APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JUNE 28	BOARD ORIENTATION					36

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA Code: 201 9000 7110300000 6850000	$	36 TOTAL KMS *transfer to back*
TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	$ 14 58	
TOTAL CLAIM	$	

NAME (print): VEEN HARTWELL

SIGNATURE: V C Hartwell

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

DATE: NOV 16 2005

Reviewed by: Leslie Shuet

Non-Responsive

Date: NOV 21/05

Authorized By:

HON

M15 180.06

0524

NOV 24, 2005

Date:

revised: April 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		$

TOTAL KMS (from front) 36 **X 40.5¢** 14.58

TOTAL EXPENSES $ 14.58

(transfer to front)

REMUNERATION - effective March 1, 2005

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

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

MILEAGE
40.5¢ km

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JULY 6	BOARD OFFICE					34
						0

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA $
Code: 201 9000 7110300000 6850000

34.
TOTAL KMS
transfer to back

TOTAL EXPENSES $ 1377.
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM $
Non-Responsive

NAME (print): VERN HARTWELL.

SIGNATURE: V C Hartwell

DATE:

Reviewed by: Leila Shuf

Date: Nov 21/05

Authorized By:

Date:

revised: April 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		$

TOTAL KMS (from front) 34 **X 40.5¢** 13.77

TOTAL EXPENSES $ 13.77

(transfer to front)

REMUNERATION - effective March 1, 2005

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

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

MILEAGE
40.5¢ km

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec						0
31	HAMET INSTITUTE					36
						36

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA $

Code: 201 9000 7110300000 6850000

TOTAL KMS *transfer to back*

TOTAL EXPENSES $ 1453

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM $

NAME (print): Fern Hartwell

SIGNATURE: D C Hartwell

DATE:

Non-Responsive

Reviewed by: Kelly Thurel

Date: Nov 24/05

Authorized By:

Date:

revised: September 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		$

TOTAL KMS (from front) 36 **X 40.5¢** 14.58

TOTAL EXPENSES $

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

$176 for up to and including four hours in any day

$300 for over four hours and up to and including eight hours in any day

$478 for over eight hours in any day

MEMBER

$131 for up to and including four hours in any day

$217 for over four hours and up to and including eight hours in any day

$340 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
SEPT 8	STRAT PRIORITIES					36
12	8507 - 59 AVE. FOOD SERVICES					23
14	ILL - STRATEGIC PRIORITY					0
19	STRATHCONA COUNCIL					14
22	STRATHCONA HEALTH COUNCIL					12
28	PIGNMAL HEALTH PLAN					36
28	PUBLIC BOARD					29
			Non-Responsive			
						150

I certify that this claim is for Capital Health business.

TOTAL HONORARIA $ [redacted] TOTAL KMS
Code: 201 9000 7110300000 6850000 *transfer to back*

TOTAL EXPENSES $ 60.75
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM $ [redacted]

NAME (print): Verd Hartwell

SIGNATURE: [signature]

DATE:

Non-Responsive

Reviewed by: [signature] Date: Nov 21/05

Authorized By: [signature] Date:

revised: September 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		$

TOTAL KMS (from front) 150 **X 40.5¢** 60.75

TOTAL EXPENSES $ 60.75

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

$176 for up to and including four hours in any day

$300 for over four hours and up to and including eight hours in any day

$478 for over eight hours in any day

MEMBER

$131 for up to and including four hours in any day

$217 for over four hours and up to and including eight hours in any day

$340 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
OCT						0
13	MEETING					35
18	LOIS HULL KICKOFF					31
18	APPRECIATION COMM HEALTH COUNCIL					39
19	STRATEGIC PRIORITIES					36
17	CAPITAL FUNDING PROVINCIAL ANNOUNCE					37

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA $
Code: 201 9000 7110300000 6850000

TOTAL KMS 235
transfer to back

NAME (print): Vern Hartwell

TOTAL EXPENSES $ 76.38
(from reverse)
Code: 201 9000 71110300000

SIGNATURE:

TOTAL CLAIM $

DATE:

Reviewed by:

Date: Nov 21/05

Authorized By:

