

7277

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: DEC / JAN 08 s.17(1), 17(4)(g)(i)

ENTERED FEB 19 2008

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: \$

PARKING: \$

TAXIS: \$

OTHER (please describe):

\$

\$

\$

MILEAGE: 840 km at .44¢ /km \$ 369.60 (Attach Local Travel Expense Claim form) 62210000

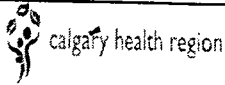
TOTAL EXPENSES: \$ 369.60

Employee Signature: [Signature] K. Deleste

[Signature]

RB

**APPLICANT COPY**



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) <i>SANDI DOUGALL</i>		EMPLOYEE NUMBER <i>15</i>		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>DEC 3/07</i>	<i>REACH LUNCH - CANMORE/CALGARY</i>	<i>210</i>		
<i>5</i>	<i>BOARD DINNER    ✓ ✓</i>	<i>210</i>		
<i>JAN 25</i>	<i>CANADIAN CLUB LUNCH    ✓ ✓</i>	<i>210</i>		
<i>29</i>	<i>BOARD MEETING</i>	<i>210</i>		
		<i>840</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		<i>6 2 2 1 0 0 0 0</i>	<i>MILEAGE/PARKING</i>	
EMPLOYEE SIGNATURE <i>S. Deposte</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>[Signature]</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

**DISTRIBUTION:**

**WHITE-ACCOUNTS PAYABLE**

217(1), 17(4)(g)(i)

X:Board/Honoraria/Local Travel Expense Claim

1545466

### CALGARY HEALTH REGION

### BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: MAY 08 - (FINAL) s.17(1), 17(4)(g)(i)

#### EXPENSES

ENTERED JUN 09 2008

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 220 km at 46 /km <sup>R</sup> \$ 101.20 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 101.20

Employee Signature: [Signature] 4. Deloste



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

41943

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME: SANDY DOUGALL  
FOR THE MONTH OF: JAN/04 s.17(1), 17(4)(g)(i)

## EXPENSES

ENTERED FEB 13 2004

01-71110300002

AIRFARE:	\$	_____	_____
CAR RENTAL:	\$	_____	_____
ACCOMMODATION:	\$	_____	_____
MEALS:	\$	_____	_____
PARKING:	\$	_____	_____
TAXIS:	\$	<u>30.00</u>	<u>62212000</u>
OTHER (please describe):			
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
MILEAGE: <u>71</u> km at .38¢ /km	\$	<u>26.98</u>	<u>62210000</u>
TOTAL EXPENSES:	\$	<u>56.98</u>	

*Sandy Dougall* RCB

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

**PRESTIGE** 10135 - 31 Avenue  
Edmonton, Alberta T6N 1G2


**CABS** **462-4444**  
THANK YOU/MERCI

ADMIN: 465-8500  
FAX: 462-2722

Date: JAN 16 Amount/Montant \$ 15.00 Car/Vehicule # \_\_\_\_\_

Driver/Chauffeur: [Signature] G.S.T. # \_\_\_\_\_

From/De: HOSPITAL To/A: AIRPORT

 PLEASE CALL AGAIN  
AU PLAISIR DE VOUS REVOIR

**THANK YOU FOR RIDING WITH CHECKER**

Date: Jan 16, 04 Amount: 15.00

From: [Signature]

To: Dr. A. Y.

Unit: 258 Driver: [Signature]

GST# 139165722

PLEASE CALL AGAIN  
**484-8888**



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

LOCAL TRAVEL EXPENSE  
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 \$ 50.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
DEPARTMENT		SITE		PHONE #		
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
SANDY DOUGALL						
JAN 16		AIRPORT & RETURN - EDMONTON		47		
		TAXI EDMONTON AIRPORT TO CAPITAL HEALTH				15.00
		TAXI RETURN				15.00
JAN 20		BOARD - SOUTHPORT		8		
27		CONTINUOUS LEARNING MEET - SP		8		
29		BOARD STRATEGY - SOUTHPORT		8		
				71		30.00

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

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF: FEB/04 s.17(1), 17(4)(g)(i)

**EXPENSES**

ENTERED MAR 23 2004-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ 10<sup>00</sup> R 62212000

OTHER (please describe):

PRINTER CARTRIDGES \$ 91<sup>59</sup> R 61500000

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 89 km at .38¢/km R \$ 33<sup>82</sup> 62210000

TOTAL EXPENSES: \$ 135.41

*Sandy*



**APPLICANT COPY**

- 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 \$ 50.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (PRINT) <i>Sandy Dougall</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL / EXPENSE		DETAILS		# OF KM (for mileage)	RATE
FEB 10/04		FINANCE - SOUTHPORT		8	
FEB 17		AIRPORT - PHAA EDMONTON		47	
18		TAXI EDMONTON - WESTIN			
18		CAREWEST BOARD		26	
24		BOARD SOUTHPORT		8	
				<u>89</u>	
					10 <sup>00</sup>

**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 <i>Sandy Dougall</i>			Date	TOTAL PAYABLE TO EMPLOYEE	
Expenditure Officer Authorization <i>Sandy</i>			Authorizer's Employee Number	Authorizer Phone Number	





APPLICANT COPY

Date	<u>FEB 25/04</u>
Received from	<u>Sandy Dougall</u>
<u>TWENTY</u>	<u>XX</u> 100 Dollars
	CANADIAN COLLEGE HEALTH EXECUTIVES SOUTHERN ALBERTA
\$ <u>20.-</u>	No. <u>[Signature]</u>
Tax Reg. No.:	

43800

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

MARCH 2004

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

EXPENSES

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ 117.60

62212000

357.87  
5.25

MEALS: EVENING MEAL PHIAA

\$ 217.00 ✓

69500000

PARKING:

\$ 17.12

62212000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

ENTERED APR 19 2004

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 749 km at .38¢ /km

\$ 284.62



See below

TOTAL EXPENSES:

\$ 436.34

149 Km @ .38 = \$56.62 → R62210000  
600 Km @ .38 = 228.00 → ~~R~~62212000

\$ 284.62

Banderi

APPLICANT COPY



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

Mr. Sandy Douqall

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

Arrival	03/14/04	Room	1114
Departure	03/15/04	Cashier	45
Payment Method	VA	Page	1
		Starwood Pref.#	
		Airline Partner	AC
		Folio No.	298512

Guest Account The Westin Edmonton, 03/15/04

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

Date	Description	Room	Charges	Credits
03/14	Room Charge	1114	105.00	
03/14	Room Tax 5%		5.25	
03/14	Room GST 7%		7.35	
			<del>1.49</del>	
03/14	Parking GST 7%		1.12	
		s.17(1), 17(4)(g)(i)	16.00	
			<del>1.49</del>	
03/15	Visa			137.70
		s.17(1), 17(4)(e.1)		
Capture method:keyed		Total	137.70	137.70
		Balance		0.00 \$

Room GST 7.35  
 F&B GST 0.00  
 Other GST 1.31  
 Total GST 8.66

GST Vendor R101577591

- 2.98

137.72  
 - 16  
 118.72

Your Air Canada Aeroplan Program miles have been awarded.

Meal 17.00

KM. 600.



- 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		
DEPARTMENT		SITE		PHONE #		
DATE OF TRAVEL / EXPENSE		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
SANDY DOUGALL						
BOARD						
MAR 14/15/04	PHAA EDMONTON			600		62212000
	PARKING ✓					16.00
18	PHYSICIAN LIASON SOUTHPORT			8 <del>18</del>		62210000
22	FINANCE MEETING ✓			8 <del>18</del>		62210000
23	BOARD ✓			8 <del>18</del>		62210000
24	CAREWEST BOARD			25		62210000
30	RURAL HEALTH HIGH RIVER			100		62210000
				749		

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					
Sandy												

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: SANDY DOUGALL

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

FOR THE MONTH OF NOV/MARCH 2004

**EXPENSES**  
(Please attach original receipts.)

Date	Description	GST	Amount
NOV/03	PHONE LINE BASE CHARGE	34.76	56.71
DEC/03	INTERNET DIAL UP	21.95	56.71
JAN/04			56.71
FEB/04			56.71
MAR/04			56.71

ENTERED APR 19 2004

TOTAL EXPENSES: 2 \$ 283.55

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Sandy</u>	Print Name: <u>Shirley Landry</u>
Authorizer's Employee Number:	Authorizer Phone Number (if full): <u>943-1122</u>

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

RB



Sales & Service Or Billing Inquiries 310-2255  
If calling Outside Alberta 1-800-400-2598

A M DOUGALL

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

Your account number

Your TELUS Account ID

7

s.17(1), 17(4)(g)(i)  
**The total amount you owe is ..... \$77.50**

**Summary of your account** (details start on page 3)

**Previous Charges and Credits**

Amount of your last bill	\$75.37
Payment we processed on Dec 01 - Thank You	- 75.37
Amount overdue from your last bill	.00

**New charges**

Monthly Local Services (including rental equipment if applicable)	34.76
Additional Charges and Credits	29.36
Directory Assistance	.75
Long Distance Charges	9.47
GST (Registration 100652692)	3.16
Total new charges	77.50

**Total amount due by Jan 23** **\$77.50**

- Thank you for keeping your account up to date.
- Now receive your TELUS bill online with a monthly e-mail reminder.
- To register, visit [www.telus.com](http://www.telus.com)

Tear off here



**Payment return slip**

DO NOT pay this bill. \$77.50 will be debited to your pre-authorized payment account on Jan 01, 2004.

Phone number

Account number

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

823 (A)

A M DOUGALL

106120  
3508785  
CTREG01

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

020100007750000000005

0053 7 900 17

96

## Details of your new charges

### Monthly Local Services (including rental equipment if applicable) (from Jan 01 to Jan 31)

1 Personal Voice Mail		34.76
1 Call Forwarding	\$5.95	
1 Residence Line Touchtone	4.95	
	23.86	
<b>Total charges for monthly local services</b>	<b>\$34.76</b>	

### Additional Charges and Credits

1 E9-1-1 Provincial Network Fee Jan 01		29.36
1 E9-1-1 Municipal Call Answer Fee Jan 01	\$.13	
	.44	

### TELUS Internet Services

For more detailed billing information please visit:

- [www.telus.com/internetsupport](http://www.telus.com/internetsupport)
- 1-877-310-4NET

Email Service Dec 01		4.95
Dial-Up Access Dec 01		21.95
Internet GST Dec 01		1.89
<b>Total TELUS Internet Services</b>		<b>\$28.79</b>
<b>Total additional charges and credits</b>	<b>\$29.36</b>	

### Directory Assistance

#### Directory Assistance

Date and time of call	Place and number you requested	Amount (\$)
Operator assisted - dial rate	s.17(1), 17(4)(g)(i)	
1 Sun Nov 30 03:14 pm DIR ASST		.75
<b>Total Directory Assistance</b>		<b>\$.75</b>

### Long Distance Charges

Long Distance Administration Fee Jan 01	2.95
-----------------------------------------	------

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

Sales & Service Or Billing Inquiries 310-2255  
If calling Outside Alberta 1-800-400-2598

A M DOUGALL

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

7

Your account number

Your TELUS Account ID

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

**The total amount you owe is ..... \$90.49**

**Summary of your account** (details start on page 3)

**Previous Charges and Credits**

Amount of your last bill	\$77.50
Payment we processed on Jan 01 - Thank You	- 77.50
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

**New charges**

Monthly Local Services (including rental equipment if applicable)	34.76
Additional Charges and Credits	41.83
Long Distance Charges	8.01
GST (Registration 100652692)	5.89
Total new charges	90.49

• Now receive your TELUS bill online with a monthly e-mail reminder.  
• To register, visit [www.telus.com](http://www.telus.com)

**Total amount due by Feb 21 \$90.49**

*Tear off here*



**Payment return slip**

DO NOT pay this bill. \$90.49 will be debited to your pre-authorized payment account on Feb 01, 2004.

Phone number

Account number

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

823 (C)

0105716  
34  
00501353  
BCTREG01

A M DOUGALL

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

030100009049000000009

0053790019

96



Sales & Service Or Billing Inquiries 310-2255  
 If calling Outside Alberta 1-800-400-2598

## Details of your new charges

### Monthly Local Services (including rental equipment if applicable)

(from Feb 01 to Feb 29)

34.76

1 Personal Voice Mail	\$5.95
1 Call Forwarding	4.95
1 Residence Line Touchtone	23.86
<b>Total charges for monthly local services</b>	<b>\$34.76</b>

### Additional Charges and Credits

41.83

1 E9-1-1 Provincial Network Fee Jan 28	\$ .13
1 E9-1-1 Municipal Call Answer Fee Jan 28	.44

### TELUS Internet Services

For more detailed billing information please visit:

- [www.telus.com/internetsupport](http://www.telus.com/internetsupport)
- 1-877-310-4NET

Dial-Up Access Jan 01	21.95
Email Service Jan 01	4.95
Total Dial-Up Overusage Jan 01	14.36
<b>Total TELUS Internet Services</b>	<b>\$41.26</b>

Total additional charges and credits \$41.83

### Long Distance Charges

8.01

Long Distance Administration Fee Jan 31

2.95

### Your Way Straight - Alberta Evening and Weekend

- 10¢ per minute within Alberta evenings/weekends.
- 12¢ per minute within Canada\*evenings/weekends.
- 18¢ per minute for calls in Canada\* 8 am to 6 pm Monday to Friday.
- \*20¢ per minute anytime for calls to areas served by NorthwesTel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.



# YOUR TELUS Statement

Mar 02, 2004

TELUS Communications Inc.

Sales & Service Or Billing Inquiries 310-2255  
If calling Outside Alberta 1-800-400-2598

A M DOUGALL

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

Your account number XXXXXXXXXX TELUS Account ID

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

**The total amount you owe is ..... \$163.00**

## Summary of your account (details start on page 3)

### Previous Charges and Credits

Amount of your last bill	\$90.49
Payment we processed on Feb 01 - Thank You	- 90.49
<b>Amount overdue from your last bill</b>	<b>.00</b>

### New charges

Monthly Local Services (including rental equipment if applicable)	34.76
Additional Charges and Credits	106.02
Long Distance Charges	11.59
GST (Registration 100652692)	10.63
<b>Total new charges</b>	<b>163.00</b>

**Total amount due by Mar 23**

**\$163.00**

Thank you for keeping your account up to date

Now receive your TELUS bill online with a monthly e-mail reminder. To register, visit [www.telus.com](http://www.telus.com)

Tear off here



### Payment return slip

DO NOT pay this bill. \$163.00 will be debited to your pre-authorized payment account on Mar 02, 2004.

Account number

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

823 (P)

A M DOUGALL

0105580  
3  
00501355  
BCTREG01

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

0401000163000000000008

00537 9004

96

Sales & Service Or Billing Inquiries 310-2255  
 If calling Outside Alberta 1-800-400-2598

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)**  
 (from Mar 01 to Mar 31)

	<b>34.76</b>
1 Personal Voice Mail	\$5.95
1 Call Forwarding	4.95
1 Residence Line Touchtone	23.86
<b>Total charges for monthly local services</b>	<b>\$34.76</b>

**Additional Charges and Credits**

	<b>106.02</b>
1 E9-1-1 Provincial Network Fee Mar 01	\$ .14
1 E9-1-1 Municipal Call Answer Fee Mar 01	.44

**TELUS Internet Services**

For more detailed billing information please visit:

- [www.telus.com/internetsupport](http://www.telus.com/internetsupport)
- 1-877-310-4NET

Dial-Up Access Feb 01	21.95
Email Service Feb 01	4.95
Total Dial-Up Overusage Feb 01	76.54
<b>Total TELUS Internet Services</b>	<b>\$106.02</b>
<b>Total additional charges and credits</b>	<b>\$106.02</b>

*Problem!*

*X*

**Long Distance Charges**

	<b>11.59</b>
Long Distance Administration Fee Mar 01	2.95

**Your Way Straight - Alberta / Canada Daytime**

- Rates are for direct dialed calls unless indicated. Rates for evenings /weekends are also applicable on Christmas Day/New Years Day.
- 12¢ per minute within Canada\*evenings/weekends.
- 18¢ per minute for calls in Canada\* 8 am to 6 pm Monday to Friday.
- \*20¢ per minute anytime for calls to areas served by NorthwesTel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.

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

44384

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

STANDY DOUGALL

FOR THE MONTH OF:

APRIL

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

**EXPENSES**

ENTERED MAY 17 2004

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ R 9.25

62210000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 180 km at .38¢ /km

\$ R 68.40

62210000

**TOTAL EXPENSES:**

\$ 77.65

*Bandru*

- 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) <b>SANDY DOUGALL</b>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT <b>BOARD</b>		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE
AMOUNT					
<b>APR 1</b>	<b>FINANCE</b>	<b>SOUTHLAND</b>	<b>8</b>		
<b>20</b>	<b>BOARD</b>	<b>✓</b>	<b>8</b>		
<b>22</b>	<b>ROTARY SPEECH</b>	<b>DOWNTOWN</b>	<b>28</b>		<b>PARK 4.00</b>
<b>28</b>	<b>HEALTH COUNCIL</b>	<b>BLACK DIAMOND</b>	<b>104</b>		
<b>30</b>	<b>MKA - Mc DOUGALL</b>		<b>32</b>		<b>PARK 5.25</b>
			<b>180</b>		<b>9.25</b>

**ROTARY**  
**IMPERIAL PARKING**  
**PHONE 239-7275**  
**HOURLY PARKER**

Meter: **111 208**  
Trans: **02381437**  
Time: **11:54A APR 23**  
Price: **\$ 4.00**

Expires: **1:59P FRI**  
**APR 23 04**

INSTRUCTIONS ON BACK  
GST REG # R122466000  
RATES INCLUDE CITY  
BUSINESS TAX SURCHARGE

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON D

McDougal  
451 - 6 Street SW  
CAN-T2P 1A2 Calgary, AB  
Tax Code CA GST #119457869  
CT 1 (82) Cashier 25  
30/04/04 13:02  
Receipt 086902  
Short-term Parking  
Short-term parking tkt  
McDougal parking  
30/04/04 13:02  
30/04/04 13:02  
Period 0001h23,  
(GST) **\$5.25**  
Gross total **\$5.25**  
Payment Cash **\$5.25**  
Net total **\$4.91**  
GST (7%) **0.34**  
All amounts in CAD.  
Deliv. Date=Receipt Date

**MKA'S**

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



**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

5 MAY / JUNE 2004

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

**EXPENSES**

ENTERED JUL 16 2004

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 104 km at .38¢ /km R \$ 39.52 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 39.52

RB

*Sandy*

- 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		
DEPARTMENT		SITE		PHONE #		
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
SANDY DOUGALL						
BOARD						
MAY 6/04	QUALITY CARE MEETING - SOUTHPORT			8		
11	BOARD ✓			8		
18	BOARD ✓			8		
JUNE 11	PATIENT SAFETY ✓			8		
14	CAREWEST CROSSBOW - CAREWEST			28		
16	CAREWEST BOARD - ✓			28		
17	AUDIT SOUTHPORT			8		
22	BOARD ✓			8		
				<u>104</u>		

AUTHORIZATION & CODING						
FINANCIAL CODE				GL Description		Amount (Including GST)
Org	Functional Centre			Account		
				6	2	2100000
Employee Signature				Date		
Expenditure Officer Authorization				Authorizer's Employee Number		Authorizer Phone Number
Sandy						
				TOTAL PAYABLE TO EMPLOYEE		\$

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME:

SANDY DOUGALL

FOR THE MONTH OF

APRIL / OCT 2004

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

**EXPENSES**

*(Please attach original receipts.)*

Date	Description	Amount	GST	Total
APR 1/04	PHONE LINE BASE	34.76		56.71
	INTERNET DIAL - UP	21.95		
MAY /04	✓	34.76		56.71
		21.95		
JUNE /04	✓	34.76		56.71
		21.95		
JUL /04	✓	34.76		56.71
		21.95		
AUG /04		34.76		56.71
		21.95		
SEP /04	✓	29.81		51.76
		21.95		
OCT /04	✓	30.81		52.76
		21.95		

TOTAL EXPENSES:

*Sandy Dougall*

2004 \$ 388.07

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <i>Sandy</i>	Print Name: <i>Shirley Landry</i>
Authorizer's Employee Number: <i>[Signature]</i>	Authorizer Phone Number (in full): 943-1122

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

*CP*



# Your TELUS Statement

May 01, 2004 APPLICANT COPY

TELUS Communications Inc.

Page  
1 of 2

Sales & Service Or Billing Inquiries 310-2255  
If calling Outside Alberta 1-800-400-2598

**A M DOUGALL**

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

7

Your account number ~~XXXXXXXXXX~~ Your TELUS Account ID

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

## Here's what you owe this month: \$69.73

Amount of your last bill	\$86.93
Payment we processed on Apr 01 - Thank You	-86.93
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Personal Voice Mail from May 01 to May 31	5.95
1 Call Forwarding from May 01 to May 31	4.95
1 Residence Line Touchtone from May 01 to May 31	23.86
Additional Charges and Credits (see details below)	27.48
Long Distance Charges (see details below)	2.95
GST (Registration 100652692) at 7%	4.54
<b>Total new charges</b>	<b>69.73</b>

34.76

**Total amount due by May 23 \$69.73**

### Additional Charges and Credits

27.48

1 E9-1-1 Provincial Network Fee Apr 28	\$.14
1 E9-1-1 Municipal Call Answer Fee Apr 28	.44

### TELUS Internet Services

For more detailed billing information please visit:

- [www.telus.com/internetsupport](http://www.telus.com/internetsupport)
- 1-877-310-4NET

Dial-Up Access Apr 01  
Email Service Apr 01

56.71

21.95  
4.95

Tear off here

### Payment return slip

DO NOT pay this bill. \$69.73 will be debited to your pre-authorized payment account on May 01, 2004.



Phone number

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

823 (G)

0105530  
3  
00445603  
BCTREG01

A M DOUGALL

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

0100006973000000005

00053700028

96



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

(continued from previous page)  
**Additional Charges and Credits**

<b>Total TELUS Internet Services</b>	<b>\$26.90</b>
Total additional charges and credits	\$27.48

**Long Distance Charges** **2.95**

Long Distance Administration Fee May 01 2.95

**News from TELUS**

**New Simpler Bill Format**

For your convenience, we have simplified your monthly bill format. Your bill will continue to provide all the details of your TELUS services and charges in a new easier-to-read format. For detailed information on how to read your bill, please visit [telus.com/samplebill](http://telus.com/samplebill).

**Correction Notice**

Please be advised the Call Forwarding and TELUS Mobility offer included in your May bill is valid May 1st through June 15th,2004.

**Thank you for continuing to choose TELUS as your communications provider.**

**Visit our web site**

For news on TELUS products and services, visit our web site at [www.telus.com](http://www.telus.com)

**Paying by credit card**

To pay your TELUS phone account using a credit card, visit our web site at [www.telus.com/onlineservices](http://www.telus.com/onlineservices)

**Late payment fee** *If you don't pay the amount owing by the due date, a late payment fee applies to the total outstanding balance. The fee is 1.00% per month (12.68% per year) of the outstanding balance. Details on TELUS terms and conditions for providing service can be found in the "General Terms of Service" section of the White Pages Directory and the TELUS web site at <http://www.telus.com>*

**Paying your bill**

You can mail your payment  
to:  
TELUS  
PO BOX 7575  
VANCOUVER BC V6B 8N9

Paid stamp

**TELUS** Your TELUS Statement  
 Jun 01, 2004

Sales & Service Or Billing Inquiries 310-2255  
 If calling Outside Alberta 1-800-400-2598

**A M DOUGALL**

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

Your account number

Your TELUS Account ID

83.70  
 - 11.67 Personal  
 -----  
 72.03

s.17(1), 17(4)(g)(i)  
**Here's what you owe this month: ~~\$83.70~~**

Amount of your last bill	\$69.73
Payment we processed on May 01 - Thank You	-69.73
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Jun 01 to Jun 30	5.95
1 Call Forwarding from Jun 01 to Jun 30	4.95
1 Residence Line Touchtone from Jun 01 to Jun 30	23.86
Additional Charges and Credits (see details below)	27.04
Long Distance Charges (see details below)	16.01
GST (Registration 100652692) at 7%	5.45
9-1-1 Answer Point levy	.44

34.76

Total new charges 83.70  
**Total amount due by Jun 22 \$83.70**

**Additional Charges and Credits 27.04**  
 E9-1-1 Provincial Network Fee May 31 \$.14

**TELUS Internet Services**

For more detailed billing information please visit:

- www.telus.com/internetsupport
- 1-877-310-4NET

Email Service May 01  
 Dial-Up Access May 01

4.95  
 21.95

Tear off here



**Payment return slip**

DO NOT pay this bill. \$83.70 will be debited to your pre-authorized payment account on Jun 01, 2004.

Phone number

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

823 (S)

0105704

A M DOUGALL

00461689  
 BCTREG01

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

070100008370000000009

00537900130

96



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

(continued from previous page)  
**Additional Charges and Credits**

Total TELUS Internet Services	\$26.90
Total additional charges and credits	\$27.04

**Long Distance Charges** 16.01

Long Distance Administration Fee Jun 01 3.95

**Your Way Straight - Canada Evening and Weekend**

- Rates are for direct dialed calls unless indicated. Rates for evenings /weekends are also applicable on Christmas Day/New Years Day.
- 12¢ per minute within Canada\*evenings/weekends.
- 18¢ per minute for calls in Canada\* 8 am to 6 pm Monday to Friday.
- \*20¢ per minute anytime for calls to areas served by NorthwTel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.

Date and time of call	Place you called	Number you called	Length of call (minutes)	Amount you pay (\$)
s.17(1), 17(4)(g)(i)				
1 Thu May 13 06:15 pm	SORRENTO BC		1	.12
<b>Total Charges</b>				<b>\$ .12</b>

**Late payment fee** If you don't pay the amount owing by the due date, a late payment fee applies to the total outstanding balance. The fee is 1.00% per month (12.68% per year) of the outstanding balance. Details on TELUS terms and conditions for providing service can be found in the "General Terms of Service" section of the White Pages Directory and the TELUS web site at <http://www.telus.com>

## Paying your bill

You can mail your payment to:  
TELUS  
PO BOX 7575  
VANCOUVER BC V6B 8N9

Paid stamp



# Your TELUS Statement

Apr 01, 2004

APPLICANT COPY

TELUS Communications Inc.

Sales & Service Or Billing Inquiries 310-2255  
If calling Outside Alberta 1-800-400-2598

A M DOUGALL

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

7

Your account number

Your TELUS Account ID

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

**The total amount you owe is ..... \$86.93**

## Summary of your account (details start on page 3)

### Previous Charges and Credits

Amount of your last bill	\$163.00
Payment we processed on Mar 02 - Thank You	- 163.00
Amount overdue from your last bill	.00

- Thank you for keeping your account up to date.

### New charges

Monthly Local Services (including rental equipment if applicable)	34.76
Additional Charges and Credits	36.18
Long Distance Charges	10.32
GST (Registration 100652692)	5.67
<b>Total new charges</b>	<b>86.93</b>

- Now receive your TELUS bill online with a monthly e-mail reminder.
- To register, visit [www.telus.com](http://www.telus.com)

**Total amount due by Apr 22 \$86.93**

Tear off here



### Payment return slip

DO NOT pay this bill. \$86.93 will be debited to your pre-authorized payment account on Apr 01, 2004.

Phone number

Account number

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

823 (F)

0105666  
3  
00497059  
BCTREG01

A M DOUGALL

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

50100008693000000005

00537 900 32

96



Sales & Service Or Billing Inquiries 310-2255  
 If calling Outside Alberta 1-800-400-2598

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)**

(from Apr 01 to Apr 30)	<b>34.76</b>
1 Personal Voice Mail	\$5.95
1 Call Forwarding	4.95
1 Residence Line Touchtone	23.86
<b>Total charges for monthly local services</b>	<b>\$34.76</b>

**Additional Charges and Credits**

	<b>36.18</b>
1 E9-1-1 Provincial Network Fee Mar 28	\$.14
1 E9-1-1 Municipal Call Answer Fee Mar 28	.44

**TELUS Internet Services**

For more detailed billing information please visit:

- www.telus.com/internetsupport
- 1-877-310-4NET

Email Service Mar 01	4.95
Total Dial-Up Overusage Mar 01	<del>8.70</del>
Dial-Up Access Mar 01	21.95
<b>Total TELUS Internet Services</b>	<b>\$35.60</b>
<b>Total additional charges and credits</b>	<b>\$36.18</b>

**Long Distance Charges**

	<b>10.32</b>
Long Distance Administration Fee Apr 01	2.95

**Your Way Straight - Alberta / Canada Daytime**

- Rates are for direct dialed calls unless indicated. Rates for evenings /weekends are also applicable on Christmas Day/New Years Day.
- 12¢ per minute within Canada\*evenings/weekends.
- 18¢ per minute for calls in Canada\* 8 am to 6 pm Monday to Friday.
- \*20¢ per minute anytime for calls to areas served by Northwestel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.

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

# TELUS<sup>®</sup> Your TELUS Statement

TELUS Communications Inc.

Jul 01, 2004

Sales & Service: Internet 1-877-310-4NET Other products 310-2255  
 If calling from outside Alberta, call Toll-free: 1-800-400-2598

Page 1 of 5

A M DOUGALL

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

Your account number

Your TELUS Account ID

*Handwritten:*  
 143.69  
 64.51  
 79.18

7

Here's what you owe this month: ~~\$143.69~~

Amount of your last bill	\$83.70
Payment we processed on Jun 01 - Thank You	-83.70
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Jul 01 to Jul 31	5.95
1 Call Forwarding from Jul 01 to Jul 31	4.95
1 Residence Line Touchtone from Jul 01 to Jul 31	23.86
Additional Charges and Credits (see details below)	27.48
Long Distance Charges (see details below)	72.07
GST (Registration 100652692) at 7%	9.38
<b>Total new charges</b>	<b>143.69</b>
<b>Total amount due by Jul 23</b>	<b>\$143.69</b>

*Handwritten:*  
 23.86 Deduct  
 Lake 14.22  
 1.56  
 Repaid 48.73  
 64.51

**Additional Charges and Credits**

E9-1-1 Municipal Call Answer Fee Jun 30	\$ .44
E9-1-1 Provincial Network Fee Jun 30	.14

27.48

**TELUS Internet Services**

Dial-Up Access Jun 01	21.95
Email Service Jun 01	4.95
<b>Total TELUS Internet Services</b>	<b>\$26.90</b>
<b>Total additional charges and credits</b>	<b>\$27.48</b>

Tear off here



**Payment return slip**

DO NOT pay this bill. \$143.69 will be debited to your pre-authorized payment account on Jul 01, 2004.

Phone number

Account number

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

823 (Q)

0105260  
 3  
 00456889  
 BCTREG01

A M DOUGALL

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

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96

**TELUS** Your **TELUS Statement**  
 Aug 01, 2004

TELUS Communications Inc.

Page  
1 of 3

Sales & Service: Internet 1-877-310-4NET Other products 310-2255  
 If calling from outside Alberta, call Toll-free: 1-800-400-2598

A M DOUGALL

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

Your account number Your TELUS Account ID

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

**Here's what you owe this month: \$72.25**

Amount of your last bill	\$143.69
Payment we processed on Jul 01 - Thank You	-143.69
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Aug 01 to Aug 31	5.95
1 Call Forwarding from Aug 01 to Aug 31	4.95
1 Residence Line Touchtone from Aug 01 to Aug 31	23.86
Additional Charges and Credits (see details below)	27.48
Long Distance Charges (see details below)	5.31
GST (Registration 100652692) at 7%	4.70
<b>Total new charges</b>	<b>72.25</b>
<b>Total amount due by Aug 23</b>	<b>\$72.25</b>

*3/2-76*

**Additional Charges and Credits**

**27.48**

E9-1-1 Municipal Call Answer Fee Jul 31	\$.44
E9-1-1 Provincial Network Fee Jul 31	.14

**TELUS Internet Services**

Dial-Up Access Jul 01	21.95
Email Service Jul 01	4.95
<b>Total TELUS Internet Services</b>	<b>\$26.90</b>
<b>Total additional charges and credits</b>	<b>\$27.48</b>

Tear off here



**Payment return slip**

DO NOT pay this bill. \$72.25 will be debited to your pre-authorized payment account on Aug 01, 2004.

Phone number

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

823 (E)

0104947

A M DOUGALL

00446363  
BCTREG01

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

90100007225000000009

0053 7 900 35

96

**TELUS** <sup>®</sup> **Your TELUS Statement**  
 Sep 01, 2004

TELUS Communications Inc.

Page  
1 of 4

Sales & Service: Internet 1-877-310-4NET Other products 310-2255  
 If calling from outside Alberta, call Toll-free: 1-800-400-2598

**A M DOUGALL**

Your account number      Your TELUS Account ID

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

7

**Here's what you owe this month: \$68.36**

Amount of your last bill	\$72.25
Payment we processed on Aug 01 - Thank You	-72.25
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Sep 01 to Sep 30	5.95
1 Residence Line Touchtone from Sep 01 to Sep 30	23.86
Additional Charges and Credits (see details below)	24.34
Long Distance Charges (see details below)	9.76
GST (Registration 100652692) at 7%	4.45

} 29.81

Total new charges 68.36

**Total amount due by Sep 22** **\$68.36**

**Additional Charges and Credits**

**24.34**

Change in Call Forwarding (for 19 days from Aug 12 to Sep 01)	-\$3.14
E9-1-1 Municipal Call Answer Fee Aug 31	.44
E9-1-1 Provincial Network Fee Aug 31	.14

**TELUS Internet Services**

Dial-Up Access Aug 01	21.95
Email Service Aug 01	4.95

Total TELUS Internet Services \$26.90

Total additional charges and credits \$24.34

Tear off here



**Payment return slip**

DO NOT pay this bill. \$68.36 will be debited to your pre-authorized payment account on Sep 01, 2004.

Phone number

Account number

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

823 (H)

**A M DOUGALL**

0104567  
4  
00429375  
BCTREG01

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

100100006836000000008

⑆00537⑈900⑆36

96

**TELUS** <sup>®</sup> **Your TELUS Statement**  
 Oct 01, 2004

TELUS Communications Inc.

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

**A M DOUGALL**

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

7

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

Your account number

Your TELUS Account ID

**Here's what you owe this month: \$77.92**

Amount of your last bill	\$68.36
Payment we processed on Sep 01 - Thank You	-68.36
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Oct 01 to Oct 31	6.95
1 Residence Line Touchtone from Oct 01 to Oct 31	23.86
Additional Charges and Credits (see details below)	28.05
Long Distance Charges (see details below)	13.98
GST (Registration 100652692) at 7%	5.08

} 30.81

**Total new charges 77.92**

**Total amount due by Oct 23 \$77.92**

**Additional Charges and Credits**

**28.05**

Change in Personal Voice Mail (for 17 days from Sep 14 to Oct 01)	\$.57
E9-1-1 Municipal Call Answer Fee Sep 30	.44
E9-1-1 Provincial Network Fee Sep 30	.14

**TELUS Internet Services**

Dial-Up Access Sep 01	21.95
Email Service Sep 01	4.95

**Total TELUS Internet Services \$26.90**

**Total additional charges and credits \$28.05**

Tear off here



**Payment return slip**

DO NOT pay this bill. \$77.92 will be debited to your pre-authorized payment account on Oct 01, 2004.

Phone number

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

823 (J)

0104879

**A M DOUGALL**

00439229  
BCTREG01

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

10100007792000000001

00537900137

96

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** Sandy Dougall

**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:** 55 km at .38¢ /km <sup>R</sup> \$ 20.90 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 20.90

*Banany* <sup>EB</sup>

- 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) <i>Sandy Dougall</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE
AMOUNT					
<i>JULY 13</i>		<i>SOUTH HOSPITAL SITE</i>		<i>15</i>	
<i>JULY 16</i>		<i>SOUTHPORT</i>		<i>8</i>	
<i>19</i>		<i>✓</i>		<i>8</i>	
<i>AUG 12</i>		<i>✓</i>		<i>8</i>	
<i>SEPT 2</i>		<i>✓</i>		<i>8</i>	
<i>SEPT 9</i>		<i>✓</i>		<i>8</i>	

AUTHORIZATION & CODING						
FINANCIAL CODE				GL Description		Amount (Including GST)
Org	Functional Centre		Account			
			6	2	7	1 0 0 0 0 0
Employee Signature				Date	Mileage/Parking	\$
Expenditure Officer Authorization <i>Sandy</i>				TOTAL PAYABLE TO EMPLOYEE		\$
				Authorizer's Employee Number	Authorizer Phone Number	

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

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

EXPENSES

01-7111030002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: incl PARKING \$ 218.20 329.72 62212000

MEALS: \$

PARKING: \$

TAXIS: \$

OTHER (please describe):

\$

\$

\$

MILEAGE: 32 km @ .38¢/km 600 km at .38¢/km \$ 12.16 228.00 62210000 62212000

TOTAL EXPENSES: \$ 569.88

506.20 - 62212 51.52

Sandy





**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) <i>SANDY DOUGALL</i>		CRHA E-MAIL ADDRESS <i>BOARD</i>		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE
<i>OCT 5</i>		<i>CAREWEST BOARD</i>		<i>24</i>	
<i>OCT 15/16</i>		<i>EDMONTON SAFETY CONF</i>		<i>600</i>	
<i>OCT 29</i>		<i>FINANCE</i>		<i>8</i>	
				<i>632</i>	

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

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

50191

# CALGARY HEALTH REGION BOARD EXPENSE FORM

NAME: SANDY DOUGALL

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

## EXPENSES

ENTERED 070 15 2004

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 42 km at .38¢ /km <sup>R</sup> \$ 15.96 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 15.96

*Sandy*



CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: SANDY DOUGALL

FOR THE MONTH OF: DECEMBER - 1 H 1 CONF.

EXPENSES

01-7111030002

AIRFARE: \$

CAR RENTAL: \$ 1.22 480.59

ACCOMMODATION: 393.93 \$ 499.38 62214000

MEALS: \$ 60.50 62214000

PARKING: \$

TAXIS: 100 us \$ 126.76 122.00 62214000

OTHER (please describe): (36.00)? 69500000

MILEAGE: 157 km at .38¢ /km R \$ 59.66 62210000

TOTAL EXPENSES: \$ 782.30

722.75

[Signature]

[Signature] RB 39.66 663.09

APPLICANT COPY

ORLANDO - IHI CONFERENCE  
 - ~~DEC~~ 12 - 15TH 2004

ACCOMMODATION

3 NIGHTS MARRIOTT COURTYARD US 393.93  
 @ 1.2676 499.38

MEALS

SUNDAY	12TH	DINNER	17.00	
MONDAY	13TH	DINNER	17.00	
TUESDAY	14TH	DINNER	17.00	
WEDNESDAY	15TH	LUNCH	<u>9.50</u>	60.50

TAXI

AIRPORT TO HOTEL	U.S.	37.00	
HOTEL TO CONVENTION	U.S.	8.00	
CONVENTION TO AIRPORT	U.S.	<u>55.00</u>	
		\$ 100.00	126.76
	@	1.2676	

OTHER

PERSONAL EXPENSES 3 @ 12.00 36.00

MILEAGE

CALLARY AIRPORT & RETURN 60 K.



# APPLICANT COPY

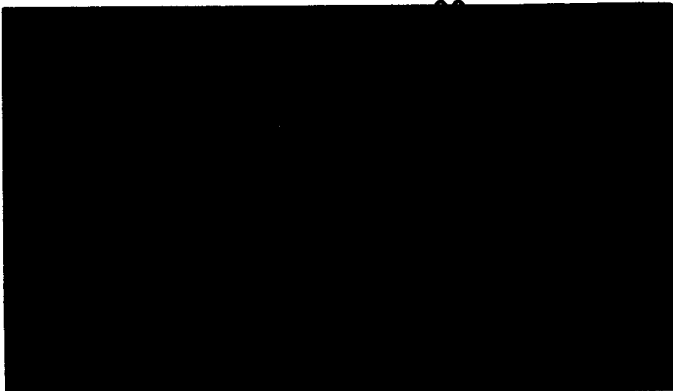
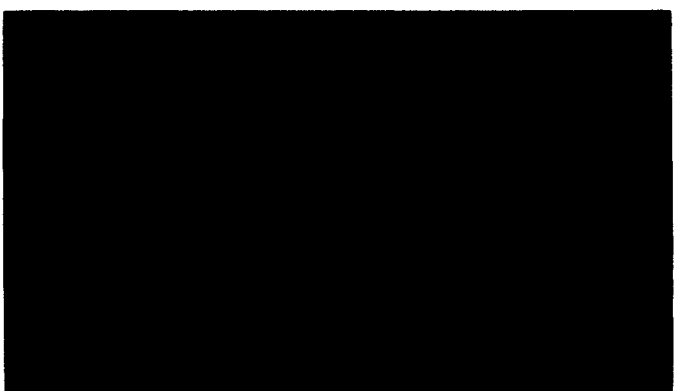
MARRIOTT VILLAGE  
at Lake Buena Vista

GUEST FOLIO

1355 DOUGALL/SANDY/MR 119.00 12/15/04 06:56 24638-27501  
 ROOM NAME 61 NAME 12/12/04 21:23 ACCT# GROUP  
 TYPE 45 XXX s.17(1), 17(4)(e.1)  
 ROOM XXX NE 11111 MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
12/12	ROOM	1355, 1 119.00		
12/12	ROOM TAX	1355, 1 6.96		
12/12	OCC TAX	1355, 1 5.35		
12/13	ROOM	1355, 1 119.00		
12/13	ROOM TAX	1355, 1 6.96		
12/13	OCC TAX	1355, 1 5.35		
12/14	ROOM	1355, 1 119.00		
12/14	ROOM TAX	1355, 1 6.96		
12/14	OCC TAX	1355, 1 5.35		
12/15	CCARD-BK		303.03	s.17(1), 17(4)(e.1)

PAYMENT RECEIVED BY: VISA



APPROVAL CODE:

DRIVER NAME: ISRAEL SOTO

DRIVER NUMBER: 81267

CARDMEMBER

Mears Destination Services  
222026415992

FARE: 50.00

DRIVER GRATUITY: 5.00

TOTAL SERVICE: 55.00

DOLLARS CENTS

AX  VISA   
 MC  DISC   
 DINERS

DATE OF CHARGE:

12/15/04

PRINT CARD NUMBER: s.17(1), 17(4)(e.1)

PRINT EXP:

CARDHOLDER SIGNATURE

X

THE CARDHOLDER AGREES TO PAY THE AMOUNT SHOWN AS TOTAL SERVICE,  
TOGETHER WITH ANY CHARGES DUE ON THIS FORM



(407)423-5566

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. "I have requested weekday delivery of Orlando Sentinel. If refused, a credit of 25¢ will be applied to my account."

SIGNATURE X

APPLICANT COPY



MARRIOTT VILLAGE

at Lake Buena Vista

1355 DOUGALL/SANDY/MR

119.00 12/15/04 06:56 24638-27501

GUEST FOLIO

ROOM NAME  
NQQ

61 NAME DEPART TIME  
12/12/04 21:23

ACCT# GROUP

TYPE  
45 XXX

ARRIVE TIME

ROOM XXX NE 11111

MR#:

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

DATE	REFERENCE	CHARGES	PAYMENT	CREDITS	BALANCE DUE
12/12	ROOM	1355, 1	119.00		
12/12	ROOM TAX	1355, 1	6.96		
12/12	OCC TAX	1355, 1	5.35		
12/13	ROOM	1355, 1	119.00		
12/13	ROOM TAX	1355, 1	6.96		
12/13	OCC TAX	1355, 1	5.35		
12/14	ROOM	1355, 1	119.00		
12/14	ROOM TAX	1355, 1	6.96		
12/14	OCC TAX	1355, 1	5.35		
12/15	CCARD-BK			393.93	

PAYMENT RECEIVED BY: VISA

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

RECEIPT

Date: Dec 15/04 Amount: 8<sup>00</sup>  
 From: MARRIOTT COURTYARD  
 To: MARRIOTT CONVENTION CENTER  
 Driver: \_\_\_\_\_  
 Car #: \_\_\_\_\_

RECEIPT

Date: 12-12-04 Amount: 37.00  
 From: M. C. ...  
 To: M. C. ...  
 Driver: [Signature]  
 Car #: 161

APPROVAL CODE:

DRIVER NAME: ISRAEL SOTO

DRIVER NUMBER: 81267

CARDMEMBER

Mears Destination Services  
222026415992

FARE: 50.00

DRIVER GRATUITY: 5.00

TOTAL SERVICE: 55.00

DOLLARS CENTS

AX  VISA

MC  DISC

DINERS

DATE OF CHARGE:  
12/15/04

PRINT CARD NUMBER:

PRINT EXP:

CARDHOLDER SIGNATURE

X [Signature] s.17(1), 17(4)(e.1)

THE CARDHOLDER AGREES TO PAY THE AMOUNT SHOWN AS TOTAL SERVICE TOGETHER WITH ANY CHARGES DUE ON THIS FORM



(407)423-5566

If you are billed by a credit card company and 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. If we have requested weekend delivery of Orlando Sentinel, it refused a credit of 25¢ will be applied to my account.



- 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) <b>SANDY DOUGHAL</b>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT <b>BOARD</b>		SITE		PHONE #	DATE <b>DEC 22/04</b>
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
DEC 2/04	SOUTHPORT - FINANCE	8			
DEC 2	✓ - SOUTH HOSPITAL	8			
8	OKOTOKS OPENING	65			
20	SOUTHPORT - BOARD	8			
22	SOUTHPORT - MEETING DR EAGLE	8			
		<hr/>			
		97			

AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description	Amount (Including GST)	
Org	Functional Centre	Account			
		62210000	Mileage/Parking	\$	
Employee Signature <i>Sandy Dougall</i>			Date	TOTAL PAYABLE TO EMPLOYEE \$	
Expenditure Officer Authorization <i>Sandy</i>			Authorizer's Employee Number	Authorizer Phone Number	

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: SANDY DOUGALL

FOR THE MONTH OF: DECEMBER - I H I CONF.

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: 1.22 \$

ACCOMMODATION: 393.93 us \$ ~~499.38~~ 480.59 62214000

MEALS: \$ 60.50 62214000

PARKING: \$

TAXIS: 100 us \$ ~~126.76~~ 122.00 62214000

OTHER (please describe): \$ < 36.00 ? > 69500000

MILEAGE: 157 km at .38¢ /km (Attach Local Travel Expense Claim form) \$ 59.66 62210000

TOTAL EXPENSES: \$ ~~782.30~~ 722.75 59.55 RB

*Sandy Dougall*

*Sandy* 39.66 663.09

APPLICANT COPY

**Subject: Sandy Dougall's Expenses**

**Date:** Mon, 17 Jan 2005 08:12:46 -0700

**From:** Lou Decoste <Lou.Decoste@CalgaryHealthRegion.ca>

**Organization:** Calgary Health Region

**To:** Marina Miller <Marina.Miller@CalgaryHealthRegion.ca>

Hi Marina,

I sent an email to Sandy last week regarding the questions you had on his expenses but I didn't hear back from him. He is away right now but was looking at his email every so often. Proceed paying him what you can and we will work the rest out when he returns.

Thanks,

Lou

---

Lou Decoste <Lou.Decoste@CalgaryHealthRegion.ca>  
ADMINISTRATIVE SECRETARY  
Calgary Regional Health Authority



52397

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

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

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

JAN / FEB 2005

**EXPENSES**

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 66 km at .38¢ /km  
(Attach Local Travel Expense Claim form)

R \$ 25.08 62210000

**TOTAL EXPENSES:**

\$ 25.08

*cf. Deloste*

**APPLICANT COPY**

- 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) <i>SANDY DOUGALL</i>		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT <i>BOARD</i>		SITE		PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
<i>JAN 25/05</i>	<i>BOARD - SOUTHPORT</i>	<i>8</i>			
<i>26</i>	<i>PATIENT SAFETY - SOUTHPORT</i>	<i>8</i>			
<i>FEB 2</i>	<i>WELLNESS PRESENTATION - SOUTHPORT</i>	<i>8</i>			
<i>4</i>	<i>FINANCE - SOUTHPORT</i>	<i>8</i>			
<i>9</i>	<i>CAREWEST BOARD - CAREWEST</i>	<i>26</i>			
<i>15</i>	<i>BOARD - SOUTHPORT</i>	<i>8</i>			
		<i>66</i>			

AUTHORIZATION & CODING					
FINANCIAL CODE				GL Description	Amount (Including GST)
Org	Functional Centre	Account			
		<i>6</i>	<i>2</i>	<i>1 0 0 0 0</i>	
Employee Signature <i>[Signature]</i>				Date	
Expenditure Officer Authorization <i>[Signature]</i>				Authorizer's Employee Number	Authorizer Phone Number
				<b>TOTAL PAYABLE TO EMPLOYEE</b>	\$
				Mileage/Parking	\$

53872

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

MARCH / 05

EXPENSES ENTERED APR 13 2005

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

118.79 \$ \_\_\_\_\_

ACCOMMODATION: SUNDAY MAR 13. 6:51

124.32

62212000

MEALS: DINNER SUNDAY NIGHT 2

16.93

62212000

PARKING: R

18.00

62212000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 322 Km @ .38 / Km  
641 km at .38¢ / km  
(Attach Local Travel Expense Claim form)

12.16  
243.58

62210000

62212000

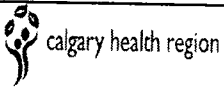
TOTAL EXPENSES:

\$ 414.99

62212 = 380.35 - 6  
23.74  
62210 = 12.16 - 9

H. DeLeste

APPLICANT COPY



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) <b>SANDY DOUGALL</b>		EMPLOYEE NUMBER		
DEPARTMENT <b>BOARD</b>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
MAR 1	SOUTHPORT SAFETY	8		
3	<del>EDMONTON</del> ✓ QUALITY & ACCESS	8		
13	EDMONTON - HAA CONFERENCE	641		
16	SOUTHPORT QUALITY & ACCESS	8		
	✓ BOARD	8		
		673		

**CODING & AUTHORIZATION**

FINANCIAL														
ORG	FUNCTIONAL CENTRE					ACCOUNT					GL DESCRIPTION	AMOUNT (Including GST)		
						6	2	2	1	0	0	0	MILEAGE/PARKING	
EMPLOYEE SIGNATURE <i>Sandy Dougall</i>										TOTAL PAYABLE TO EMPLOYEE				
AUTHORIZATION <i>G. Deloste</i>					AUTHORIZER EMPLOYEE NUMBER					AUTHORIZER PHONE NUMBER				

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE



APPLICANT COPY  
**WESTIN**  
 HOTELS & RESORTS

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

Mr. Sandy Doucail

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

Arrival	03/13/05	Room	1120
Departure	03/14/05	Cashier	26
Payment Method	VA	Page	1
		Starwood Pref.#	
		Airline Partner	AC
		Folio No.	354076

Guest Account      The Westin Edmonton, 03/14/05      s.17(1), 17(4)(g)(i)

Date	Description	Room	Charges	Credits
03/13	Room Charge	1120	111.00	} 124.32
03/13	Room Tax 5%		5.55	
03/13	Room GST 7%		7.77	
03/13	Pradera Lounge - DINNER - NO ALCOHOL! ->#1120 : CHECK #2384		16.93	
03/14	Visa	XX/XX    s.17(1), 17(4)(e.1)		141.25

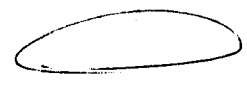
Capture method:swiped      Total      141.25      141.25

Balance      0.00 \$

Room GST	7.77
F&B GST	1.19
Other GST	0.00
Total GST	8.96
GST Vendor	R101577591

*PARKING MAR 13/14.*

Your Air Canada Aeroplan Program miles have :





**TELUS** Your TELUS Statement  
 Nov 01, 2004

TELUS Communications Inc.

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL s.17(1), 17(4)(g)(i)  
 Your account number Your TELUS Account ID

7

s.17(1), 17(4)(g)(i)  
**Here's what you owe this month: \$88.52**

Amount of your last bill	\$77.92
Payment we processed on Oct 01 - Thank You	-77.92
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Nov 01 to Nov 30	6.95
1 Residence Line Touchtone from Nov 01 to Nov 30	23.86
Additional Charges and Credits (see details below)	29.48
Long Distance Charges (see details below)	22.46
GST (Registration 100652692) at 7%	5.77

30.81

Total new charges 88.52  
**Total amount due by Nov 22 \$88.52**

**Additional Charges and Credits**

29.48

E9-1-1 Municipal Call Answer Fee Oct 31	\$.44
E9-1-1 Provincial Network Fee Oct 31	.14

**TELUS Internet Services**

Dial-Up Access Oct 01	23.95
Email Service Oct 01	4.95

**Total TELUS Internet Services \$28.90**

Total additional charges and credits \$29.48

Tear off here



**Payment return slip**

DO NOT pay this bill. \$88.52 will be debited to your pre-authorized payment account on Nov 01, 2004.

Phone number

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

823 (N)

0104895

A M DOUGALL

00442707  
 1EG01

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

12010000885200000000

00537 900 59

96

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL s.17(1), 17(4)(g)(i)

Your account number Your TELUS Account ID

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

**Here's what you owe this month: \$76.87**

Amount of your last bill	\$88.52	
Payment we processed on Nov 01 - Thank You	-88.52	
Amount overdue from your last bill	.00	
1 Personal Voice Mail from Dec 01 to Dec 31	6.95	
1 Residence Line Touchtone from Dec 01 to Dec 31	23.86	30.81
Additional Charges and Credits (see details below)	29.48	
Directory Assistance (see details below)	.75	
Long Distance Charges (see details below)	10.82	
GST (Registration 100652692) at 7%	5.01	
<b>Total new charges</b>	<b>76.87</b>	
<b>Total amount due by Dec 23</b>	<b>\$76.87</b>	

Season's Greetings from TELUS.

**Additional Charges and Credits**

E9-1-1 Municipal Call Answer Fee Nov 30	\$ .44	
E9-1-1 Provincial Network Fee Nov 30	.14	
<b>Total Additional Charges and Credits</b>	<b>29.48</b>	

**TELUS Internet Services**

Dial-Up Access Nov 01	23.95	
Email Service Nov 01	4.95	
<b>Total TELUS Internet Services</b>	<b>\$28.90</b>	

<b>Total additional charges and credits</b>	<b>\$29.48</b>	
---------------------------------------------	----------------	--

Tear off here

**Payment return slip**

DO NOT pay this bill. \$76.87 will be debited to your pre-authorized payment account on Dec 01, 2004.

Phone number

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

823 (R)

0104398  
 345  
 00458571  
 BC TREG01

A M DOUGALL

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

110100007687000000003

1:00 53 7 900 60

96

**TELUS** Your **TELUS Statement**  
 Jan 01, 2005

TELUS Communications Inc.

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

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

7

Your account number

Your TELUS Account ID

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

**Here's what you owe this month: \$78.89**

Amount of your last bill	\$76.87
Payment we processed on Dec 01 - Thank You	-76.87
<b>Amount overdue from your last bill</b>	<b>.00</b>

▪ Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Jan 01 to Jan 31	6.95
1 Residence Line Touchtone from Jan 01 to Jan 31	23.86
Additional Charges and Credits (see details below)	29.48
Long Distance Charges (see details below)	13.46
GST (Registration 100652692) at 7%	5.14

30.81

**Total new charges** **78.89**

**Total amount due by Jan 23** **\$78.89**

**Additional Charges and Credits**

**29.48**

E9-1-1 Municipal Call Answer Fee Dec 31	\$.44
E9-1-1 Provincial Network Fee Dec 31	.14

**TELUS Internet Services**

Email Service Dec 01	4.95
Dial-Up Access Dec 01	23.95

**Total TELUS Internet Services** **\$28.90**

**Total additional charges and credits** **\$29.48**

Tear off here

**Payment return slip**

DO NOT pay this bill. \$78.89 will be debited to your pre-authorized payment account on Jan 01, 2005.

Phone number

Account number

823 (T)

0103933

A M DOUGALL

00453357  
 BC7REG01

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

020100007889000000008

0053790061

96



# Your TELUS Statement

Feb 01, 2005

TELUS Communications Inc.

Page 1 of 5

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL

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

7

Your account number

Your TELUS Account ID

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

**Here's what you owe this month: \$139.25**

Amount of your last bill	\$78.89
Payment we processed on Jan 01 - Thank You	-78.89
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Feb 01 to Feb 28	6.95
1 Residence Line Touchtone from Feb 01 to Feb 28	23.86
Additional Charges and Credits (see details below)	29.48
Long Distance Charges (see details below)	70.56
GST (Registration 100652692) at 7%	8.40
<b>Total new charges</b>	<b>139.25</b>

30.81

**Total amount due by Feb 20 \$139.25**

### Additional Charges and Credits

29.48

E9-1-1 Municipal Call Answer Fee Jan 31	\$.44
E9-1-1 Provincial Network Fee Jan 31	.14

### TELUS Internet Services

Email Service Jan 01	4.95
Dial-Up Access Jan 01	23.95
<b>Total TELUS Internet Services</b>	<b>\$28.90</b>

**Total additional charges and credits \$29.48**

Tear off here



### Payment return slip

DO NOT pay this bill. \$139.25 will be debited to your pre-authorized payment account on Feb 01, 2005.

Phone number

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

823 (A)

A M DOUGALL

0103524  
3  
0011487  
B G01

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

030100013925000000007

0053790062

96

**TELUS**® Your TELUS Statement  
 Mar 02, 2005

TELUS Communications Inc.

Page 1 of 4

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

**A M DOUGALL**

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

7

Your account number

Your TELUS Account ID

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

**Here's what you owe this month: \$56.19**

Amount of your last bill	\$139.25	✓
Payment we processed on Feb 01 - Thank You	-139.25	✓
Amount overdue from your last bill	.00	
<hr/>		
1 Personal Voice Mail from Mar 01 to Mar 31	6.95	✓
1 Residence Line Touchtone from Mar 01 to Mar 31	23.86	✓
Additional Charges and Credits (see details below)	9.43	✓
Directory Assistance (see details below)	.75	✓
Long Distance Charges (see details below)	11.55	✓
GST (Registration 100652692) at 7%	3.65	✓
<hr/>		
Total new charges	56.19	
<b>Total amount due by Mar 23</b>	<b>\$56.19</b>	

• Thank you for keeping your account up to date.

30.81

**Additional Charges and Credits**

**9.43**

E9-1-1 Municipal Call Answer Fee Feb 28	\$	44
E9-1-1 Provincial Network Fee Feb 28	.	14

**TELUS Internet Services**

Dial-Up Access Feb 01  
 Email Service Feb 01  
 High Speed Credits and Charges Feb 01  
 High Speed Access Feb 01

*Switched to High Speed*

23.95 -  
 4.95 -  
 -60.00 -  
 39.95 -

Tear off here

**Payment return slip**

DO NOT pay this bill. \$56.19 will be debited to your pre-authorized payment account on Mar 02, 2005.



Phone number

Account number

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

823 (M)

**A M DOUGALL**

0103478  
 345  
 00 55  
 BC REG01

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

40100005619000000009

00537 900 63

96

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

54561

# CALGARY HEALTH REGION

## BOARD EXPENSE FORM

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

APRIL / 05

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

### EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

*Pro*  
MILEAGE: 38 km at <sup>40.5</sup>~~38¢~~ /km  
(Attach Local Travel Expense Claim form)

\$ 15.39

~~62310000~~ 2 0 0 5

TOTAL EXPENSES:

\$ 15.39

*h*

*Ch. Deloste*



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

SANDY DOUGLAK - BOARD

APRIL/05

MILEAGE

APR 10	BOARD OFFICE ACCREDITATION	8
12	FINANCE - SOUTHPORT	8
15	ACCREDITATION CLOSE - ROXBURY	14
19	LEARNING SESSION	<u>8</u>
		38

56473

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF: JUNE/2005

**EXPENSES**

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

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 52 km at .40.5¢ /km \$ 21.06 ~~62210000~~

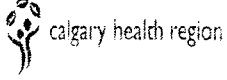
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 21.06 R

PROCESSED 07 14 2005

L. Delesta

**APPLICANT COPY**

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

- 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) <i>SANDY DOUGALL</i>			EMPLOYEE NUMBER	
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE <i>2005</i>	DETAILS	# OF KM <small>(for mileage)</small>	RATE	AMOUNT
<i>JUNE 8</i>	<i>CAREWEST ADMIN BLD.</i>	<i>28</i>		
<i>9</i>	<i>FINANCE SOUTHPORT</i>	<i>8</i>		
<i>13</i>	<i>PATIENT SAFETY SOUTHPORT</i>	<i>8</i>		
<i>28</i>	<i>BOARD SOUTHPORT</i>	<i>8</i>		
		<i>52</i>		

**CODING & AUTHORIZATION**

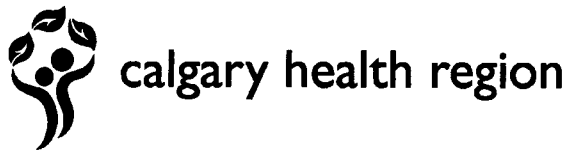
FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT <small>(Including GST)</small>
		<i>6 2 2 1 0 0 0 0</i>	<i>MILEAGE/PARKING</i>	
EMPLOYEE SIGNATURE <i>Sandy Dougall</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>Y DeLoraine</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**

s.17(1), 1674(g)(i)

X:Board/Honoraria/Local Travel Expense Claim



**MEMORANDUM**  
*Office of the Board*

**DATE:** July 12, 2005  
**TO:** Marina Miller, Accounts Payable  
**FROM:** Lou DeCoste  
**SUBJECT:** BOARD EXPENSES

---

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

Sandy Dougall

Non-Responsive

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

Thanks!

58636

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: SANDY DOUGALL

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

**EXPENSES**

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ ENTERED ON 1/2005

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: SEPT 20 GLENBOW R \$ 10<sup>00</sup> 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe): \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

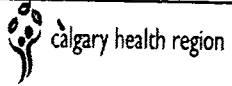
\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 576 km at 40.5 /km R \$ 233.28 62210000  
(Attach Local Travel Expense Claim form) ~~38¢~~

TOTAL EXPENSES: R \$ 243.28

*Ch. Deloste*

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
	<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>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.</li> <li><b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.</b></li> <li>Amounts under \$ 100.00 can be reimbursed from site cashier office where available.</li> </ul>	

EMPLOYEE NAME (Print) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE <i>2005</i>	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>JULY 19</i>	<i>VISIONING AT ZOO</i>	<i>34</i>		
<i>20</i>	<i>VISIONING &amp; CT SCANNER CANMORE</i>	<i>240</i>		
<i>SEPT 14</i>	<i>FINANCE MEETING</i>	<i>8</i>		
<i>7</i>	<i>PRE FINANCE MEETING</i>	<i>8</i>		
<i>20</i>	<i>ABORIGINAL AT GLENBOW</i>	<i>30</i>		
<i>26</i>	<i>PATIENT SAFETY TELECON.</i>	<i>8</i>		
<i>27</i>	<i>VISION INTERVIEW</i>	<i>8</i>		
	<i>BOARD &amp; CANMORE LHC</i>	<i>240</i>		
	<i>TOTAL</i>	<i>576</i>		

CODING & AUTHORIZATION

[REDACTED]										GL DESCRIPTION		AMOUNT (Including GST)										
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>6</td><td>2</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>										6	2	2	1	0	0	0	0	0	0	MILEAGE/PARKING		
6	2	2	1	0	0	0	0	0	0													
EMPLOYEE SIGNATURE										TOTAL PAYABLE TO EMPLOYEE												
AUTHORIZATION <i>K. Deloste</i>										AUTHORIZER EMPLOYEE NUMBER		AUTHORIZER PHONE NUMBER <i>943-1122</i>										

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

APPLICANT COPY

PALLISER PARKADE  
CALGARY AB  
RECEIPT ONLY!  
PAY STATION: C5  
\*\*\*\*\*  
ENTRY DAT/TIME:  
20/09/05 09:46  
PAY DATE/TIME:  
20/09/05 11:44  
PARK-DUR.: HRS:MIN  
0:01:58  
\*\*\*\*\*  
PAID: \$ 10.00  
CASH  
\*\*\*\*\*  
+ YOU MUST TAKE \*  
+ ORIGINAL TICKET \*  
+ WITH YOU AND USE \*  
+ IT TO EXIT \*  
\*\*\*\*\*  
GST INCLUDED  
GST No. RT12201449  
1  
\*\*\*\*\*  
THANK YOU FOR YOUR  
VISIT!

59725

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** SANDY DOUGALL

**FOR THE MONTH OF:** OCTOBER / 05 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

**AIRFARE:** \$ \_\_\_\_\_

**CAR RENTAL:** \$ \_\_\_\_\_

**ACCOMMODATION:** \$ \_\_\_\_\_

**MEALS:** \$ \_\_\_\_\_

**PARKING:** \$ R 29.25

**TAXIS:** \$ \_\_\_\_\_

**OTHER (please describe):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**MILEAGE:** 176 km at .43 /km R 75.68  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ R 104.93

RB


RECEIVED  
11/17/05

ENTERED NOV 18 2005

Ch. De Coste



APPLICANT COPY

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
	<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>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.</li> <li><b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.</b></li> <li>Amounts under \$ 100.00 can be reimbursed from site cashier office where available.</li> </ul>	

EMPLOYEE NAME (Print) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT <i>PARKING</i>
		(for mileage)		
<i>OCT 11</i>	<i>PATIENT SAFETY - SOUTHPORT</i>	<i>8</i>		
<i>17</i>	<i>ANNUAL REPORT - ROUNDUP CENTRE</i>	<i>28</i>		
<i>18</i>	<i>REACH BREAKFAST - PETE CLUB</i>	<i>30</i>		<i>5.25</i>
<i>20</i>	<i>SAFETY SYMPOSIUM - WESTIN</i>	<i>30</i>		<i>4.00</i>
<i>21</i>	<i>✓                    ✓                    ✓</i>	<i>30</i>		<i>16.00</i>
<i>22</i>	<i>✓                    ✓                    ✓</i>	<i>30</i>		<i>4.00</i>
<i>25</i>	<i>BOARD - GALLARY G &amp; CC</i>	<i>20</i>		
		<i>176</i>		<i>29.25</i>

ENTERED NOV 5 2005

CODING & AUTHORIZATION

<table border="1"> <tr> <td colspan="6">GL DESCRIPTION</td> <td colspan="4">AMOUNT (Including GST)</td> </tr> <tr> <td colspan="6">MILEAGE/PARKING</td> <td colspan="4"></td> </tr> </table>										GL DESCRIPTION						AMOUNT (Including GST)				MILEAGE/PARKING									
GL DESCRIPTION						AMOUNT (Including GST)																							
MILEAGE/PARKING																													
EMPLOYEE SIGNATURE <i>Sandy Dougall</i>																													
TOTAL PAYABLE TO EMPLOYEE																													
AUTHORIZATION <i>U. DeLeste</i>					AUTHORIZER EMPLOYEE NUMBER			AUTHORIZER PHONE NUMBER <i>943-1122</i>																					

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE  
s.17(2), 17(4)(g)(i)

APPLICANT COPY

City Centre  
 340 - 13 Avenue S.W.  
 CAN-T2R 4A6 Calgary, AB  
 Tax Code CA GST #119457869

CT 1 (100) Cashier 50  
 18/10/05 08:54

Receipt 080385

Short-term Parkina  
 Short-term parkina tkt  
 City Centre Parkade  
 18/10/05 07:28 -  
 18/10/05 08:54  
 Period 0d01h26'  
 (GST) \$5.25  
 Gross total \$5.25  
 Payment Cash \$5.25  
 Net total \$4.91  
 GST (7%) 0.34

All amounts in CAD.  
 Deliv. Date=Receipt Date

CPA James Short  
 115 - 4 Avenue SW  
 AB-T2P 4L6 CALGARY, AB  
 Tax Code CA GST #119457869

POF Minor Cashier 0  
 21/10/05 16:49

Receipt 074754

Short-term Parkina  
 Short-term parkina tkt  
 James Short  
 21/10/05 07:26 -  
 21/10/05 16:49  
 Period 0d09h23'  
 (GST) \$16.00  
 Gross total \$16.00  
 Payment Cash \$16.00  
 Net total \$14.95  
 GST (7%) 1.05

All amounts in CAD.  
 Deliv. Date=Receipt Date

Best Copy Possible

TICKET VOID IF RE-SOLD

IMPARK  
 IMPERIAL PARKING  
 PHONE 299-7275

IMPARK  
 WEEK END PARKER

IMPARK

6:00A SUN  
 001 23 05

INSTRUCTIONS ON BACK  
 21/10/05 16:49  
 YOUR CUSTOMERS ARE #1

TICKET VOID IF RE-SOLD

LD

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PLA

TICKET VOID IF RE-SOLD

IMPARK  
 IMPERIAL PARKING  
 PHONE 299 7275

IMPARK  
 WEEK END PARKER

IMPARK

6:00A FRI  
 001 21 05

INSTRUCTIONS ON BACK  
 21/10/05 16:49  
 YOUR CUSTOMERS ARE #1

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

600614

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

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

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: \$

PARKING: \$ 5.00 62210000

TAXIS: \$

OTHER (please describe):

\$

\$


\$

MILEAGE: 150 km at .43 /km 64.50 62210000

TOTAL EXPENSES: \$ 69.50

U. Deloste

**APPLICANT COPY**

 calgary health region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

**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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>	PHONE NUMBER	DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>NOV 1/05</i>	<i>SML RETREAT - VALLEY RIDGE</i>	<i>65</i>		
<i>3</i>	<i>FINANCE</i>	<i>8</i>		
<i>9</i>	<i>CAREWEST</i>	<i>29</i>		
<i>29</i>	<i>FOOTHILLS 9 BOARD</i>	<i>48</i>		
	<i>PARKING FOOTHILLS</i>			<i>5.00</i>
		<i>150</i>		

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		<i>6 2 2 1 0 0 0 0</i>	<i>MILEAGE/PARKING</i>	
EMPLOYEE SIGNATURE <i>[Signature]</i>			<b>TOTAL PAYABLE TO EMPLOYEE</b>	
AUTHORIZATION <i>[Signature]</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

**DISTRIBUTION:**

**WHITE-ACCOUNTS PAYABLE**

61543

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF APRIL/05 TO JAN/06 s.17(1), 17(4)(g)(i)

ENTERED JAN 18 2006

**EXPENSES**  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
APR/JAN	EXTRA PHONE LINE BASIC	30.81		
	HIGH SPEED INTERNET	39.95		
		<u>70.76</u>	4.95	<u>75.71</u>
	10 MONTHS @ 75.71			757.10

TOTAL EXPENSES:

*[Signature]*

R \$ 757.10

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Y. DeLoste</u>	Print Name: <u>Lou DeLoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>

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

# TELUS® Your TELUS Statement

APPLICANT COPY

TELUS Communications Inc.

Apr 01, 2005

Page 1 of 4

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL

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

Your account number      Your TELUS Account ID

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

## Here's what you owe this month: \$117.50

Amount of your last bill	\$56.19
Payment we processed on Mar 02 - Thank You	-56.19
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Apr 01 to Apr 30	6.95 -
1 Residence Line Touchtone from Apr 01 to Apr 30	23.86 -
Additional Charges and Credits (see details below)	<u>69.43</u> ✓
Long Distance Charges (see details below)	9.60 -
GST (Registration 100652692) at 7%	7.66 -

*Handwritten calculations:*  
 6.95  
 23.86  
 39.95  
 -----  
 70.76  
 4.95  
 -----  
 75.71  
 69.43

**Total new charges** 117.50  
**Total amount due by Apr 22** **\$117.50**

### Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Mar 31	\$.44
E9-1-1 Provincial Network Fee Mar 31	.14

### TELUS Internet Services

*will correct and rebate!*

High Speed Access Mar 01	39.95
Email Service Mar 01	<del>4.95</del>
Dial-Up Access Mar 01	<del>23.95</del>

*CALLER - APR 8TH - FREE  
 CALLER - MAR 8TH - CANCELLED*

**Total TELUS Internet Services** **\$68.85**

**Total additional charges and credits** **\$69.43**

*lev. 92<sup>00</sup>*

Tear off here

### Payment return slip

DO NOT pay this bill. \$117.50 will be debited to your pre-authorized payment account on Apr 01, 2005.

Phone number

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

823 (C)

0113065

A M DOUGALL

00478873  
 BCTREG01

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

050100011750000000003

1:00 53 ? 900:78

96

**TELUS** <sup>®</sup> **Your TELUS Statement**  
 May 01, 2005

TELUS Communications Inc.

Page  
1 of 3

Questions? For customer service or bill inquiries,  
please refer to page 2 for contact information.

**A M DOUGALL**

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

Your account number

Your TELUS Account ID

7

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

**Here's what you owe this month: \$122.30**

Amount of your last bill	\$117.50
Payment we processed on Apr 01 - Thank You	-117.50
Amount overdue from your last bill	.00

• Thank you for keeping  
your account up to date.

1 Personal Voice Mail from May 01 to May 31	6.95
1 Residence Line Touchtone from May 01 to May 31	23.86
Additional Charges and Credits (see details below)	69.43
Long Distance Charges (see details below)	14.09
GST (Registration 100652692) at 7%	7.97

Total new charges 122.30

**Total amount due by May 23 \$122.30**

**Additional Charges and Credits**

**69.43**

E9-1-1 Municipal Call Answer Fee Apr 30	\$.44
E9-1-1 Provincial Network Fee Apr 30	.14

**TELUS Internet Services**

High Speed Access Apr 01	39.95
Dial-Up Access Apr 01	23.95
Email Service Apr 01	4.95

*OK corrected Apr. 8th*

**Total TELUS Internet Services \$68.85**

Total additional charges and credits \$69.43

Tear off here



**Payment return slip**

DO NOT pay this bill. \$122.30 will be debited to your pre-authorized payment account on May 01, 2005.

Phone number

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

823 (X)

0113049  
3  
00476761  
BCTREG01

**A M DOUGALL**

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

11000122300000000008

0053790079

96

**TELUS® Your TELUS Statement**  
**Jun 01, 2005**

TELUS Communications Inc.

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL** s.17(1), 17(4)(g)(i)  
 Your account number Your TELUS Account ID

7

s.17(1), 17(4)(g)(i)  
**Here's what you owe this month: \$66.00**

Amount of your last bill	\$122.30
Payment we processed on May 01 - Thank You	-122.30
Amount overdue from your last bill	.00

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Jun 01 to Jun 30	6.95
1 Residence Line Touchtone from Jun 01 to Jun 30	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	30.32
GST (Registration 100652692) at 7%	4.29
<b>Total new charges</b>	<b>66.00</b>

**Total amount due by Jun 22 \$66.00**

<b>Additional Charges and Credits</b>	<b>.58</b>
E9-1-1 Municipal Call Answer Fee May 31	\$.44
E9-1-1 Provincial Network Fee May 31	.14
<b>Total additional charges and credits</b>	<b>\$.58</b>

**Long Distance Charges 30.32**

Long Distance Administration Fee Jun 01 4.95

*Check Internet billing  
 account!*

Tear off here

**Payment return slip**

DO NOT pay this bill. \$66.00 will be debited to your pre-authorized payment account  
 on Jun 01, 2005.



Phone number

Account number

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

823 (S)

0112177

**A M DOUGALL**

00482013  
 BCTREG01

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

070100006600000000003

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**TELUS** Your TELUS Statement  
 Jul 01, 2005

TELUS Communications Inc.

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

**A M DOUGALL** s.17(1), 17(4)(g)(i)  
 Your account number Your TELUS Account ID

7

s.17(1), 17(4)(g)(i)  
**Here's what you owe this month: \$47.31**

Amount of your last bill	\$66.00
Payment we processed on Jun 01 - Thank You	-66.00
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Jul 01 to Jul 31	6.95
1 Residence Line Touchtone from Jul 01 to Jul 31	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	12.85
GST (Registration 100652692) at 7%	3.07

**Total new charges** 47.31

**Total amount due by Jul 23 \$47.31**

**Additional Charges and Credits**

	<b>.58</b>
E9-1-1 Municipal Call Answer Fee Jun 30	\$.44
E9-1-1 Provincial Network Fee Jun 30	.14
<b>Total additional charges and credits</b>	<b>\$.58</b>

**Long Distance Charges** 12.85

Long Distance Administration Fee Jul 01 4.95

Tear off here



**Payment return slip**

DO NOT pay this bill. \$47.31 will be debited to your pre-authorized payment account on Jul 01, 2005.

Phone number

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

823 (L)

0111951

A M DOUGALL

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

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**TELUS**® Your **TELUS Statement**  
 Aug 01, 2005

TELUS Communications Inc.

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

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

7

Your account number

Your TELUS Account ID

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

**Here's what you owe this month: \$66.73**

Amount of your last bill	\$47.31
Payment we processed on Jul 01 - Thank You	-47.31
<b>Amount overdue from your last bill</b>	<b>.00</b>

Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Aug 01 to Aug 31	6.95
1 Residence Line Touchtone from Aug 01 to Aug 31	23.86
Additional Charges and Credits (see details below)	11.17
Long Distance Charges (see details below)	14.34
GST (Registration 100652692) at 7%	10.41
<b>Total new charges</b>	<b>66.73</b>

**Total amount due by Aug 23 \$66.73**

**Additional Charges and Credits**

**11.17**

E9-1-1 Municipal Call Answer Fee Jul 31	\$.44
E9-1-1 Provincial Network Fee Jul 31	.14

**TELUS Internet Services**

*None for June*

Internet Service Adjustment Apr 08	-92.77
Dial-Up Access May 01	-18.36
Total Dial-Up Overusage Jul 01	1.87
High Speed Access Jul 01	119.85

**Total TELUS Internet Services \$10.59**

**Total additional charges and credits \$11.17**

Tear off here



**Payment return slip**

DO NOT pay this bill. \$66.73 will be debited to your pre-authorized payment account on Aug 01, 2005.

Phone number

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

823 (P)

0111528  
2  
00474203  
BCTREG01

A M DOUGALL

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

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# TELUS® Your TELUS Statement

Sep 01, 2005

APPLICANT COPY

TELUS Communications Inc.

Page 1 of 3

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL

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

Your account number

Your TELUS Account ID

7

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

## Here's what you owe this month: \$82.51

Amount of your last bill	\$66.73
Payment we processed on Aug 01 - Thank You	-66.73
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Sep 01 to Sep 30	6.95	/
1 Residence Line Touchtone from Sep 01 to Sep 30	23.86	/
Additional Charges and Credits (see details below)	40.92	/
Long Distance Charges (see details below)	5.41	/
GST (Registration 100652692) at 7%	5.37	/

Total new charges 82.51

**Total amount due by Sep 22 \$82.51**

### Additional Charges and Credits

**40.92**

E9-1-1 Municipal Call Answer Fee Aug 31	\$.44
E9-1-1 Provincial Network Fee Aug 31	.14

### TELUS Internet Services

High Speed Access Aug 01	39.95	/
Total Dial-Up Overusage Aug 01	.39	/

**Total TELUS Internet Services \$40.34**

Total additional charges and credits \$40.92

Tear off here



### Payment return slip

DO NOT pay this bill. \$82.51 will be debited to your pre-authorized payment account on Sep 01, 2005.

Phone number

Account number

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

823 (P)

A M DOUGALL

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**TELUS**® Your **TELUS Statement**  
 Oct 01, 2005

TELUS Communications Inc.

Page  
1 of 3

**Questions?** For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

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

7

Your account number

Your TELUS Account ID

s.17(1), 17(4)(g)(i)  
**Here's what you owe this month: \$95.04**

Amount of your last bill	\$82.51
Payment we processed on Sep 01 - Thank You	-82.51
Amount overdue from your last bill	.00

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Oct 01 to Oct 31	6.95
1 Residence Line Touchtone from Oct 01 to Oct 31	23.86
Additional Charges and Credits (see details below)	44.81
Long Distance Charges (see details below)	13.23
GST (Registration 100652692) at 7%	6.19
<b>Total new charges</b>	<b>95.04</b>

**Total amount due by Oct 23 \$95.04**

**Additional Charges and Credits**

**44.81**

E9-1-1 Municipal Call Answer Fee Sep 30	\$ .44
E9-1-1 Provincial Network Fee Sep 30	.14

**TELUS Internet Services**

High Speed Access Sep 01	39.95
Total Dial-Up Overusage Sep 01	4.28

**Total TELUS Internet Services \$44.23**

Total additional charges and credits **\$44.81**

Tear off here



**Payment return slip**

DO NOT pay this bill. \$95.04 will be debited to your pre-authorized payment account on Oct 01, 2005.

Phone number

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

823 (F)

0111094

A M DOUGALL

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 BCTREG01

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

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Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL** s.17(1), 17(4)(g)(i)

Your account number Your TELUS Account ID

7

s.17(1), 17(4)(g)(i)  
**Here's what you owe this month: \$92.71**

Amount of your last bill	\$95.04
Payment we processed on Oct 01 - Thank You	-95.04
<b>Amount overdue from your last bill</b>	<b>.00</b>
1 Personal Voice Mail from Nov 01 to Nov 30	6.95
1 Residence Line Touchtone from Nov 01 to Nov 30	23.86
Additional Charges and Credits (see details below)	40.53
Long Distance Charges (see details below)	15.33
GST (Registration 100652692) at 7%	6.04
<b>Total new charges</b>	<b>92.71</b>
<b>Total amount due by Nov 22</b>	<b>\$92.71</b>

• Thank you for keeping  
 your account up to date.

<b>Additional Charges and Credits</b>	<b>40.53</b>
E9-1-1 Municipal Call Answer Fee Oct 31	\$.44
E9-1-1 Provincial Network Fee Oct 31	.14
<b>TELUS Internet Services</b>	
High Speed Access Oct 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>
<b>Total additional charges and credits</b>	<b>\$40.53</b>

Tear off here



**Payment return slip**

DO NOT pay this bill. \$92.71 will be debited to your pre-authorized payment account on Nov 01, 2005.

Phone number

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

819 (W)

0110319

**A M DOUGALL**

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 00537 9001

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**TELUS**® Your TELUS Statement  
Dec 01, 2005

TELUS Communications Inc.

Page  
1 of 3

Questions? For customer service or bill inquiries,  
please refer to page 2 for contact information.

A M DOUGALL

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

7

Your account number

Your TELUS Account ID

s.17(1), 17(4)(g)(i)  
**Here's what you owe this month: \$88.92**

Amount of your last bill	\$92.71
Payment we processed on Nov 01 - Thank You	-92.71
Amount overdue from your last bill	.00
<hr/>	
1 Personal Voice Mail from Dec 01 to Dec 31	6.95
1 Residence Line Touchtone from Dec 01 to Dec 31	23.86
Additional Charges and Credits (see details below)	40.53
Long Distance Charges (see details below)	11.79
GST (Registration 100652692) at 7%	5.79
<hr/>	
Total new charges	88.92
<b>Total amount due by Dec 23</b>	<b>\$88.92</b>

Season's Greetings from  
TELUS.

**Additional Charges and Credits**

**40.53**

E9-1-1 Municipal Call Answer Fee Nov 30	\$.44
E9-1-1 Provincial Network Fee Nov 30	.14

**TELUS Internet Services**

High Speed Access Nov 01	39.95
<hr/>	
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>

Total additional charges and credits \$40.53

Tear off here



**Payment return slip**

DO NOT pay this bill. \$88.92 will be debited to your pre-authorized payment account on Dec 01, 2005.

Phone number

Account number

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

819 (E)

A M DOUGALL

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**TELUS® Your TELUS Statement**  
**Jan 01, 2006**

TELUS Communications Inc.

Page  
1 of 3

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

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

Your account number

Your TELUS Account ID

7

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

**Here's what you owe this month: \$90.63**

Amount of your last bill	\$88.92
Payment we processed on Dec 01 - Thank You	-88.92
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Jan 01 to Jan 31	6.95
1 Residence Line Touchtone from Jan 01 to Jan 31	23.86
Additional Charges and Credits (see details below)	40.53
Long Distance Charges (see details below)	13.39
GST (Registration 100652692) at 7%	5.90
<b>Total new charges</b>	<b>90.63</b>

**Total amount due by Jan 23** **\$90.63**

**Additional Charges and Credits**

	<b>40.53</b>
E9-1-1 Municipal Call Answer Fee Dec 31	\$ .44
E9-1-1 Provincial Network Fee Dec 31	.14

**TELUS Internet Services**

High Speed Access Dec 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>

Total additional charges and credits \$40.53

Tear off here

**Payment return slip**

DO NOT pay this bill. \$90.63 will be debited to your pre-authorized payment account on Jan 01, 2006.



Phone number

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

819 (E)

**A M DOUGALL**

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**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF: DECEMBER / 05 s.17(1), 17(4)(g)(i)

**EXPENSES**

01-7111030002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: PTO 2 \$ 288.81 62214000

MEALS: PTO 2 \$ 54.75 62214000

PARKING: CALGARY AIRPORT R \$ 48.00 62210000

TAXIS: PTO 2 \$ 112.86 62214000

OTHER (please describe): (see over)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 76 km at .43¢ /km R \$ 32.68 62210000  
(Attach Local Travel Expense Claim form)


TOTAL EXPENSES: \$ 537.10

80.68 - 62210000  
456.42

4. Delaste



**APPLICANT COPY**

 Calgary Health Region	___ ACH    ___ FMC    ___ Southport ___ PLC    ___ RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------	-------------------------------------------------------------

**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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>DEC 8/05</i>	<i>FINANCE - SOUTHPORT</i>	<i>8</i>		
<i>DEC 12/15</i>	<i>AIRPORT RETURN</i>	<i>60</i>		
<i>20</i>	<i>BOARD - SOUTHPORT</i>	<i>8</i>		
		<i>76</i>		

**CODING & AUTHORIZATION**

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

00073

**DISTRIBUTION:**

**WHITE-ACCOUNTS PAYABLE**

s. 89(1), 17(4)(g)(i)



Home Account Balances

Joint Card



Statement Details:
Last Statement Date:
Due Date:
Last Statement Balance:
Minimum Payment:

Balance Details:
Current Balance:
Credit Limit:
Last Payment Date:
Last Payment Amount:

Allow up to 3 days for charges and payments to appear.

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

Select "Sort transactions" to set a date order preference.

Table with columns: Date, Description, Debits, Credits. Includes entries for CITY CAB CO OF ORLANDO and MARRIOTT VLG LTL LK BRYANORLANDO.

Printable version

- Self Service
Pay bills & transf
Copy to accounti
Nickname accou
View bills online

Research, Purcha

- Visa products
Visa BalancePro
Customer Ser
Send instructions

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



# APPLICANT COPY

**MARRIOTT VILLAGE**  
at Lake Buena Vista

**2209 DOUGALL/SANDY/MR**

**109.00 12/14/05**

**GUEST FOLIO**

ROOM NAME

**NDP**

NAME

DEPART

**24362 1334**

**ACCT# GROUP**

TYPE

**45 XXX**

**12/12/05**

**18:25**

ARRIVE

TIME

ROOM

**XXX**

**NE 11111**

**MR#:**

CLERK

ADDRESS

DATE	ADDRESS	REFERENCE	PAYMENT		
			CHARGES	CREDITS	BALANCE DUE
12/12	ROOM	2209, 2	109.00		
12/12	RM TAX	2209, 2	7.09		
12/12	OCC TAX	2209, 2	5.45		
12/13	ROOM	2209, 2	109.00		
12/13	RM TAX	2209, 2	7.09		
12/13	OCC TAX	2209, 2	5.45		
12/14	BK CARD				

**\$243.08**

**TO BE SETTLED TO: VISA**

**CURRENT BALANCE .00**

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

**Marriott Village AT LAKE BUENA VISTA**

8623 VINELAND AVENUE, ORLANDO, FL 32821  
tel: (407) 938-9001 • fax: (407) 938-9002  
www.marriottvillage.com

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 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. \*I have requested weekday delivery of Orlando Sentinel. If refused, a credit of 25¢ will be applied to my account."

SIGNATURE X

# RECEIPT

Date: DEC 12/15 Amount: 50<sup>00</sup>  
 From: ORLANDO AIRPORT  
 To: FAIRFIELD INN  
 Driver: \_\_\_\_\_  
 Car #: \_\_\_\_\_

\_\_\_\_\_ /  
 \_\_\_\_\_ \$5.00

## RECEIPT

GST NO. R122556194

PARKING CALGARY

EXIT No. A1  
 IN: 12/12/05 20:25  
 OUT: 12/14/05 21:50  
 DURATION: 2 15: 25  
 PAID: \$ 48.00  
 CREDITCARD ( )

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

AUTH. CODE 001956  
 REF. 67  
 THANK YOU FOR  
 YOUR VISIT

Calgary International Airport Parkade

62371

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF: JAN/06. s.17(1), 17(4)(g)(i)

**EXPENSES**

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: *R* \$ 7.50 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: *R* 64 km at .43¢ /km \$ 27.52 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: *R* \$ 35.02

*4. DeLeste*



6534

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF: FEBRUARY / 06 s.17(1), 17(4)(g)(i)

**EXPENSES** ENTERED MAR 16 2006.

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: PTO <sup>35.15</sup> 4.00 \$ 39.15 62212000

PARKING: R \$ 17.75 62212000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

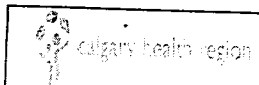
\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 469 km at .43¢ /km <sup>R</sup> \$ 201.67 62212000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** \$ 258.57

4. Deloste

# APPLICANT COPY



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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>FEB 1</i>	<i>ACH BYLAWS COMM.</i>	<i>28</i>		<i>PARK 9<sup>00</sup></i>
<i>6</i>	<i>CAREWEST TOUR</i>	<i>61</i>		
<i>7</i>	<i>FOOTHILLS - IH1</i>	<i>48</i>		<i>PARK 8<sup>75</sup></i>
<i>8</i>	<i>BANFF CHC</i>	<i>310</i>		
<i>14</i>	<i>PATIENT SAFETY - SOUTHPORT</i>	<i>8</i>		
<i>16</i>	<i>BYLAWS - ROCKYVIEW</i>	<i>14</i>		
		<i>469</i>		<i>17.75</i>

**CODING & AUTHORIZATION**

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

00073

**DISTRIBUTION:**      **WHITE-ACCOUNTS PAYABLE**  
 s.17(96)17(4)(g)(i)



APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE      EXPIRATION TIME  
 01/02 06:18 PM

DATE ISSUED      TIME ISSUED      AMOUNT PAID  
 01/02/06 03:18 PM \$ 9.00

AMOUNT PAID  
 \$ 9.00 2029000003:18 PM

CREDIT CARD NUMBER  
 25000

9.00

ACH - Feb/06 - Bylaws



NON TRANSFERABLE

10797885



RECEIPT

10797885

Calgary Health Region  
 Foothills Medical Centre  
 Parking Fee Receipt

Banff Park Lodge  
**The Chinook**  
 Banff's Best Sunday Brunch  
 (403) 760 3255  
 GST#R121226195

Rcpt# 40207  
 02/07/06 11:45 LH 1 A# 16 Txn#179136  
 02/07/06 08:12 In 02/07/06 11:45 Out  
 Tkt# 646131  
 CRHA 1 \$ 8.75  
 Total Fee \$ 8.75  
 CASH PAID \$ 8.75  
 Cash Tender \$ 20.00  
 Change Due \$ 11.25  
 Thank-You!  
 GST #R107392557

251 SALLY M  
 Tbl 5/1 Chk 2424 Gst 3  
 Feb08'06 12:04PM  
 LUNCH BUFFET  
 3 Open Brn Food @ 10.95 32.85  
 Food 32.85  
 GST Tax 2.30  
 12:04 AMT DUE 35.15  
 Gratuity..... 4.00  
 Total..... 39.15

Room Number \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

It is customary in Canada  
 to leave a 15% gratuity  
 for favourable service.

64888

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

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

EXPENSES

ENTERED APR 12 2006

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: EDMONTON 248.55 \$ 255.56 62212000

MEALS: EDMONTON - SUNDAY DINNER \$ 18.25 62212000

PARKING: EDMONTON R 40.82 62212000

TAXIS: \$

OTHER (please describe):

\$

\$

\$

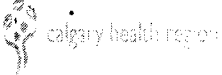
MILEAGE: 721 km at 43 40.5/km R \$ 310.03 62212000

TOTAL EXPENSES: \$ 624.66

599.40  
25.26

4. De la ste

**APPLICANT COPY**

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

**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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>MAR 12/14</i>	<i>EDMONTON - HEALTH BOARDS</i>	<i>630</i>		
<i>MAR 22</i>	<i>HOMECARE LUNCH - COP</i>	<i>60</i>		
<i>23</i>	<i>PEOPLE FIRST - SPRUCE MEADOWS</i>	<i>15</i>		
<i>24</i>	<i>FINANCE - SOUTHPORT</i>	<i>8</i>		
<i>28</i>	<i>BOARD - SOUTHPORT</i>	<i>8</i>		
		<i>721</i>		

**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 <i>Sandy Dougall</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>J. DeLeste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION:    **WHITE-ACCOUNTS PAYABLE**  
s.17(1), 17(4)(g)(i)  
**99**

APPLICANT COPY

**THE WESTIN**  
EDMONTON

10000 100TH STREET, EDMONTON, ALBERTA T5C 1H6  
TEL: 780-443-8888 FAX: 780-443-8887

<b>G U E S T</b>	Sandy Dougall	ROOM	1308			<b>T R A V E L  C H A R G E</b>
	Calgary Health Region	RATE	115.00			
		NO. PERS	1			
		FOLIO	57329	A		
		PAGE	1			
		ARRIVE	12-MAR-06	17:55		
	s.17(1), 17(4)(g)(i)	DEPART	14-MAR-06	10:46		
	GRAUTH	PAYMENT	VI			

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT1308	Room Charge	115.00
12-MAR-06	RT1308	GST	8.13
12-MAR-06	RT1308	DMF	1.15
12-MAR-06	RT1308	Tourism Levy	4.65
12-MAR-06	RT1308	Parking Self	18.00
12-MAR-06	RT1308	Tax GST	1.26
13-MAR-06	RT1308	Room Charge	115.00
13-MAR-06	RT1308	GST	8.13
13-MAR-06	RT1308	DMF	1.15
13-MAR-06	RT1308	Tourism Levy	4.65
13-MAR-06	RT1308	Parking Self	18.00
13-MAR-06	RT1308	Tax GST	1.26
			1.39
			0.10
		s.17(1), 17(4)(g)(i)	1.39
			0.10
			1.39
			0.10
			1.39
			0.10
14-MAR-06	VI	Visa	302.34-
		Total Charges	302.34
		Total Credits	302.34-
		Balance Due	0.00

In Canadian Dollar:  
 Total Charges 302.34  
 Total Credits 302.34-  
 Balance Due 0.00

\*\* continued on the next page \*\*

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

02/20/06

Sandy Dougall  
 FOLIO 57329 12-MAR-06

**THE WESTIN**  
EDMONTON



64859

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF FEB/MAR/06 s.17(1), 17(4)(g)(i)

**EXPENSES**  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 1/06	Extra Line & Internet	70.76	4.95	75.71
Mar 1/06	✓	70.76	4.95	75.71
	Basic Phone 23.86			
	Mail box 6.95			
	Internet 39.95			
	<u>70.76</u>			

ENTERED APR 12 2006

TOTAL EXPENSES: *Sandy Dougall* R \$ 151.42

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization:	Print Name: <u>Lou DeLeste</u>
Authorizer's Employee Number: <u>L. DeLeste</u>	Authorizer Phone Number (in full): <u>943-1122</u>

*LD*

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL

Your account number  
 Your TELUS Account ID

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

7

**Here's what you owe this month: \$90.45**

Amount of your last bill	\$90.63
Payment we processed on Jan 01 - Thank You	-90.63
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Personal Voice Mail from Feb 01 to Feb 28	6.95
1 Residence Line Touchtone from Feb 01 to Feb 28	23.86
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	13.23
GST (Registration 100652692) at 7%	5.89

Total new charges 90.45

**Total amount due by Feb 20 \$90.45**

**Additional Charges and Credits**

**40.52**

E9-1-1 Municipal Call Answer Fee Jan 31	\$.44
E9-1-1 Provincial Network Fee Jan 31	.13

**TELUS Internet Services**

High Speed Access Jan 01 39.95

**Total TELUS Internet Services \$39.95**

Total additional charges and credits \$40.52

Tear off here

**Payment return slip**

DO NOT pay this bill. \$90.45 will be debited to your pre-authorized payment account on Feb 01, 2006.



Phone number

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

819 (Y)

0109036

A M DOUGALL

00457201  
 BCTREG01

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

30100009045000000005

00537900103

96

**TELUS® Your TELUS Statement**  
 APPLICATION COPY  
 Mar 01, 2006

TELUS Communications Inc.

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

7

Your account number s.17(1), 17(4)(g)(i)  
 Your TELUS Account ID -----

**Here's what you owe this month: \$86.05**

Amount of your last bill	\$90.45
Payment we processed on Feb 01 - Thank You	-90.45
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Mar 01 to Mar 31	6.95
1 Residence Line Touchtone from Mar 01 to Mar 31	23.86
Additional Charges and Credits (see details below)	41.13
Long Distance Charges (see details below)	8.51
GST (Registration 100652692) at 7%	5.60

Total new charges 86.05

**Total amount due by Mar 23 \$86.05**

**Additional Charges and Credits**

**41.13**

E9-1-1 Municipal Call Answer Fee Feb 28	\$ .44
E9-1-1 Provincial Network Fee Feb 28	.13

**TELUS Internet Services**

Total Dial-Up Overusage Feb 01	.61
High Speed Access Feb 01	39.95

**Total TELUS Internet Services \$40.56**

Total additional charges and credits \$41.13

*Tear off here*



**Payment return slip**

DO NOT pay this bill. \$86.05 will be debited to your pre-authorized payment account on Mar 01, 2006.

Phone number

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

819 (D)

0109097  
 234  
 00461945  
 BCTREG01

A M DOUGALL

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

40100008605000000007

000537000104

96



6/1/06

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

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

ENTERED JUN 16 2006

EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: *R* \$ 7.50 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_


\_\_\_\_\_ *R* \$ \_\_\_\_\_

MILEAGE: 287 km at .43¢ /km  
(Attach Local Travel Expense Claim form) *R* \$ 123.41 62210000

TOTAL EXPENSES: *R* \$ 130.91

*Ch. DeCaste RB*

**APPLICANT COPY**

 Calgary Health Region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input checked="" type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

**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) <b>SANDY DOUGALL</b>		EMPLOYEE NUMBER		
DEPARTMENT <b>BOARD</b>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
APR 25	TOUR ROCKYVIEW & BOARD	15		PARK 75 <sup>00</sup>
MAY 4	PALLIATIVE CARE - GLENMORE INN	16		
4	GLENMORE FOUNDATION	240		
MAY 11	FINANCE SOUTHPORT	8		
30	BOARD MEETING	8		
CALGARY HEALTH REGION PARKING FEE RECEIPT  <b>ROCKYVIEW</b>  Ropt# 28076 04/25/06 11:47 In 2 AM 7 Txn#122670 04/25/06 09:11 In 04/25/06 11:47 Out Tkt# 047857 ORVA 1 \$ 7.50 Total Fee \$ 7.50 CASH PAID \$ 7.50- Cash Tender \$ 20.00 Change Due \$ 12.50 THANK YOU! GST #R10739177				
		<b>287</b>		

**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 <i>Sandy Dougall</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>C. Deloste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER 943-1122	

00073

**DISTRIBUTION:**

**WHITE-ACCOUNTS PAYABLE**

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

67371

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: JUNE / 06 s.17(1), 17(4)(g)(i)

ENTERED JUL 14 2006

EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ 6.00

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

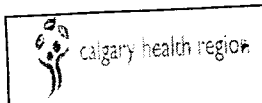
MILEAGE: 149 km at .43¢ /km \$ 64.07

TOTAL EXPENSES: \$ 70.07

J. DeCoste

RB

**APPLICANT COPY**



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	
DEPARTMENT		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DATE	
DETAILS		# OF KM	RATE
		(for mileage)	
		AMOUNT	
SANDY DOUGALL			
JUNE 5/06	SOUTHPORT - KAY BEST MEETING	8	
5	RBC LAUNCH FOR REACH		PARK 6 <sup>00</sup>
	CAREWEST BOARD	42	
27	ACH & BOARD	52	
26	CAREWEST - COL. BELCHER	47	
		<u>149</u>	

City Centre  
 340 - 13 Avenue S.W.  
 CAN-TER 300 Calgary, AB  
 Tax Code CA GST 1119457869  
 CT 1 (100) Cashier 19  
 05/06/06 12:30  
 Receipt 040.51  
 Short-term Parking  
 Short-term Parking tkt  
 City Centre Parkade  
 05/06/06 11:30 -  
 05/06/06 12:30  
 Period 0ca1h00'  
 (GST) \$6.00  
 Gross total \$6.00  
 Payment Cash \$6.00  
 Net total \$5.51  
 GST (9%) 0.59  
 All amounts in CAD.  
 Deliv. Date=Receipt Date

**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
K. Deloate				943-1122

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

s. 108, 17(4)(g)(i)

7004'S

**CALGARY HEALTH REGION**

**BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF APR / SEPT s.17(1), 17(4)(g)(i)

ENTERED OCT 13 2006

**EXPENSES**  
(Please attach original receipts.)

Date	Description	Amount	GST	Total
APR 1	EXTRA PHONE & INTERNET	70.76	4.95	75.71
MAY 1	✓ ✓	70.76	4.95	75.71
JUN 1	✓ ✓	70.76	4.95	75.71
JUL 1	✓ ✓	70.76	4.24	75.00
AUG 1	✓ ✓	70.24	4.21	74.45
SEPT 1	✓ ✓	70.24	4.21	74.45

TOTAL EXPENSES:

R \$ 451.03

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <i>L. DeCoste</i>	Print Name: <i>Lauri DeCoste</i>
Authorizer's Employee Number: <i>Sandy Dougall</i>	Authorizer Phone Number (in full): <i>943-1122</i>

RB

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

7

Your account number  
 Your TELUS Account ID

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

**Here's what you owe this month: \$90.27**

Amount of your last bill	\$86.05
Payment we processed on Mar 01 - Thank You	-86.05
E9-1-1 Provincial Network Fee on Jan 01	-.01
Credit balance forward	-.01

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Apr 01 to Apr 30	6.95
1 Residence Line Touchtone from Apr 01 to Apr 30	23.86
Additional Charges and Credits (see details below)	45.35
Long Distance Charges (see details below)	8.25
GST (Registration 812758878) at 7%	5.87
<b>Total new charges</b>	<b>90.28</b>
<b>Total amount due by Apr 22</b>	<b>\$90.27</b>

Handwritten calculations:  
 23.86  
 6.95  
 39.95  
 -----  
 70.76  
 GST 4.95  
 -----  
 75.71

**Additional Charges and Credits**

E9-1-1 Municipal Call Answer Fee Mar 31	\$ .44
E9-1-1 Provincial Network Fee Mar 31	.13

45.35

**TELUS Internet Services**

High Speed Access Mar 01	39.95
Total Dial-Up Overusage Mar 01	4.83
<b>Total TELUS Internet Services</b>	<b>\$44.78</b>
<b>Total additional charges and credits</b>	<b>\$45.35</b>

Tear off here



**Payment return slip**

DO NOT pay this bill. \$90.27 will be debited to your pre-authorized payment account on Apr 01, 2006.

Phone number

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

819 (N)

A M DOUGALL

0108516  
 2  
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 BCTREG01  
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s.17(1), 17(4)(g)(i)

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005379001110

96

**TELUS® Your TELUS Statement**  
**May 01, 2006**

TELUS Communications Inc.

Page  
1 of 3

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

7

Your account number  
 Your TELUS Account ID

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

**Here's what you owe this month: \$87.43**

Amount of your last bill	\$90.27
Payment we processed on Apr 01 - Thank You	-90.27
<b>Amount overdue from your last bill</b>	<b>.00</b>

▪ Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from May 01 to May 31	6.95
1 Residence Line Touchtone from May 01 to May 31	3.86
Additional Charges and Credits (see details below)	45.62
Long Distance Charges (see details below)	5.31
GST (Registration 812758878) at 7%	5.69
<b>Total new charges</b>	<b>87.43</b>

*SAME*

**Total amount due by May 23 \$87.43**

**Additional Charges and Credits**

**45.62**

E9-1-1 Municipal Call Answer Fee Apr 30	\$.44
E9-1-1 Provincial Network Fee Apr 30	.13

**TELUS Internet Services**

Total Dial-Up Overusage Apr 01	5.10
High Speed Access Apr 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$45.05</b>

**Total additional charges and credits \$45.62**

*Tear off here*



**Payment return slip**

DO NOT pay this bill. \$87.43 will be debited to your pre-authorized payment account on May 01, 2006.

Phone number

Account number

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

819 (B)

**A M DOUGALL**

0108302  
 2  
 00452861  
 BCTREG01

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

060100008743000000002

00537900111

96

**TELUS® Your TELUS Statement**  
 Jun 01, 2006

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

**A M DOUGALL**

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

7

Your account number  
 Your TELUS Account ID

**Here's what you owe this month: \$102.31**

Amount of your last bill	\$87.43
Payment we processed on May 01 - Thank You	-87.43
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Jun 01 to Jun 30	6.95
1 Residence Line Touchtone from Jun 01 to Jun 30	23.86
Additional Charges and Credits (see details below)	43.91
Long Distance Charges (see details below)	20.93
GST (Registration 812758878) at 7%	6.66

*Same*

Total new charges	102.31
<b>Total amount due by Jun 22</b>	<b>\$102.31</b>

**Additional Charges and Credits**

**43.91**

E9-1-1 Municipal Call Answer Fee May 31	\$.44
E9-1-1 Provincial Network Fee May 31	.13

**TELUS Internet Services**

Total Dial-Up Overusage May 01	3.39
High Speed Access May 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$43.34</b>

Total additional charges and credits	\$43.91
--------------------------------------	---------

Tear off here



**Payment return slip**

DO NOT pay this bill. \$102.31 will be debited to your pre-authorized payment account on Jun 01, 2006.

Phone number

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

819 (K)

0107902

**A M DOUGALL**

00476799  
 BCTREG01

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

070100010231000000008

00537 900112

96



Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL

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

7

Your account number  
Your TELUS Account ID

Here's what you owe this month: \$91.85

Amount of your last bill	\$102.31
Payment we processed on Jun 01 - Thank You	-102.31
Amount overdue from your last bill	.00
1 Personal Voice Mail from Jul 01 to Jul 31	6.95
1 Residence Line Touchtone from Jul 01 to Jul 31	23.86
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	14.97
GST (Registration 812758878) at 6%	5.55
Total new charges	91.85
<b>Total amount due by Jul 23</b>	<b>\$91.85</b>

Thank you for keeping your account up to date.

70.76

Additional Charges and Credits

40.52

E9-1-1 Municipal Call Answer Fee Jun 30	\$ .44
E9-1-1 Provincial Network Fee Jun 30	.13

TELUS Internet Services

High Speed Access Jun 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>

Total additional charges and credits \$40.52

Tear off here



Payment return slip

DO NOT pay this bill. \$91.85 will be debited to your pre-authorized payment account on Jul 01, 2006.

Phone number

Account number

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

819 (T)

0107604

A M DOUGALL

00442447  
BCTREG01

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

180100009185000000005

00537 900 113

96

**TELUS® Your TELUS Statement**  
 Aug 01, 2006 APPLICANT COPY

TELUS Communications Company

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

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

7

Your account number  
 Your TELUS Account ID

**Here's what you owe this month: \$83.72**

Amount of your last bill	\$91.85
Payment we processed on Jul 01 - Thank You	-91.85
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Aug 01 to Aug 31	6.95
1 Residence Line Touchtone from Aug 01 to Aug 31	23.34
Additional Charges and Credits (see details below)	<del>39.48</del>
Long Distance Charges (see details below)	9.23
GST (Registration 812758878) at 6%	4.72
<b>Total new charges</b>	<b>83.72</b>

6.95  
 23.34  
 39.95  
 -----  
 70.24

**Total amount due by Aug 23** **\$83.72**

**Additional Charges and Credits**

**39.48**

Change in Residence Line Touchtone (for 60 days from Jun 01 to Aug 01)	-\$1.04
E9-1-1 Municipal Call Answer Fee Jul 31	.44
E9-1-1 Provincial Network Fee Jul 31	.13

**TELUS Internet Services**

High Speed Access Jul 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>
<b>Total additional charges and credits</b>	<b>\$39.48</b>

Tear off here



**Payment return slip**

DO NOT pay this bill. \$83.72 will be debited to your pre-authorized payment account on Aug 01, 2006.

Phone number

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

819 (6)

0107032  
 23  
 00456435  
 BCTREG01

**A M DOUGALL**

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

190100008372000000003

00537900114

96

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

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

**7**

Your account number  
 Your TELUS Account ID

**Here's what you owe this month: \$80.24**

Amount of your last bill	\$83.72
Payment we processed on Aug 01 - Thank You	-83.72
Amount overdue from your last bill	.00

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Sep 01 to Sep 30	6.95
1 Residence Line Touchtone from Sep 01 to Sep 30	23.34
Additional Charges and Credits (see details below)	39.76
Long Distance Charges (see details below)	5.67
GST (Registration 812758878) at 6%	4.52
<b>Total new charges</b>	<b>80.24</b>

70.24

**Total amount due by Sep 22** **\$80.24**

**Additional Charges and Credits**

	<b>39.76</b>
Quality of Service Rebate Aug 21	-\$0.76
E9-1-1 Municipal Call Answer Fee Aug 31	.44
E9-1-1 Provincial Network Fee Aug 31	.13

**TELUS Internet Services**

High Speed Access Aug 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>
<b>Total additional charges and credits</b>	<b>\$39.76</b>

Tear off here



**Payment return slip**

DO NOT pay this bill. \$80.24 will be debited to your pre-authorized payment account on Sep 01, 2006.

Phone number

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

819 (Q)

A M DOUGALL

0106762  
 23  
 00464851  
 BCTREG01

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

100100008024000000009

00537 900 115

96

7547

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

JULY / AUG / SEPT s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED OCT 18 2

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_

PARKING:

\$ R 8.75 62210000

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 404 km at .43¢ /km  
(Attach Local Travel Expense Claim form)

\$ R 173.72 62210000

TOTAL EXPENSES:

\$ R 182.47

U. Deloste

**APPLICANT COPY**



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) <b>SANDY DOUGALL</b>		EMPLOYEE NUMBER		
DEPARTMENT <b>BOARD</b>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<b>AUG 2</b>	<b>BYLAWS MEETING ACH</b>	<b>28</b>		<b>PARK 3.75</b>
<b>SEPT 8</b>	<b>CAREWEST - ADMIN BLD</b>	<b>29</b>		
<b>9</b>	<b>CAREWEST - ✓ ✓</b>	<b>29</b>		
<b>19</b>	<b>PATIENT SAFETY - SOUTHPORT</b>	<b>8</b>		
<b>20</b>	<b>LONG SERVICE AWARDS - CARRIAGE</b>	<b>10</b>		
<b>21</b>	<b>LANMORE FOUNDATION -</b>	<b>240</b>		
<b>22</b>	<b>FINANCE - SOUTHPORT</b>	<b>8</b>		
<b>26</b>	<b>CLS @ BOARD - CLS/FOOTHILLS/SOUTHPORT</b>	<b>52</b>		<b>PARK - 5.00</b>
		<b>404</b>		<b>8.75</b>

**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 <i>Sandy Dougall</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>Y. Deloste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <b>943-1122</b>	

00073

**DISTRIBUTION: WHITE-ACCOUNTS PAYABLE**  
 s.17(1), 17(4)(g)(i)  
**117**

APPLICANT COPY

Best Copy Possible

28 K  
 09/26/06 10:09 L# 1 AM 10 Txn#277703  
 09/26/06 08:30 In 09/26/06 10:09 Out  
 Tkt# 832259  
 CRHA 1 \$ 5.00  
 Total Fee \$ 5.00  
 CASH PAID \$ 5.00  
 Cash Tender \$ 5.00  
 Change Due \$ 0.00  
 Thank-You!  
 GST #R107392557

Calgary Health Region  
Foothills Medical Centre  
Parking Fee Receipt

Rcpt# 63096  
 09/26/06 10:09 L# 1 AM 10 Txn#277703  
 09/26/06 08:30 In 09/26/06 10:09 Out  
 Tkt# 832259  
 CRHA 1 \$ 5.00  
 Total Fee \$ 5.00  
 CASH PAID \$ 5.00  
 Cash Tender \$ 5.00  
 Change Due \$ 0.00  
 Thank-You!  
 GST #R107392557

70456

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: OCTOBER 19/22/06 PATIENT SAFETY CONFERENCE

EXPENSES

AIRFARE:	PTO	R	\$ 529.64	01-71110300002
CAR RENTAL:			\$	
ACCOMMODATION:		69377	\$ 758.20	
MEALS:	PTO	Z	\$ 66.10	
PARKING:		R	\$ 69.00	ENTERED OCT 25 2006
TAXIS:	2 @ 30	Z	\$ 60.00	
OTHER (please describe):				
	INCIDENTALS	Z	\$ 20.40	62214000.
	3 days x 6.80		\$	
			\$	
MILEAGE:	62 km at .43¢ /km	R	\$ 26.66	
<small>(Attach Local Travel Expense Claim form)</small>				
TOTAL EXPENSES:			\$ 1530.00	

1319.07 h. Deloste  
210.93





## APPLICANT COPY

## Itinerary/Receipt

AIR CANADA 

Your booking is confirmed.

**Please print this itinerary/receipt for your reference.**

Thank you for choosing Air Canada and we look forward to welcoming you on board.

Learn what you can do  
with this barcode

## Booking Information

Booking Reference: **KZPMNR**

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

Main Contact:  
Mr Alexander M Dougall

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

## Online Services

- **Manage** my booking online (view/change my booking; select seats\*).
- **Alert me** of flight status changes directly to my email, page or mobile phone.
- **Flight Arrivals & Departures** - check online if my flight is on time.
- **Check-in online** and print my boarding pass.

\* Can my booking be changed online?

## Customer Care

Aircanada.com Website  
Assistance  
1-888-712-7786Air Canada Reservations  
1-888-247-2262Flight Arrivals and  
Departures  
1-888-422-7533

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal*
AC8132	Calgary (YYC) Wed 18-Oct 2006 07:30	Edmonton, Edmonton Int'l (YEG) Wed 18-Oct 2006 08:16	0	0hr46	CRJ	Tango Plus	
AC245	Edmonton, Edmonton Int'l (YEG) Thu 19-Oct 2006 17:40	Vancouver, Vancouver Int'l (YVR) Thu 19-Oct 2006 18:14 - Terminal M	0	1hr34	320	Tango Plus	s.17(1), 17(4)(g)(i)
AC218	Vancouver, Vancouver Int'l (YVR) Sun 22-Oct 2006 16:10 - Terminal M	Calgary (YYC) Sun 22-Oct 2006 18:30	0	1hr20	320	Tango Plus	CHR

## Passenger Information

## Passenger 1: Adult

Name: **Mr Alexander M Dougall**Ticket Number: **0142138118320**Meal Preference: **None**Seat Selection: **AC8132 2D , AC245 21D , AC218 20E**

Credit Card:

Frequent Flyer Pgm : **Air Canada Aeroplan**

Program Number:

Special Needs: **None**

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

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

## APPLICANT COPY

**Purchase Summary**

Passenger Type	Adult
Flight 1 - Airfare (Tango Plus)	152.00
Flight 2 - Airfare (Tango Plus)	217.00
Flight 3 - Airfare (Tango Plus)	222.00
Navcan and Surcharges	48.00
<b>Taxes, Fees and Charges</b>	s.17(1), 17(4)(g)(i)
Canada Airport Improvement Fee	40.00
Canada Security Charge	9.34
Canada Goods and Services Tax (GST/HST #10009-2287)	41.30
Total airfare (per passenger)	729.64
Number Of Passengers	1
Total airfare (1 passenger)	729.64
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian Dollars</b>	<b>\$ 729.64</b>

SPLIT

CAR/ED

200<sup>00</sup>CHR

ED/NAV/CAL

529.64**Fare Rules****Tango Plus**

- Tickets are **non-refundable** and **non-transferable**.
- **Changes** are permitted as follows:  
Prior to day of departure - CA\$40 / GBP 20 / US\$34 plus taxes and any fare difference if applicable.  
Day of departure:  
- At the airport - CA\$50 / US\$40 plus applicable taxes (no charge for fare difference) for same day flights only.  
- By calling Reservations or on the Web site - CA\$40 / GBP 20 / US\$34 plus taxes and any fare difference if applicable.  
A higher fare could apply in addition to the change fee.
- **Changes and cancellations** can be made up to 2 hours prior to departure. Changes can be done on the Web site, while cancellations must be done by calling Reservations. Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a CA\$40 / GBP 20 / US\$34 change fee per direction, plus taxes and any fare difference if applicable, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Advance Seat Selection** permitted at no charge.
- **Same day standby** is not permitted for travel within Canada and Canada - USA travel.

Please read important information regarding the general conditions of carriage.

**Important Information**

Please review this itinerary/receipt and should you have any questions, please call 1-888-712-7786 within 24 hours of receipt of this itinerary/receipt.

**Travel Documents**

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 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



APPLICANT COPY

Come back soon

Sheraton Vancouver Wall Centre Hotel
2088 Burrard Street
Vancouver, British Columbia V6Z 2R9 Canada
T 604 331 1000 sheratonvancouver.com

GUEST

TRAVEL AGENT / CHARGE TO

Sandy Dougall

Room 1216
Rate 215.00
No pers 2
Folio 239619 A
Page 1
Arrive 19-OCT-06 19:34
Depart 22-OCT-06 11:50
Payment VI

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

SNATI2

Table with columns: DATE, REFERENCE, DESCRIPTION, DEBIT CREDIT. Rows include charges for Room Charge, Room Tax, Room GST, Health Club Guest & Drop Ins, GST (H CLUB), and Visa.

\*\*\*For Authorization Purposes Only\*\*\*

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

Auth Date Code Authorized
19-OCT-06 011017 870.75

Total Charges
Total Credits
Balance Due

758.20
758.20-
0.00

Thank you for choosing Sheraton Vancouver Wall Centre! We look forward to welcoming you back soon!

\*\* continued on the next page \*\*

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

Signature

Sandy Dougall

FOLIO 239619 19-OCT-06



604 681-1111  
604 876-5555

RECEIVED FROM SHERATON DATE 2006/10/22  
\$ 29/-

Best Copy Possible

FROM SHERATON TO VANCO AIRPORT  
CAB NO. 11 DRIVER [Signature]

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

**VISA** PROMPT, COURTEOUS SERVICE **MasterCard**  
Date 19/10/06 GST #R121838809  
Fare \$ 30.00 GST Included  
FROM VANCOUVER AIRPORT  
TO SHERATON WALL  
DRIVER CAB# 96 PH#



Thanks for Riding With US  
Unit 103 12975 84 Ave, Surrey B.C V3W-1B3  
Fax: 604-507-6420



*[Faint, mostly illegible text, possibly a receipt or document bleed-through]*

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

~~7216~~  
7216

### CALGARY HEALTH REGION

### BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: NOV / 06 s.17(1), 17(4)(g)(i)

### EXPENSES

ENTERED DEC 14 2006

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 76 km at .43¢ /km <sup>R</sup> \$ 32.68 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 32.68

*C. Deloste*

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

Calgary Health Region	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
-----------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

**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) <b>SANDY DOUGALL</b>		EMPLOYEE NUMBER		
DEPARTMENT <b>BOARD</b>		PHONE NUMBER		DATE
DATE OF TRAVEL EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
NOV 3	BOARD AT CG & CC	23		
15	PRE FINANCE - SOUTHPORT	8		
16	CAREWEST	29		
17	P & F - SOUTHPORT	8		
28	BOARD	8		
		←		
		76		

**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	
			943-1122	

00073

DISTRIBUTION:

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

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

26

>> CHR-CEO/Board

75 182

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

FEB/2007

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

EXPENSES

01-71110300002

AIRFARE:

\$ \_\_\_\_\_

CAR RENTAL:

\$ \_\_\_\_\_

ACCOMMODATION:

\$ \_\_\_\_\_

MEALS:

\$ \_\_\_\_\_ ENTERED MAR 16 2007

PARKING:

\$ \_\_\_\_\_

TAXIS:

\$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE: 337 km at .43¢ /km  
(Attach Local Travel Expense Claim form)

\$ 144.91

62210000

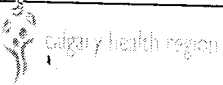
TOTAL EXPENSES:

\$ 144.91

U. Deloste

KP3

**APPLICANT COPY**



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) <b>SANDY DOUGALL</b>		EMPLOYEE NUMBER —	
DEPARTMENT <b>BOARD</b>		PHONE NUMBER	
DATE OF TRAVEL/ EXPENSE		DATE	
	DETAILS	# OF KM (for mileage)	RATE
			AMOUNT
2006 DEC 7	SOUTHPORT - FINANCE	8	
2007 JAN 19	✓ BOARD	8	
JAN 23	✓ PATIENT SAFETY	8	
25	✓ ———		
30	✓ BOARD	8	
FEB 8	✓ FINANCE	8	
21	CANMCRE FOUNDATION	240	
27	BOARD - STAMPEDE PARK	28	
28	CAREWEST	29	
		<hr/>	
		337	

**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 <i>Sandy Dougall</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>Y. Delost</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE



77370

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF OCT/06 TO MAR/07 s.17(1), 17(4)(g)(i)

ENTERED APR 12 2007  
 621127  
 11:57

**EXPENSES**  
 (Please attach original receipts.)

Date	Description	Amount	GST	Total
<u>OCT/MAR.</u>				
	<u>6 MONS PHONE &amp; INTERNET</u>			
		<u>70.24</u>	<u>4.21</u>	<u>74.45</u>
	<u>X 6</u>			<u>446.70</u>

TOTAL EXPENSES: [Signature] R \$ 446.70

Financial code: 01-71110300003-62210001

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

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

AB

**TELUS** Your **TELUS Statement**  
 Oct 01, 2006 APPLICANT COPY

TELUS Communications Company

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

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

Your account number  
 Your TELUS Account ID

7

**Here's what you owe this month: \$83.80**

Amount of your last bill	\$80.24
Payment we processed on Sep 01 - Thank You	-80.24
Amount overdue from your last bill	.00

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Oct 01 to Oct 31	6.95
1 Residence Line Touchtone from Oct 01 to Oct 31	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	8.27
GST (Registration 812758878) at 6%	4.72

6.95  
 23.34  
 39.95  
 -----  
 70.24  
 + GST 4.21  
 -----  
 74.45  
 40.52

Total new charges 83.80

**Total amount due by Oct 23 \$83.80**

**Additional Charges and Credits**

E9-1-1 Municipal Call Answer Fee Sep 30	\$ .44
E9-1-1 Provincial Network Fee Sep 30	.13

**TELUS Internet Services**

High Speed Access Sep 01 89.95

**Total TELUS Internet Services \$39.95**

Total additional charges and credits \$40.52

Tear off here



**Payment return slip**

DO NOT pay this bill. \$83.80 will be debited to your pre-authorized payment account on Oct 01, 2006.

Phone number

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

819 (J)

0106502

A M DOUGALL

00456505  
 BCTREG01

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

110100008380000000005

00537 900130

96



# Your TELUS Statement

TELUS Communications Company

Nov 01, 2006

APPLICANT COPY

Page 1 of 3

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

A M DOUGALL

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

7

Your account number  
Your TELUS Account ID

## Here's what you owe this month: \$84.96

Amount of your last bill	\$83.80
Payment we processed on Oct 01 - Thank You	-83.80
Amount overdue from your last bill	.00

- Thank you for keeping your account up to date.

1 Personal Voice Mail from Nov 01 to Nov 30	6.95
1 Residence Line Touchtone from Nov 01 to Nov 30	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	9.36
GST (Registration 812758878) at 6%	4.79
<b>Total new charges</b>	<b>84.96</b>

**Total amount due by Nov 22 \$84.96**

### Additional Charges and Credits 40.52

E9-1-1 Municipal Call Answer Fee Oct 31	\$ .44
E9-1-1 Provincial Network Fee Oct 31	.13

### TELUS Internet Services

High Speed Access Oct 01	39.95
--------------------------	-------

**Total TELUS Internet Services \$39.95**

Total additional charges and credits \$40.52

Tear off here



### Payment return slip

DO NOT pay this bill. \$84.96 will be debited to your pre-authorized payment account on Nov 01, 2006.

Phone number

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

819 (A)

0105655  
2  
00436687  
BCTREG01

A M DOUGALL

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

120100008496000000004

00537000131

96



# Your TELUS Statement

Dec 01, 2006 APPLICANT COPY

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

**A M DOUGALL**

7

Your account number  
Your TELUS Account ID

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

## Here's what you owe this month: \$83.57

Amount of your last bill	\$84.96
Payment we processed on Nov 01 - Thank You	-84.96
Amount overdue from your last bill	.00

• Season's Greetings from TELUS.

1 Personal Voice Mail from Dec 01 to Dec 31	6.95
1 Residence Line Touchtone from Dec 01 to Dec 31	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	8.05
GST (Registration 812758878) at 6%	4.71
<b>Total new charges</b>	<b>83.57</b>

**Total amount due by Dec 23 \$83.57**

### Additional Charges and Credits 40.52

E9-1-1 Municipal Call Answer Fee Nov 30	\$ .44
E9-1-1 Provincial Network Fee Nov 30	.13

### TELUS Internet Services

High Speed Access Nov 01	39.95
--------------------------	-------

**Total TELUS Internet Services \$39.95**

Total additional charges and credits \$40.52

Tear off here



### Payment return slip

DO NOT pay this bill. \$83.57 will be debited to your pre-authorized payment account on Dec 01, 2006.

Phone number

Account number

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

819 (U)

0105416  
2  
00430183  
BCTREG01

A M DOUGALL

1774-770000

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

010100008357000000008

000537 9001132

96

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

**7**

Your account number  
 Your TELUS Account ID

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

**Here's what you owe this month: \$88.95**

Amount of your last bill	\$83.57
Payment we processed on Dec 01 - Thank You	-83.57
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Jan 01 to Jan 31	6.95
1 Residence Line Touchtone from Jan 01 to Jan 31	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	13.13
GST (Registration 812758878) at 6%	5.01
<b>Total new charges</b>	<b>88.95</b>

**Total amount due by Jan 23 \$88.95**

**Additional Charges and Credits**

**40.52**

E9-1-1 Municipal Call Answer Fee Dec 31	\$.44
E9-1-1 Provincial Network Fee Dec 31	.13

**TELUS Internet Services**

High Speed Access Dec 01	39.95
--------------------------	-------

**Total TELUS Internet Services \$39.95**

Total additional charges and credits \$40.52

*Tear off here*



**Payment return slip**

DO NOT pay this bill. \$88.95 will be debited to your pre-authorized payment account on Jan 01, 2007.

Phone number

Account number

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

819 (R)

0104909

**A M DOUGALL**

00433775  
 BCTREG01

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

020100008895000000006

00537 900:133

96

**TELUS® Your TELUS Statement**  
 Feb 01, 2007

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

**A M DOUGALL**

Your account number  
 Your TELUS Account ID

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

7

**Here's what you owe this month: \$82.76**

Amount of your last bill	\$88.95
Payment we processed on Jan 01 - Thank You	-88.95
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Personal Voice Mail from Feb 01 to Feb 28	6.95
i Residence Line Touchtone from Feb 01 to Feb 28	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	7.29
GST (Registration 812758878) at 6%	4.66

Total new charges 82.76

**Total amount due by Feb 20 \$82.76**

**Additional Charges and Credits**

**40.52**

E9-1-1 Municipal Call Answer Fee Jan 31	\$ .44
E9-1-1 Provincial Network Fee Jan 31	.13

**TELUS Internet Services**

High Speed Access Jan 01 39.95

**Total TELUS Internet Services \$39.95**

Total additional charges and credits \$40.52

Tear off here



**Payment return slip**

DO NOT pay this bill. \$82.76 will be debited to your pre-authorized payment account on Feb 01, 2007.

Phone number

Account number

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

819 (M)

0103466

A M DOUGALL

00081021  
 BCTREG01

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

130100008276000000000

00537900134

96

**TELUS® Your TELUS Statement**  
 Mar 01, 2007 APPLICANT COPY

TELUS Communications Company

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

Your account number  
 Your TELUS Account ID

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

7

**Here's what you owe this month: \$81.83**

Amount of your last bill	\$82.76
Payment we processed on Feb 01 - Thank You	-82.76
<b>Amount overdue from your last bill</b>	<b>.00</b>

▪ Thank you for keeping  
 your account up to date.

1 Personal Voice Mail from Mar 01 to Mar 31	6.95
1 Residence Line Touchtone from Mar 01 to Mar 31	23.34
Additional Charges and Credits (see details below)	40.36
Long Distance Charges (see details below)	6.57
GST (Registration 812758878) at 6%	4.61

**Total new charges** 81.83

**Total amount due by Mar 23** **\$81.83**

**Additional Charges and Credits**

**40.36**

Quality of Service Rebate Feb 22	-\$ .16
E9-1-1 Municipal Call Answer Fee Feb 28	.44
E9-1-1 Provincial Network Fee Feb 28	.13

**TELUS Internet Services**

High Speed Access Feb 01 39.95

**Total TELUS Internet Services** **\$39.95**

**Total additional charges and credits** **\$40.36**

*Tear off here*



**Payment return slip**

DO NOT pay this bill. \$81.83 will be debited to your pre-authorized payment account on Mar 01, 2007.

Phone number

Account number

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

819 (S)

0103373

**A M DOUGALL**

00097949  
 BCTREG01

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

100008183000000008

00537 900:135

96

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

19807

### CALGARY HEALTH REGION

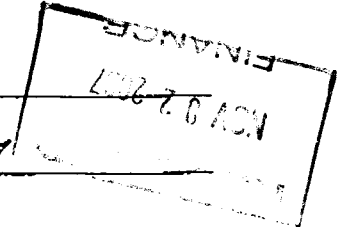
### BOARD EXPENSE FORM

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

APRIL / MAY 2007



### EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 77 km at 43¢ /km \$ 33.88 62210000

(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 33.88

*L. DeLeste*



APPLICANT COPY

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

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

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: \$

PARKING: \$ ENTERED JUN 14 2007

TAXIS: \$

OTHER (please describe):

\$

\$

\$

MILEAGE: 77 km at .43¢/km \$ 33.88 62210000


TOTAL EXPENSES: \$ 33.88

f. Deloste

RB

APPLICANT COPY

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

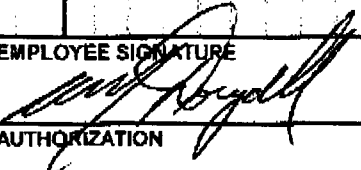
 calgary health region	___ ACH    ___ FMC    ___ Southport ___ PLC    ___ RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
---------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------	-------------------------------------------------------------

**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) <b>SANDY DOUGALL</b>		EMPLOYEE NUMBER		
DEPARTMENT <b>BOARD</b>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<b>APR 5/07</b>	<b>FINANCE - SOUTHPORT</b>	<b>8</b>		
<b>15</b>	<b>ACCREDITATION ✓</b>	<b>8</b>		
<b>24</b>	<b>BOARD - ROCKYVIEW &amp; SOUTHPORT</b>	<b>16</b>		
		<b>32</b>		
<b>MAY 17</b>	<b>QUALITY &amp; ACCESS - SOUTHPORT</b>	<b>8</b>		
<b>29</b>	<b>BOARD - ✓</b>	<b>8</b>		
<b>30</b>	<b>CAREWEST</b>	<b>29</b>		
		<b>77</b>		

**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 <b>U. DeLoste</b>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <b>943-1122</b>	

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)

80917

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: JUNE / 07

EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: SEE LIST \$ 51.50 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 358 km at 47 43¢/km \$ 157.52 62210000

TOTAL EXPENSES: \$ 209.02

*Sandy Dougall*

*[Signature]*

J. Deloste

CALGARY HEALTH REGION

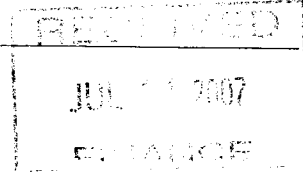
BOARD EXPENSE FORM

NAME:

SANDY DOUGALL

FOR THE MONTH OF:

JUNE / 07



EXPENSES

ENTERED JUL 12 2007

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: SEE LIST R \$ 51.50 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 358 km at <sup>47</sup>43¢/km R \$ 157.52 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 209.02

J. Deloste

**APPLICANT COPY**

 Calgary health region	___ ACH    ___ FMC    ___ Southport ___ PLC    ___ RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------	-------------------------------------------------------------

**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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
<i>2007</i>		<small>(for mileage)</small>		<i>PARK</i>
<i>JUNE 7</i>	<i>SOUTHPORT - FINANCE</i>	<i>8</i>		
<i>11</i>	<i>TWER OFFICE - COMP REVIEW.</i>	<i>30</i>		<i>7.50</i>
<i>14</i>	<i>SOUTHPORT - QUALITY &amp; CHAMBER</i>	<i>8</i>		<i>(FOR SYDNEY) 14.00</i>
<i>19</i>	<i>CLARESHOLM.</i>	<i>232</i>		
<i>25</i>	<i>MR DOUGALL - GOVERNANCE REVIEW.</i>	<i>32</i>		<i>25.00</i>
<i>26</i>	<i>FOOTHILLS &amp; ROUND UP</i>	<i>48</i>		<i>5.00</i>
		<i>358</i>		<i>51.50</i>

**CODING & AUTHORIZATION**

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

00073

**DISTRIBUTION:**

**WHITE-ACCOUNTS PAYABLE**

**141** 17(1), 17(4)(g)(i)

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

*Foothills*

Calgary Health Region  
Foothills Medical Centre  
Parking Fee Receipt

*June 26/07*

Rcpt# 10774  
06/26/07 10:58 L# 2 A# 24 Txn# 47177  
06/26/07 08:55 In 06/26/07 10:58 Out  
Tkt# 103840  
CRHA 1 \$ 5.00  
Total Fee \$ 5.00  
CASH PAID \$ 5.00-  
Cash Tender \$ 20.00  
Change Due \$ 15.00  
Thank-You!  
GST #R107392557

816709  
Mr. James Short  
115 4 Avenue SW  
HE-TEL 415 CALGARY, AB  
Tax Code:AGST #116457869  
PDF Number 11206412 08:16  
Receipt# 031516  
Short-Term Parking tkt  
40 - No. 058154  
12/06/07 05:50 -  
12/06/07 08:16  
Period 0d01h27  
GST) \$7.50  
Gross total \$7.50  
Payment  
Cash \$7.50  
Net total \$7.00  
GST 6% 0.42  
All amounts in CAD.  
Deliv. Date=Receipt date

**RECEIPT**

Thank you for  
your patronage

Imperial Parkina

963502

CT 2  
14/06/07 13:48 Cashier 9  
Receipt 078503  
Short-Term Parking  
Short-Term Parking tkt  
Bow Parkade  
14/06/07 11:54 -  
14/06/07 13:48  
Period 0d01h54  
(V.A.T.) \$14.00  
Gross Total \$14.00  
Payment  
Cash \$14.00  
Net Total \$13.21  
V.A.T. (6%) 0.79  
All amounts in CAD.  
Deliv. Date=Receipt Date  
THANK YOU FOR  
PARKING IMPARK

JUNE 26 9:34

*\$ 25*

Charges are for the use of Parking space only.  
We endeavour to protect the property of our  
patrons but are NOT responsible for loss to or  
damage to car or contents due to fire, theft,  
or confusion by our negligence or otherwise.

*BOARD  
GOVERNANCE  
REVIEW.*

84345

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL
FOR THE MONTH OF: AUG/SEPT/07

EXPENSES

01-71110300002

AIRFARE: \$
CAR RENTAL: \$
ACCOMMODATION: \$
MEALS: \$
PARKING: \$ 6.75 62210000
TAXIS: \$
OTHER (please describe):
MILEAGE: 810 km at .44 43¢ /km 356.40 62210000
TOTAL EXPENSES: \$ 362.65

[Signature]

[Signature]

Y. Deloste

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

NAME: SANDY DOUGALL

FOR THE MONTH OF: AUG/SEPT/07 s.17(1), 17(4)(g)(i)

**EXPENSES**

ENTERED OCT 19 2007

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: <sup>R</sup> \$ 6.25 62210000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

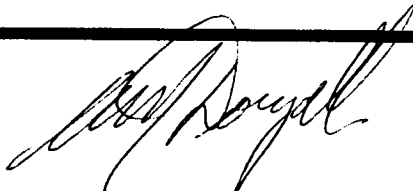
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

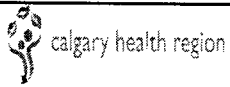
MILEAGE: 810 km at <sup>.44</sup> .43¢ /km \$ 356.40 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: <sup>R</sup> \$ 362.65



Y. DeLoste  
RB





APPLICANT COPY

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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>AUG 28</i>	<i>MEETING COCHRANE</i>	<i>160</i>		
<i>SEPT 6</i>	<i>MEETING SOUTHPORT &amp; BEAVER</i>	<i>220</i>		
<i>11</i>	<i>✓ ✓</i>	<i>220</i>		
<i>25</i>	<i>FOOTHILLS &amp; STAMPEDE BOARD</i>	<i>210</i>		
	<i>PARKING FOOTHILLS</i>	<i>810</i>		
	<i>Sept-25/07</i>			

CODING & AUTHORIZATION

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

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

80580

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

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

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: \$

PARKING: \$

TAXIS: \$

OTHER (please describe): ENTERED DEC 0 0 2007

\$

\$

\$

MILEAGE: 650 km at .44¢ /km \$ 286.00 62210000

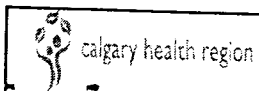
TOTAL EXPENSES: \$ 286.00

Employee Signature: [Signature] Ch. DeLaste

[Signature]

RRB

**APPLICANT COPY**



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) <b>SANDY DOUGALL</b>		EMPLOYEE NUMBER	
DEPARTMENT <b>BOARD</b>		PHONE NUMBER	
DATE OF TRAVEL EXPENSE <b>2007</b>		DATE	
	DETAILS	# OF KM <small>(for mileage)</small>	RATE
			AMOUNT
<b>OCT 3</b>	<b>LONG SERVICE - CANMORE/CALGARY</b>	<b>220</b>	
<b>26</b>	<b>BEACH BREAKFAST ✓ ✓</b>	<b>210</b>	
<b>NOV 28</b>	<b>BOARD - CANMORE/CALGARY</b>	<b>220</b>	
		<b>650</b>	

**CODING & AUTHORIZATION**

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION		AMOUNT <small>(Including GST)</small>
		6 2 2 1 0 0 0 0	MILEAGE/PARKING		
EMPLOYEE SIGNATURE <i>Sandy Dougall</i>				TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION: <i>Y De Coste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>		

00073

DISTRIBUTION: s.17(1), 17(4)(g)(i) **WHITE-ACCOUNTS PAYABLE**  
 147

80581

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF APRIL/OCT 2007 s.17(1), 17(4)(g)(i)

**EXPENSES**  
(Please attach original receipts.)

ENTERED DEC 06 2007

Date	Description	Amount	GST	Total
<u>2007</u> APR/MAY/JUNE	TELUK INTERNET IN			
	3 @ 39.95	119.85	s.17(1), 17(4)(g)(i)	119.85
JULY/OCT	SHAW INTERNET IN			
	SEE PROMO - 1 MONTH FREE + 29.95 FOR SIX MONTHS			
	BIKLS ARE ALL MUCKED UP WITH OVER CHARGES & CREDITS!			
	CLAIM - JULY FREE			
	3 MONTHS @ 29.95	89.85		89.85

*[Signature]*  
TOTAL EXPENSES:

2 \$ 209.70

Financial code: 01-71110300003-62210001

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

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

RB

**TELUS**® **Your TELUS Statement**  
 Apr 01, 2007 APPLICANT COPY

TELUS Communications Company

Questions? For customer service or bill inquiries,  
 please refer to page 2 for contact information.

**A M DOUGALL**

Your account number  
 Your TELUS Account ID

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

7

**Here's what you owe this month: \$84.20**

Amount of your last bill	\$81.83
Payment we processed on Mar 01 - Thank You	-81.83
Amount overdue from your last bill	.00
<hr/>	
1 Personal Voice Mail from Apr 01 to Apr 30	6.95
1 Residence Line Touchtone from Apr 01 to Apr 30	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	8.65
GST (Registration 812758878) at 6%	4.74
Total new charges	84.20
<b>Total amount due by Apr 22</b>	<b>\$84.20</b>

▪ Thank you for keeping  
 your account up to date.

**Additional Charges and Credits**

	<b>40.52</b>
E9-1-1 Municipal Call Answer Fee Mar 31	\$.44
E9-1-1 Provincial Network Fee Mar 31	.13
<hr/>	
<b>TELUS Internet Services</b>	
High Speed Access Mar 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>
Total additional charges and credits	\$40.52

*Tear off here*



**Payment return slip**

DO NOT pay this bill. \$84.20 will be debited to your pre-authorized payment account  
 on Apr 01, 2007.

Phone number

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

819 (W)

A M DOUGALL

0034057  
 00045817  
 BCTREG01

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

50100008420000000003

00537 900 149

96

# TELUS® Your TELUS Statement

May 01, 2007

TELUS Communications Company

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

**A M DOUGALL**

Your account number  
Your TELUS Account ID

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

7

## Here's what you owe this month: \$75.61

Amount of your last bill	\$84.20
Payment we processed on Apr 01 - Thank You	-84.20
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Personal Voice Mail from May 01 to May 31	6.95
1 Residence Line Touchtone from May 01 to May 31	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	.54
GST (Registration 812758878) at 6%	4.26
<b>Total new charges</b>	<b>75.61</b>

**Total amount due by May 23**

**\$75.61**

### Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Apr 30	40.52
E9-1-1 Provincial Network Fee Apr 30	\$.44
	.13

### TELUS Internet Services

High Speed Access Apr 01

**Total TELUS Internet Services**

39.95

Total additional charges and credits

**\$39.95**

\$40.52

Tear off here

TELUS®

### Payment return slip

DO NOT pay this bill. \$75.61 will be debited to your pre-authorized payment account on May 01, 2007.

Phone number

Account number

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

819 (E)

A M DOUGALL

0033706

00043485  
BCTREG01

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

01000075610000000009

00537 900: 150

96

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

**A M DOUGALL**

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

Your account number  
 Your TELUS Account ID

7

**Here's what you owe this month: \$94.89**

Amount of your last bill	\$75.61
Payment we processed on May 01 - Thank You	-75.61
<b>Amount overdue from your last bill</b>	<b>.00</b>

• Thank you for keeping your account up to date.

1 Personal Voice Mail from Jun 01 to Jun 30	6.95
1 Residence Line Touchtone from Jun 01 to Jun 30	23.34
Additional Charges and Credits (see details below)	40.52
Long Distance Charges (see details below)	18.73
GST (Registration 812758878) at 6%	5.35
<b>Total new charges</b>	<b>94.89</b>

**Total amount due by Jun 22 \$94.89**

**Additional Charges and Credits**

**40.52**

E9-1-1 Municipal Call Answer Fee May 31	\$.44
E9-1-1 Provincial Network Fee May 31	.13

**TELUS Internet Services**

High Speed Access May 01	39.95
<b>Total TELUS Internet Services</b>	<b>\$39.95</b>

**Total additional charges and credits \$40.52**

Tear off here

**Payment return slip**

DO NOT pay this bill. \$94.89 will be debited to your pre-authorized payment account on Jun 01, 2007.



Phone number

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

819 (P)

**A M DOUGALL**

0033594  
 2  
 00045777  
 BCTREG01

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

06070100009489000000001

⑆00537⑆900⑆ 151

96

**SHAW**



TELEVISION



INTERNET



PHONE

**Sales & Customer Service**  
(403) 716-6000  
Mon-Sun 8am-9pm

**TV Technical Support**  
(403) 716-6060  
24/7/365

**Internet & Phone Technical Support**  
(403) 750-6990  
24/7/365

Customer Name: **A DOUGALL**  
Account Number: **s.17(1), 17(4)(g)(i)**  
Service Address:  
Service Period: **26-Jul-07 to 09-Sep-07**  
Invoice Date: **July 26, 2007**  
Due Date: **August 10, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2

**Bundle and save!**  
Get two or more Shaw services and save on your next bill. Visit SHAW.CA for details.

**Previous Charges**

Balance Carried forward from Previous Statement

63.50

**Outstanding Balance**

Due Now **63.50**

**Total Current Charges**

**0.00**

**Amount Due to be withdrawn on 10-Aug-07.**

**\$63.50**

We appreciate your business.

**This is a withdrawal notice only. Please do not pay.**

**Moving?**  
With one call Shaw will transfer your services at no cost. Call today for more details!

Make life easier with Shaw's home phone service. Call today to learn more!

*2 months paid on set up of new account.*

Account Number

Amount Due \$63.50

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

1 / 7  
A DOUGALL

10

XXT15(V)

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

On August 10, 2007, \$63.50 will be automatically debited from your credit card. Please note the related charges or credits will be reflected on your next invoice. This notification is to help you reconcile your Credit Card statement.



*check next month*

**SHAW**



TELEVISION



INTERNET



PHONE

Customer Service  
(403) 716-6000  
Mon-Sun 8am-9pm

TV Technical Support  
(403) 716-6060  
24/7/365

Internet & Phone Technical Support  
(403) 750-6990  
24/7/365

Customer Name: **A DOUGALL**  
Account Number: s.17(1), 17(4)(g)(i)  
Service Address:  
Service Period: **10-Aug-07 to 09-Sep-07**  
Invoice Date: **July 18, 2007**  
Due Date: **August 10, 2007**

Visit us at **SHAW.CA**

**Bundle and save!**  
Get two or more Shaw services and save on your next bill. Visit **SHAW.CA** for details.

**Previous Charges**

Balance Carried forward from Previous Statement 0.00

**Outstanding Balance 0.00**

**Current Charges** (Details on following pages)

Cable Service 59.90

GST (Registration 873690457RT) 3.60

**Total Current Charges Due by 10-Aug-07 63.50**

**Total Amount Due \$63.50**

**Moving?**  
With one call Shaw will transfer your services at no cost. Call today for more details!

Welcome to Shaw! We appreciate your business and encourage you to visit [shaw.ca](http://shaw.ca) to learn more about our products and services.

*check in Sept to make sure everything is OK*  
*called re: this*  
*Set up new services*

Make life easier with Shaw's home phone service. Call today to learn more!

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

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

Amount Due **\$63.50**  
By 10-Aug-07

Amount Enclosed

12/ 9  
A DOUGALL

192

XXT15(V)

**SHAW CABLE**  
PO BOX 2468 STN MAIN  
CALGARY, ALBERTA  
T2P 4Y2

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

000006350 0

153

000706 900

96

**SHAW****TELEVISION****INTERNET****PHONE**

**Services & Customer Service**  
 (403) 716-6000  
 Mon-Sun 8am-9pm

**TV Technical Support**  
 (403) 716-6060  
 24/7/365

**Internet & Phone Technical Support**  
 (403) 750-6990  
 24/7/365

Customer Name: **A DOUGALL**  
 Account Number: s.17(1), 17(4)(g)(i)  
 Service Address:  
 Service Period: **10-Aug-07 to 09-Sep-07**  
 Invoice Date: **July 18, 2007**  
 Due Date: **August 10, 2007**

Visit us at **SHAW.CA**

PAGE 3 OF 3

### Current Charge Details

#### Cable Service

Basic Cable	10-Jul-07	to	09-Aug-07	29.95	
Basic Cable	10-Aug-07	to	09-Sep-07	29.95	
					<b>59.90</b>

Effective July 1, 2007, the monthly rate for your services has been adjusted to \$29.95, plus taxes. Shaw is committed to providing you with the best programming and service available. To find out more about our services please contact us toll-free at 1-866-234-1842 or visit us at shaw.ca.

If you are being billed a promotional rate or had a change in service since this invoice was printed, the adjusted rate quoted above may differ.



TELEVISION



INTERNET



PHONE

Sales & Customer Service  
1-800-400-9605  
Mon-Sun 8am-9pm

TV Technical Support  
1-800-400-9605  
24/7/365

Internet & Phone Technical Support  
1-800-400-9605  
24/7/365

Customer Name: **A DOUGALL** s.17(1), 17(4)(g)(i)  
Account Number:  
Service Address:  
Service Period: **24-Aug-07 to 23-Sep-07**  
Invoice Date: **August 21, 2007**  
Due Date: **August 24, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 3

**Bundle and save!**  
Get two or more Shaw services and save on your next bill. Visit SHAW.CA for details.

**Previous Charges**

Balance Carried forward from Previous Statement		35.99
Transfer of Balance	24-Jul-07	-14.43
Payment Received - Thank You	25-Jul-07	-35.99

*— CARRIART*

**Outstanding Balance**

**-14.43**

**Current Charges** (Details on following pages)

Cable Service	28.63
Internet Service	89.76

*(Circled)*

GST (Registration 873690457RT) 7.10

**Total Current Charges**

Due by 24-Aug-07 **125.49**

**Amount Due to be withdrawn on 24-Aug-07. \$111.06**

We appreciate your business.

**This is a withdrawal notice only. Please do not pay.**

*Called re offer attached  
Follow in Sept for credit & 29.95 charge*

*CHR AUGUST  
29.95*

**Sign up for Shaw eBill** for your chance to win tickets to Blue Man Group live in concert! Visit SHAW.CA today to learn more!

**Moving?** With one call Shaw will transfer your services at no cost. Call today for more details!

Account Number

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

Amount Due \$111.06

5 / 3  
A DOUGALL

54

XXT15(F)

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

On August 24, 2007, \$111.06 will be automatically debited from your credit card. Please note the related charges or credits will be reflected on your next invoice. This notification is to help you reconcile your Credit Card statement.

**SHAW**



TELEVISION



INTERNET



PHONE

**Sales & Customer Service**  
1-800-400-9605  
Mon-Sun 8am-9pm

**TV Technical Support**  
1-800-400-9605  
24/7/365

**Internet & Phone Technical Support**  
1-800-400-9605  
24/7/365

Customer Name: **A DOUGALL** s.17(1), 17(4)(g)(i)  
Account Number:  
Service Address:  
Service Period: **24-Aug-07 to 23-Sep-07**  
Invoice Date: **August 21, 2007**  
Due Date: **August 24, 2007**

Visit us at **SHAW.CA**

PAGE 3 OF 3

**Current Charge Details**

**Cable Service**

Remove Additional Outlets	14-Aug-07	to	23-Sep-07	-5.32	
Basic Cable	24-Aug-07	to	23-Sep-07	29.95	
Additional Outlets	24-Aug-07	to	23-Sep-07	4.00	
					<b>28.63</b>

**Internet Service**

Add High-Speed Internet	\$0	26-Jul-07	to	23-Aug-07	43.81	
High-Speed Internet	\$29.95	24-Aug-07	to	23-Sep-07	45.95	
						<b>89.76</b>

31.75

*credit on next  
Bill  
43.41*

**SHAW**



TELEVISION



INTERNET



PHONE

**Sales & Customer Service**  
1-800-400-9605  
Mon-Sun 8am-9pm

**TV Technical Support**  
1-800-400-9605  
24/7/365

**Internet & Phone Technical Support**  
1-800-400-9605  
24/7/365

Customer Name: **A DOUGALL** s.17(1), 17(4)(g)(i)  
Account Number:  
Service Address:  
Service Period: **24-Sep-07 to 23-Oct-07**  
Invoice Date: **September 21, 2007**  
Due Date: **September 24, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 3

**Bundle and save!**  
Get two or more Shaw services and save on your next bill. Visit **SHAW.CA** for details.

**Previous Charges**

Balance Carried forward from Previous Statement 111.06  
Payment Received - Thank You 25-Aug-07 -111.06

**Outstanding Balance**

**0.00**

**Current Charges** (Details on following pages)

Cable Service 29.95  
Internet Service 23.95  
Billing Adjustments -29.95

GST (Registration 873690457RT)

1.43

**Total Current Charges**

Due by 24-Sep-07 **25.38**

**Amount Due to be withdrawn on 24-Sep-07.**

**\$25.38**

**We appreciate your business.**

**This is a withdrawal notice only. Please do not pay.**

Please note that Shaw's Channel Line-up will be changing on Sept. 18-20. Please visit **SHAW.CA** for full details.

Shaw Music is a new online music player available to Shaw customers as a no cost extra. Listen to 40 channels of streaming digital music today at **SHAW.CA/MUSIC**

Account Number

Amount Due \$25.38

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

5 / 4  
A DOUGALL

50

XXT15(C)

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

On September 24, 2007, \$25.38 will be automatically debited from your credit card. Please note the related charges or credits will be reflected on your next invoice. This notification is to help you reconcile your Credit Card statement.



TELEVISION



INTERNET



PHONE

Sales & Customer Service  
1-800-400-9605  
Mon-Sun 8am-9pm

TV Technical Support  
1-800-400-9605  
24/7/365

Internet & Phone Technical Support  
1-800-400-9605  
24/7/365

Customer Name: **A DOUGALL**  
Account Number: s.17(1), 17(4)(g)(i)  
Service Address:  
Service Period: **24-Sep-07 to 23-Oct-07**  
Invoice Date: **September 21, 2007**  
Due Date: **September 24, 2007**

Visit us at [SHAW.CA](http://SHAW.CA)

PAGE 3 OF 3

### Current Charge Details

#### Cable Service

Basic Cable	24-Sep-07	to	23-Oct-07	29.95	
					<b>29.95</b>

#### Internet Service

Add Internet Promotional Discount	25-Aug-07	to	23-Sep-07	-11.00	
High-Speed Internet	24-Sep-07	to	23-Oct-07	45.95	
Internet Promotional Discount	24-Sep-07	to	23-Oct-07	-11.00	
					<b>23.95</b>

#### Billing Adjustments

Promotional Discount	26-Aug-07			-29.95	
					<b>-29.95</b>

*why 11.00?*

**SHAW**



TELEVISION



INTERNET



PHONE

**Sales & Customer Service**  
1-800-400-9605  
Mon-Sun 8am-9pm

**TV Technical Support**  
1-800-400-9605  
24/7/365

**Internet & Phone Technical Support**  
1-800-400-9605  
24/7/365

Customer Name: **A DOUGALL**  
Account Number:  
Service Address:  
Service Period: **24-Oct-07 to 23-Nov-07**  
Invoice Date: **October 21, 2007**  
Due Date: **October 24, 2007**

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

Visit us at [SHAW.CA](http://SHAW.CA)

PAGE 1 OF 2

**Bundle and save!**  
Get two or more Shaw services and save on your next bill. Visit SHAW.CA for details.

**Previous Charges**

Balance Carried forward from Previous Statement 25.38  
Payment Received - Thank You 25-Sep-07 25.38

**Outstanding Balance**

0.00

**Current Charges**

Cable Service  
Basic Cable 29.95  
Internet Service  
High Speed Internet 45.95  
Internet Promotional Discount -11.00

*= 34.95?*

GST (Registration 873690457RT) 3.89

**Total Current Charges**

Due by 24-Oct-07 **68.79**

**Amount Due to be withdrawn on 24-Oct-07.**

**\$68.79**

Thank you for choosing Shaw.

**This is a withdrawal notice only. Please do not pay.**

**SAVE**  
over \$225 a year when you subscribe to all three Shaw services.  
Call 1-888-472-2222 and start saving today!

Have a great show idea?  
Want to volunteer?  
Contact your local **Shaw TV station** for more information!

*Called Shaw Nov. 26/07  
why 34.95 not 29.95!  
They will fix !!*

Account Number

Amount Due \$68.79

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

5 / 2  
A DOUGALL

55

XXT15(X)

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

On October 24, 2007, \$68.79 will be automatically debited from your credit card. Please note the related charges or credits will be reflected on your next invoice. This notification is to help you reconcile your Credit Card statement.

90375

### CALGARY HEALTH REGION

### BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: FEB/08 s.17(1), 17(4)(g)(i)

ENTERED MAR 07 2008

### EXPENSES

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: \$ \_\_\_\_\_

MEALS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 680 km at .44¢ /km \$ 299.20 62210000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 299.20

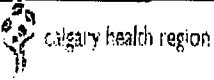
Employee Signature: *Sandy Dougall*

*Y. DeCoste*



APPLICANT COPY

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

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> RGH    Other _____	<b>LOCAL TRAVEL EXPENSE CLAIM MILEAGE &amp; PARKING</b>
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

**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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER <i>BOARD</i>	
DEPARTMENT <i>BOARD</i>		PHONE NUMBER	DATE <i>FEB 2008</i>
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE
<i>FEB 8</i>	<i>CANMORE/CALGARY - CAREWEST ETC</i>	<i>210</i>	
<i>19</i>	<i>✓ ✓ - SOUTHPORT - BOARD</i>	<i>220</i>	
<i>21</i>	<i>✓ ✓ / SPRUCE MEADOWS - MEETINGS</i>	<i>250</i>	
		<i>680</i>	

**CODING & AUTHORIZATION**

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (including GST)
		<i>6 2 2 1 0 0 0 0</i>	<i>MILEAGE/PARKING</i>	
EMPLOYEE SIGNATURE <i>Sandy Dougall</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>[Signature]</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

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)

61

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

92607

**CALGARY HEALTH REGION**

**BOARD EXPENSE FORM**

**NAME:** SANDY DOUGALL

**FOR THE MONTH OF:** MARCH / 08 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:** 430 km at .44¢ /km \$ 189.20 62210000  
(Attach Local Travel Expense Claim form)

**TOTAL EXPENSES:** <sup>R</sup> \$ 189.20

**Employee Signature:**  4. DeCoste

 RB



02/02/08

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: SANDY DOUGALL

FOR THE MONTH OF: APRIL / 08 s.17(1), 17(4)(g)(i)

EXPENSES

ENTERED MAY 14 2008

01-71110300002

AIRFARE: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

ACCOMMODATION: <sup>447.51</sup> \$ 468.99 62212000

MEALS: 3x \$19.85 (Dinner) <sup>2</sup> \$ 59.55 62212000

PARKING: 3x \$25.20 <sup>R</sup> \$ 75.60 62212000

TAXIS: \$ \_\_\_\_\_

OTHER (please describe):

Personal Expense 3x \$7.05 <sup>2</sup> \$ 21.15 62212000

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

MILEAGE: 835 km at .44¢ /km <sup>R</sup> \$ 367.40 62212000  
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 992.69

T2

Employee Signature: \_\_\_\_\_

*R. DeCoster*

890.51  
102.18

*[Signature]*

**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) <i>SANDY DOUGALL</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>BOARD</i>		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>APR 3/08</i>	<i>CANMORE/CALGARY - EXEC COMP MEETING</i>	<i>220</i>		
<i>13/16</i>	<i>CANMORE/EDMONTON - H.B CONF (ONE WAY)</i>	<i>395</i>		
<i>29</i>	<i>CANMORE/CALGARY - BOARD</i>	<i>220</i>		
		<i>835</i>		

**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 <i>Sandy Dougall</i>			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION <i>L. DeLente</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

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

# APPLICANT COPY

Westin Hotels & Resorts  
 10155 101st Street, Edmonton, Alberta T5C 0A7, Canada  
 Phone: (780) 428-2222 Fax: (780) 428-4460  
 Westin@westin.com

HOTEL 472.59  
 PARKING 72.00  
544.59

Mr Sandy Dougall  
 Room 608 142.00  
 Rate 1  
 Card 247962 EX-A  
 Type 1  
 Date 13-APR-08 19:01  
 From 16-APR-08  
 Code VI

HBC15A s.17(1), 17(4)(g)(i)

608

date	reference	description	charges/credits
13-APR-08	RT608	GST	7.17
13-APR-08	RT608	DMF	1.42
13-APR-08	RT608	Tourism Levy	5.74
13-APR-08	RT608	Parking Self	24.00
13-APR-08	RT608	Tax GST	1.20
14-APR-08	RT608	Room Charge	142.00
14-APR-08	RT608	GST	7.17
14-APR-08	RT608	DMF	1.42
14-APR-08	RT608	Tourism Levy	5.74
14-APR-08	RT608	Parking Self	24.00
14-APR-08	RT608	Tax GST	1.20
15-APR-08	RT608	Room Charge	142.00
15-APR-08	RT608	GST	7.17
15-APR-08	RT608	DMF	1.42
15-APR-08	RT608	Tourism Levy	5.74
15-APR-08	RT608	Parking Self	24.00
15-APR-08	RT608	Tax GST	1.20
16-APR-08	VI	Visa	544.59-
		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 \*\*

Mr Sandy Dougall  
 FOLIO 247962 13-APR-08



