMUNERATION - effective March 1, 2005

CHAIRMAN

- \$170 for up to and including four hours in any day
- \$288 for over four hours and up to and including eight hours in any day
- \$460 for over eight hours in any day

MEMBER

- \$126 for up to and including four hours in any day
- \$209 for over four hours and up to and including eight hours in any day
- \$328 for over eight hours in any day

MILEAGE

40.5¢ km



Aerogold VISA

Account number

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

Transaction details (continued)

Card number continued) s.17(1), 17(4)(e.1)
Trans date **Post date** **Description** **Amount (\$)**

Non-Responsive

MAY11 MAY12 EDMONTON REGIONAL AIRPORT EDMONTON AB *24.00 PC*

Card number s.17(1), 17(4)(e.1)
Trans date **Post date** **Description** **Amount (\$)**

Non-Responsive



Summary Non-Responsive

Restaurants ·
 Airlines ·
 Merchandise ·
 Other purchases ·

Hotels -
 Car rental -
 Cash advances ·

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): Pierre Crevoilin

SIGNATURE: _____

DATE: June 29/05

TOTAL HONORARIA \$ _____
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ _____
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM \$ _____
s.17(1), 17(4)(g)(i)

\$	
\$	35.00
\$	

TOTAL KMS transfer to back

AA

Reviewed by: [Signature]
Authorized By: [Signature]

Non-Responsive
Date: July 8/05
Date: July 12/05

HON
MIS 35.00
0515
July 14/05
02

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
June 29	for Lakeland etc lunch	\$ 35 ⁰⁰ /
	me: Capital President Board etc.	

Ref.

TOTAL KMS (from front) _____ X 40.5¢ _____

TOTAL EXPENSES \$ _____

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN \$170 for up to and including four hours in any day \$288 for over four hours and up to and including eight hours in any day \$460 for over eight hours in any day
MEMBER \$126 for up to and including four hours in any day \$209 for over four hours and up to and including eight hours in any day \$328 for over eight hours in any day
MILEAGE 40.5¢ km

Joeys
Mediterranean Grill
Edmonton
11228 Jasper Avenue
Tel: 780-420-1996
GST#R893495762

72 Kath72

Tbl 11/2 Chk 3655 Gst 3
Jun29'05 11:36AM

1 GL DANCING SBL	7.00
1 POP	2.25
1 DIVA SALAD	12.99
1 CAESAR REG Add Roti Chic	7.48

Subtotal	29.72
Tax GST	2.08
12:23 Total	31.80

Don't miss our upcoming Patio
Launch Party-Tuesday June 28!!!



Katherine

WE ARE EAGER TO HEAR FROM YOU!
feedback@joeyrestaurants.ca

Thanks!

Joeys
Mediterranean Grill
Edmonton
11228 Jasper Avenue
Tel: 780-420-1996
GST#R893495762

Date: Jun29'05 12:25PM
Card Type: Amex
Acct #:
Exp Date:
Auth Code: 32A962
Check: 3655 s.17(1), 17(4)(e.1)
Table: 11/2
Server: 72 Kath72
Ref Number: 001120069506
PIERRE CREVOLIN

Subtotal: **31.80**

Tip: _____

Total: 35.00

I agree to pay above total
according to my card issuer
agreement.

*****Customer Copy*****

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Sept 27	Calgary - Interim ^{Hon. Privileges} appeal board					66

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): PIERRE CREVOIN

SIGNATURE: [Signature]

DATE: OCT 2, 2005

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM \$

437.04	

66
TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS 437.04

Non-Responsive
Date: Nov 3/05
Date: Nov 4/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Sept 27	Airfare Calgary	\$ 312 ⁸¹ /
"	Car Rental Calgary	73 ⁸⁰ /
"	Lunch Calgary	12 ⁰⁰ /
"	Parking Edm. airport	12 ⁰⁰ /

TOTAL KMS (from front) 66 X 40.5¢ 26⁷³ /
TOTAL EXPENSES \$ 437⁰⁴ /
 (transfer to front)

[Handwritten signature]

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day

MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day

MILEAGE
 40.5¢ km

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please print this itinerary / receipt for your reference.

Main Contact Information

Booking reference: NHYKPV

Name: Mr Jeanpierre Crevolin
E-mail: PIERRECREVOLIN@CANADA.COM
Form of payment:

Customer Care

Air Canada Reservations
1-888-247-2262

Air Canada Flight Information
1-888-422-7533

On the web
www.aircanada.com

Alert me of flight changes
[Flight notification](#)

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

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

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8141 <i>Operated by:</i> <i>Air Canada Jazz</i>	Edmonton International (YEG) Tue 27-Sept 2005 11:00	Calgary (YYC) Tue 27-Sept 2005 11:54	DH3	T	Confirmed
AC8150 <i>Operated by:</i> <i>Air Canada Jazz</i>	Calgary (YYC) Tue 27-Sept 2005 16:30	Edmonton International (YEG) Tue 27-Sept 2005 17:24	DH3	R	Confirmed

Passenger Information

Passenger 1
Name: Mr Jeanpierre Crevolin
Frequent Flyer Pgm: Air Canada Aeroplan
Ticket number: 014 2129 523838
Program number:

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

Fare Summary

Passenger: 1 Ticket number 014 2129 523838

Date of issue

26-Sept 2005

Fare Amount in Canadian dollars:

248.00

(including Navcan and surcharges)

Taxes & Fees

Canada Security Charge (CA)

9.35

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

19.76

Canada Airport Improvement Fee (SQ)

~~25.00~~

Total Fare in Canadian dollars:

302.11

Options

Call Centre fee in Canadian dollars

10.00

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

0.70

Ticket particularities:

AC ONLY/NON-REF/CHGE FEE

NON-REFUNDABLE

Handwritten: 312.81 -

Fare Rules

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a Non-Refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.

Please read important information regarding the general conditions of carriage.

What else can we help you with?

• **Looking for Travel Insurance?**

Protect yourself or your family against unforeseen circumstances. Get travel insurance now! or call 1-866-530-6021 for Canadian residents and 1-800-835-7566 for U.S. residents.

• **Rent a car**

Need a car during your trip? Find out how you can earn Aeroplan Miles while you drive by visiting our online partner Destina.ca.

• **Find a Hotel**

Check here for all accomodations, from budget-priced to luxury, by visiting our online partner Destina.ca.

Important Information

- Web check-in
- Express Check-in
- Baggage Information

All passengers 16 years of age and older are required to present government issued photo-id (ie:passport, driver's licence, medicare card, etc) at the check-in counter and when boarding the aircraft. The name on the photo-id must match the name on this itinerary/receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. In addition, you must present your itinerary/receipt to immigration authorities, if requested.

Please review this Itinerary/Receipt and should you have any questions, call us within 24 hours of receipt of this itinerary/receipt. In addition, for flight arrival/departure information or to make changes to your reservation, please call 1-888-247-2262 or consult your local telephone directory.

>>Return<< RA Document 960849271
CAR# 7 8 2 3 3 4 Car Group C
RED PONT GRAM 4DR AB F80274

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

AWD# =
Freq Travel# = CA/
FF MILES/POINTS EARNED OVR=

Out CALGARY INT'L APD 27SEP05/1158
In CALGARY INT'L APD 27SEP05/1454
Miles-Out 16027 Miles-In 16067
Miles Driven 40 Fuel In 8/8
Method of pay = CLUB

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

The amount that appears in "Amount Due" has been billed to your VISA Card.
All charges are subject to audit and change if any errors are found.
For local inquiries call 403-221 1700. Thank you for renting from Avis.

Best Copy Possible

*Original receipt
Very faint
cannot copy
did work
like # 12 or
for parking*

EDMONTON AIRPORTS

GST# R128598776

Car park 00904109 Phone 403-221-8439
Fax 403-221-8329

Receipt #

01510
27.09.05
Length

Rate M I / C O DY 2 HR
40 MI @ .00
2 HR @ 23.00
0 DY @ 49.00
0 WK @ .00
MIN 1DY/M /C
TIME & MILEAGE
**12.99% FEE +
#VLF-A/C TAX +
Subtotal 56.69
PST/TPV .000% +
GST/TPS 7.00 % +
Fuel Service Charge +
Total Charges 73.57
AMOUNT DUE CV CAD = 73.57
#VEHICLE LICENSE FEE/AIR CONDITIONING
EXCISE TAX RECOVERY \$1.17 PER DAY
**CONDESSION RECOVERY FEE

APPLICANT COPY

JOEY'S ONLY FOOD / 109
2120 CROWCHILD TRA T2M3Y7
CALGARY AB 2293553

Name: CREVOLIN PIERRE

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

Date 05/09/27 Time 12 56 00
Exp Date Auth # 014476
Card Type vi Tran Code 01
N22935536001 001483010

Op ID: 001 JASON

Invoice No.: 6784

Subtotal \$9.39
Tip
Total ~~12.00~~

Return this receipt to the rental car company.

Customer Copy

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mar 12	Parking	\$ 2 ⁰⁰ /
Mar 13	Parking	14 ⁰⁰ /
Mar 14	Parking	12 ⁰⁰ /
Mar 23	Parking	15 ⁰⁰ /

TOTAL KMS (from front) _____ X 40.5¢

TOTAL EXPENSES \$ 43⁰⁰ /

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day

MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day

MILEAGE
 40.5¢ km

20

TO ORDER YOUR VEHICLE
 HOTEL MACDONALD

Please Dial **6918**
 (allow 15 minutes advance notice to have your vehicle waiting)

\$15.00 RECEIVED

VEHICLE # **74265** LETT
 SEE REVERSE FOR CONDITIONS

Damage area indicated by X

APPLICANT COPY

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

Rcpt# 34861
 03/14/06 15:42 L# 2 AM 38 TX# 115610
 03/14/06 07:15 In 03/14/06 15:42 Out
 Tkt# 277966

Regular Rate	\$	11.21
Total Tax	\$	0.79
Total Fee	\$	12.00
CASH PAID	\$	12.00
Cash Tender	\$	20.00
Change Due	\$	8.00

THANK YOU
 COME AGAIN

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

Rcpt# 11466
 03/12/06 20:51 L# 1 AM 36 TX# 79872
 03/12/06 18:41 In 03/12/06 20:51 Out
 Tkt# 277554

Regular Rate	\$	1.87
Total Tax	\$	0.13
Total Fee	\$	2.00
CASH PAID	\$	2.00
Cash Tender	\$	2.00
Change Due	\$	0.00

THANK YOU

Rcpt# 34693
 03/13/06 21:12 L# 2 AM 36 TX# 15215
 03/13/06 06:59 In 03/13/06 21:12 Out
 Tkt# 277600

Regular Rate	\$	13.08
Total Tax	\$	0.92
Total Fee	\$	14.00
CASH PAID	\$	14.00
Cash Tender	\$	100.00
Change Due	\$	86.00

THANK YOU
 COME AGAIN

APPLICANT COPY

OFFICE TOWER
RTN 125-25678 RT 0018

09-02-2005 TLE #0

7 INTN
TOTAL
CHANGE

6.00
6.00
10.00
4.00

ITEM 1

6349 09-1478

APPLICANT COPY

Employee #	Non-Responsive Name	Payment for KM2 form Oct/05-Mar/06	Payment for KM2 from Apr/06	Total	KM2s Paid @ \$0.405/ KM2	Should be Paid @ \$0.43 /KM2	Balance Owed
60192	Crevolin, P.	26.73	-	26.73	66.00	28.38	<u>1.65</u>

Non-Responsive



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

RECEIVED
MAY 12 2006
CAPITAL HEALTH AUTHORITY

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	AUTHORITY

I certify that this claim is for Capital Health business.

NAME (print): P. Grevoux
 SIGNATURE: [Signature]
 DATE: April 30, 2006

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 71110300000
TOTAL CLAIM \$

TOTAL KMS
 transfer to back
 \$ 6.00 ✓
[Signature]

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive
 Date: _____
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
April 4	Parking - KMG reception / CD Howe Dinner	\$ 6 ⁰⁰ ✓

TOTAL KMS (from front) _____ X 40.5¢ _____

TOTAL EXPENSES \$ _____
(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN
 \$181 for up to and including four hours in any day
 \$309 for over four hours and up to and including eight hours in any day
 \$492 for over eight hours in any day

MEMBER
 \$135 for up to and including four hours in any day
 \$224 for over four hours and up to and including eight hours in any day
 \$350 for over eight hours in any day

MILEAGE
 40.5¢ km

27

Best Copy Possible

06-04-2016 11:11

7.0000
TOTAL
TAXES
CHANGE

6.0000
1.0000
7.0000

ITEM 1
6.00

6.00

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): I. F. VOULIN
 SIGNATURE: [Signature] s.17(1), 17(4)(g)(i)
 DATE: May 31, 2006

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
(from reverse)
 Code: 201 9000 71110300000
TOTAL CLAIM \$

\$ 40 ✓

TOTAL KMS
 transfer to back
[Signature]

Reviewed by: [Signature]
 Authorized By: _____

HON
 MIS 40.00 ✓
 0612
 June 5/06
 [Signature]

Non-Responsive
 Date: May 31/06
 Date: _____

revised: April 3, 2006

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 3	Parliament	\$ 12 ⁰⁰ -
May 4	Parliament	12 ⁰⁰ -
May 4	Parliament	3 ⁰⁰ -
April 25	Parliament (at ondy Hill Reception)	5 ⁰⁰ -
May 31	Parliament	2 ⁰⁰ -

TOTAL KMS (from front) _____ X 40.5¢

TOTAL EXPENSES

(transfer to front)

\$ 40⁰⁰ ✓

REMUNERATION - effective April 1, 2006

CHAIRMAN

- \$181 for up to and including four hours in any day
- \$309 for over four hours and up to and including eight hours in any day
- \$492 for over eight hours in any day

MEMBER

- \$135 for up to and including four hours in any day
- \$224 for over four hours and up to and including eight hours in any day
- \$350 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY

Best Copy Possible

Rmntn 41736
 05/05/06 14:44 L# 2 AL 40 Twn#11502134
 05/05/06 14:44 In 05/05/06 14:44 Out
 Tkt# 315986
 Regular Rate \$ 11.71
 Total Tax \$ 0.99
 Total Fee \$ 12.00
 CASH PAID \$ 12.00
 Cash Tender \$ 20.00
 Change Due \$ 8.00
 THANK YOU
 COME AGAIN

Rmntn 41737
 05/05/06 14:44 L# 2 AL 40 Twn#11502134
 05/05/06 14:44 In 05/05/06 14:44 Out
 Tkt# 315987
 Regular Rate \$ 11.71
 Total Tax \$ 0.99
 Total Fee \$ 12.00
 CASH PAID \$ 12.00
 Cash Tender \$ 20.00
 Change Due \$ 8.00
 THANK YOU
 COME AGAIN

CITY OF EDMONTON
 LIBRARY - ARCADE
 GST # 115326270 RT0001

CITY OF EDMONTON
 LIBRARY - ARCADE
 GST # 115326270 RT0001

Rmntn 41154
 05/31/06 09:30 L# 2 AL 25 Twn#1150223
 05/31/06 07:16 In 05/31/06 09:30 Out
 Tkt# 315981
 Regular Rate \$ 7.01
 Total Tax \$ 0.49
 Total Fee \$ 7.50
 CASH PAID \$ 7.50
 Cash Tender \$ 10.00
 Change Due \$ 2.50
 THANK YOU
 COME AGAIN

Rmntn 41155
 05/25/06 19:11 L# 2 AL 25 Twn#1150223
 05/25/06 19:05 In 05/25/06 19:11 Out
 Tkt# 315983
 Regular Rate \$ 6.61
 Total Tax \$ 0.33
 Total Fee \$ 5.00
 CASH PAID \$ 5.00
 Cash Tender \$ 20.00
 Change Due \$ 15.00
 THANK YOU
 COME AGAIN



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 1	Health Forum Villanova					97

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): P. GLEVOGIN
 SIGNATURE: [Signature]
 DATE: July 25, 2006

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 45.71 ✓
 (from reverse)
 Code: 201 9000 71110300000
TOTAL CLAIM \$

97
TOTAL KMS
 transfer to back
[Signature]

Reviewed by: [Signature]
 Authorized By: [Signature]

How
 MLS 4571
 0616
 Aug 4/06

Non-Responsive
 Date: July 25/06
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		Non-Responsive \$
June 20	Parking at reception	4.01 ✓

TOTAL KMS (from front) 97 X 43¢

TOTAL EXPENSES
(transfer to front)

41.71 ✓
~~42~~ 45.71

REMUNERATION - effective April 1, 2006

CHAIRMAN

- \$181 for up to and including four hours in any day
- \$309 for over four hours and up to and including eight hours in any day
- \$492 for over eight hours in any day

MEMBER

- \$135 for up to and including four hours in any day
- \$224 for over four hours and up to and including eight hours in any day
- \$350 for over eight hours in any day

MILEAGE

40.5¢ km

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

21/06 12:00 AM

AMOUNT PAID

\$ 4.00 1751000006:12 PM



**UNIVERSITY OF
ALBERTA**

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

20/06/06 06:12 PM \$ 4.00

CREDIT CARD NUMBER



**UNIVERSITY OF
ALBERTA**

RECEIPT

GST # R108102831

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Nov 1	Leduc Hospital Open House					78 Km

Non-Responsive

I certify that this claim is for Capital Health business.

NAME (print): P. DEVOUN
 SIGNATURE:
 DATE: Nov. 6/06

TOTAL HONORARIA \$ _____
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 3704
 (from reverse)
 Code: 201 9000 7110300000
TOTAL CLAIM \$ _____

78
 TOTAL KMS
 transfer to back

Reviewed by: _____

Authorized By:

Non-Responsive
 Date: _____
 Date: _____

NON MIS (3704)
 0624
 NOV 7 10 06

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 17	Leash Awards.	\$ 38

TOTAL KMS (from front) 78 X 43¢

TOTAL EXPENSES
(transfer to front)

3354 ✓
\$ 3704 ✓

REMUNERATION - effective April 1, 2006

CHAIRMAN

\$181 for up to and including four hours in any day
\$309 for over four hours and up to and including eight hours in any day
\$492 for over eight hours in any day

MEMBER

\$135 for up to and including four hours in any day
\$224 for over four hours and up to and including eight hours in any day
\$350 for over eight hours in any day

MILEAGE

40.5¢ km

CITY OF BROWARD
LIBRARY SERVICE
801 N. UNIVERSITY AVENUE

Receipt 5986 LH 3 AM 12 TAD 75009
10/17/06 21:34 In 10/17/06 21:34 Out
TK# 099968

Regular Rate	\$	3.30
Total Tax	\$	0.20
Total Fee	\$	3.50
Cash Paid	\$	3.50--
Cash Tender	\$	20.00
CHANGE DUE	\$	16.50

THANK YOU
COME AGAIN

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

I certify that this claim is for Capital Health business.

NAME (print): I. Prevolin
 SIGNATURE: [Signature] s.17(1), 17(4)(g)(i)
 DATE: _____

Non-Responsive
TOTAL HONORARIA \$ _____
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ _____
 (from reverse)
 Code: 201 9000 7110300000
TOTAL CLAIM \$ _____

\$	TOTAL KMS
\$ <u>500/-</u>	transfer to back
\$	

Reviewed by: _____
 Authorized By: _____
 revised: May 1, 2006

HOW
 MIS (\$500) ✓
 0703
 Jan 25/07
 Date: Non-Responsive 1/27/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Dec 19	Parking - Airport retirement	\$ 5.00 ✓

TOTAL KMS (from front) _____ X 43¢ _____

TOTAL EXPENSES \$ _____

(transfer to front)

REMUNERATION - effective April 1, 2006

<p>CHAIRMAN \$181 for up to and including four hours in any day \$309 for over four hours and up to and including eight hours in any day \$492 for over eight hours in any day</p> <p>MEMBER \$135 for up to and including four hours in any day \$224 for over four hours and up to and including eight hours in any day \$350 for over eight hours in any day</p> <p>MILEAGE 40.5¢ km</p>

APPLICANT COPY

CITY OF EMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 73779
12/18/06 21:23 L# 2 A# 6 Trn#241539
12/18/06 17:07 In 12/18/06 21:23 Out
Tk# 658194
Regular Rate \$ 4.72
Total Tax \$ 0.28
Total Fee \$ 5.00
CASH PAID \$ 5.00-
Cash tender \$ 10.00
Change Due \$ 5.00
THANK YOU
COME AGAIN

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

I certify that this claim is for Capital Health business.

NAME (print): Pierre Crevolin
 SIGNATURE: [Signature]
 DATE: Mar 31, 2007

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

Non-Responsive

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 711103000000

TOTAL CLAIM \$

TOTAL KMS
 transfer to back

24.00 ✓

Reviewed by: [Signature]

Authorized By: [Signature]

How
 MIS (2400)
 410708
 email 11/2007 M

Non-Responsive
 Date: Apr. 5/07

Date: Apr. 5/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mar 21	Traveling EDC lunch con	\$ 7 ⁵⁰ ✓
Mar 20	Traveling	4 ⁵⁰ ✓
Mar 20	Traveling	12 ⁰⁰ ✓

TOTAL KMS (from front) _____ X 43¢

TOTAL EXPENSES
(transfer to front)

\$ 24⁰⁰ ✓

REMUNERATION - effective April 1, 2006

CHAIRMAN

- \$181 for up to and including four hours in any day
- \$309 for over four hours and up to and including eight hours in any day
- \$492 for over eight hours in any day

MEMBER

- \$135 for up to and including four hours in any day
- \$224 for over four hours and up to and including eight hours in any day
- \$350 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

Rcpt# 12287
03/26/07 15:11 L# 2 A# 12 Txd# 39263
03/26/07 10:04 In 03/26/07 15:11 Out
Tkt# 180838
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00 ✓
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00

THANK YOU
COME AGAIN

Rcpt# 51569
03/21/07 13:39 L# 1 A# 51 Txd#125804
03/21/07 11:33 In 03/21/07 13:39 Out
Regular Rate \$ 7.08
Total Tax \$ 0.42
Total Fee \$ 7.50 ✓
CASH PAID \$ 7.50-
Cash Tender \$ 10.00
Change Due \$ 2.50
THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 12182
03/26/07 08:25 L# 2 A# 12 Txd# 39040
03/26/07 07:02 In 03/26/07 08:25 Out
Tkt# 180723
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50 ✓
CASH PAID \$ 4.50-
Cash Tender \$ 5.00
Change Due \$ 0.50

THANK YOU
COME AGAIN

APPLICANT COPY



Capital
Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

I certify that this claim is for Capital Health business.

conf'd

NAME (print): P. CREVOIA

SIGNATURE: 


DATE: April 30, 2007

TOTAL HONORARIA	\$
<small>Code: 201 9000 7110300000 6650000</small>	
TOTAL EXPENSES	\$
<small>(from reverse) Code: 201 9000 7110300000</small>	
TOTAL CLAIM	\$

TOTAL KMS
transfer to back

Reviewed by: 

Authorized By: 

Hon 

MIS(3850)

0709

44

du

May 11 07

Non-Responsive
Date: 4/30/07

Date: _____

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 15541
04/18/07 11:29 L# 2 AM 37 Txn# 49367
04/18/07 08:07 In 04/18/07 11:29 Out
Tkt# 192164
Regular Rate \$ 9.91
Total Tax \$ 0.59
Total Fee \$ 10.50 ✓
CASH PAID \$ 10.50-
Cash Tender \$ 20.00
Change Due \$ 9.50

Rcpt# 15387
04/17/07 17:20 L# 2 AM 6 Txn# 49038
04/17/07 07:46 In 04/17/07 17:20 Out
Tkt# 191733
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00 ✓
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-256
EDMONTON, AB. 780-420-1976
GST #88731 5638 RT0001
Machine Serial #:000015071052 s.17(1), 17(4)(e.1)

EXPIRY DATE AND TIME EXP 06:00pm
APR 11,2007

EXP 06:00pm
APR 11,2007

TICKET# 00039194 **LOT#** 00020256

CC \$0016.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED. Purchase Time 12:08pm

s.17(1), 17(4)(e.1)
Park All Day \$16.00 ✓

Pay from your cell phone.
423-1922 Location 8804.
goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 11933270 RT001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 11933270 RT001

RCPI# 18889
05/04/07 12:40 LH 2 AM 28 TX# 57983
05/04/07 11:24 In 05/04/07 12:40 OF
TK# 201709
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50
Cash Tender \$ 20.00
Change Due \$ 15.50

THANK YOU
COME AGAIN

RCPI# 18889
05/04/07 12:40 LH 2 AM 28 TX# 57983
05/04/07 11:24 In 05/04/07 12:40 OF
TK# 201709
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50
Cash Tender \$ 20.00
Change Due \$ 15.50

THANK YOU
COME AGAIN

RCPI# 18889
05/04/07 12:40 LH 2 AM 28 TX# 57983
05/04/07 11:24 In 05/04/07 12:40 OF
TK# 201709
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50
Cash Tender \$ 20.00
Change Due \$ 15.50

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 17	Working (Ketch Awards)	\$ 48 ✓
Oct 22	Working - Pelotte audit Seminar	10 ⁵⁰ ✓

CITY OF EDMONTON
LIBRARY PARKADE
GET # 119326270 RT0001

Best Copy Possible

Rec# 12973
10/17/07 22:28 L# 1 AN 40 Txn# 86035
10/17/07 17:47 In 10/17/07 22:28 Out
Tid# 289823
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50 ✓
CASH PAID \$ 4.50-
Cash Tender \$ 5.00
Change Due \$ 0.50

THANK YOU
COME AGAIN

STATION AND PRICE
RECEIVED BY
EDMONTON PARKADE
07:00:23 17:00 000 000
07:00:22 17:39
/ 2:27 00.007
8075212
RATE 1 210.50
TAX 210.50 ✓
CASH 570.00
CHANGE 30.50

GET IN LINE
US 1 RECEIVED BY
STATION AND PRICE

nt) _____ X 43¢

TOTAL EXPENSES

\$

15⁰⁰

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

\$181 for up to and including four hours in any day
\$309 for over four hours and up to and including eight hours in any day
\$492 for over eight hours in any day

MEMBER

\$135 for up to and including four hours in any day
\$224 for over four hours and up to and including eight hours in any day
\$350 for over eight hours in any day

MILEAGE

43¢ km

APPLICANT COPY



Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

I certify that this claim is for Capital Health business.

NAME (print): P. P. [unclear]

SIGNATURE: [Signature]

DATE: Dec 19, 2007

Non-Responsive

TOTAL HONORARIA

\$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

\$

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

\$

TOTAL KMS
transfer to back

15.00

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: _____

Date: _____

APPLICANT COPY
Keyed AP 0108

Filed April 01/08



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA

DATE	(specify mailing)	START TIME	END TIME	AGE	NO. OF HOURS	NO. OF TRIP	NO. OF EXPENSES

certify that this claim is for Capital Health business. § 17(1), 17(4)(g)(i)
 Non-Responsive *thou - m/s - L 6/58* (Lest 'd) E

NAME (print): PIERRE DEVOUIN

SIGNATURE:

DATE: Mar 27, 2008 TAX-

APPROVED BY:

THORIZED BY: Dee

DATE: _____

TOTAL HONORARIA	\$	TOTAL TIME transfer to back
TOTAL EXPENSES (from reverse)	\$	<i>61 3/4</i>
TOTAL CLAIM	\$	

Code: 201 8000 7110300000 6850000
Code: 201 8000 711103000000

APR 01 2008 (TUE) 11:05
 BOARD-OFFICE
 over-7

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT
Mar 14	Council with Sheila W - Parking	\$ 6 ⁰⁰ - -
Mar 24	Parking - Caritas Fdn Luncheon	14 ⁰⁰ - -
Mar 25	Parking SFP (pass doesn't work anymore)	19 ⁰⁰ - -
Mar 26	Parking (pass not working)	13 ⁵⁰ - -
Mar 27	CSI Dinner	9 ⁰⁰ - -

TOTAL KMS (from front) _____ X 44¢

TOTAL EXPENSES
(transfer to front)

\$ 61⁵⁰

REMUNERATION - effective October 15, 2007

CHAIRMAN
 \$200 for up to and including four hours in any day
 \$350 for over four hours and up to and including eight hours in any day
 \$550 for over eight hours in any day

MEMBER
 \$150 for up to and including four hours in any day
 \$265 for over four hours and up to and including eight hours in any day
 \$390 for over eight hours in any day

MILEAGE
 44¢ km

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

UNIVERSITY OF ALBERTA
HOSPITAL - 114 St. LOT

THANK YOU FOR PARKING
WIT: IMPERIAL PARKING
MCDONALD ESTATES

00MAR14 13:06 001 001
00MAR14 11:44 01
/ 1:22 #400984
=01019039
RATE 1 \$6.00
TOTAL \$6.00
CASH \$6.00

FOR MONTHLY PARKING
PHONE 4291976
GST INCLUDED

Rcpt# 61301
03/24/08 14:25 LA 2 AM 41 Txn#199747
03/24/08 10:13 In 03/24/08 14:25 Out
Tkt# 372533
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

Rcpt#251780
03/25/08 14:09 LA 1 AM 3 Txn#071617
03/25/08 07:11 In 03/25/08 14:09 Out
Tkt# E20251
Daily Rate \$ 19.00
Total Fee \$ 19.00
CASH PAID \$ 19.00
Cash Tender \$ 20.00
Change Due \$ 1.00

THANK YOU FOR PARKING

UNIVERSITY OF ALBERTA
HOSPITAL - 114 St. LOT

Rcpt#252316
03/26/08 11:35 LA 1 AM 2 Txn#472202
03/26/08 07:17 In 03/26/08 11:35 Out
Tkt# 528997
Daily Rate \$ 13.50
Total Fee \$ 13.50
CASH PAID \$ 13.50
Cash Tender \$ 20.00
Change Due \$ 6.50

THANK YOU FOR PARKING

DRYING TOWER
GSTN 123845479 RT 0019

03-27-2008 THU #0

MISC 9.00
CASH 9.00

ITEM 1
VOL 7611 20:32TH

Faxed April 01/08

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

certify that this claim is for Capital Health business.

(cont'd)

Non-Responsive

NAME (print): PIERRE CHEVOIN
 SIGNATURE: [Signature]
 DATE: Mar 27, 2008

TOTAL HONORARIA \$ _____
 Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 61.32
 (from reverse)
 Code: 201 9000 7110300000

TOTAL KMS
transfer to back

LH
APR 01/08

TOTAL CLAIM \$ _____

Reviewed by: [Signature]
 Authorized By: [Signature]

Non-Responsive

Date: _____
Date: _____

over ->

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mar 14	Work with Sheila W - parking	\$ 6 ⁰⁰
Mar 24	Parking - Caritas Fdn Luncheon	14 ⁰⁰
Mar 25	Parking SHP (pass doesn't work anymore)	19 ⁰⁰
Mar 26	Parking (pass not working)	13 ⁵⁰
Mar 27	CSI Dinner	9 ⁰⁰

TOTAL KMS (from front) _____ X 44¢

TOTAL EXPENSES
(transfer to front)

\$ 61⁵⁰

REMUNERATION - effective October 15, 2007

CHAIRMAN
 \$200 for up to and including four hours in any day
 \$350 for over four hours and up to and including eight hours in any day
 \$550 for over eight hours in any day

MEMBER
 \$150 for up to and including four hours in any day
 \$265 for over four hours and up to and including eight hours in any day
 \$390 for over eight hours in any day

MILEAGE
 44¢ km

APPLICANT COPY

P.C

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

UNIVERSITY OF ALBERTA
HOSPITAL - 114 St. LOT

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MACDONALD ESTATES

OBMAR14 13:06 001 001
OBMAR14 11:44 01
/ 1:22 #400984
=01014039
RATE 1 \$6.00
TOTAL \$6.00
CASH \$6.00

FOR MONTHLY PARKING
PHONE 4201976
GST INCLUDED

Rcpt# 61301
03/24/08 14:25 LH 2 AM 41 Txn#199747
03/24/08 10:19 In 03/24/08 14:25 Out
Tkt# 372533
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

Rcpt#251780
03/25/08 14:09 LH 1 AM 3 Txn#471613
03/25/08 07:11 In 03/25/08 14:09 Out
Tkt# 528251
Daily Rate \$ 19.00
Total Fee \$ 19.00
CASH PAID \$ 19.00-
Cash Tender \$ 20.00
Change Due \$ 1.00

THANK YOU FOR PARKING

UNIVERSITY OF ALBERTA
HOSPITAL - 114 St. LOT

Rcpt#252316
03/26/08 11:35 LH 1 AM 2 Txn#472202
03/26/08 07:17 In 03/26/08 11:35 Out
Tkt# 528997
Daily Rate \$ 13.50
Total Fee \$ 13.50
CASH PAID \$ 13.50-
Cash Tender \$ 20.00
Change Due \$ 6.50

THANK YOU FOR PARKING

OLYMPIA TOWER
GST# 123845679 RT 0018

03-27-2008 THU #0

MISC 9.00
CASH 9.00

ITEM 1
101 7611 20:32TM

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS

certify that this claim is for Capital Health business. *E*

s.17(1), 17(4)(g)(i) **TOTAL HONORARIA** \$ Non-Responsive

Code: 201 9000 7110300000 6850000

AME (print): *P. GLEVOVIN* **TOTAL EXPENSES** \$ 86.00

(from reverse)

Code: 201 9000 7110300000

SIGNATURE: *[Signature]* **TOTAL CLAIM** \$ 86.00

DATE: *apr 25, 2008* **TAX** *NON*

MIS *286.00* **Non-Responsive**

TAX

Reviewed by: *[Signature]* Date: *Apr 28/08*

Authorized By: *[Signature]* Date: _____

dated: April 10, 2008

CAPITAL HEALTH BOARD APRIL 2008 COPY EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Apr 13	HBA Conference - registration, parking	\$ 2 ⁰⁰ ✓
Apr 14	HBA Conference - parking (Am)	14 ⁰⁰ ✓
Apr 14	HBA Conference - parking (Pm)	14 ⁰⁰ ✓
Apr 15	HBA Conference - parking	27 ⁰⁰ ✓
Apr 16	HBA Conference - parking	14 ⁰⁰ ✓
Apr 23	Taxi to Selkirk Hotel	20 ⁰⁰ ✓

TOTAL KMS (from front) _____ X 44¢

TOTAL EXPENSES
(transfer to front)

\$ 86⁰⁰ ✓

REMUNERATION - effective April 1, 2008

CHAIRMAN

- \$210 for up to and including four hours in any day
- \$367 for over four hours and up to and including eight hours in any day
- \$576 for over eight hours in any day

MEMBER

- \$157 for up to and including four hours in any day
- \$278 for over four hours and up to and including eight hours in any day
- \$409 for over eight hours in any day

MILEAGE

44¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 21191
04/13/08 18:52 L# 1 A# 28 Txn#138934
04/13/08 18:43 In 04/13/08 18:52 Out
Tkt# 383224
Regular Rate \$ 1.90
Total Tax \$ 0.10
Total Fee \$ 2.00
CASH PAID \$ 2.00-
Cash Tender \$ 10.00
Change Due \$ 8.00

Rcpt# 64298
04/14/08 16:46 L# 2 A# 27 Txn#209439
04/14/08 13:01 In 04/14/08 16:46 Out
Tkt# 805379
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 15.00
Change Due \$ 1.00

Rcpt# 64185
04/14/08 12:28 L# 2 A# 6 Txn#20719
04/14/08 08:17 In 04/14/08 12:28 Out
Tkt# 383334
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

TICKET VOID

impark

TIMPARK EDMONTON
LOT 004

BE UP ON DASH

Rcpt# 64689
04/16/08 12:44 L# 2 A# 41 Txn#210679
04/16/08 07:24 In 04/16/08 12:44 Out
Tkt# 383993
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00

TICKET VOID IF RE-SOLD

Meter: 02000401
Trans: 002155
Purchase Time:
Apr 15 10:20AM
Price: \$21.00
Card: VISA
Auth: 034476
EXPIRATION TIME:

PLACE THIS SIDE UP ON DASH

Apr 15 2008
5:00PM Tue

This is your receipt
and proof of purchase

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

THANK YOU
COME AGAIN



BARREL TAXI

(780) 489-7777

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2
GST# 100403070

Date: 22-4-08 Amount: 20.00
Driver: LB Car #: 153
From: 15714 91a To: Hot Port
Ed Park

D

PLU



Capital Health
EDMONTON AREA

Keyed PPO 8/1

APPLICANT COPY
BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
	FINAL CLAIM					
	"It's been fun!" <i>PL</i>					

I certify that this claim is for Capital Health business.

NAME (print): Peggie Crovatin
SIGNATURE: *Peggie Crovatin*
DATE: May 21, 2008

Non-Responsive

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$
(from reverse)
Code: 201 9000 711103000000

TOTAL CLAIM \$

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

TOTAL KMS
transfer to back

13.00 =

May 23/08
hcf

Reviewed by: *Linda Shumard*
Authorized By: *Jeannehuil*

Non-Responsive

Date: May 22/08

rev. 04/10/2008

Non-Responsive

E
hon.
MIS - <13.007
TAX -
65