Date:

revised: September 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
OCT 17	ROYAL ALBERT METER PARKING (no receipt)	$ 3.50
OCT 18	ROYAL ALBERT (LOIS HOLE). METER PARKING (no receipt)	3.00
		5.50

TOTAL KMS (from front) 175 **X 40.5¢** 70.88

TOTAL EXPENSES $ 76.38

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

$176 for up to and including four hours in any day

$300 for over four hours and up to and including eight hours in any day

$478 for over eight hours in any day

MEMBER

$131 for up to and including four hours in any day

$217 for over four hours and up to and including eight hours in any day

$340 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
NOV 14	PRESENTATION BLAIR SADLER					36
						0
NOV 18	STRATEGIC PRIORITIES					36
NOV 21	HALIFAX 5					36
NOV 22	COMMITTEES + ISSUES. MTG WITH N WILKINSON					36
NOV 28	RETREAT					62
						206

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA $

Code: 201 9000 7110300000 6850000

TOTAL KMS *transfer to back*

TOTAL EXPENSES $ 83.13

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM $

NAME (print): Veen Hartwell

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

DATE: NOV 30 2005

Reviewed by: Non-Responsive Date: Dec 7/05

Authorized By: Date:

HON
MIS 83.13
0525
DEC 13/05 23

revised: September 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		$

TOTAL KMS (from front) 206 **X 40.5¢** 83.43

TOTAL EXPENSES $

(transfer to front)

REMUNERATION - effective August 1, 2005

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

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

MILEAGE
40.5¢ km

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
FEB 7	SHIRLA NAIL BRANT SUSAN					31
FEB 9	PEOPLE + PROGRESS FANTASYLAND					61
FEB 10	PEOPLE + PROGRESS FANTASYLAND					61
FEB 15	CAPITAL CARE FOUND					32
FEB 15	ACCREDITING PRIMARY CARE WESTIN					21
FEB 16	PRIMARY CARE					36.
FEB 21	COMMUNITY HEALTH COUNCIL					31
FEB 22	STRATEGIC PRIORITIES					31
FEB 23	BOARD BRIEFING					31
FEB 23	STRATHCONA COUNTY COMMUNITY HEALTH COUNCIL					9.
FEB 24	STRATEGIC PRIORITIES SPECIAL					30
						374.

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA $

Code: 201 9000 7110300000 6850000

TOTAL KMS *transfer to back*

NAME (print): Vern Hartwell

TOTAL EXPENSES (from reverse) $ 171.47

Code: 201 9000 71110300000

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

TOTAL CLAIM $ 00

DATE: MAR 1 2006

Reviewed by: Non-Responsive Date:

Authorized By: Date:

HON

MIS 171.47

0605

March 14/06

revised: September 2005

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
FEB 15	PARKING	$ 8.00
FEB 16	"	12.00

TOTAL KMS (from front) 374 **X 40.5¢** 151.47

TOTAL EXPENSES $ 171.47

(transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

$176 for up to and including four hours in any day

$300 for over four hours and up to and including eight hours in any day

$478 for over eight hours in any day

MEMBER

$131 for up to and including four hours in any day

$217 for over four hours and up to and including eight hours in any day

$340 for over eight hours in any day

MILEAGE

40.5¢ km

APPLICANT COPY

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

Impark Lot 0002-0001
Edmonton, AB.
GST #88731 5638 RT0001
Machine Serial #[illegible]

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

EXPIRY DATE AND TIME

EXP 06:00pm
FEB 15,2006

TICKET# LOT#
00059135 00020001

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

EB-A | Day $8.00

Questions/Comments?
Call 780 420-1976

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

Rcpt# 30689
02/16/06 11:24 L# 2 A# 6 Tx#102715
02/16/06 07:27 In 02/16/06 11:24 Out
Tkt# 262975

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

THANK YOU
COME AGAIN

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
OCT 4	MUNI COUT ADVISORY					29
OCT 18	STRATEGIC PRIORITIE					34

Non-Responsive

KM 63 x
0.43 =
27.09 *

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA Code: 201 9000 7110300000 6850000	$	63 TOTAL KMS transfer to back
TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	$ 2709.	=634.43=2709
TOTAL CLAIM	$	

NAME (print): VERN HARTWELL

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

DATE: NOV 30 2006.

Non-Responsive

Reviewed by: Date: Dec 5/06

Authorized By: Date:

HON
MIS (5633)
DEC 11/06
SN 0625

63 km @ .43 = 27.09

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
NOV 15	STRAT PRIORITIES					34
						0
NOV 23	PUBLIC BOARD					34.
						0
						0.

Km 68 x
0.43 =
29.24 x

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA $
Code: 201 9000 7110300000 6860000

TOTAL KMS 68
transfer to back

TOTAL EXPENSES $ 29.24
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM $

NAME (print): UREN HARTWELL

SIGNATURE: U O Hartwell

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

DATE: NOV 30 2006

Reviewed by: [signature] HON MIS (29.24) Dec 7/06

Non-Responsive

Date: Dec 1/06

Authorized By: [signature]

Date:

revised: May 1, 2006

Dec 7/06 0625

APPLICANT COPY

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
DEC 6	BOARD RETREAT					27

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA $

Code: 201 9000 7110300000 6850000

TOTAL KMS 27

transfer to back

NAME (print): JERN HARTWELL

TOTAL EXPENSES $ 29 61 ✓

(from reverse)

Code: 201 9000 71110300000

SIGNATURE: J C Hartwell s.17(1), 17(4)(g)(i)

TOTAL CLAIM $

DATE: JAN 15

Reviewed by: [illegible]

~~Non-Responsive~~

Date: Jan 15/07

Authorized By:

Date:

HON
MIS 29.61
Q703
Jan 25/07

revised: May 1, 2006

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
DEC 6	PARKING	$ 18.00

TOTAL KMS (from front) 27 **X 43¢** 11.61

TOTAL EXPENSES $ 29.61

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

$181 for up to and including four hours in any day

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

$492 for over eight hours in any day

MEMBER

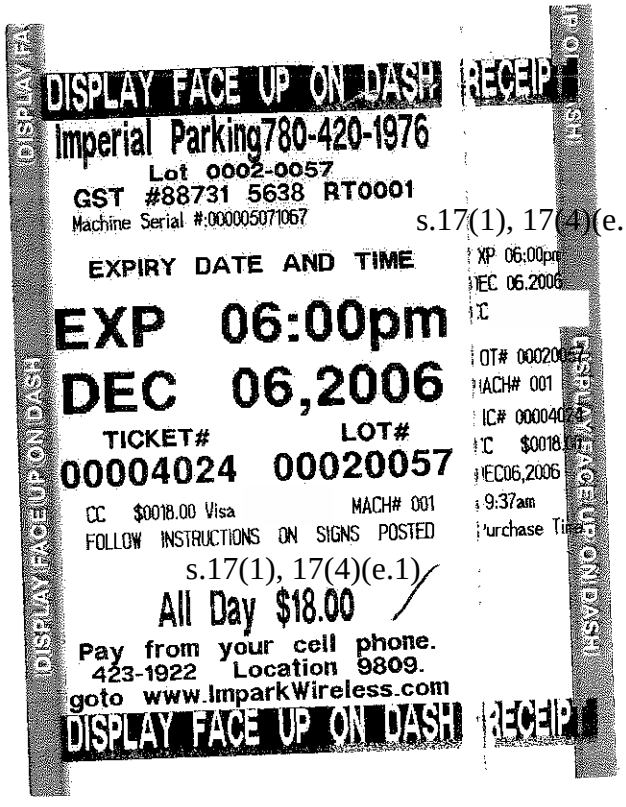
$135 for up to and including four hours in any day

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

$350 for over eight hours in any day

MILEAGE

40.5¢ km



DISPLAY FACE UP ON DASH

Imperial Parking780-420-1976

Lot 0002-0057

GST #88731 5638 RT0001

Machine Serial #:000005071067

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

EXPIRY DATE AND TIME

EXP 06:00pm

DEC 06,2006

TICKET# 00004024

LOT# 00020057

CC $0018.00 Visa MACH# 001

FOLLOW INSTRUCTIONS ON SIGNS POSTED

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

All Day $18.00

Pay from your cell phone.

423-1922 Location 9809.

goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH