

29171

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF

January, 2008

ENTERED FEB 19 2008

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Jan 9/08	Shaw Cable Internet Hookup	32.00	1.60	33.60

TOTAL EXPENSES:

\$ 33.92

George J. Linchbeck

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L 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)

[Handwritten signature]

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: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Feb-08 to 29-Feb-08**
Invoice Date: **January 09, 2008**
Due Date: **February 01, 2008**

Visit us at **SHAW.CA**

PAGE 1 OF 4

By bundling your services you have **saved \$37.90** on this bill.

Previous Charges

Balance Carried forward from Previous Statement 0.00
Payment Received - Thank You 23-Dec-07 -58.30

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice **-58.30**

Current Charges (Details on following pages)

Connection Charges 55.00
Entertainment Bundle 101.03
Internet Service -11.48
Phone Service 52.68
Long Distance 2.75

GST (Registration 873690457RT) 10.56

Total Current Charges

Due by 01-Feb-08 **210.54**

Total Amount Due

\$152.24

Thank you for keeping your account current.

As a valued Shaw customer, add any new service and get FREE installation and the 1ST Month On Us!* CALL TODAY!

*Cannot be combined with another offer. Valid for any monthly subscription service, does not apply to Shaw Video on Demand, Shaw Pay per View, NFL Sunday Ticket or NHL(R) Centre Ice(TM)

6687
Jan 16

Upgrade to **HIGH SPEED** or **XTREME-I** for **only \$10/month** and download faster!
Plus, add **PowerBoost(TM)** for an extra burst of speed.
ORDER TODAY!

Replay live TV with an HDPVR. **Only \$22/month!**
Sign up for HD and get over **\$98 in Digital Programming** with installation!
CALL NOW TO ORDER!

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 **\$152.24**
By 01-Feb-08

Amount Enclosed
152.24

26/ 2
G PINCHBECK

45608

T1(Y)

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

SHAW CABLE
PO BOX 2468 STN MAIN
CALGARY, ALBERTA
T2P 4Y2

000015224 8

000706 9000

96

APPLICANT COPY

	___ ACH ___ FMC <input checked="" type="checkbox"/> 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>George T. Pinchbeck</i>		EMPLOYEE NUMBER ^{s.17(1), 17(4)(g)(i)}		
DEPARTMENT <i>Board Member</i>	PHONE NUMBER	DATE <i>Jan. 31/08</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS s.17(1), 17(4)(g)(i)	# OF KM (for mileage)	RATE	AMOUNT
<i>Jan. 16/08</i>	<i>Aboriginal Comm. Health Council</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Jan 22/08</i>	<i>Colon Cancer Screening Opening at Science Research Bldg-UofC</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Jan 25/08</i>	<i>Canadian Club Mtg - Falliser Premier's presentation South Hills Country Hospice at Okotoks opening</i>	<i>155</i>	<i>.44</i>	<i>68.20</i>
<i>Jan 29/08</i>	<i>Board only mtg.</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Jan. 31/08</i>	<i>Quality + Access mtg.</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
		<i>611</i>		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		<i>6 2 2 1 0 0 0 0</i>	MILEAGE/PARKING	<i>268.84</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>268.84</i>
AUTHORIZATION <i>L. Delasto</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1172</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

ENTERED JUN 09 2008

NAME: George J. Linchbeck

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

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 224 km at .464 /km
(Attach Local Travel Expense Claim form) \$ 103.04 62210000

TOTAL EXPENSES: ^R \$ 103.04

Employee Signature: George J. Linchbeck L. Deloste

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF

One half of the

May, 2008

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

EXPENSES

(Please attach original receipts.)

ENTERED JUN 09 2008

Date	Description	Amount	GST	Total
May 9/08	Shaw Cable Internet			
	hookup -	32.00	1.60	33.60
	" "			
	" "			
	" "			

TOTAL EXPENSES:

\$ 33.60

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Y. Deloste</u>	Print Name: <u>Lou Deloste</u>
Authorizer's Employee Number: s.17(1), 17(4)(g)(i)	Authorizer Phone Number (in full): <u>943-1122</u>
Employee Signature: <u>George J. Linchbeck</u>	

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
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Mon-Sun 8am-9pm

TV Technical Support
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24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-May-08 to 31-May-08**
Invoice Date: **April 09, 2008**
Due Date: **May 01, 2008**

Visit us at **SHAW.CA**

PAGE 3 OF 4

Current Charge Details

Entertainment Bundle

Add Digital TV & High-Speed	03 Apr-08	to	30-Apr-08	87.41	
Remove Digital TV/Movies & High-Speed	03 Apr-08	to	30-Apr-08	-100.29	
Digital TV & High-Speed	01-May-08	to	31-May-08	94.95	
					82.07

Digital Service

Add BOLD TV	03 Apr-08	to	30-Apr-08	2.72	
BOLD TV	01 May-08	to	31-May-08	2.95	
					5.67

Internet Service

Purchased Modem Discount	01-May-08	to	31-May-08	-5.00	
					-5.00

Phone Service

Digital Phone Lite	01-May-08	to	31-May-08	29.95	
Digital Phone Voicemail and Call Waiting	01-May-08	to	31-May-08	5.95	
Distinctive Ring	01-May-08	to	31-May-08	3.95	
					39.85

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

Long Distance

	Date	Time	Number Called	Call Destination	Duration	Cost per minute (\$)	Charge (\$)
1	Mar 11	7:35 pm		EDMONTON, AB	6:12	0.04	0.25
2	Mar 11	7:22 pm		EDMONTON, AB	3:48	0.04	0.16
3	Mar 14	10:01 am		AIRDRIE, AB	1:48	0.04	0.08
4	Mar 14	9:16 pm		WHITECOURT, AB	1:42	0.04	0.07
5	Mar 14	8:54 pm		ELKFORD, BC	1:36	0.04	0.07
6	Mar 14	9:00 pm		WHITECOURT, AB	1:00	0.04	0.04
7	Mar 14	8:39 pm		WHITECOURT, AB	13:48	0.04	0.56
8	Mar 15	12:55 pm		COCHRANE, AB	5:18	0.04	0.22
9	Mar 17	8:59 pm		VULCAN, AB	3:12	0.04	0.13
10	Mar 17	8:56 pm		VULCAN, AB	1:30	0.04	0.06
11	Mar 17	7:01 pm		EDMONTON, AB	7:12	0.04	0.29
12	Mar 17	12:30 pm		AIRDRIE, AB	18:42	0.04	0.75
13	Mar 18	8:56 pm		EDMONTON, AB	19:42	0.04	0.79
14	Mar 18	8:50 pm		ELKFORD, BC	2:18	0.04	0.10
15	Mar 18	8:00 pm		EDMONTON, AB	17:00	0.04	0.68
16	Mar 18	7:59 pm		EDMONTON, AB	1:00	0.04	0.04
17	Mar 20	9:38 pm		COCHRANE, AB	1:12	0.04	0.05
18	Mar 20	9:35 pm		COCHRANE, AB	2:06	0.04	0.09
19	Mar 20	6:32 pm		EDMONTON, AB	3:24	0.04	0.14
20	Mar 20	5:59 pm		COCHRANE, AB	1:00	0.04	0.04
21	Mar 20	5:57 pm		COCHRANE, AB	1:00	0.04	0.04
22	Mar 20	5:55 pm		COCHRANE, AB	1:00	0.04	0.04
23	Mar 20	5:43 pm		COCHRANE, AB	1:00	0.04	0.04

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

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

Sales & Customer Service
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TV Technical Support
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24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHRFCK**
Account Number:
Service Address:
Service Period: **01-May-08 to 31-May-08**
Invoice Date: **April 09, 2008**
Due Date: May 01, 2008

Visit us at **SHAW.CA**

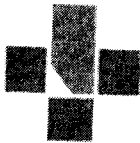
s.17(1), 17(4)(g)(i)

PAGE 4 OF 4

24	Mar 21	9:20 am	COCHRANE, AB	3:54	0.04	0.16
25	Mar 21	9:18 am	COCHRANE, AB	1:00	0.04	0.04
26	Mar 21	8:53 am	COCHRANE, AB	17:48	0.04	0.72
27	Mar 21	4:53 pm	COCHRANE, AB	1:30	0.04	0.06
28	Mar 22	2:12 pm	COCHRANE, AB	1:00	0.04	0.04
29	Mar 23	9:42 pm	BARRHEAD, AB	9:18	0.04	0.38
30	Apr 01	8:35 pm	CAMROSE, AB	1:00	0.04	0.04
31	Apr 02	2:08 pm	CARBON, AB	7:30	0.04	0.30
32	Apr 02	2:00 pm	BROOKS, AB	1:00	0.04	0.04
33	Apr 02	12:57 pm	THREEHILLS, AB	1:12	0.04	0.05
34	Apr 02	12:59 pm	CARBON, AB	2:06	0.04	0.09
35	Apr 03	2:05 pm	CARBON, AB	1:00	0.04	0.04
36	Apr 03	9:07 pm	COCHRANE, AB	3:42	0.04	0.15
37	Apr 04	9:32 am	ONOWAY, AB	2:36	0.04	0.11
38	Apr 05	11:57 am	EDMONTON, AB	3:30	0.04	0.14
39	Apr 06	4:36 pm	BROOKS, AB	2:42	0.04	0.11

7.20

Whether you use long distance a little or a lot, Shaw has a home phone service plan that's right for you. Visit Shaw.ca for more details.



RECEIVED
APR 16 2009
FINANCE

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date April 16, 2009	Requested By (Please Print) Kim Kiyawasew	
Site Southport Tower	Department Wellness and Citizen Engagement	Phone # (in full) 403-943-0426

MAKE PAYMENT TO: George T. Pinchbeck	If Employee – provide their employee number in this space.
---	--

MAILING ADDRESS (cheque payment only)
Canada Post: _____ s.17(1), 17(4)(g)(i)
City _____ Province _____ Postal Code _____
Interoffice Mail: Department _____
Site: _____

SPECIAL HANDLING INSTRUCTIONS

Purpose of Request	South Health Campus Citizen Advisory Team Meetings
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CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1 5 5 0 0 0 0 9 0	62300000	215.00	Meeting Travel

CAPITAL PROJECT CODING

PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION

TOTAL AMOUNT OF PAYMENT:	\$215.00	X <input checked="" type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
---------------------------------	-----------------	--

Expenditure Officer Authorization <i>Donald Barte</i>	Print Name <i>Donald Barte</i>
Authorizer's Employee Number s.17(1), 17(4)(g)(i)	Expenditure Authorizer Phone # (in full) 403.943.1173

For Finance Use Only:

Accounting Officer Authorization	Print Name
Accounting Officer's Employee Number	Accounting Authorizer Phone # (in full)

Comments: *DATA - Apr 17/09 / # 61298*



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

Citizen Advisory Team Expense Claim Form

Name: George T. Pinchbeck Phone: _____
 Mailing Address: _____ Email Address: _____
 Signature: George T. Pinchbeck
 s.17(1), 17(4)(g)(i) s.17(1), 17(4)(g)(i)

Meeting Date	Meeting Location	Transit/Mileage (total km x \$0.43)	Parking	Other	Total	TOTAL OF ALL EXPENSES	
						Org	Functional Centre
January 28/09	Southport 8m	61x2x.43	—		52.46		215. — Account
March 4/09	Southport 1103	61x2x.43	—		52.46		
March 12/09	Maxpup - South West Campus	67x2x.43	—		57.62		
April 15/09	Southport	61x2x.43	—		52.46		
Approved By:							

Gray areas will be filled out by the South Health Campus Project Team. Please submit completed form and parking receipts to the Citizen Engagement Advisor:

Email: citizen.engagement@albertahealthservices.ca
Mail: Kim Kiyawasew | 10101 Southport Road SW | Calgary, AB | T2W 3N2

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George J. Pinchbeck

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

FOR THE MONTH OF January, 2004

EXPENSES
(Please attach original receipts.)

ENTERED FEB 12 2004

Date	Description	GST	Amount
Aug 24/03	Island Inkjet-Printer		19.21
	Cartridge Refill		
Jan.	Shaw Internet		34.24

TOTAL EXPENSES: \$ 53.45

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Bernard</u>	Print Name: <u>Shirley Lanary</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>9431133</u>

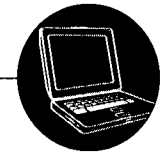
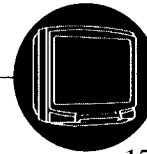
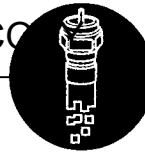
s.17(1), 17(4)(g)(i)



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PAGE 1 OF 2



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 hours/7 days

Internet Technical Support
(403) 750-6990
24 hours/7 days

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Feb-04 to 29-Feb-04**

Visit us at shaw.ca

Invoice Date: **January 09, 2004**

Your Entertainment Services

By bundling your services, you have saved \$9.22 on this invoice.

Previous Balance		80.20	
Payment Received - Thank You	19-Dec-03	-80.20	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		74.95	
Current Entertainment Charges			74.95
GST (Registration 873690457RT)			5.25
Total Current Charges			80.20

Please Pay Amount Due by 01-Feb-04 \$80.20

Service calls are always included with your monthly price.

Thank you for keeping your account current.

Watch the Super Bowl the way it was meant to be seen - in full HDTV on Shaw Digital. All you need is a Shaw High-Definition Digital Terminal and an HD-ready TV. To learn more call 1-888-472-2222 or visit shaw.ca today.

Effective March 1, 2004, the monthly rate for the Full Cable Service Bundle will be adjusted to \$75.95. 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.

Visit start.shaw.ca
News.
Entertainment.
Information.

Cable + Internet = 80.20
Cable only = 45.96

Claim Internet Hookup = \$34.24

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: George J. Linchbeck

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

EXPENSES

ENTERED FEB 13 2004

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 1857 km at .38¢ /km \$ 705.66 62210000

TOTAL EXPENSES: \$ 705.66

G.J.P. Bandaru
CR 14

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	DATE
DATE OF TRAVEL / EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
George T. Pinchbeck		s.17(1), 17(4)(g)(i)			Jan 29/04
Board Member					
Jan 5/04	Prep for Mtg at Siksika Nation.	112	.38	42.56	
Jan 6/04	Community Linkages Mtg - Southport	192	.38	72.96	
Jan 7/04	Meeting Siksika Nation				
Jan 7/04	PBMA Orientation				
Jan 8/04	Lynn Martin, Don McLeod & I - Prep	114	.38	43.32	
Jan 8/04	Mtg at Tsuu T'ina Nation	114	.38	43.32	
Jan 9/04	PBMA - Foothills MC.	112	.38	42.56	
Jan 13/04	Ab. Health Council - Agenda Setting	112	.38	42.56	
Jan 15/04	Awareness & Networkg Com. Ab. Hlth Cou.	112	.38	42.56	
	Quality & Access Comm.				
Jan 20/04	Cont. Prog Comm & Reg. Bd. Mtg	112	.38	42.56	
Jan 21/04	Ab. Health Council Mtg	112	.38	42.56	
Jan 22/04	Rural Committee - Carmore	317	.38	120.46	
Jan 23/04	PBMA - Rockyview Gen. Hosp.	112	.38	42.56	
Jan 27/04	Cont. Learning Task Force				
	Community Linkages Task Force	112	.38	42.56	
Jan 28/04	PBMA - Old Belcher	112	.38	42.56	
Jan 29/04	Board Retreat	112	.38	42.56	
		1857	.38	705.66	

AUTHORIZATION & CODING											
FINANCIAL CODE				GL Description	Amount (Including GST)						
Org	Functional Centre	Account									
		6	2	2	1	0	0	0	0	Mileage/Parking	\$ 705.66
Employee Signature				Date	TOTAL PAYABLE TO EMPLOYEE	\$ 705.66					
George T. Pinchbeck				Jan 29/04							
Expenditure Officer Authorization				Authorizer's Employee Number	Authorizer Phone Number						
Barbara											

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George J. Linchbeck

FOR THE MONTH OF: February, 2004

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

ENTERED MAR 23 2004

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 342 km at .38¢ /km ^R \$ 129.96 62210000

TOTAL EXPENSES: \$ 129.96

GJP.

Bandy

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME: George J. Linchbeck

FOR THE MONTH OF February, 2004

ENTERED MAR 23 2004

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 10/04	Internet Hookup	31.84	2.40	34.25
Feb 18/04	Printer Cartridge recharge (2-cartridges)	37.38	2.62	40.00

TOTAL EXPENSES:

R \$ 74.25

Financial code: 01-71110300003-62210001

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

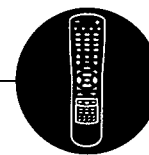
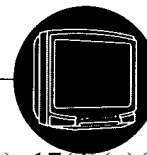
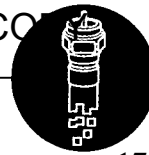
s.17(1), 17(4)(g)(i)



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PAGE 1 OF 2



Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
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24 hours/7 days

Internet Technical Support
(403) 750-6990
24 hours/7 days

s.17(1), 17(4)(g)(i)
Customer Name: **C. DINCUBEK**
Account Number:
Service Address:
Service Period: **01-Mar-04 to 31-Mar-04**

Visit us at shaw.ca

Invoice Date: **February 10, 2004**

Your Entertainment Services

By bundling your services, you have saved **\$9.22** on this invoice.

Previous Balance		80.20	
Payment Received - Thank You	27-Jan-04	-80.20	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		74.95	
Current Entertainment Charges			74.95
GST (Registration 873690457RT)			5.25
Total Current Charges			80.20

Please Pay Amount Due by 01-Mar-04 **\$80.20**

Service calls are always included with your monthly price.

Thank you for keeping your account current.

Effective March 1, 2004, the monthly rate for the Full Cable Service Bundle will be adjusted to \$75.95. 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.

Visit start.shaw.ca
News.
Entertainment.
Information.

Cable + Internet - 80.20
Cable only - 45.96
Internet = 34.24
31.84 + 2.40 (GST) = \$ 34.24
claim →

43832

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

March, 2004

EXPENSES

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ 236.69 62212000

224.70
11.99

MEALS:

\$ 20.80 69500000

10.22
10.58

PARKING:

\$ 19.00 62210000

TAXIS:

\$ _____

OTHER (please describe):

\$ **ENTERED** APR 19 2004

576.84

\$ _____

\$ _____

MILEAGE: 1468 km at .38¢ /km

\$ 557.84 62210000

TOTAL EXPENSES:

\$ 834.33

Bander

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER		
George T. Pinchbeck		s.17(1), 17(4)(g)(i)				
DEPARTMENT		SITE		PHONE #		
Board Member		s.17(1), 17(4)(g)(i)				
DATE OF TRAVEL /EXPENSE		DETAILS		# OF KM (for mileage)	RATE	AMOUNT
Mar 1/04	Lynn Martin, Don McLeod & I re:			106	.38	40.28
	Aboriginal Comm. Health Council					
Mar 4/04	CHR mtg with municipalities at Airdrie			150	.38	57.00
Mar 9/04	Ab. Hlth Council - Agenda Setting			108	.38	41.04
Mar 11/04	Quality & Access Mtg.			114	.38	43.32
Mar 12/04	MHA - Mtg - Richard Mary - Olds - Carol Haley - Airdrie			250	.38	95.00
Mar. 17/04	Aboriginal Comm. Health Council - Red Belcher.			108	.38	41.04
Mar. 18/04	Physician Liaison Committee			114	.38	43.32
Mar. 23/04	Regular Board Mtg. - CHR			114	.38	43.32
* Mar. 25/04	Calgary Aboriginal Professionals Assn. - Bl. of Montreal Downtown			106	.38	40.28
** Mar. 26/04	Bone & Joint Breakfast at the Calgary Petroleum Club.			106	.38	40.28
Mar. 30/04	CHR - Rural Committee at High River Hosp. Annex.			192	.38	72.96
* Mar. 25/04	Parking					6.00
** Mar. 26/04	Parking					13.00
				1468	.38	

mileage - 557.84

FINANCIAL CODE				DESCRIPTION		AMOUNT (incl GST)					
Org	Functional Centre	Account									
		6	2	2	1	0	0	0	0	Mileage/Parking	\$ 576.84
Employee Signature				Date		TOTAL PAYABLE TO EMPLOYEE					
George T. Pinchbeck				20 Apr 1/04		\$					
Expenditure Officer Authorization				Authorizer's Employee Number		Authorizer Phone Number					

APPLICANT COPY



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

Mr. George Pinchbeck

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

Arrival 03/14/04
 Departure 03/16/04
 Payment Method VA

Room 0411
 Cashier 34
 Page 1
 Starwood Pref.#
 Airline Partner
 Folio No. 298715

Guest Account The Westin Edmonton, 03/16/04

Date	Description	Room	Charges	Credits
03/14	Room Charge	0411	105.00	
03/14	Room Tax 5%		5.25	
03/14	Room GST 7%		7.35	
03/14		s.17(1), 17(4)(g)(i)	<u>28.45</u>	
03/15	Room Charge		105.00	
03/15	Room Tax 5%		5.25	
03/15	Room GST 7%		7.35	
03/15	Tel-Local Calls #411 :		1.49	
03/15		s.17(1), 17(4)(g)(i)	<u>12.65</u>	
03/16	Visa			277.79
		s.17(1), 17(4)(e.1)		
Capture method:swiped		Total	277.79	277.79
		Balance		0.00 \$

personal omit.

Room GST 14.70
 F&B GST 0.00
 Other GST 2.79
 Total GST 17.49
 GST Vendor R101577591

277.79
41.10
Claim = \$ 236.69

282028

282009

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
collision by our negligence or otherwise.

~~B~~
\$ 13.

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
collision by our negligence or otherwise.

\$ 6.00



CATTLEJACKS
420 CENTRE STREET
HIGH RIVER, AB
(403) 652-1555

BOSTON PIZZA
AIRDRIE

Merchant ID: 4038769
Term ID: A4038769
Shift #: 1

0052 Line 17 #Party 1
AMANDA 10:13:07 03/12/04

Pre Auth

VISA

1 TEA 1.60
1 CHEESE PIZZA 1.95

Entry Method: Swiped
Batch #: 000001 Seq #: 120001001000
Invoice#: 001881

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

Sub Total 3.55
Tax 0.10
03/12 13:30 10:22

Amount: \$ 9.08
Tip:

PL DAY SERVER

Total: \$ 10.58

001 Approved
Approval Code: 992241

*** WELLS FARGO ***
*** J014 ***
MON-FRI 11am-10pm, Sat 11am-12am
**R-SUN 11am-7pm, HOURS 4-7PM, MON-SUN*

NO SIGNATURE REQUIRED

30/03/04

13:33:08

Customer Copy

48833

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF

March, 2004

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

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
<i>Feb 10/04</i>	<i>Internet Hookup</i>	<i>31.84</i>	<i>2.40</i>	<i>\$ 34.24</i>

ENTERED APR 19 2004

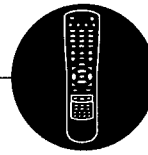
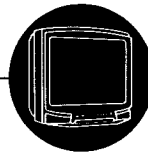
TOTAL EXPENSES:

\$ 34.24

Financial code: 01-71110300003-62210001

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

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



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 hours/7 days

Internet Technical Support
(403) 750-6990
24 hours/7 days

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Apr-04 to 30-Apr-04**

Visit us at shaw.ca

Invoice Date: **March 09, 2004**

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this invoice.

Previous Balance		80.20	
Payment Received - Thank You	3-Mar-04	-80.20	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		75.95	
Current Entertainment Charges			75.95
GST (Registration 873690457RT)			5.32
Total Current Charges			81.27

Please Pay Amount Due by 01-Apr-04 \$81.27

Service calls are always included with your monthly price.

Thank you for keeping your account current.

Effective March 1, 2004, the monthly rate for the Full Cable Service Bundle has been adjusted to \$75.95. 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.

Visit start.shaw.ca
News.
Entertainment.
Information.

Cable + Internet = 80.20
Cable Only = 45.96

Internet only = 34.24

31.84 + 2.40 = 34.24
Claim ↗

44421

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

George Pinchbeck

FOR THE MONTH OF:

April, 2004

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

EXPENSES

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS: Mar 30/04 (meal allowance)

\$ 29.50 69500000

PARKING:

\$ R 6.25 62210000

TAXIS:

\$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 992 km at .38¢/km
(Attach Local Travel Expense Claim form)

R \$ 376.96 62210000

TOTAL EXPENSES:

\$ 392.71
392.71 AJP.

[Signature]

[Signature]

44422

CALGARY HEALTH REGION

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

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF April, 2004

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Apr. 9/04	Internet hookup	\$ 31.84	\$ 2.40	\$ 34.24

ENTERED MAY 17 2004

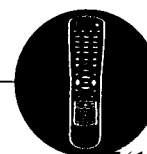
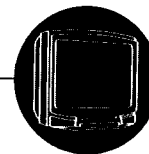
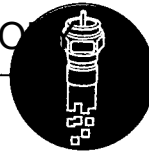
TOTAL EXPENSES: \$ 34.24

Financial code: 01-71110300003-62210001

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

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

OK
29



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 hours/7 days

Internet Technical Support
(403) 750-6990
24 hours/7 days

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-May-04 to 31-May-04**

Visit us at shaw.ca

Invoice Date: **April 09, 2004**

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this invoice.

Previous Balance		81.27
Payment Received - Thank You	30-Mar-04	-81.27
Outstanding Balance		0.00
<hr/>		
Entertainment Bundle		
Full Cable Bundle		75.95
Current Entertainment Charges		75.95
GST (Registration 873690457RT)		5.32
Total Current Charges		81.27

Please Pay Amount Due by 01-May-04 **\$81.27**

Thank you for keeping your account current.

Service calls are always included with your monthly price.

Cable + Internet = \$80.20
Cable only = 45.96
Internet only = 34.24
\$ 31.84 + 2.40(G.S.T.) = 34.24
Claim →

Visit start.shaw.ca
News.
Entertainment.
Information.

45254

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: George Linchbeck
FOR THE MONTH OF: May, 2004

EXPENSES

ENTERED JUN-16 2004

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: R \$ 3.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 824 km at .38¢ /km R \$ 313.12 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 316.12

GL

Bandu

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER	
George T. Pinchbeck				
DEPARTMENT	SITE			DATE
Board Member	Southport Office	s.17(1), 17(4)(g)(i)		June 3/04
DATE OF TRAVEL EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
May 4, 2004	Ad Hoc Communications Com. Mtg	114	.38	43.32
May 6/2004	Ab. Awareness & Networking Com. Old Belcher - Quality Access Comm. at Southport & Can. Red Cross Awards - downtown	134		50.92
May 10/04	AARN - Nurses Week Dinner at Heritage Park.	124	.38	43.32
May 11/04	Special Board Mtg - Agenda setting - Aboriginal HAC Luncheon for Nurses - Southport	134		50.92
May 18/04	Bd. Inservice & Reg. Bd. Mtg.	114		43.32
May 19/04	Health Conference Planning Com. for Aboriginal HAC.	114		43.32
May 29/04	Dashmesh Culture Ctre - N.E. Calgary - Sikh Presentation	100		38.00
May 6/04	Parking - Red Cross Mtg.			3.00
		824		\$316.12

AUTHORIZATION & CODING				
FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking	\$ 316.12
Employee Signature			Date	
George T. Pinchbeck			June 3/04	
Expenditure Officer Authorization			TOTAL PAYABLE TO EMPLOYEE	\$ 316.12
Sander M			Authorizer's Employee Number	Authorizer Phone Number

APPLICANT COPY

TICKET VOID IF RE-SOLD



IMPERIAL PARKING
PHONE 1-800-368-7474
EVENTS PARKER

CE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

Meter: LOT 135

Amount: 20.00

Time: 11:00

Rate: \$ 3.00

Event: 0000

Event: 0000

Event: 0000

Event: 0000

Event: 0000

Event: 0000

Event: 0000

Event: 0000

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Event: 0000

PLACE THIS SIDE UP ON DASH

ON DASH

PL

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

45255

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF

May, 2004

EXPENSES

(Please attach original receipts.)

ENTERED JUN 16 2004

Date	Description	Amount	GST	Total
<i>May 9/04</i>	<i>Shaw Internet Hookups</i>	<i>31.84</i>	<i>2.40</i>	<i>R 34.24</i>
<i>May 27/04</i>	<i>Future Shop - one - HP No. 23 Colour cartridge</i>	<i>49.99</i>	<i>3.50</i>	<i>R 53.49</i>
		<i>81.83</i>	<i>5.90</i>	<i>87.73</i>

TOTAL EXPENSES:

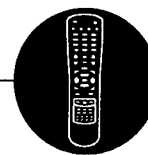
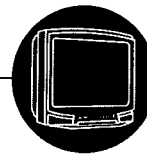
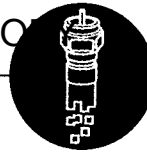
R
\$ *87.73*

Financial code: 01-71110300003-62210001

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

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

RB



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 hours/7 days

Internet Technical Support
(403) 750-6990
24 hours/7 days

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Jun-04 to 30-Jun-04**
Invoice Date: **May 09, 2004**
Due Date: **June 01, 2004**

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved **\$7.95** on this invoice.

Previous Balance		81.27
Payment Received - Thank You	26-Apr-04	-81.27
Outstanding Balance		0.00
<hr/>		
Entertainment Bundle		
Full Cable Bundle		75.95
Current Entertainment Charges		75.95
GST (Registration 873690457RT)		5.32
Total Current Charges		81.27

Total Amount Due **\$81.27**
(Please pay by due date shown)

Eliminate junk email before it arrives on your computer with Shaw Email Filter.

Thank you for keeping your account current.

Shaw Email Filter is now available, providing Shaw Internet customers four options to manage unwanted junk email or spam. Visit manage.shaw.ca for more details.

With Shaw, quick and responsive customer service is available 24/7/365.

Cable + Internet = 80.20
Cable only = 45.96

Internet only = 34.24
31.84 + 2.40 (GST) = \$34.24

Claim →

pd May 20/04

46155

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF:

June, 2004

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

EXPENSES

ENTERED JUL 16 2004

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING: (valet)

2 \$ 40.00

62210000

TAXIS:

\$ _____

OTHER (please describe):

\$ _____

\$ _____

\$ _____

MILEAGE: 958 km at .38¢/km
(Attach Local Travel Expense Claim form)

R \$ 364.04

62210000

TOTAL EXPENSES:

\$ 404.04

Randy

APPLICANT COPY

THE *Fairmont*
CHATEAU LAKE LOUISE

111 LAKE LOUISE DRIVE
LAKE LOUISE, ALBERTA CANADA T0L 1E0
T 403 522 3511 F 403 522 3834
G.S.T. Registration # 86707 3611 RT0002

Room : 0372
Folio # : 32811
Cashier # : 120
Page # : 1 of 1
Group Name Optimum Health

CHR - Board - Exploring Health and Heali
Mr George Pinchbeck

Canada

Arrival : 06-20-04
Departure : 06-24-04

Date	Description	Additional Information	Charges	Credits
06-20-04	Parking - Valet	Night Audit Fixed Charges	10.00	
06-21-04	Parking - Valet	Night Audit Fixed Charges	10.00	
06-22-04	Parking - Valet	Night Audit Fixed Charges	10.00	
06-23-04	Parking - Valet	Night Audit Fixed Charges	10.00	
06-24-04	Visa			
				40.00
				s.17(1), 17(4)(e.1)
Total			40.00	40.00
Balance Due			0.00	

GST Summary

Room	0.00
F&B	0.00
Other	0.00
Total	0.00

Guest signature

Signature du client X _____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414
Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
De États-Unis or Canada 1 800 4411414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS	EMPLOYEE NUMBER	
Pinchbeck, George T.				
DEPARTMENT		SITE	PHONE #	DATE
board member-CHR		Southport-office		June 30/04
DATE OF TRAVEL /EXPENSE	DETAILS	MILEAGE	RATE	AMOUNT
June 2/04	Aboriginal HAC-Health Conference Planning Committee	112	.38	42.56
June 3/04	Quality & Access Comm. Mtg.	114	.38	43.32
June 16/04	Tour of Childrens Hospital (New)			
June 17/04	Aboriginal Health Adv. Council Mtg	118	.38	44.84
June 18/04	Finance & Audit Committee	114	.38	43.32
June 18/04	MLA Bar B-Q - Bragg Creek	150	.38	57.00
June 24/04	Bridge Conference at Bragg Creek	50	.38	19.00
	Vallet parking @ \$10./day (attached)			40.00
	Book entrance fee (attached)			56.00
June 25/04	Aboriginal HAC + Ab. Health Program Liaison mtg.	124	.38	47.12
June 29/04	Newport Harbour Care Ctr Opening			
June 29/04	Regular Board Mtg.	114	.38	43.32
June 30/04	Conference Planning - Halden Summit Health Centre - Ab. HAC.	112	.38	42.56

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		62210000	955 Mileage/Parking	\$ 122.00
Employee Signature			Date	TOTAL PAYABLE TO EMPLOYEE
George T. Pinchbeck			June 30/04	\$ 122.00
Expenditure Officer Authorization			Authorizer's Employee Number	Authorizer Phone Number
Bandy				

46156

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF

June, 2004

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

EXPENSES
(Please attach original receipts.)

ENTERED JUL 2004

Date	Description	Amount	GST	Total
<i>June 9 / May 25/04</i>	<i>Internet Hookup</i>	<i>32.15</i>	<i>2.42</i>	<i>R 34.57</i>
<i>June 26/04</i>	<i>2 - H.P. Cartridge refills - Ink-jet Island</i>	<i>37.38</i>	<i>2.62</i>	<i>R 40.00</i>
<i>June 20</i>	<i>Bruff Park Fees</i>			<i>R 56.00</i>

TOTAL EXPENSES:

GJP.

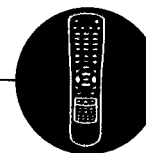
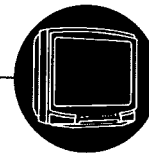
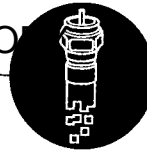
R \$ 130.57

Financial code: 01-71110300003-62210001

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

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

RB
40



Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 hours/7 days

Internet Technical Support
(403) 750-6990
24 hours/7 days

Visit us at shaw.ca

s.17(1), 17(4)(g)(i)
Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Jul-04 to 31-Jul-04**
Invoice Date: **June 09, 2004**
Due Date: **July 01, 2004**

Your Entertainment Services

By bundling your services, you have saved **\$7.95** on this invoice.

Previous Balance		81.27	
Payment Received - Thank You	25-May-04	-81.27	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		75.95	
Current Entertainment Charges			75.95
GST (Registration 873690457RT)			5.32
Total Current Charges			81.27

Eliminate junk email before it arrives on your computer with **Shaw Email Filter**.

Total Amount Due **\$81.27**
(Please pay by due date shown)

Thank you for keeping your account current.

Shaw High-Speed Xtreme-I is now available. Experience new speeds with your internet service. Visit shaw.ca or call us today for more details.

$$\begin{array}{r}
 \text{Cable + Internet} = \$81.27 \\
 \text{Cable only.} = \underline{46.70} \\
 \text{Internet only} = 34.57 \\
 32.15 + 2.42(\text{GST}) = \text{\$} \text{34.57} \\
 \text{Claim} \rightarrow
 \end{array}$$

With Shaw, quick and responsive customer service is available 24/7/365.

APPLICANT COPY

PARC NATIONAL
BANFF
NATIONAL PARK

6/20/2004

See Pass
voir laissez-passer

NP FG/CPN GF 89.00
Pass/Laissez-passer 11036722

Total 89.00
GST/TPS 5.82
Credit 89.00
3:34 PM M.S. 199
GATE/BARRIÈRE-BANFF
Claim - 4 nights - \$56.00
GST#/No de TPS: R121491807

ESTABLISHED BY
SUNSHINE HOTEL
101-1100-1145
30 DAY RE-ENTER POLICY
AT PLACE OF PURCHASE
RECEIPTS REQUIRED
THANKS

06-26-04 1100

PLU020 18.69 F
PLU020 18.69 F
SUBTL 37.38
GST 2.62
VISA 40.00
TOTAL 40.00

2CL 4684 13:09TM

TRANSACTIONS
ISLAND
5525
CARD #
TERM 11
MID: 75
CARD #
ACCT TYPE
REF NO: \$40.00
(001) 0130
CARDHOLDER
TOTAL IN
AGREEMENT

Best Copy Possible

0757

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

July + August, 2004

EXPENSES

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING:

\$ _____

TAXIS:

\$ _____

OTHER (please describe):

\$ _____

\$ _____

\$ _____

MILEAGE: 600 km at .38¢ /km
(Attach Local Travel Expense Claim form)

l \$ 228.-

62210000

TOTAL EXPENSES:

\$ 228.-

GJP.
Bandy *CB*

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.

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

EMPLOYEE NAME (PRINT) George T. Pinchbeck		CRHA E-MAIL ADDRESS s.17(1), 17(4)(g)(i)	EMPLOYEE NUMBER	
DEPARTMENT Board Member		SITE Southport Office		DATE Aug 27/04
DATE OF TRAVEL /EXPENSE	DETAILS	MILEAGE (for mileage)	RATE	AMOUNT
July 2/04	Aboriginal Conference Planning Workshop - Hinton	112	.38	42.56
July 8/04	Health + Wellness Committee - Opening - Thomas Murray Health Centre on Tsuu Tina Reserve	128	.38	48.64
July 13/04	Rockyview Hosp Pancake Bkfst. Health + Wellness Comm. Mtg. Sldpt. Sld Turning - S.F. Hospital	134	.38	50.92
Aug 17/04	Governance Committee	114	.38	43.32
Aug 18/04	Aboriginal Conference Planning Con.	112	.38	42.56
		600.-		228.-

AUTHORIZATION & CODING				
FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking	\$ 228.-
Employee Signature <i>George T. Pinchbeck</i>		Date <i>Aug 27/04</i>	TOTAL PAYABLE TO EMPLOYEE \$ 228.-	
Expenditure Officer Authorization <i>Bandy</i>		Authorizer's Employee Number	Authorizer Phone Number	

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George J. Linchbeck

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

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
July 9/04	Internet Cable Hookups - Shaw	32.15	2.42	R \$ 34.57
Aug 9/04	Internet - Cable Hookups - Shaw.	32.15	2.42	R 34.57
Aug 17/04	Radio Shack. Fax cartridges	36.99	2.59	R 39.58
		101.29	7.43	R 108.72

ENTERED SEP 15 2004

TOTAL EXPENSES: \$ 108.72

Financial code: 01-71110300003-62210001

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

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

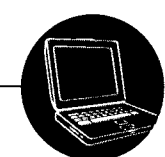
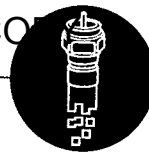
RLB



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PAGE 1 OF 2



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Sep-04 to 30-Sep-04**
Invoice Date: **August 09, 2004**
Due Date: **September 01, 2004**

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this invoice.

Previous Balance		81.27	
Payment Received - Thank You	23-Jul-04	-81.27	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		75.95	
Current Entertainment Charges			75.95
GST (Registration 873690457RT)			5.32
Total Current Charges			81.27

Eliminate junk email before it arrives on your computer with Shaw Email Filter.

Total Amount Due **\$81.27**
(Please pay by due date shown)

Thank you for keeping your account current.

Cable only

46.70

Internet only: 32.15 + 2.42(GST) = \$34.57

Claim →

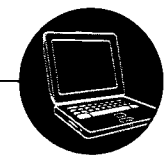
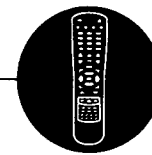
With Shaw, quick and responsive customer service is available 24/7/365.



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PAGE 1 OF 2



Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 hours/7 days

Internet Technical Support
(403) 750-6990
24 hours/7 days

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

Customer Name: **G PINCHBECK**

Account Number:

Service Address:

Service Period: **01-AUG-04 TO 31-AUG-04**

Invoice Date: **July 09, 2004**

Due Date: **August 01, 2004**

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved **\$7.95** on this invoice.

Previous Balance		81.27
Payment Received - Thank You	22-Jun-04	-81.27
Outstanding Balance		0.00
<hr/>		
Entertainment Bundle		
Full Cable Bundle		75.95
Current Entertainment Charges		75.95
GST (Registration 873690457RT)		5.32
Total Current Charges		81.27

Total Amount Due **\$81.27**

(Please pay by due date shown)

Eliminate junk email before it arrives on your computer with Shaw Email Filter.

Thank you for keeping your account current.

Cable only 46.70

Internet only: 32.15 + 2.42(GST) = 34.57

claim →

With Shaw, quick and responsive customer service is available 24/7/365.



APPLICANT COPY

DIVISION INTER-DIN CANADA LTD./LTD. ASSOCIATE STORE OWNED AND OPERATED BY / MAGASIN ASSOCIÉ APPARTENANT À ET DIRIGÉ PAR

	DATE	NO./N
INVOICE	17/08/04	14734

WHEATLAND ELECTRONICS LTD.
 23T834 GST#105854114
 239 3RD AVE
 STRATHMORE, AB.
 T1P 1K1 TEL.:(403) 934-3414

SALES REP. : JOE

CUSTOMER: 741

SHIP TO :

SAME
 TEL.:934-13056

PINCHBECK, GEORGE

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

ITEM NO.	DESCRIPTION	COMM	INV.	B/O	QTY	PRICE	TOTAL	TX
761-8172	KXFA55A FILM CART	1	1		0	36.99	36.99	4

SUBTOTAL : 36.99

A) REGISTER: GST : 2.59

TOTAL : 39.58

MERCHANDISE SUBMITTED FOR CREDIT, RETURN OR EXCHANGE MUST BE IN NEW CONDITION, IN ITS ORIGINAL PACKING AND ACCOMPANIED BY THIS SALES SLIP.
 LA MARCHANDISE RETOURNÉE POUR CRÉDIT, REMBOURSEMENT OU ÉCHANGE DOIT ÊTRE À L'ÉTAT NEUF DANS SON EMBALLAGE ORIGINAL ET ACCOMPAGNÉE DE CE BORDEREAU DE VENTE.
 FOR ADDITIONAL INFORMATION ON COMPUTER EQUIPMENT WARRANTIES OR LICENCES, PLEASE REFER TO THE PRODUCT'S PACKAGING. POUR PLUS D'INFORMATION SUR LES GARANTIES D'ÉQUIPEMENT D'ORDINATEUR OU SUR LES PERMIS, PRIÈRE DE VOUS RÉFÉRER À L'EMBALLAGE DU PRODUIT.

MANAGER'S AUTHORIZATION/AUTORISATION DU GÉRANT

CUSTOMER'S SIGNATURE/SIGNATURE DU CLIENT

BORTLINE, WWW.LAND.MA.MAGS.PPT

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT		SITE		PHONE #	DATE
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
Pinchbeck, George T.					
Board Member		Southport			Oct 4/04
Sept 1/04	Ab. Health Council - Conference Planning	112	.38	42.56	
Sept 2/04	Quality & Access Committee	114	.38	43.32	
Sept 9/04	Finance & Audit Committee	127	.38	48.26	
Sept 13/04	Long Service Awards - Village Park Inn				
Sept 15/04	Ab. Health Conf. Planning - Churnier	112	.38	42.56	
Sept 16/04	Give Gretings - Didsbury Long Service	226	.38	85.88	
Sept 16/04	Mtg - Lynn Martin & Don McLeod				
Sept 21/04	Opening of the Aspen Lodge at Didsbury	250	.38	95.00	
Sept 21/04	Wellness Strategies Task Force	114	.38	43.32	
Sept 23/04	Ab. Awareness & Tubing Comm.				
Sept 27/04	Ab. Conf. Planning Comm. - Churnier	112	.38	42.56	
Sept 27/04	Family Med. Physicians Recruitment Dinner	112	.38	42.56	
Sept 28/04	Regular Board Meeting	114	.38	43.32	
Sept 29/04	Ab. Conference Planning Comm.	112	.38	42.56	
Sept 30/04	Aboriginal Health Council - Program Liaison Comm. - Southport	114	.38	43.32	

AUTHORIZATION & CODING				
FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking 1619-km.	\$ 615.22
Employee Signature			Date	
George T. Pinchbeck			Oct 3/04	
Expenditure Officer Authorization			TOTAL PAYABLE TO EMPLOYEE	\$ 615.22
			Authorizer's Employee Number	Authorizer Phone Number

48255

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME: George T. Pinchbeck

FOR THE MONTH OF September, 2004

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
<u>Sept 9/04</u>	<u>Internet Cable Hookup - Shaw</u>	<u>32.15</u>	<u>2.42</u>	<u>34.57</u>

TOTAL EXPENSES:

\$ 34.57

Financial code: 01-71110300003-62210001

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

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

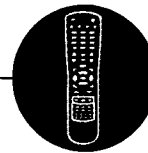
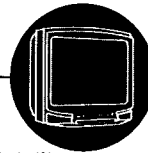
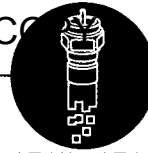
RB



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PAGE 1 OF 2



Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

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

Customer Name: G PINCHBECK
Account Number:
Service Address:
Service Period: 01-Oct-04 to 31-Oct-04
Invoice Date: September 09, 2004
Due Date: October 01, 2004

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this invoice.

Previous Balance		81.27	
Payment Received - Thank You	31-Aug-04	-81.27	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		75.95	
Current Entertainment Charges			75.95
GST (Registration 873690457RT)			5.32
Total Current Charges			81.27

Eliminate junk email before it arrives on your computer with Shaw Email Filter.

Total Amount Due **\$81.27**
(Please pay by due date shown)

Thank you for keeping your account current.

Cable Only \$46.70
Internet Only
= 32.15 + 2.42 (GST) = 34.57

Claim →

With Shaw, quick and responsive customer service is available 24/7/365.

49351

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

October, 2004

EXPENSES

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING:

\$ 6.00 62210000

TAXIS:

\$ _____

OTHER (please describe):

\$ _____

\$ _____

\$ _____

MILEAGE: 812 km at .38¢/km
(Attach Local Travel Expense Claim form)

\$ 308.56 62210000

TOTAL EXPENSES:

\$ 314.56

G.T.P.

Bandy

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT	SITE	PHONE #	DATE		
George T. Pinchbeck					
Board Member	Southport		Nov 4/04		
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT	
Oct 4-6/04	Aboriginal Health Conference - 3 days	264	.38	100.32	
Oct 18/04	Wellness Committee Mtg.	114	.38	43.32	
Oct 19/04	Regular Board Mtg.	114	.38	43.32	
Oct 20/04	Aboriginal Community HAC at Seldon Chumir Ctre + Chaps at Delta Bow Valley	112	.38	42.56	
Oct 21/04	Health Knowledge Network Conference Glenmore Inn	100	.38	38.00	
Oct 25/04	Quality Improvement Projects at the Red & White Club	108	.38	41.04	
Oct 20/04	Parking			6.00	
DELTA BOW VALLEY PARKING THANK YOU GST R863510996		812		308.56	
				<u>314.56</u>	
10/20/2004 6:20PM 01	00000000 CLERK01				
AMOUNT	\$6.00				
MDSE SI	\$6.00				
GST	0.39				

ITEMS		10		AUTHORIZATION & CODING			
***TOTAL	\$6.00			GL Description		Amount (Including GST)	
CASH	\$10.00	Account		Mileage/Parking		\$ 314.56	
CHANGE	\$4.00	2 1 0 0 0 0					
Employee Signature	George T. Pinchbeck		Date	Nov 4/04		TOTAL PAYABLE TO EMPLOYEE \$ 314.56	
Expenditure Officer Authorization		Authorizer's Employee Number		Authorizer Phone Number			
Randy							

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

October, 2004

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Oct 9/04	Internet Cable Hookup - Shaw	32.15	2.42	34.57

TOTAL EXPENSES:

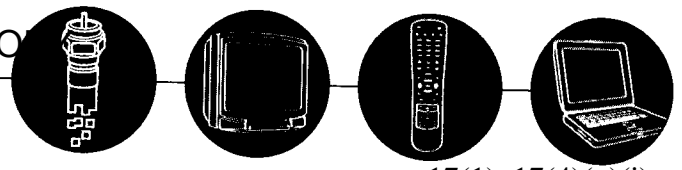
2 \$ 34.57

Financial code: 01-71110300003-62210001

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

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

RB



Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

Customer Name: **G PINCHRECK**
Account Number:
Service Address:
Service Period: **01-Nov-04 to 30-Nov-04**
Invoice Date: **October 09, 2004**
Due Date: **November 01, 2004**

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

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this bill.

Previous Balance		81.27
Payment Received - Thank You	30-Sep-04	-81.27
Outstanding Balance		0.00
<hr/>		
Entertainment Bundle		
Full Cable Bundle		75.95
Current Entertainment Charges		75.95
GST (Registration 873690457RT)		5.32
Total Current Charges		81.27
<hr/>		
Total Amount Due		\$81.27
(Please pay by due date shown)		

Did you know Shaw has been providing cable television in Western Canada for 35 years? Shaw - making your home better.

Thank you for keeping your account current.

Cable + Internet 81.27
Cable Only 46.70

Internet Only 34.57
32.15 + 2.42(GST) = 34.57
Claim →

For news, weather, sports entertainment and games visit START.SHAW.CA

50115

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

November, 2004

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Nov. 9/04	Internet Cable Hookup - Shaw	32.15	2.42	R 34.57
Nov 25/04	Island Inkjet Printer Cartridge Refills	37.38	2.62	R 40.00

TOTAL EXPENSES:

GTP

R \$ 74.57

Financial code: 01-71110300003-62210001

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

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

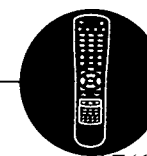
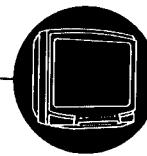
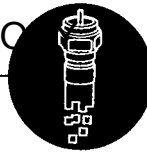
RB



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PAGE 1 OF 2



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

Customer Service Centre
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S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Dec-04 to 31-Dec-04**
Invoice Date: **November 09, 2004**
Due Date: **December 01, 2004**

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this bill.

Previous Balance		81.27
Payment Received - Thank You	29-Oct-04	-81.27
Outstanding Balance		0.00
<hr/>		
Entertainment Bundle		
Full Cable Bundle		75.95
Current Entertainment Charges		75.95
GST (Registration 873690457RT)		5.32
Total Current Charges		81.27

Call us at 4 A.M. and we'll still like you. 24/7/365 Technical Support

Total Amount Due **\$81.27**
(Please pay by due date shown)

Thank you for keeping your account current.

Cable Only \$46.70
Internet Only
 $= 32.15 + 2.42(GST) = \underline{\underline{\$34.57}}$
Claim →

Contact us to find out how you can pause, rewind and play live television with Shaw's High Definition Personal Video Recorder.

22-144-05-10
 25PM 10:00
 18.00
 18.00
 20.00
 2
 2.00
 (SIP) 10.00
 MAKE A NICE DAY
 05/04
 55295 018RP0001
 02:26PM
 CLERK 1

George V. Hinchbeck

Best Copy Possible

5029

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

November, 2004

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

EXPENSES

EXPENSES

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING:

R \$ 20.00 62210000

TAXIS:

\$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 1024 km at .38¢ /km
(Attach Local Travel Expense Claim form)

R \$ 389.12 62210000

TOTAL EXPENSES:

\$ 409.12

GTP

Bandy RB

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
George T. Pinchbeck					
DEPARTMENT		SITE		PHONE #	DATE
Board Member		Southport			Dec 2/04
DATE OF TRAVEL /EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	
				2.14 (for mileage)	
Nov. 4/04	Quality & Access Committee	114	.38	43.32	
Nov. 9/04	PBMA - Foothills Hosp.	112	.38	42.56	
Nov. 10/04	Long Service Awards - Best Western Hotel - Southland Dr.	112	.38	42.56	
Nov. 17/04	Aboriginal Community Health Advisory Comm - Monthly Mtg.	112	.38	42.56	
Nov. 18/04	Physician Liaison & Advisory Part. Accreditation Team Mtg.	114	.38	43.32	
Nov. 22/04	Wellness Task Force Mtg. - St. Pat.	114	.38	43.32	
Nov. 23/04	Regular Board Meeting	114	.38	43.32	
Nov. 25/04	PBMA - Mtg. FMC.	112	.38	42.56	
"	Bd Christmas Dinner	8	?	3.04	
Nov. 30/04	Aboriginal Comm. HAC Retreat Planning	112	.38	42.56	
		1024		389.12	
Nov. 9/04	Parking - FMC			10.-	
Nov. 25/04	Parking - FMC			10.-	

AUTHORIZATION & CODING				
FINANCIAL CODE			GL Description	Amount (Including GST)
Org	Functional Centre	Account		
		6 2 2 1 0 0 0 0	Mileage/Parking	\$ 409.12
Employee Signature			Date	
George T. Pinchbeck			Dec 2/04	
Expenditure Officer Authorization			TOTAL PAYABLE TO EMPLOYEE	\$ 409.12
Bandy			Authorizer's Employee Number	Authorizer Phone Number

APPLICANT COPY

Calgary Health Region
Parking Fee Receipt

Calgary Health Region
Parking Fee Receipt

Rcpt# 21507
11/09/04 14:18 L# 2 A# 14 Txn#107953
11/09/04 07:35 In 11/09/04 14:18 Out
Tkt# 063930
CRHA 1 \$ 10.00
Total Fee \$ 10.00
DASH PAID \$ 10.00-
Cash Tender \$ 10.00
Change Due \$ 0.00
Thank-You!
GST #R107392557

Rcpt# 21507
11/09/04 14:18 L# 2 A# 14 Txn#107953
11/09/04 07:35 In 11/09/04 14:18 Out
Tkt# 063930
CRHA 1 \$ 10.00
Total Fee \$ 10.00
DASH PAID \$ 10.00-
Cash Tender \$ 10.00
Change Due \$ 0.00
Thank-You!
GST #R107392557

50814

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

December, 2004

EXPENSES

01-71110300002

AIRFARE:

\$ —

CAR RENTAL:

\$ —

ACCOMMODATION:

\$ —

MEALS:

\$ —

PARKING:

\$ —

TAXIS:

\$ —

OTHER (please describe):

\$ —

\$ —

\$ —

MILEAGE: 480 km at .38¢ /km
(Attach Local Travel Expense Claim form)

\$ 182.40

62210000

TOTAL EXPENSES:

\$ 182.40

G.T.P.

Ch. Deloste RB

51522

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

January, 2005

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ 24.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

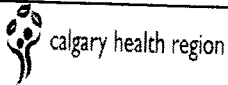
_____ \$ _____

MILEAGE: 1149 km at .38¢ /km
(Attach Local Travel Expense Claim form) \$ 436.62 62210000

TOTAL EXPENSES: \$ 460.62

U. De Costa 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.

5.17(1), 17(4)(g)(i)

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER		DATE <i>Jan 31/05</i>
DATE OF TRAVEL/ EXPENSE	DETAIL(\$), 17(4)(g)(i)	# OF KM (for mileage)	RATE	AMOUNT
<i>Jan 10/05</i>	<i>Didsbury - Long Term Care Meeting</i>	<i>244</i>	<i>.38</i>	<i>92.72</i>
<i>Jan 11/05</i>	<i>Premier's speech - Calliser Hotel Parking</i>	<i>113</i>	<i>.38</i>	<i>42.94</i>
<i>Jan 13/05</i>	<i>Quality & Access Com Mtg - Southport</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Jan 17/05</i>	<i>Wellness Task Force - Southport</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Jan 18/05</i>	<i>Accreditation Mtg - Southport</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Jan 19/05</i>	<i>Awareness & Networking Committee</i>			
	<i>Ab. Comm. Hlth Adv. Comm.</i>	<i>112</i>	<i>.38</i>	<i>42.56</i>
<i>Jan 25/05</i>	<i>Bd. Retreat - Ranchman's Club</i>	<i>112</i>	<i>.38</i>	<i>42.56</i>
<i>Jan 27/05</i>	<i>Accreditation Mtg - Southport</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Jan 28/05</i>	<i>Calgary Caucus Mtg - Mc Dougall Centre</i>	<i>112</i>	<i>.38</i>	<i>42.56</i>
	<i>Parking</i>			<i>12.00</i>
				<i>448.65</i>
		<i>1149</i>		<i>460.65</i>

CODING & AUTHORIZATION

FINANCIAL CODE												
ORG	FUNCTIONAL CENTRE			ACCOUNT			GL DESCRIPTION	AMOUNT (Including GST)				
				6	2	2	1	0	0	0	MILEAGE/PARKING	<i>460.65</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>							TOTAL PAYABLE TO EMPLOYEE <i>460.65</i>					
AUTHORIZATION <i>Y. DeCosto</i>				AUTHORIZER EMPLOYEE NUMBER			AUTHORIZER PHONE NUMBER					

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!

PAY STATION: C3

ENTRY DAT/TIME:
11/01/05 11:14

PAY DATE/TIME:
11/01/05 13:49

PARK DUR.: HR:MM
0:00

PAID: \$ 12.00
CASH

* YOU MUST TAKE *
* ORIGINAL TICKET *
* WITH YOU AND USE *
* IT TO EXIT *

GST INCLUDED
GST No. RT12201449
1

THANK YOU FOR YOUR
VISIT!

McDougal
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869
POF 1 (12) Cashier 0
28/01/05 09:51

Receipt 023556

Short-term Parking
Short-term Parking tkt
McDougal Parkade
28/01/05 06:55 -
28/01/05 09:51
Period 0d02h36
(GST) \$12.00
Gross total \$12.00
Payment \$12.00
Net total \$11.21
GST (9%) 0.79

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

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

51573

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George J. Linchbeck s.17(1), 17(4)(g)(i)

FOR THE MONTH OF December, 2004
and January, 2005

EXPENSES

(Please attach original receipts.)

FEB 2005

Date	Description	Amount	GST	Total
Dec 9/04	Internet Hookups Shaw Cable	34.40	2.41	36.81
Jan 9/05	same	34.40	2.41	36.81

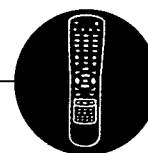
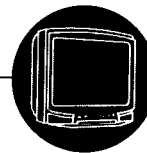
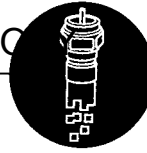
TOTAL EXPENSES: \$ 73.62

Financial code: 01-71110300003-62210001

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

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

JLB.



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

Customer Name: **G. DINCUBRECK**
Account Number:
Service Address:
Service Period: **01-Jan-05 to 31-Jan-05**
Invoice Date: **December 09, 2004**
Due Date: **January 01, 2005**

Visit us at shaw.ca

Shaw provides quick and responsive customer service - even during the holiday season. We are available to answer your questions 24/7/365.

Protect your computer and surf safely with Shaw Secure. Subscribe now and get the first 6 months free. Visit START.SHAW.CA for details.

Shaw wishes you and your family a safe and happy holiday season.

Your Entertainment Services

Previous Balance		81.27	
Payment Received - Thank You	18-Nov-04	-81.27	
Outstanding Balance			0.00
Entertainment Bundle			
Full Cable Bundle		76.95	
Current Entertainment Charges			76.95
GST (Registration 873690457RT)			5.39
Total Current Charges			82.34
Total Amount Due			\$82.34
(Please pay by due date shown)			

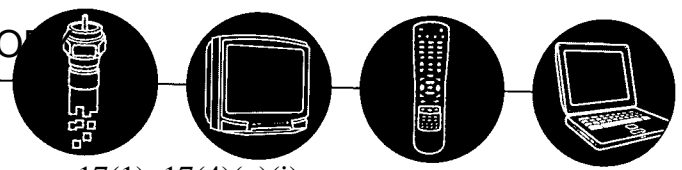
Thank you for keeping your account current.

Effective December 12, 2004, the monthly rate for your services has been adjusted to \$76.95, 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

Cable Only = \$42.55 + 2.98(GST) = \$45.53

Internet Only = 34.40 + 2.41(GST) = 36.81

Claim



Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

s.17(1), 17(4)(g)(i)
Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Feb-05 to 28-Feb-05**
Invoice Date: **January 09, 2005**
Due Date: **February 01, 2005**

Visit us at shaw.ca

Protect your computer with Shaw Secure. Get Anti-Virus, Firewall, Parental Control, Spam control, Anti-Spyware and Pop-up Blocker. Visit SHAW.CA for details.

With Shaw, quick and responsive customer service is available 24/7/365

Visit the new SHAW.CA to pay your bill online, review your account, and order products and services.

Your Entertainment Services

Previous Balance		82.34
Payment Received - Thank You	21-Dec-04	-82.34
Outstanding Balance		0.00
<hr/>		
Entertainment Bundle		
Full Cable Bundle		76.95
Current Entertainment Charges		76.95
GST (Registration 873690457RT)		5.39
Total Current Charges		82.34
<hr/>		
Total Amount Due		\$82.34
(Please pay by due date shown)		

Thank you for keeping your account current.

Cable Only = \$42.55 + 2.98(GST) = \$45.53

Internet Only = 34.40 + 2.41(G.S.T) = \$36.81

Claim →

52383

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

February, 2005

EXPENSES

01-71110300002

AIRFARE:

\$ -

CAR RENTAL:

\$ -

ACCOMMODATION:

\$ -

MEALS:

\$ -

PARKING:

\$ -

TAXIS:

\$ -

OTHER (please describe):

\$ -

\$ -

\$ -

MILEAGE: 992 km at .38¢ /km
(Attach Local Travel Expense Claim form)

\$ 376.96

6210000

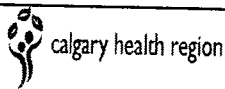
TOTAL EXPENSES:

\$ 376.96

G.T.P.

W. 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)		EMPLOYEE NUMBER		
DEPARTMENT		PHONE NUMBER		DATE
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
Feb 1/05	Public Health Symposium - UofC	112	.38	42.56
Feb 2/05	Wellness Session - Edm. Southport	114	.38	43.32
Feb 4/05	Finance & Audit Committee	114	.38	43.32
Feb 14/05	Wellness Committee - Southport	114	.38	43.32
Feb 15/05	Regular Board Meeting	114	.38	43.32
Feb 16/05	Region 3 - Aboriginal Community HAC Seldon Chumir Health Centre	108	.38	41.04
Feb 17/05	Canadian Home Care Association La Chauxmere Restaurant - 139 - 17 Ave SW	106	.38	40.28
Feb 22/05	Selection Committee for Region 3 Aboriginal Community HAC - Seldon Chumir	108	.38	41.04
Feb 24/05	Aboriginal Culture Workshops Alexander Community Centre	102	.38	38.76
		992	.38	376.96

CODING & AUTHORIZATION

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	376.96
EMPLOYEE SIGNATURE <i>George J. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	376.96
AUTHORIZATION <i>G. De Costa</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

52384

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME: George T. Pinchbeck

FOR THE MONTH OF February, 2005

EXPENSES
(Please attach original receipts.)

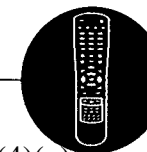
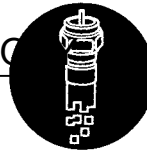
Date	Description	Amount	GST	Total
Feb 9/05	Internet Hookup	\$ 34.40	\$ 2.41	\$ 36.81
	Show Cable			

TOTAL EXPENSES: \$ 36.81

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>H. 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)



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

Customer Name: G PINCHBECK
Account Number:
Service Address:
Service Period: ~~01-Mar-05 to 31-Mar-05~~
Invoice Date: February 09, 2005
Due Date: March 01, 2005

Visit us at shaw.ca

Your Entertainment Services

By bundling your services, you have saved \$7.95 on this bill.

Previous Balance		82.34	
Payment Received - Thank You	21-Jan-05	-82.34	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		76.95	
Current Entertainment Charges			76.95
GST (Registration 873690457RT)			5.39
Total Current Charges			82.34
<hr/>			
Total Amount Due			\$82.34
<small>(Please pay by due date shown)</small>			

Contact us to find out how you can pause, rewind and play live television with Shaw's High Definition Personal Video Recorder.

Thank you for keeping your account current.

Cable Only - \$45.53
Internet Only - 36.81
Claim →

Shaw High-Speed Internet is better than ever with Shaw Secure now included. Visit SHAW.CA for details.

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

53894

CALGARY HEALTH REGION

BOARD EXPENSE FORM s.17(1), 17(4)(g)(i)

NAME: George T. Pinchbeck
FOR THE MONTH OF: March, 2005

EXPENSES ENTERED APR 13 2005

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: ^{237.54} _{11.10} \$ 248.64 62212000

MEALS: ^R \$ 34.24 62212000

PARKING: ^R \$ 35.00 62212000

TAXIS: \$ —

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: ^{691 km @ .38/km} _{600 km at .38¢/km} ^R \$ 262.58 → 62210000
(Attach Local Travel Expense Claim form) \$ 228.00 → 62212000

TOTAL EXPENSES: \$ 808.46

62212 = 534.78
- 11.10
62210 = 262.58

Ch. Deloste ^{KB}

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

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

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>George T. Pinchbeck</i>		EMPLOYEE NUMBER: <i>17(1), 17(4)(g)(i)</i>		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER	DATE <i>Mar 28/05</i>	
DATE OF TRAVEL EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Mar 3/05</i>	<i>Quality & Access Comm. Mtg</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Mar 9/05</i>	<i>Accreditation Mtg</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Mar 13-15/05</i>	<i>Health Boards of Alberta Conference - Edmonton</i>	<i>600</i>	<i>.38</i>	<i>228.00</i>
	<i>Parking -</i>			<i>35.00</i>
<i>Mar 16/05</i>	<i>Special Quality & Access Mtg</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
	<i>Ab. Awareness & Networking: ⁵²² Bldg</i>	<i>7</i>	<i>.38</i>	<i>2.66</i>
	<i>Region 3 - Aboriginal HAC</i>			
<i>Mar 21/05</i>	<i>HAC H - Becoming Culturally Competent & Mock Accreditation Survey</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Mar 22/05</i>	<i>Regular Board Meeting</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
<i>Mar 23/05</i>	<i>Wellness Task Force</i>	<i>114</i>	<i>.38</i>	<i>43.32</i>
				<i>35. -</i>
		<i>1291</i>		<i>490.58</i>

CODING & AUTHORIZATION

[GL ACCOUNT NUMBER: 6 2 2 1 0 0 0 0]										GL DESCRIPTION	AMOUNT (including GST)
										MILEAGE/PARKING	525.58
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>										TOTAL PAYABLE TO EMPLOYEE	525.58
AUTHORIZATION <i>L. DeCosta</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. George Pinchbeck

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

Arrival 03/13/05
Departure 03/15/05
Payment Method VA

Room 1009
Cashier 38
Page 1
Starwood Pref.#
Airline Partner
Folio No. 354368

Guest Account The Westin Edmonton, 03/15/05

Date	Description	Room	Charges	Credits
03/13	Room Charge	1009	111.00	
03/13	Room Tax 5%		5.55	
03/13	Room GST 7%		7.77	
03/14	Room Charge		111.00	
03/14	Room Tax 5%		5.55	
03/14	Room GST 7%	s.17(1), 17(4)(e.1)	7.77	
03/15	Visa	XX/XX		248.64
Capture method:swiped			Total	248.64
			Balance	0.00 \$

Room GST 15.54
F&B GST 0.00
Other GST 0.00
Total GST 15.54

GST Vendor R101577591

*Health Bards of Alberta Conference
March 13-15, 2005.*

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Thank You

Rcpt# 93720
03/15/05 12:02 L# 2 A# 39 Txn#326540
03/13/05 15:37 In 03/15/05 12:02 Out
Tkt# 093146
Regular Rate \$ 32.71
Total Tax \$ 2.29
Total Fee \$ 35.00
DASH PAID \$ 35.00-
Cash Tender \$ 40.00
Change Due \$ 5.00
THANK YOU
COME AGAIN

CLASSIC CAFE
GASOLINE ALLEY
RED DEER AB
589-6665
897917 59
T L E

Table # 12
Guests: 2

3: POT OF TEA 1.75
3: SS LIVER 7.25
GST Txb1 9.00
GST 9.63
Total 9.63
2:47 PM 3/15/2005 RUBY 65
47780

THANK YOU!

PLEASE PAY CASH

BISTRO PRAHA
10168 100A ST T5J0R6
EDMONTON AB 22326611

Name: PINCHBECK GEORGE
Acct #

Date 05/03/14 Time 20:53:17 s.17(1), 17(4)(e.1)
Exp Date Auth # 002704
Card Type VI Tran Code 01
N22326611001 001431050

Op ID: 363 WALTER

Invoice No.: 12518

Subtotal \$21.61
Tip \$0-
Total 25.61

Signature: *[Signature]*
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

BISTRO
PRAHA
GOURMET CAFE
PH 424-4218

GST # 100530427

Table # 7
Number 7
1 HOCKS 8.25
1 STRUDEL 4.95
1 TEA 1.75
1 PILSNER URQUELI 5.25
Taxable GST 20.20
7% GST 1.41
4 Total 21.61

Monday 14 3-2005 10:00:27 PM
#105507 WALTER

YOUR RECEIPT
THANK YOU
FOR YOUR VISIT

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

March, 2005

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Mar 9/05	Internet Backup	34.40	2.41	36.81
Mar 21/05	Colour Printer Cartridge	49.99	3.50	53.49

ENTERED APR 13 2005

TOTAL EXPENSES:

\$ 90.30

Financial code: 01-71110300003-62210001

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

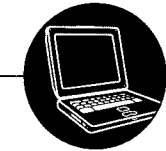
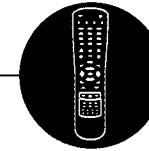
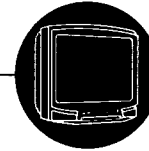
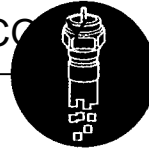
s.17(1), 17(4)(g)(i)



ALWAYS ON

APPLICANT CO

PAGE 1 OF 2



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

Customer Service Centre
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

Repair Service
(403) 716-6060
24 Hours/7 Days

Internet Technical Support
(403) 750-6990
24 Hours/7 Days

Customer Name: G PINCHBECK
Account Number:
Service Address:
Service Period: 01-Apr-05 to 30-Apr-05
Invoice Date: March 09, 2005
Due Date: April 01, 2005

Visit us at shaw.ca

Your Entertainment Services

Previous Balance		82.34	
Payment Received - Thank You	22-Feb-05	-82.34	
Outstanding Balance			0.00
<hr/>			
Entertainment Bundle			
Full Cable Bundle		76.95	
Current Entertainment Charges			76.95
GST (Registration 873690457RT)			5.39
Total Current Charges			82.34

Total Amount Due **\$82.34**
(Please pay by due date shown)

Thank you for keeping your account current.

Cable Only # 45.53
Internet only # 36.81
Claim →

**With Shaw,
quick and
responsive customer
service is available
24/7/365.**

**Protect your
computer with
Shaw Secure.
Anti-Virus, Firewall,
Parental Control,
Spam Control,
Anti-Spyware
and Pop-up Blocker
now included.**

**Search & Sun Contest
March 1-31, 2005
Enter to win an
all-inclusive resort
vacation from
Shaw & itravel2000!
Details available at
START.SHAW.CA**

- 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.

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

EMPLOYEE NAME (PRINT)		CRHA E-MAIL ADDRESS		EMPLOYEE NUMBER	
DEPARTMENT	SITE	PHONE #	DATE		
DATE OF TRAVEL /EXPENSE	DETAILS		# OF KM (for mileage)	RATE	AMOUNT
George T. Pinchbeck					
Board Member	Southport		May 5/05		
April 10/05	Org. Overview Accreditation		114	40.5	46.17
Apr 11/05	Accreditation Mtg.		114	40.5	46.17
Apr 12/05	Finance & Audit Comm. Mtg.		114	40.5	46.17
Apr. 19/05	Bd. Member Continuous Learning		114	40.5	46.17
Apr. 20/05	Aboriginal Community HAC Scarboro Un. Ch.		112	40.5	45.36
Apr 21/05	Calgary Urban Aboriginal Initiative - Inglewood.		90	40.5	36.45
			658		266.49

AUTHORIZATION & CODING					
FINANCIAL CODE			GL Description	Amount (Including GST)	
Org	Functional Centre	Account			
		6 2 2 1 0 0 0 0	Mileage/Parking	\$ 266.49	
Employee Signature			Date	TOTAL PAYABLE TO EMPLOYEE	
George T. Pinchbeck			May 5/05	\$ 266.49	
Expenditure Officer Authorization			Authorizer's Employee Number	Authorizer Phone Number	
Y. DeCosta					

54591

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

George T. Pinchbeck s.17(1), 17(4)(g)(i)

FOR THE MONTH OF

April, 2005

EXPENSES

(Please attach original receipts.)

Date	Description	GST	Amount
Apr 9/05	Shaw Internet Hookup	2.42	34.57

05 11 2005
R

TOTAL EXPENSES:

\$ 34.57

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-May-05 to 31-May-05**
Invoice Date: **April 09, 2005**
Due Date: **May 01, 2005**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 82.34
Payment Received - Thank You 31-Mar-05 -82.34

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 76.95
GST (Registration 873690457RT) 5.39

Total Current Charges

Due by 01-May-05 **82.34**

Total Amount Due

\$82.34

Thank you for keeping your account current.

Cable Only 47.77
Internet Only 34.57
32.15 + 2.42(BST)
Claim

By bundling your services, you have saved \$7.95 on this bill.

Protect your computer with **Shaw Secure**. Anti-Virus, Firewall, Parental Control, Spam Control, Anti-Spyware and Pop-up Blocker now included.

Visit SHAW.CA for more information on the New & Improved Shaw High Speed Internet service.

55541

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

May, 2005

ENTERED JUN 15 2005

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: ² \$ 57.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____


_____ \$ _____

MILEAGE: ^R 937 km at .40.5¢ /km \$ 379.48 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 436.48

J. Deloste

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 _____	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.

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		DATE <i>June</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS (1), 17(4)(g)(i)	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>May 3/05</i>	<i>Symposium on Public Health Care</i>	<i>90</i>	<i>40.5</i>	<i>36.45</i>
	<i>Parking</i>			<i>19.00</i>
<i>May 4/05</i>	<i>Prov. Health Symposium</i>	<i>90</i>		<i>36.45</i>
	<i>Parking</i>			<i>19.00</i>
<i>May 5/05</i>	<i>Prov. Health Symposium</i>	<i>90</i>		<i>36.45</i>
	<i>Parking</i>			<i>19.00</i>
<i>May 9/05</i>	<i>Nomination Committee - Aboriginal</i>	<i>123</i>		<i>49.81</i>
	<i>H.A.C. & AARN Nurses WK Dinner</i>			
<i>May 10/05</i>	<i>L.P.N. Appreciation Dinner</i>	<i>90</i>		<i>36.45</i>
	<i>Glennhope Inn</i>			
<i>May 12/05</i>	<i>Finance & People Committee</i>	<i>114</i>		<i>46.17</i>
<i>May 14/05</i>	<i>Wellness Task Force</i>	<i>114</i>		<i>46.17</i>
<i>May 18/05</i>	<i>Awareness + Networking Comm.</i>	<i>112</i>		<i>45.36</i>
	<i>Reg. # 3 - Ab. Health Council</i>			
<i>May 19/05</i>	<i>Quality Access Committee</i>	<i>114</i>		<i>46.17</i>
		<i>937</i>		<i>436.48</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>	<i>436.48</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>436.48</i>
AUTHORIZATION <i>L. DeCoste</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

Advanced Parking
Lot 9

Advanced Parking
Lot 9

Advanced Parking
Lot 9

Total: 19.00 T1
Entry Time:03/05/2005 11:02
Exit Time:03/05/2005 18:24

Total: 19.00 T1
Entry Time:04/05/2005 06:39
Exit Time:04/05/2005 17:11

Total: 19.00 T1
Entry Time:05/05/2005 07:13
Exit Time:05/05/2005 13:16

A:20.00 R:1.00
Come Again

A:20.00 R:1.00
Come Again

A:20.00 R:1.00
Come Again

CALGARY HEALTH REGION

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

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF May, 2005

ENTERED JUN 15 2005

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
May 9/05	Cable hookup for computer	32.15	2.42	34.57
May 30/05	Fax cartridges	49.98	3.50	53.48

TOTAL EXPENSES: \$ 88.05

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Jun-05 to 30-Jun-05**
Invoice Date: **May 09, 2005**
Due Date: **June 01, 2005**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 82.34
Payment Received - Thank You 22-Apr-05 -82.34

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 76.95
GST (Registration 873690457RT) 5.39

Total Current Charges Due by 01-Jun-05 82.34

Total Amount Due \$82.34

Thank you for keeping your account current.

By bundling your services, you have saved \$7.95 on this bill.

Broadband is a better, faster and more reliable way to bring endless possibilities into your home. Visit SHAW.CA for details.

Visit SHAW.CA for more information on the New & Improved Shaw High Speed Internet service.

Cable only 47.77
Internet only 34.57
32.15 + 2.42(GST)
Claim →

56516

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck
FOR THE MONTH OF: June, 2005

EXPENSES

01-71110300002

AIRFARE:	\$ <u> — </u>	<u> </u>
CAR RENTAL:	\$ <u> — </u>	<u> </u>
ACCOMMODATION:	\$ <u> — </u>	<u> </u>
MEALS:	\$ <u> — </u>	<u> </u>
PARKING:	\$ <u> 44.50 </u>	<u> 62210000 </u>
TAXIS:	\$ <u> — </u>	<u> </u>
OTHER (please describe):		
<u> </u>	\$ <u> </u>	<u> </u>
<u> </u>	\$ <u> </u>	<u> </u>
<u> </u>	\$ <u> </u>	<u> </u>
MILEAGE: <u> 1188 </u> km at .40.5¢ /km (Attach Local Travel Expense Claim form)	\$ <u> 481.14 </u>	<u> 62210000 </u>
TOTAL EXPENSES:	\$ <u> 525.64 </u>	<u> </u>

07/04/2005

[Handwritten Signature]

[Handwritten Signature]

APPLICANT COPY

 calgary health region	___ ACH ___ FMC <input checked="" type="checkbox"/> 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.

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

EMPLOYEE NAME (Print) George T. Pinchbeck		EMPLOYEE NUMBER		
DEPARTMENT Board Member		Date: July 4, 2005		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
June 3/05	Health + Healing Conf - Hananaskis <i>one-way</i>	80 ^(?)	40.5	= 32.40
June 8/05	Aboriginal Injury Prev. + Region 3 <i>Ab. Community H A C Agend setting</i>	114	40.5	46.17
June 9/05	Long Service + Finance + Cash Com	114	40.5	46.17
June 14/05	Mtg with Minister + Governance C.	90	40.5	36.45
June 15/05	Ag 3 - Ab. Community H A C <i>Parking</i>			14.00
	Long Service Awards - Airdrie	152	40.5	61.56
June 16/05	Quality + Access Committee	114	40.5	46.17
June 17/05	David Turpach - Ch. of Commerce	90	40.5	36.45
June 22/05	Didsbury Hlth pr. - Volunteer Tea	230	40.5	93.15
June 27/05	Ch. of Commerce Parking			18.00
June 27/05	Canadian Club - <i>Jack Davis</i> Speech - <i>Parking</i>	90	40.5	36.45
	<i>Parking</i>			12.50
June 28/05	Continuous Long + Regular <i>Board Meeting</i>	114	40.5	46.17
		1188		481.14
CODING & AUTHORIZATION				525.64

ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	525.64

EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>	TOTAL PAYABLE TO EMPLOYEE 525.64
--	--

AUTHORIZATION <i>L. Deloste</i>	AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER 943-1122
------------------------------------	----------------------------	--

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

X: Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

McDougal
 451 - 6 Street SW
 CAN-T2P 1A2 Calgary, AB
 Tax Code CA GST #119457869

CT 1 (82) Cashier 3
 14/06/05 16:31

Receipt 043562

Short-term Parking	
Short-term Parking tkt	
McDougal Parkade	
14/06/05 12:24 -	
14/06/05 16:31	
Period 0dr:4h07	
(GST)	\$14.00
Gross total	\$14.00
Payment	
Cash	\$14.00
Net total	\$13.08
GST (7%)	0.92

All amounts in CAD
 Deliv. Date=Receipt Date

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

PALLISER PARKADE
 CALGARY AB
 RECEIPT ONLY!

PAY STATION: C3

ENTRY DAT/TIME:
 27/06/05 10:43

PAY DATE/TIME:
 27/06/05 13:22

PARK-DUR.: HRS:MIN
 0:02:39

 PAID: \$ 12.50

REGA

ATH. CODE029882
 REF. 97

 * YOU MUST TAKE *
 * ORIGINAL TICKET *
 * WITH YOU AND USE *
 * IT TO EXIT *

GST INCLUDED
 GST No. RT12201449
 1

 THANK YOU FOR YOUR
 VISIT

TICKET VOID IF R

IMPERIAL PARKING
 PHONE 299-7275

IMPARK

DAILY PARKER

IS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

IMPARK

IMPARK

IMPARK

IMPARK

IMPARK

IMPARK

IMPARK

6:00P FRI
 JUN 17 05

E-SOLD

INSTRUCTIONS ON BACK
 GST REG # RT12201449
 THANK YOU FOR PARKING
 * IMPARK *

PLACE THIS SIDE UP ON DASH

PLACE TH

56511

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF June, 2005 C

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

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
June 9/05	Cable hookup for my computer	32.15	2.42	\$34.57

TOTAL EXPENSES:

\$ 34.57 R

07 14 2005

Financial code: 01-71110300003-62210001

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

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

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Jul-05 to 31-Jul-05**
Invoice Date: **June 09, 2005**
Due Date: **July 01, 2005** s.17(1), 17(4)(g)(i)

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 82.34
Payment Received - Thank You 24-May-05 -82.34

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 76.95

GST (Registration 873690457RT) 5.39

Total Current Charges

Due by 01-Jul-05 **82.34**

Total Amount Due

\$82.34

Thank you for keeping your account current.

Cable only - 47.77
Internet only [34.57]
32.15 + 2.42(GST)
claim →

By bundling your services, you have saved \$7.95 on this bill.

Broadband is a better, faster and more reliable way to bring endless possibilities into your home. Visit SHAW.CA for details.

Fast just got faster with Shaw High-Speed Internet. Now with more speed, more storage, and more mailboxes. Visit SHAW.CA for details.

57812

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck
FOR THE MONTH OF: July & August, 2005

EXPENSES

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
MEALS:	\$ _____	_____
PARKING:	\$ _____	_____
TAXIS:	\$ _____	_____
OTHER (please describe):		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: <u>324</u> km at .40.5¢ /km (Attach Local Travel Expense Claim form)	\$ <u>131.22</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u>131.22</u>	

f. Deloste

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF July & August, 2005 s.17(1), 17(4)(g)(i)

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Aug 9/05	Internet Hookups Shaw	32.31	2.26 2.42	R 34.57
July 9/05	Internet Hookups Shaw	32.31	2.26 2.42	R 34.57
Aug 25/05	2 Printer Cartridge Refills			
	Island Inkjet	37.38	2.62	R 40.00

TOTAL EXPENSES:

R \$ 109.14

Financial code: 01-71110300003-62210001

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



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Aug-05 to 31-Aug-05**
Invoice Date: **July 09, 2005**
Due Date: **August 01, 2005**

Visit us at SHAW.CA

PAGE 1 OF 2

Share life's moments with family and friends with Shaw Video Mail - a cool new way to send email messages. It's now included for all Shaw Internet customers. Visit SHAW.CA for details.

Previous Charges

Balance Carried forward from Previous Statement 82.34
Payment Received - Thank You 28-Jun-05 -82.34

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 76.95
GST (Registration 873690457RT) 5.39

Total Current Charges

Due by 01-Aug-05 **82.34**

Total Amount Due

\$82.34

By bundling your services, you have saved \$7.95 on this bill.

Thank you for keeping your account current.

View your monthly Shaw bill online - save time and paper with Shaw eBill. Visit SHAW.CA for details.

Cable only - \$47.77
Internet only - \$34.57

32.31 + 2.26 (GST) claim

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Sep-05 to 30-Sep-05**
Invoice Date: **August 09, 2005**
Due Date: **September 01, 2005**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 82.34
Payment Received - Thank You 26-Jul-05 -82.34

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 76.95

GST (Registration 873690457RT) 5.39

Total Current Charges

Due by 01-Sep-05 **82.34**

Total Amount Due

\$82.34

By bundling your services, you have saved \$7.95 on this bill.

Broadband is a better, faster and more reliable way to bring endless possibilities into your home. Visit SHAW.CA for details.

Interested in getting involved with community television? Contact your local Shaw TV office.

Thank you for keeping your account current.

Effective October 1, 2005, the monthly rate for your services has been adjusted to \$78.95, 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.

Cable only 47.77
Internet only 34.57
32.31 + 2.26 (GST)
Claim

APPLICANT COPY

TRANSACTION RECORD 050325/12138
CARTRIDGE PARTS INC.
3500 MEMORIAL DR NE
CALGARY ALBERTA
T2A2K2
GST #: R123456789
TERM ID: 0000000000
MID: 08806000
CARD # 0000000000
ACCT TYPE: VISA
REF NO: 0006209
(001) APPROVED

TRANSACTION RECORD 050325/12138
CARTRIDGE PARTS INC.
3500 MEMORIAL DR NE
CALGARY ALBERTA
T2A2K2
GST #: R123456789
TERM ID: 0000000000
MID: 08806000
CARD # 0000000000
ACCT TYPE: VISA
REF NO: 0006209
(001) APPROVED

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H

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

CARDHOLDER AGREES TO PAY ISSUER SUCH
TOTAL IN ACCORDANCE WITH ISSUER'S
AGREEMENT WITH CARDHOLDER

X
CARDHOLDER SIGNATURE

30/05

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

September, 2005

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: ^R \$ 12.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ ^R \$ _____

MILEAGE: 1154 km at .40.5¢ /km ^R \$ 467.37 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 479.37

Ch. Deloste

APPLICANT COPY

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

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.

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>CHR-Board Member</i>		PHONE NUMBER	DATE <i>October 6, 2005</i>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Sept. 8/05</i>	<i>Quality & Access Comm.</i>	<i>114</i>	<i>40.5</i>	<i>46.17</i>
<i>Sept. 11/05</i>	<i>Region 3-Aboriginal HAC Agenda setting & Injury Rev. Comm.</i>	<i>114</i>	<i>40.5</i>	<i>46.17</i>
<i>Sept 15/05</i>	<i>Public Health Strategic Plan - Volunteer Ctro McMahon St.</i>	<i>112</i>	<i>40.5</i>	<i>45.36</i>
<i>Sept 16/05</i>	<i>Debriefing-Health & Healing Conf? Bar BQ-Bragg Creek</i>	<i>150</i>	<i>40.5</i>	<i>60.75</i>
<i>Sept 19/05</i>	<i>Wellness Task Force</i>	<i>114</i>	<i>40.5</i>	<i>46.17</i>
<i>Sept 20/05</i>	<i>Cultural Awareness-Elbow Mus.</i>	<i>106</i>	<i>40.5</i>	<i>42.93</i>
<i>Sept 22/05</i>	<i>Rural Communication Mtg - Cochrane</i>	<i>200</i>	<i>40.5</i>	<i>81.00</i>
<i>Sept 26/05</i>	<i>Rural Comm. Mtg-Strathmore</i>	<i>0</i>		
<i>Sept 28/05</i>	<i>" " " - Didsbury</i>	<i>244</i>	<i>40.5</i>	<i>98.82</i>
<i>Sept 20/05</i>	<i>Parking-Jack Singer</i>			<i>12.00</i>
		<i>1154</i>		<i>467.37</i>

CODING & AUTHORIZATION

479.37

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>479.37</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>479.37</i>
AUTHORIZATION <i>Y DeCoste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

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

104

APPLICANT COPY

PERFORMING ARTS
CENTRE
INCL. G.S.T.

---543185--- 1 --
TU 20.09.05 12:59
00 --->0500
#ST P5 -7746-
12.00 \$

581086

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF

September, 2005

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
<i>Sept 9/05</i>	<i>Cable Hookups for my computer</i>	<i>33.08</i>	<i>2.65</i>	<i>\$ 35.73</i>

ENTERED OCT 17 2005

TOTAL EXPENSES:

R \$ *35.73*

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <i>L. DeCaste</i>	Print Name: <i>Lou DeCaste</i>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <i>913-1122</i>

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



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Oct-05 to 31-Oct-05**
Invoice Date: **September 09, 2005**
Due Date: **October 01, 2005 s.17(1), 17(4)(g)(i)**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 82.34
Payment Received - Thank You 17-Aug-05 -82.34

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95

GST (Registration 873690457RT) 5.53

Total Current Charges

Due by 01-Oct-05 **84.48**

Total Amount Due

\$84.48

Thank you for keeping your account current.

Cable only - 48.75
Internet only - 35.73

33.08 + 2.65(GST) = \$35.73

Claim →

By bundling your services, you have saved \$7.95 on this bill.

With Shaw, quick and responsive customer service is available 24/7/365.

Don't miss a beat. Episodes from the new CBS reality show, Rock Star: INXS, are now available on Shaw Video On Demand.

591691

CALGARY HEALTH REGION

BOARD EXPENSE FORM s.17(1), 17(4)(g)(i)

NAME:

George J. Linchbeck

FOR THE MONTH OF:

October, 2005.

EXPENSES

ENTERED NOV 17 2005

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: Oct 22 + 23/05 \$ 36.50 62210000
2 dinners - Halifax 5

PARKING: Conference \$ 215.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____


MILEAGE: 832 km at .43 /km \$ 357.76 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 409.26

RECEIVED

Ch. DeCoste

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 checked="" type="checkbox"/> Other <i>Ed Mbr.</i>	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>George T. Pinchbeck</i>		EMPLOYEE NUMBER <i>17(1), 17(4)(g)(i)</i>		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER		DATE <i>Nov. 3/05</i>
DATE OF TRAVEL/ EXPENSE	DETAILS (1), 17(4)(g)(i)	# OF KM (for mileage)	RATE	AMOUNT
<i>Oct. 6, 2005</i>	<i>Governance & Audit Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Oct. 18, 2005</i>	<i>REACH-Calgary Petroleum Club.</i>	<i>108</i>	<i>.43</i>	<i>46.44</i>
	<i>Parking</i>			<i>15.00</i>
<i>Oct. 19, 2005</i>	<i>Aboriginal Community Health Council</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Oct. 20, 2005</i>	<i>Halifax 5-Conference-Westin.</i>	<i>108</i>	<i>.43</i>	<i>46.44</i>
<i>to Oct 22nd.</i>	<i>- see attached hotel receipt</i>			
<i>Oct. 24, 05</i>	<i>Wellness Task Force</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Oct. 25, 05</i>	<i>Bd. Planning Day-Calgary C. Club.</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Oct. 27, 05</i>	<i>Orkotsk-Community Contact mtg.</i>	<i>160</i>	<i>.43</i>	<i>68.80</i>
		<i>832</i>		<i>372.76</i>

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
<i>01</i>	<i>7110500601</i>	<i>6 2 2 1 0 0 0 0</i>	MILEAGE/PARKING	<i>\$ 372.76</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>372.76</i>
AUTHORIZATION <i>Y. A. Coste</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

THE WESTIN CALGARY
 320 4th Avenue SW
 Calgary, Alberta
 Canada T2P 2S6
 403-266-1611

Mr. George Pinchbeck

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

Arrival	10/20/05	Room	0812
Departure	10/22/05	Cashier	
Payment Method	VA	Page	1
Invoice		Starwood Preferred Guest #	
		Airline Partner #	

The Westin Calgary, 10/21/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	0812	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Park-Self Weekday		15.00	
10/21	Room Charge		153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%		10.82	
10/21	Dest. Marketing Fee 1%		1.53	
10/21	Park-Self Weekend		10.00	

Total	368.06
Balance	368.06 \$

Room GST 21.64
 F&B GST 0.00
 Other GST 1.64
 Total GST 23.28
 GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

You can earn up to 25,000 Starpoints in your first year. So apply today at SPG.com/MBNA or ask the front desk for an application. This offer is available for residents of Canada only.

for CHR records.
[Signature]

Best Copy Possible

Parking-
REACH -
Petroleum
Club
Oct 18/2005



59692

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF

October, 2005

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

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Oct. 9/05	Cable hookup for my computer	\$ 33.08	\$ 2.65	\$ 35.73

RECEIVED NOV 17 2005

TOTAL EXPENSES:

K \$ 35.73

Financial code: 01-7111030003-62210001

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)



Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-Nov-05 to 30-Nov-05**
Invoice Date: **October 09, 2005**
Due Date: **November 01, 2005**

Visit us at **SHAW.CA**

PAGE 1 OF 2 s.17(1), 17(4)(g)(i)

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 22-Sep-05 -84.48

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95
GST (Registration 873690457RT) 5.53

Total Current Charges Due by 01-Nov-05 84.48

Total Amount Due \$84.48

By bundling your services, you have saved \$7.95 on this bill.

With Shaw's Pumpkin Patrol, our Shaw vans will be patrolling the streets to help make Halloween safe for your loved ones. For more information please call Shaw.

View your monthly Shaw bill online - save time and paper with Shaw eBill. Visit SHAW.CA for details.

Thank you for keeping your account current.

Cable only #48.75
Internet only 35.73

33.08 + 2.65(GST) = #35.73
Claim

6206416

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George Linchbeck
FOR THE MONTH OF: November, 2005

EXPENSES

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: (see attached) ^{327.64} ¹⁵⁴⁷ \$ ~~400~~ 71.53 62210000
Oct 20-22/05 171.53 62210000

MEALS: \$ —

PARKING: ^R \$ 28.00 62210000

TAXIS: \$ —

OTHER (please describe):

\$ —

\$ —


\$ —

MILEAGE: 1052 km at .43¢ /km ^R \$ 452.36 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 823.42

Q. Deloste

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
George T. Pinchbeck ^{s.17(1), 17(4)(g)(i)}				
DEPARTMENT		DATE		
CHR Board Member		December 5/05		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Nov. 3/05	Finance + People Committee	114	.43	49.02
Nov 7/05	Injury Prevention Reg #3 Retreat Planning } Ab. HAC	114	.43	49.02
Nov. 8/05	Didabury Hospital - Chapel Decommissioning	238	.43	102.34
Nov. 16/05	Reg #3 - Aboriginal HAC Networking + Awareness Mtg.	114	.43	49.02
Nov 17/05	Quality + Process Committee	114	.43	49.02
Nov. 22/05	PBMA at Spothills Hosp.	116	.43	49.88
Nov 29/05	Low FMC + Reg. Bd. Meeting	126		54.18
Oct 20/05	Parking - Martin - Halifax 5	-	-	15.-
Oct 21/05	Parking - Martin - Halifax 5	-	-	10.-
Nov 18/05	Parking - U of Calgary	-	-	3.-
Nov 18/05	Diversity Conference Un. of Calgary.	116	.43	49.88

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	480.36
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	480.36.
				
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
			943-1122	

00073

DISTRIBUTION:

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

115

APPLICANT COPY

THE WESTIN CALGARY
 320 4th Avenue SW
 Calgary, Alberta
 Canada T2P 2S6
 403-266-1611

Mr. George Pinchbeck

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

Arrival 10/20/05 Room 0812
 Departure 10/22/05 Cashier
 Payment Method VA Page 1
 Invoice Starwood Preferred Guest #
 Airline Partner #

The Westin Calgary, 10/21/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	0812	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Park-Self Weekday		15.00	—
10/21	Room Charge		153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%		10.82	
10/21	Dest. Marketing Fee 1%		1.53	
10/21	Park-Self Weekend		10.00	—

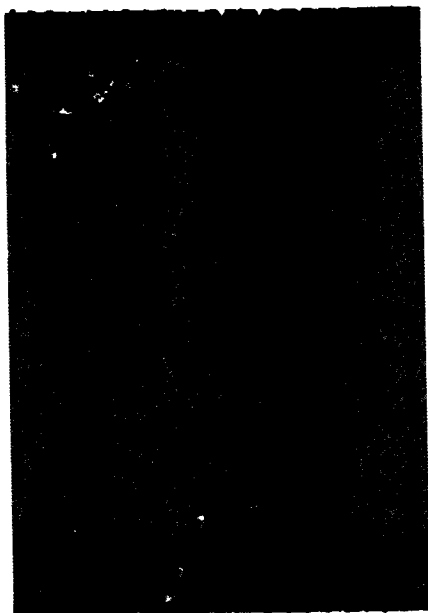
Total 368.06
 Balance 368.06 \$

Room GST 21.64
 F&B GST 0.00
 Other GST 1.64
 Total GST 23.28
 GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

You can earn up to 25,000 Starpoints in your first year. So apply today at SPG.com/MBNA or ask the front desk for an application. This offer is available for residents of Canada only.

for CHR records.
[Signature]



UofC
LOT 10
11/18/05
ONE ENTRY

\$ 3.00 07:17
20158 443 153681 156535

605341

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

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

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
<u>Nov 9/05</u>	<u>Internet hookup for my computer</u>	<u>33.08</u>	<u>2.65</u>	<u># 35.73</u>

TOTAL EXPENSES:

R \$ 35.73

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)

KB

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK** s.17(1), 17(4)(g)(i)
Account Number:
Service Address:
Service Period: **01-Dec-05 to 31-Dec-05**
Invoice Date: **November 09, 2005**
Due Date: **December 01, 2005**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 19-Oct-05 -84.48

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95
GST (Registration 873690457RT) 5.53

Total Current Charges Due by 01-Dec-05 84.48

Total Amount Due \$84.48

By bundling your services, you have saved \$7.95 on this bill.

Welcome back hockey fans. NHL Pay Per View games available on Shaw Digital TV. For more information visit SHAW.CA.

Turner Classic Movies The ultimate movie lovers' channel now available from Shaw. For more information call Shaw at 1-888-472-2222.

Thank you for keeping your account current.

Cable only 48.75
Internet only 35.73
84.48
33.08 + 2.65(GST) = 35.73
Claim

61389

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Hinchbeck

FOR THE MONTH OF:

December, 2005

EW 11/10/05

EXPENSES

01-71110300002

AIRFARE: \$ — _____

CAR RENTAL: \$ — _____

ACCOMMODATION: \$ — _____

MEALS: \$ — _____

PARKING: ² \$ 34.00 62210000

TAXIS: \$ — _____

OTHER (please describe):

_____ \$ _____


_____ \$ _____

_____ \$ _____

MILEAGE: 705 km at .43¢ /km ^R \$ 303.15 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 337.15

4. DeCosta

 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 _____	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>George T. Pinchbeck</i> s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER	DATE <i>January 10, 2006</i>	
DATE OF TRAVEL EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Dec 1/05</i>	<i>Health Services Plan Review Expense</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
	<i>Parking</i>			<i>17.00</i>
<i>Dec 2/05</i>	<i>Health Services Plan Review -</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
	<i>Parking</i>			<i>17.00</i>
<i>Dec 8/05</i>	<i>Finance & People Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Dec 9/05</i>	<i>Reg #3 Aboriginal Health Council</i>			
	<i>Town T'ina Reserve - Bd. M.</i>	<i>135</i>	<i>.43</i>	<i>58.05</i>
<i>Dec 12/05</i>	<i>Health Advisory Council</i>			
	<i>Christmas Social</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Dec 20/05</i>	<i>Governance Committee</i>			
	<i>Regular Board Mtg.</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
		<i>705</i>	<i>.43</i>	<i>303.15</i>

CODING & AUTHORIZATION

		GL DESCRIPTION	AMOUNT (including GST)
ACCOUNT			
6 2 2 1 0 0 0 0		MILEAGE/PARKING	<i>\$ 337.15</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>		TOTAL PAYABLE TO EMPLOYEE	<i>337.15</i>
AUTHORIZATION <i>4 Relata</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

Best Copy Possible

Lot # 17201449
 Advanced Imaging
 550 2 Avenue SE
 Lot 67

Lot # 17201449
 Advanced Imaging
 550 2 Avenue SE
 Lot 67

Unit: 64751
 Entry Time: 02/12/2005 08:47:48
 Exit Time: 02/12/2005 09:26:29
 Length of stay: 0:38:41

Unit: 64751
 Entry Time: 02/12/2005 08:47:48
 Exit Time: 02/12/2005 11:14:02
 Length of stay: 0:36:26

Sub total: \$17.00

Sub total: \$17.00

Reduction: \$0.00

Reduction: \$0.00

GST: \$0.00
 Total paid: \$17.00

GST: \$0.00
 Total paid: \$17.00

Signed:

Signed:

601590

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME: George T. Pinchbeck

FOR THE MONTH OF December, 2005

EXPENSES (Please attach original receipts.)

Date	Description	Amount	GST	Total
Dec. 9/05	Internet hookup for my computer	33.08	2.65	\$ 35.73

TOTAL EXPENSES:

\$ 35.73

Financial code: 01-7111030003-62210001

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

RB.
123



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name
Account Number
Service Address:
Service Period:
Invoice Date:
Due Date:

CHBECK

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

01-Jan-06 to 31-Jan-06
December 09, 2005
January 01, 2006

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 28-Nov-05 -84.48

Outstanding Balance

0.00

Current Charges

Entertainment Bundle 78.95
Full Cable Bundle 78.95
GST (Registration 873690457RT) 5.53

Total Current Charges

Due by 01-Jan-06 84.48

Total Amount Due

\$84.48

Thank you for keeping your account current.

By bundling your services, you have saved \$7.95 on this bill.

Introducing Shaw Photo Share - a new photo sharing feature included with High-Speed Internet. Visit SHAW.CA for details.

Shaw wishes you and your family a safe and happy holiday season.

Cable only \$48.75
Internet only 35.73
84.48
33.08 + 2.65(G.S.T) = \$35.73
Claim →

62351

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George Linchbeck

FOR THE MONTH OF:

January, 2006

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: ^R \$ 33.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 780 km at .43¢ /km ^R \$ 335.40 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 368.40

Ch. DeLeste

APPLICANT COPY

calgary health region	___ ACH ___ FMC <input checked="" type="checkbox"/> 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>George T. Pinchbeck</i> s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER	DATE <i>January 31/06</i>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT \$
<i>Jan. 11/06</i>	<i>Open House - Aboriginal Health Clinic - 8th + 8th</i>	<i>110</i>	<i>.43</i>	<i>49.30</i>
<i>Jan 12/06</i>	<i>Centre 15 - Aboriginal Comm. Health Council</i>	<i>104</i>	<i>.43</i>	<i>44.72</i>
<i>Jan 16/06</i>	<i>Wellness Task Force - Southport</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Jan 18/06</i>	<i>Reg. #3, Aboriginal Health Council - Scarborough Un. Church</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Jan 19/06</i>	<i>Quality & Access - Southport</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Jan 28/06</i>	<i>Bill Brooks Prostate Cancer Fundraiser - Hyatt Reg.</i>	<i>110</i>	<i>.43</i>	<i>47.30</i>
<i>Jan 31/06</i>	<i>Regular Board Meeting - Southport</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Jan 12/06</i>	<i>Parking - 8th + 8th</i>			<i>15.00</i>
<i>Jan 28/06</i>	<i>Parking - Hyatt Regency - Bill Brooks Prostate Fundraiser.</i>			<i>18.00</i>

CODING & AUTHORIZATION

780

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>368.40</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>368.40</i>
AUTHORIZATION <i>Ch. Alveste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

126

Best Copy Possible

The Hyatt Regency Calgary

Please call our Perfect Stay Hotline at extension 60 for all of your requests. Please enjoy your stay with us.



636108

3/11214410/170016000/067038
033876 28/01/06 18:30

1 DAY PASS
30/01/06 18:29



DISPLAY LABEL
IN THE
MACHINE

Hyatt Regency Calgary
200 Centre St South
Can-T2G 5P6 Calgary

AU 1 28/01/06 18:41
Cashier 33
Receipt 033876

1 DAY PASS	
28/01/06 18:30-	
30/01/06 18:29	
No. 067038	
1 Quant @ \$18.00	
(V.A.T.)	\$18.00
Gross Total	\$18.00
Payment	
Cash	\$18.00
Net Total	\$16.82
V.A.T. (7%)	1.18

All amounts in CAD.
Deliv. Date=Receipt Date
Thank-You

6850

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck C

FOR THE MONTH OF:

February, 2006

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ ~~ENTERED MAR 16 2006~~ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: - *Feb 6/06* ^R \$ 19.00 62212000

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 660 km at .43¢ /km ^R \$ 283.80 62212000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 302.80


y. DeLoste

APPLICANT COPY

	___ ACH ___ FMC <input checked="" type="checkbox"/> 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>George T. Pinchbeck</i>		EMPLOYEE NUMBER s.17(1), 17(4)(g)(i)		
DEPARTMENT <i>Board Member</i>	PHONE NUMBER	DATE <i>March 2, 2006</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Feb. 6/06</i>	<i>Tour of Care West Facilities</i>	<i>90</i>	<i>.43</i>	<i>38.70</i>
<i>Feb. 7/06</i>	<i>PBMA-Retreat - Southport</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Feb. 9/06</i>	<i>People & Finance - "</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Feb 15/06</i>	<i>Leg #3 Aboriginal Hlth Adv. Com.</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Feb. 24/06</i>	<i>Vision Mission, Values Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Feb. 28/06</i>	<i>PLC + Regular Board Meeting</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Feb</i>				
Thank You for choosing ASSOCIATED CAB for all your transportation needs. Visit our counter at the Calgary International Airport international arrival door.				
				
Driver <u>DAVE</u> Date <u>FEB 6/06</u> Car # <u>1172</u> Amount <u>19.00</u> GST Included # _____				
		<i>660</i>	<i>.43</i>	<i>\$ 283.80</i>

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING <i>660</i>	<i>\$ 283.80</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>283.80</i>
AUTHORIZATION <i>U. DeLaste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

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

0353

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME: George T. Pinchbeck

FOR THE MONTH OF February, 2006

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb. 9/06	Internet Hookup	33.08	2.65	\$ 35.73
Feb 23/06	Recharge Printer Cartridges	38.32	2.69	41.01

ENTERED MAR 1 9 2006

TOTAL EXPENSES:

R \$ 76.74

Financial code: 01-71110300003-62210001

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

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

KB



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Mar-06 to 31-Mar-06**
Invoice Date: **February 09, 2006**
Due Date: **March 01, 2006**

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 20-Jan-06 -84.48

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95

GST (Registration 873690457RT) 5.53

Total Current Charges Due by 01-Mar-06 84.48

Total Amount Due \$84.48

Thank you for keeping your account current.

By bundling your services, you have saved \$7.95 on this bill.

With Shaw, quick and responsive customer service is available 24/7/365.

Make the most of your television viewing experience with Shaw High Definition programming available from Shaw.

Cable Only - \$48.75
Internet Only - 35.73
84.48
33.08 + 2.65 (G.S.T.) = \$35.73
Claim →

APPLICANT COPY

Best Copy Possible

SYSTEMS
CENTRE
22-246 THE NW
LAWRENCE, ONTARIO
L9C 9G2

100 520 1	19.10
100 520 1	19.10
36-77L	38.00
ITEM CT	2
TAX	2.60
CHARGE	11.00
MATCH YOUR OWNERS	
NAME	
CITY	
STATE	
ZIP	
CITY	
STATE	
ZIP	

CALGARY HEALTH REGION

BOARD EXPENSE FORM

604 9735

NAME:

George J. Linchbeck

FOR THE MONTH OF:

March, 2006

EXPENSES

ENTERED APR 12 2006

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: \$257.86 364.11
\$126.30 20.85 \$ 384.16 62212000

MEALS: 2 \$ 43.52 62212000

PARKING: R \$ 25.00 62212000

TAXIS: \$ —

OTHER (please describe):

National Park Pass R \$ 8.00 62212000

MILEAGE: 1124 km at .43 /km \$ 483.32 62212000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 944.00

885.43 4. W. Coste
58.57

APPLICANT COPY



calgary health region

ACH FMC Southport
PLC RGH Other

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
George T. Pinchbeck		s.17(1), 17(4)(g)(i)		
DEPARTMENT	PHONE NUMBER	DATE		
CHRB Board Member		March 31/06		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
Mar 12/06	Met Robert Moskowitz at HBA	47	.43	20.21
Mar 14/06	Renaissance Hotel Conf.	47	.43	20.21
March 2/06	Quality + Access Mtg. Southport	114	.43	49.02
March 15	Building a Safe Haven			
9/16/06	Conference - Banff Centre	364	.43	156.52
March 20/06	Wellness Task Force	114	.43	49.02
March 23/06	Spruce Meadows People First	130	.43	55.90
Mar 29/06	8th & 9th - Reg. 3 Aboriginals			
	Community Health Council	112	.43	48.16
Mar 30/06	McDougall Centre - Minister Announcement	112	.43	48.16
Mar 31/06	PLC - Beginning of Construction	84	.43	36.12
Mar 29/06	8th & 9th - Parking			14.00
s.17(1) Mar 30/06	McDougall Centre - Parking			8.00
March 31/06	Letter Louheed Hosp.			3.00
		km 1124		

CODING & AUTHORIZATION

483.32

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	508.32
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	
George T. Pinchbeck			508.32	
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	
Y. Delo			943-1122	

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

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

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5L 0W1, CANADA
TEL: (781) 428 3838 FAX: (780) 428 1154

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

G U E S T	Mr. George Pinchbeck	ROOM	1108		T R A V E L C H A R G E
	Calgary Health Region	RATE	115.00		
		NO. PFRS	1		
		FOLIO	57334	EX-A	
		PAGE	1		
		ARRIVE	12-MAR-06	15:50	
		DEPART	14-MAR-06		
GRAUTH		PAYMENT	VI		1108

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT1108	Room Charge	115.00
12-MAR-06	RT1108	GST	8.13
12-MAR-06	RT1108	DMF	1.15
12-MAR-06	RT1108	Tourism Levy	4.65
12-MAR-06	2298	Pradera Lounge	43.52
13-MAR-06	RT1108	Room Charge	115.00
13-MAR-06	RT1108	GST	8.13
13-MAR-06	RT1108	DMF	1.15
13-MAR-06	RT1108	Tourism Levy	4.65
14-MAR-06	VI	Visa	301.38-
		Total Charges	301.38
		Total Credits	301.38-
		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 **

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 those charges

SIGNATURE

Mr. George Pinchbeck
FOLIO 57334 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY



THE BANFF CENTRE

Box 1020, Banff, Alberta
Canada T1L 1H5

Tel: 403.762.6100 Fax: 403.762.6444
www.banffcentre.ca
GST # R119214955

Guest Name: George Pinchbeck

CA

Room #: 8245
Folio #: R2D319 - 1

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

Group #: CHR0603

CL #:

Guests: 1

CC #: *****

Clerk:

Arrive: 03/15/06

Time: 08:25 AM

Depart: 03/16/06

Time: 07:55:30

Status: FOL

Date	Description	Reference	Comment	Charges	Credits
03/15/2006	PACKAGE	CHR0603	Pkg: Calgary Health Region	\$126.30	\$0.00
03/16/2006	PAY VISA	031695450918		\$0.00	(\$126.30)

Folio Balance: \$0.00

Package Taxes

Only applies if you paid for package

\$4.32 Alberta Tourism Levy
\$0.42 GST Other Tax
\$7.56 GST Tax (Room)

8245

PARC NATIONAL BANFF NATIONAL PARK

3/15/2006

Valid/Valide - 16h:
3/16/2006

DAY:AD IND/JR:1 ADULTE 8.00

Total 8.00
GST/TPS 0.52
Cash/Comptant 10.00
Change/Monnaie 2.00
7:52 AM B.P. 24
GATE/BARRIERE-BANFF

PARC NATIONAL
BANFF
NATIONAL PARK

3/15/2006

Valid/Valide - 16h:
3/16/2006

DAY:AD IND/JR:1 ADULTE 8.00

Total 8.00
GST/TPS 0.52
Cash/Comptant 10.00
Change/Monnaie 2.00
7:52 AM B.P. 24
GATE/BARRIERE-BANFF

GST#/No de TPS:R121491807

APPLICANT COPY

M. Dougall
451 - 6 Street SW
CAN-T2P T2A2 Calgary, AB
Tax Code CA GST #119457869
CT 1 (82) Cashier 56
30/03/06 11:03

Receipt 084657

Short-term Parking
Short-term Parking tkt
McDougal Parkade
30/03/06 11:03 -
30/03/06 11:03 -
Period 00:2h02'
(GST) ----- \$8.00
Gross total ----- \$8.00
Payment
Cash \$8.00
Net total \$7.49
GST (7%) 0.52

All amounts in CAD.
Deliv. Date=Receipt Date



0860527796534213

Exit Ticket

The Parking
Place Inc.

You Parked

From:
9:25AM
Wed 2006/03/29
Until:
11:35AM
Wed 2006/03/29

Payment Details

Total cost: \$14.00
Paid: \$14.00
Mastercard

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

Expiring

Information

8th Avenue Parkade
GST # 861821775
This contract limits our
liability. Non transferable
No in/out privileges. Daily
maximum fee if ticket lost

Machine: 4
Lot: 200
Wed 11:35:27AM 2006/03/29

USE THIS TICKET
TO EXIT THE LOT

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME
31/03 11:03
AMOUNT PAID

DATE ISSUED TIME ISSUED AMOUNT PAID
30/03 11:03 AM \$ 3.00
CREDIT CARD NUMBER

\$ 3.00 28340000 10:03 AM



NON TRANSFERABLE

0881



RECEIPT

0881

64934

CALGARY HEALTH REGION

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

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George J. Linchbeck

FOR THE MONTH OF March 20, 2006

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Jan 9/06	Internet Backup			
	for my computer	33.08	2.65	\$ 35.73
Mar 9/06	Internet Backup	33.08	2.65	35.73

ENTERED APR 12 2006

TOTAL EXPENSES:

\$ 71.46

Financial code: 01-71110300003-62210001

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

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

X: Board/Honoraria/Supplementary Expenses Claim Form

RB
138

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number:
Service Address: s.17(1), 17(4)(g)(i)
Service Period: **01-Feb-06 to 28-Feb-06**
Invoice Date: **January 09, 2006**
Due Date: **February 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 21-Dec-05 -84.48

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95

GST (Registration 873690457RT) 5.53

Total Current Charges Due by 01-Feb-06 84.48

Total Amount Due \$84.48

Thank you for keeping your account current.

Cable Only 48.75
Internet Only 35.73

84.48

33.08 + 2.65(GST) = #35.73

claim

By bundling your services, you have saved \$7.95 on this bill.

Shaw High Speed Internet is the fastest. To subscribe, visit SHAW.CA

View your monthly Shaw bill online - save time and paper with Shaw E-bill. Visit SHAW.CA for details.

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Apr-06 to 30-Apr-06**
Invoice Date: **March 09, 2006**
Due Date: **April 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

By bundling your services, you have saved \$7.95 on this bill.

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 1-Mar-06 -84.48

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95

GST (Registration 873690457RT) 5.53

Total Current Charges Due by 01-Apr-06 84.48

Did you know? Shaw customer service is available **24/7/365**. Call us anytime, day or night!

Total Amount Due \$84.48

Thank you for keeping your account current.

A new and improved version of Shaw Secure is now available for all Shaw Internet customers, complete with all your security and performance needs. To subscribe visit SHAW.CA.

same as above.
G.P.
claim #35.73

65982

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George T. Pinchuck

FOR THE MONTH OF:

April, 2006

ENTERED MAY 18 2006

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: ^R \$ 15.00 62210.000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____


MILEAGE: 652 km at .43¢ /km ^R \$ 280.36 62210.000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 295.36

GJP

4 Deleste

APPLICANT COPY

 calgary health region	___ ACH ___ FMC <input checked="" type="checkbox"/> 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>George T. Pinchbeck</i> s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER		DATE <i>May 9, 2006</i>
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Apr 7/06</i>	<i>Bd. Evaluation Comm.</i>			
	<i>Renaissance Hotel</i>	<i>84</i>	<i>.43</i>	<i>36.12</i>
<i>Apr 18/06</i>	<i>Southport-CHR-YMCA</i>			
	<i>Partnership Announcement</i>	<i>116</i>	<i>.43</i>	<i>49.88</i>
<i>Apr 15/06</i>	<i>Bd Evaluation Committee</i>			
<i>April 19/06</i>	<i>Reg 3 Aboriginal PACC</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Apr 20/06</i>	<i>Rubin Theatre - UofC</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
	<i>Federal Funds for Research</i>			
<i>Apr 25/06</i>	<i>Boards. Inn. Formation Mtg</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
	<i>Tour of Rockyview Hospital</i>			
<i>Apr 28/06</i>	<i>Elbow River Healing Lodge</i>	<i>110</i>	<i>.43</i>	<i>47.30</i>
	<i>Opening.</i>	<i>652</i>		<i>280.36</i>
	<i>Parking</i>			<i>15.00</i>
		<i>652</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>	<i>295.36</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>295.36</i>
AUTHORIZATION <i>Y. 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

Welcome to:
Rafiq Medical Centre

Station: Pay Station
Ticket #: 0077997287
Entered: 2006/04/28 09:37

Paid On: 2006/04/28 12:00
Duration: 142:36

Paid : \$ 15.00
Org. Fee: \$ 15.00

Credit Card: 0156

CSI #:86182 1775

Drive out Time out: 12:14

Thank You, Come Again

Transaction record

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

2006/04/28 12:00:00
Batch 26
BBC 718

6523

CALGARY HEALTH REGION

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

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME:

George T. Pinchbeck

FOR THE MONTH OF

April, 2006

ENTERED MAY 18 2006

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
April 9/06	Internet Hookup	\$ 33.08	2.65	R 35.73
	Island Inkjet -			
	refill printer cartidge	19.16	1.35	R 20.51

TOTAL EXPENSES:

\$ 56.24

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)



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-May-06 to 31-May-06**
Invoice Date: **April 09, 2006**
Due Date: **May 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 31-Mar-06 -84.48

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95

GST (Registration 873690457RT) 5.53

Total Current Charges Due by 01-May-06 84.48

Total Amount Due \$84.48

By bundling your services, you have saved \$7.95 on this bill.

Win a Broadband Home Makeover by taking a tour through our interactive Broadband home on SHAW.CA.

Experience your favorite sports, primetime TV and movies with Shaw's great line up of HD programming.

Thank you for keeping your account current.

Cable Only - 48.75
Internet only - 35.73
84.48
33.08 + 2.65 (GST) = 35.73
Claim →

612745

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF: May, 2006

EXPENSES ENTERED JUN 16 2006

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: \$ —

MEALS: \$ —

PARKING: R \$ 10.00 62210000

TAXIS: \$ —

OTHER (please describe):

\$ —

\$ —

\$ —

MILEAGE: 910 km at .43¢ /km R \$ 391.30 62210000
(Attach Local Travel Expense Claim form)


TOTAL EXPENSES: R \$ 401.30

G.T.P.

W. Deloste

RB

APPLICANT COPY

 calgary health region	___ ACH ___ FMC <input checked="" type="checkbox"/> 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>George T. Pinchbeck</i>		EMPLOYEE NUMBER <i>s.17(1), 17(4)(g)(i)</i>		
DEPARTMENT <i>Board Member</i>	PHONE NUMBER	DATE <i>June 6, 2006</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>May 9/06</i>	<i>Nurses Luncheon Southport</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>May 10/06</i>	<i>Agenda setting Reg 3-Aboriginal Health Council</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>May 11/06</i>	<i>Hagler Finance Comm.</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>May 12/06</i>	<i>Ground Breaking Sheldon M Chumir -</i>	<i>108</i>	<i>.43</i>	<i>46.44</i>
<i>May 15/06</i>	<i>Strathmore-Volunteer Assoc.</i>	<i>4</i>	<i>.43</i>	<i>1.72</i>
<i>May 17/06</i>	<i>Reg #3 Aboriginal Health Council</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>May 23/06</i>	<i>Elder Net - Spring Thing Red & White Club</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>May 29/06</i>	<i>Iris Evans McDougall Centre Cultural Ed. Prog Committee Southport</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>May 23/06</i>	<i>Parking - McDougall Centre</i>			<i>10.00</i>
<i>May 30/06</i>	<i>Reg. Board Meeting</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
		<i>910</i>		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		<i>6 2 2 1 0 0 0 0</i>	MILEAGE/PARKING	<i>401.30</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>401.30</i>
AUTHORIZATION		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

McDougall
451 - 6 Street SW
CAN-T2P 402 Calgary, AB
Tax Code I/A GST #119457869

CT 1 (82) Cashier 36
23/05/06 17:46

Receipt 093106

Short-term Parkins
Short-term Parkins tkt
McDougall Parkade
23/05/06 15:38 -
23/05/06 17:46
Period 0d02h08'
(GST) ----- \$10.00
Gross total \$10.00
Payment
Cash \$10.00
Net total \$9.35
GST (7%) 0.65

All amounts in CAD.
Deliv. Date=Receipt Date

1010 14/06

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

May, 2006

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
May 9/06	Internet Hookup.	33.08	2.65	\$ 35.73

ENTERED JUN 16 2006

TOTAL EXPENSES:

R \$ 35.73

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name:
Account Number:
Service Address:
Service Period:
Invoice Date:
Due Date:

G PINCHBECK

~~01-Jun-06 to 30-Jun-06~~
May 09, 2006 s.17(1), 17(4)(g)(i)
June 01, 2006

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 84.48

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice
Due Now **84.48**

Current Charges

Entertainment Bundle
Full Cable Bundle 78.95

GST (Registration 873690457RT) 5.53

Total Current Charges Due by 01-Jun-06 **84.48**

Total Amount Due **\$168.96**

Thank you for keeping your account current.

Cable Only - \$48.75
Internet Only - 35.73
84.48
33.08 + 2.65 (GST) = \$35.73
Claim →

By bundling your services, you have saved \$7.95 on this bill.

Moving?
Let Shaw make your upcoming move a little easier.
Call us today and keep connected.

Take control of your TV!
Pause, rewind and play live television with Shaw's High Definition Personal Video Recorder.

67-85

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

June, 2006

EXPENSES

ENTERED JUL 14 2006

01-7111030002

AIRFARE:

\$ —

CAR RENTAL:

\$ —

ACCOMMODATION:

\$ —

MEALS:

\$ —

PARKING:

2 \$ 2.50

62210000

TAXIS:

\$ —

OTHER (please describe):

\$ _____

\$ _____

\$ _____

MILEAGE: *1144* km at .43¢ /km
(Attach Local Travel Expense Claim form)

R \$ 491.92

62210000

TOTAL EXPENSES:

\$ 494.42

Y. De Costa

 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 _____	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) George T. Pinchbeck s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER		
DEPARTMENT Board Member	PHONE NUMBER	DATE July 7, 2006		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
June 6/06	Finance & Base Committee	114	.43	49.02
June 7/06	Continuing Care Standards - Interclub	112	.43	48.16
"	Long Service in Airdrie	114	.43	49.02
June 13/06	Governance & Audit Comm.	114	.43	49.02
June 14/06	Carriage the Long Service - CHR	112	.43	48.16
	Goodbye Session - Alta Ch Hosp	118	.43	50.74
June 19/06	Wellness Ind. Force	114	.43	49.02
June 23/06	Quality & Access Comm.	114	.43	49.02
June 23/06	Opening Aboriginal Resource Centre Elders Dinner Exec Royal Dn	114	.43	49.02
June 27/06	Continuous Learning at new ACH Regular Bd Meeting	118	.43	50.74
June 14/06	Parking ACH.			2.50
		1144		

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 George T. Pinchbeck			TOTAL PAYABLE TO EMPLOYEE	
AUTHORIZATION P. DeCosta		AUTHORIZER EMPLOYEE NUMBER 1	AUTHORIZER PHONE NUMBER 943-1122	

00073

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

152

207496

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

June, 2006

EXPENSES

ENTERED JUL 14 2006

(Please attach original receipts.)

Date	Description	Amount	GST	Total
June 23/06	Fax Cartridge	34.96	2.45	37.41
June 9/06	Internet Hookup	33.08	2.65	35.73

TOTAL EXPENSES:

\$ 73.14

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>943-1132</u>

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

APPL (1) 17(4)(g)(i) PY

STAPLES Business Depot
Store # 50
3030 32nd Avenue NE
Calgary, AB T1Y5Y7
403-735-6336

Sale: 00011 5 002 82319
0050 06/23/06 01:13

1 EA PAPER FILM ROLL
06454/633220 34.96G
Subtotal 34.96
GST 7.00% 2.45
Total s.17(1), 17(4)(e.1) \$37.41

Visa 37.41

Visa Swiped Purchase
Authorization Number 014081
0010018800 82319 66060888
11 06/23/06 13:07:07
01/027 APPROVED - THANK YOU

Thank you for shopping at
STAPLES Business Depot!
We will not be undersold!

FOR CUSTOMER SERVICE CALL 1-866-STAPLES
OR EMAIL TO customer_service@busedp.com

INTERESTED IN EXPLORING A CAREER WITH US?
VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 128152586



Fax Cartridge

Calgary Health Region
Parking Fee Receipt

Receipt# 65820
06/14/06 17:07 L# 1 AM 6 Txn#177150
06/14/06 15:28 In 06/14/06 17:07 Out
Tit# 053991
PermitHolder \$ 2.50
50023 \$ 0.00
Total Fee \$ 2.50
CASH PAID \$ 2.50
Cash Tender \$ 2.50
Change Due \$ 0.00
Thank-You!
GST #R107392557

*Alberta Children's
Hospital.*

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



Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number:
Service Address: s.17(1), 17(4)(g)(i)
Service Period: **01-Jul-06 to 31-Jul-06**
Invoice Date: **June 09, 2006**
Due Date: **July 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

By bundling your services, you have saved \$7.95 on this bill.

Previous Charges		
Balance Carried forward from Previous Statement		168.96
Payment Received - Thank You	10-May-06	-84.48
Payment Received - Thank You	30-May-06	-84.48
Outstanding Balance		0.00

Current Charges		
Entertainment Bundle		
Full Cable Bundle		78.95
GST (Registration 873690457RT)		5.53
Total Current Charges	Due by 01-Jul-06	84.48

Total Amount Due \$84.48

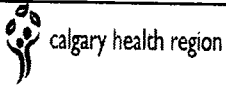
Thank you for keeping your account current.

Cable Only \$48.75
Internet Only 35.73
84.48
33.08 + 2.65(gst) = \$35.73
Claim →

Moving?
With **Shaw Easy Move** there's one call, one install and no transfer fees. Call us today and keep connected.

The HD Experience is now more affordable than ever with **Shaw Easy Pay**. Call today for details.

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>George T. Pinchbeck</i>		EMPLOYEE NUMBER # _____		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER	DATE <i>Sept 27/06</i>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>July 5/06</i>	<i>Jack Davis Bar B-Q</i>	<i>150</i>	<i>.43</i>	<i>64.50</i>
<i>July 6/06</i>	<i>7th Ann. CHR Golf Journey</i>	<i>134</i>	<i>.43</i>	<i>57.62</i>
<i>Sept 20/06</i>	<i>Aboriginal Hlth Council</i>	<i>120</i>	<i>.43</i>	<i>51.60</i>
<i>Sept 21/06</i>	<i>Quality + Access Mtg -</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Sept 26/06</i>	<i>Board Inservice - FMC - Cal. Lab. Ser. Regular Board Mtg.</i>	<i>141</i>	<i>.43</i>	<i>60.63</i>
		<i>659</i>	<i>.43</i>	<i>283.37</i>

CODING & AUTHORIZATION

DEPT	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>283.37</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>283.37</i>
AUTHORIZATION <i>G. Deloste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

599001-100605

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck ^{s.17(1), 17(4)(g)(i)}

FOR THE MONTH OF July, August + September, 2006

EXPENSES
 ENTERED OCT 13 2006
 (Please attach original receipts.)

Date	Description	Amount	GST	Total
July 9/06	Internet Hookup	32.00	1.92	33.92
Aug 9/06	Internet Hookup Show	32.00	1.92	33.92
Sept 9/06	Internet Hookup Show	32.00	1.92	33.92

TOTAL EXPENSES:

R \$ 101.76

Financial code: 01-71110300003-62210001

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

RB



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Aug-06 to 31-Aug-06**
Invoice Date: **July 09, 2006**
Due Date: **August 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 84.48
Payment Received - Thank You 4-Jul-06 -84.48

Outstanding Balance

0.00

Current Charges

Entertainment Bundle 78.95
Full Cable Bundle
GST (Registration 873690457RT) 4.74

Total Current Charges

Due by 01-Aug-06 **83.69**

Total Amount Due

\$83.69

By bundling your services, you have saved \$7.95 on this bill.

Shaw High-Speed Internet is the fastest. To subscribe, visit SHAW.CA

Thank you for keeping your account current.
Effective September 1, 2006, the monthly rate for your services will be adjusted to \$81.95, 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.

pd. July 18 5337

Shaw Digital Phone
Now available for an introductory rate of **\$29.95/month** for the first 3 months. Call us for details.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$83.69**
By 01-Aug-06

Amount Enclosed

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

26 / 2
G PINCHBECK

47458

T1(T)

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

SHAW CABLE
PO BOX 2468 STN MAIN
CALGARY, ALBERTA
T2P 4Y2

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

000008369 6

pd July 18 159 337



96



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Sep-06 to 30-Sep-06**
Invoice Date: **August 09, 2006**
Due Date: **September 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 83.69
Payment Received - Thank You 19-Jul 06 -83.69

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95

GST (Registration 873690457RT) 4.92

Total Current Charges

Due by 01-Sep-06 **86.87**

Total Amount Due

\$86.87

By bundling your services, you have saved \$6.95 on this bill.

Interested in getting involved with community TV? Contact your local Shaw TV office.

Thank you for keeping your account current.

Moving?

Let Shaw make your upcoming move a little easier. Call us today and keep connected.



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Oct-06 to 31-Oct-06**
Invoice Date: **September 09, 2006**
Due Date: **October 01, 2006**

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 22-Aug-06 -86.87

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95
GST (Registration 873690457RT) 4.92

Total Current Charges Due by 01-Oct-06 86.87

Total Amount Due \$86.87

Thank you for keeping your account current.

By bundling your services, you have saved \$6.95 on this bill.

Shaw Digital Phone is your home phone service made better.
Sign up now for just \$29.95/month for your first three months.

Shaw has added two new channels, **American Movie Classics** and **Encore Avenue** to your Full Cable Service package.

71335

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck

FOR THE MONTH OF: October, 2006

EXPENSES RECEIVED NOV 16 2006 FINANCE

01-71110300002

AIRFARE: _____

CAR RENTAL: _____

ACCOMMODATION: 421.88 \$ 457.80 62210000

MEALS: \$ _____

PARKING: -Valet at Banff + \$10. at Ranchman's Club. \$ 69.20 62210000

TAXIS: \$ _____

OTHER (please describe):

ENTERED NOV 17 2006

Banff Park-Pass-2 days \$ 35.60 62210000

Wellness Conference \$ _____


Oct 24-26/06 \$ _____

MILEAGE: 973 km at .43¢/km \$ 418.39 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 980.99

945.07
35.92
L. Deloste

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 _____	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.

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>		EMPLOYEE NUMBER # _____		
DEPARTMENT <i>Board Member</i>	PHONE NUMBER _____	DATE <i>November 1/06</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Oct. 2/06</i>	<i>Family Medicine Greenwood Inn</i>	<i>85</i>	<i>.43</i>	<i>36.55</i>
<i>Oct. 3/06</i>	<i>Long Service Carriage House</i>	<i>112</i>	<i>.43</i>	<i>48.16</i>
<i>Oct. 4/06</i>	<i>Long Service Carriage House</i>	<i>112</i>	<i>.43</i>	<i>48.16</i>
<i>Oct 5/06</i>	<i>Governance Audit Ranchman's Club</i>	<i>108</i>		<i>46.44</i>
	<i>Parking</i>			<i>10.00</i>
<i>Oct 12/06</i>	<i>Agenda setting PLC - Aboriginal HAC</i>	<i>96</i>	<i>.43</i>	<i>41.28</i>
<i>Oct 13/06</i>	<i>Aboriginal Health Council</i>	<i>120</i>	<i>.43</i>	<i>51.60</i>
<i>Oct 24-26</i>	<i>Wellness Conference - Banff</i>	<i>340</i>	<i>.43</i>	<i>146.20</i>
	<i>Tot.</i>	<i>973</i>		<i>418.39</i>
<i>"</i>	<i>Vallet Parking - Banff Springs</i>	<i>58</i>	<i>-</i>	

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	\$ <i>486.39</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	\$ <i>486.39</i>
AUTHORIZATION <i>Y. Delcosto</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION:

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



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Nov-06 to 30-Nov-06**
Invoice Date: **October 09, 2006**
Due Date: **November 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 15-Sep-06 -86.87

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95
GST (Registration 873690457RT) 4.92

Total Current Charges

Due by 01-Nov-06 **86.87**

Total Amount Due

\$86.87

Thank you for keeping your account current.

By bundling your services, you have saved \$6.95 on this bill.

With Shaw, quick and responsive customer service is available 24/7/365

This Halloween Shaw's Pumpkin Patrol will be out patrolling your streets making Halloween safe for your loved ones.

32.00 Internet
1.95 G.S.T.

Claim - \$33.95

*pd 1887
acc 24/10/06*

APPLICANT COPY



405 SPRAY AVENUE
P.O. BOX 960
BANFF, ALBERTA CANADA T1L 1J4
T 403 762 2211 F 403 762 5755
G.S.T. Registration #815456876RT0001

Room : 1718
Folio # :
Cashier # : 134
Page # : 1 of 1
Group Name Exploring Health & Healing

George Pinchbeck
CA

Arrival : 10-24-06
Departure : 10-26-06

Date	Description	Additional Information	Charges	Credits
10-24-06	Package Charge	[NA Pkg. Trx]	209.00	
10-24-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96	} 228.90
10-24-06	Room GST (6%)	[Add: 6%.(B)]	11.94	
10-24-06	Valet Parking	[NA Fixed Charge]	29.00	} 29.60
10-24-06	Package GST (6%)	[Add: 6%.(B)]	0.60	
10-25-06	Package Charge	[NA Pkg. Trx]	209.00	
10-25-06	Alberta Tourism Levy (4%)	[Add: 4%.(B)]	7.96	} 228.90
10-25-06	Room GST (6%)	[Add: 6%.(B)]	11.94	
10-25-06	Valet Parking	[NA Fixed Charge]	29.00	} 29.60
10-25-06	Package GST (6%)	[Add: 6%.(B)]	0.60	
10-26-06	Visa			517.00
			Total	517.00
			Balance Due	0.00

GST Summary

Room	23.88
F&B	0.00
Other	4.48
Total	28.36

Guest signature

Signature du client X _____
For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414
Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: De États-Unis or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$ 50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

APPLICANT COPY

ON DASH FACE UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLAC

OWNED & OPERATED BY PARKSMART
1330 8TH ST. SW

EXPIRES

05 OCT 06

14:53 PAID
\$ 10.00

ENTRY TIME 05 OCT 06 11:33
00023

EXPIRES

05 OCT 06

14:53

PAID
\$ 10.00

RECEIPT

LE TABLEAU DE BORD
ÔTE VISIBLE

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

PLACER S
CI

PARC NATIONAL
BANFF
NATIONAL PARK

10/24/2006

Valid/Valide - 16h:
10/26/2006

2.00 x 17.80	
DAYLAD GR/JR:GR ADULT	35.60
Total	35.60
GST/TPS	2.02
Cash/Comptant	20.00
Cash/Comptant	20.00
Change/Monnaie	4.40
4:23 PM B.F.	215
GATE/BARRIERE BANFF	

GST#/No de TPS:R121491807

71351

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF

October, 2006

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
<i>Oct 9/06</i>	<i>Internet Backup</i>	<i>32.00</i>	<i>1.95</i>	<i>\$ 33.95</i>

ENTERED NOV 17 2006

TOTAL EXPENSES:

R \$ 33.95

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <i>L. Deloste</i>	Print Name: <i>Lou Deloste</i>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <i>943-1222</i>

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

SHAW



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

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name:
Account Number:
Service Address:
Service Period:
Invoice Date:
Due Date:

G PINCHBECK

01-NOV-06 to 30-NOV-06
October 09, 2006
November 01, 2006

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 15-Sep-06 86.87

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95
GST (Registration 873690457RT) 4.92

Total Current Charges Due by 01-Nov-06 **86.87**

Total Amount Due **\$86.87**

By bundling your services, you have saved \$6.95 on this bill.

With Shaw, quick and responsive customer service is available 24/7/365

Thank you for keeping your account current.

32.00 Internet
1.95 G.S.T.

Claim - \$33.95

*pd 1887
clear 24/106*

This Halloween Shaw's Pumpkin Patrol will be out patrolling your streets making Halloween safe for your loved ones.

08/22/11

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck

FOR THE MONTH OF: November, 2006

ENTERED DEC 14 2006

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: ^R \$ 8.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 798 km at .43¢ /km ^R \$ 343.14 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 351.14

[Signature] u. Deloste

APPLICANT COPY

<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input checked="" type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> 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>George T. Pinchbeck</i> s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER #		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER		DATE <i>Dec. 7/06</i>
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Nov 3/06</i>	<i>Bd. Retreat - Calgary Country Club</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Nov 15/06</i>	<i>Reg. 3 - Aboriginal Health Council</i>	<i>120</i>	<i>.43</i>	<i>51.60</i>
<i>Nov 16/06</i>	<i>Quality & Access Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Nov 20/06</i>	<i>Wellness Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Nov 21/06</i>	<i>Healing Your Spirit Library</i> <i>W.R. Casteele</i>	<i>108</i>	<i>.43</i>	<i>46.44</i>
<i>Nov 24/06</i>	<i>PBMA - Southport</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Nov 28/06</i>	<i>Regular Board Meeting</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Nov 21/06</i>	<i>Parking - Downtown</i>	<i>8.00</i>		<i>8.00</i>
		<i>798</i>	<i>.43</i>	<i>343.14</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>	<i>\$ 351.14</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE <i>\$ 351.14</i>	
AUTHORIZATION <i>L. Deloste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

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

170

APPLICANT COPY

Phone: 537-7000

CALGARY PARKING AUTHORITY

PARKING LOT No. 55
724 - 4th STREET S.E.

G.S.T. INCLUDED G.S.T. NO. R119457869

"Vehicles parked at Owner's risk. C.P.A. not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents."

PLACE FACE UP ON DASH

VEHICLES NOT DISPLAYING VALID TICKET ON THE DASH WILL BE TOWED AWAY AT OWNER'S EXPENSE. NO IN AND OUT PRIVILEGES.

FLAT RATE - NO REFUND

OUT

RATES 5:00 A.M. TO MIDNIGHT
\$ 8.00
TICKET IS NON TRANSFERABLE

NOV 21 '06 9:08
IN

006684

AMT.

72209

CALGARY HEALTH REGION

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

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF November, 2006

ENTERED DEC 14 2006

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Nov 9/06	Internet Hookups	32.00	1.92	R 33.92
Dec 5/06	Cartridge for printer	52.99	3.18	R 56.17

TOTAL EXPENSES: \$ 90.09

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
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S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Dec-06 to 31-Dec-06**
Invoice Date: **November 09, 2006**
Due Date: **December 01, 2006**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 26-Oct-06 -86.87

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95

GST (Registration 873690457RT) 4.92

Total Current Charges

Due by 01-Dec-06 **86.87**

Total Amount Due

\$86.87

By bundling your services, you have saved \$6.95 on this bill.

Win a \$10,000 World Getaway!
Visit Shaw.ca/hello for details.

Thank you for keeping your account current.

*# 32.00 Internet Hookup.
1.92 G.S.T.*

Claim = \$33.92

G.P.

Questions about your bill?
Visit the Customer Care page on SHAW.CA for billing support.

APPLICANT COPY

STRATHMORE
VALUE DRUG MART

132-2-5067-10
Strathmore, ALBERTA T4B 1R6
403-673-1111

NO. PART 16 2511	
QTY	1
8869806729	AT 52.99
<i>Color Printer</i>	
	Subtotal 52.99
	GST 3.18
	PSI 0.00
	TOTAL 56.17

*H.P. Printer
&
Cartridges*

VISA 56.17
EXP:
AUTH#: 042683

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

12/05/06 225 225 14:22
Store 211 Reg 62112 Seq 216954

GST# 10517760

THANKS FOR SHOPPING AT VALUE DRUG MART
ALL YOUR FAMILY NEEDS...

81
5/1

CALGARY HEALTH REGION

ENTERED JAN 2 8 2007

BOARD EXPENSE FORM s.17(1), 17(4)(g)(i)

NAME: George T. Pinchbeck

FOR THE MONTH OF: December 2006

RECEIVED

IHI Conference in Orlando.
Dec 10-14, 2006.

EXPENSES

	U.S. Funds	Can. Funds.	01-71110300002
AIRFARE:	\$		
CAR RENTAL:	\$	385.02	
ACCOMMODATION: Embassy Suites Orlando → \$329.07 Marriott World → \$637.89		447.18 757.12	\$ 1131.36 car 62214000
MEALS: 5 dinners 5 suppers Lunch (Embassy) Lunch Dec 10-14 @ 19.75/ea Lunch Dec 14 @ 10.75	\$23.44 \$19.75 \$10.75	96.00 10.75	62214000 134.18 62214000
TAXIS: Orlando Airport to hotel Convention to hotel & back Shuttle to airport Calgary airport to Strathmore	\$40.00 \$50.69 \$30.00 \$50.00	47.20 60.05 35.40 80.-	62214000 62214000 259.71
OTHER (please describe):			
Personal Expense Allowance	\$		
Dec 11, 12, 13 - 3 X \$13.55	2 \$	40.65	62214000
MILEAGE: 501 km at .43¢ /km	R \$	1215.43	62214000
TOTAL EXPENSES:	\$	1781.33	

[Handwritten Signature]

US APPLICANT COPY

Can

Accom -

637.89	-	746.34	
329.07	-	385.02	= 1131.36

Meals -

23.44	-	27.43	
		96.00	= 134.18
		10.75	

Taxi

40.00	-	46.80	
50.69	-	59.31	
30.00	-	35.10	= 259.71
50.00	-	58.50	
		60.00	

Personal Exp. Allow -

Mileage -

40.65
215.43
<hr/>
176
1781.33

APPLICANT COPY

From Orlando Airport
To Embassy Suites Hotel
Driver 8250 Jamaican Cr.
Cab No. 324
Date Dec. 10/06 Amount 40 ~~XX~~ / 700

Thank you for letting us serve your transportation needs.
We hope you enjoyed the ride.

Return Trip Ticket Receipt Only
Received From 8250
Amount 100
Transportation From OWCR - Int'l Drive
to OWCM
Date 12/10/06



Received from George Fincher Date 12/10/06
Amount \$60.-
To Calgary Airport
From Strathmore
 Cash
 Cheque Driver [Signature]

CIRCLE ONE:

A-1

- Yellow Cab Co.
- Ace Metro
- ~~Diamond Cab~~
- Star Taxi
- Town & Country

Taxi Number:
L130
\$30.-



PLEASE NOTE YOUR TAXI NUMBER

1902 - 1912

None

APPLICATION COPY



**EMBASSY SUITES
HOTELS**

8250 Jamaican Court • Orlando, FL 32819
Phone: (407) 345-8250 • Fax: (407) 352-1463
For reservations across the nation
www.embassysuites.com or 1-800-EMBASSY

Name & Address

PINCHBECK, GEORGE
10101 SOUTHPORT RD SW

CALGARY, AB T2W3N2
CA

Suite 408/KNGN
Arrival Date 12/10/06 7:53PM
Departure Date 12/14/06

Adult/Child 1/0
Suite Rate 195.00 LV1

RATE PLAN
HH#
AL:
CAR:

CONFIRMATION NUMBER : 83388584

12/11/06 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/06	1890223	RM SVC - LUNCH	\$11.98
12/10/06	1890229	RM SVC - LUNCH	\$11.46
12/10/06	1890294	GUEST ROOM	\$195.00
12/10/06	1890294	TAX	\$24.38
12/11/06	1890633	GUEST ROOM SINGLE	\$97.50
12/11/06	1890633	TAX	\$12.19
12/11/06	1890634	VS *5905	(\$352.51)
** BALANCE **			- 23.44 = 329.07
			\$0.00

F
O
L
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O

ACCOUNT NO.	
CARD MEMBER NAME	
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT
CARD MEMBER'S SIGNATURE	

DATE OF CHARGE	FOLIO NO./CHECK NO. 279073 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

30381 PINCHBECK/GEORGE
 ROOM NAME
 NSDD INSTITUTE FOR HEALTH
 TYPE
 87 135 FRANCIS ST
 BOSTON MA
 02215-5304
 ROOM CLERK ADDRESS

189.00 12/14/06 11:00 25794 24960
 RATE DEPART TIME ACCT# GROUP
 12/11/06 16:45
 ARRIVE TIME
 PASSPORT:

MR#:

DATE	REFERENCE	PAYMENT	CHARGES	CREDITS	BALANCE DUE
12/11	ROOM	30381, 1	189.00		
12/11	TAX	30381, 1	12.29		
12/11	RMOCTAX	30381, 1	11.34		
12/12	ROOM	30381, 1	189.00		
12/12	TAX	30381, 1	12.29		
12/12	RMOCTAX	30381, 1	11.34		
12/13	ROOM	30381, 1	189.00		
12/13	TAX	30381, 1	12.29		
12/13	RMOCTAX	30381, 1	11.34		
12/14	BK CARD	30381, 1			


TO BE SETTLED TO: VISA \$637.89
 CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE ORLANDO WORLD CENTER MARRIOTT!
 FOR A QUICK, EFFICIENT CHECK-OUT PLEASE DIAL EXT. 85000 AND
 FOLLOW THE AUTOMATED INSTRUCTIONS ON THE VOICE MAILBOX.

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

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 _____	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>George T. Pinchbeck</i>		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER	DATE <i>Dec. 21/06.</i>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Dec. 6/06</i>	<i>CHK Board Calgary Christmas Dinner - Country Club</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Dec. 7/06</i>	<i>People & Finance Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Dec. 10/06</i>	<i>To Calgary Airport - to Orlando</i>	<i>45</i>	<i>.43</i>	<i>19.35</i>
<i>Dec. 14/06</i>	<i>CHK Board Meeting</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Dec. 21/06</i>	<i>Physician Liaison Mtg.</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
		<i>501</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>	<i>215.43</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>\$ 215.43</i>
AUTHORIZATION <i>V. Delate</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

73719

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Finckbeek

FOR THE MONTH OF

December, 2006

RECEIVED
RECEIVED
JAN 7 2007

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Dec 9/06	Internet hookup	32.00	1.92	R 33.92
Nov 21/06	Inkjet cartridge refill	19.34	1.16	R 20.50

ENTERED JAN 19 2007

TOTAL EXPENSES:

R \$ 54.42

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Jan-07 to 31-Jan-07**
Invoice Date: **December 09, 2006**
Due Date: **January 01, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 22-Nov-06 -86.87

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95
GST (Registration 8/3690457RT) 4.92

Total Current Charges Due by 01-Jan-07 86.87

Total Amount Due \$86.87

Thank you for keeping your account current.

*32.00 - Internet
1.95 - GST*

Claim \$33.95

By bundling your services, you have saved \$6.95 on this bill.

Create special holiday greetings this season with Shaw Photo Share. Visit SHAW.CA today.

Shaw wishes you and your family a safe and happy holiday season.

APPLICANT COPY

TERMIN: 01450001 s.17(1), 17(4)(e.1)
REF: 890600
CARD #
CARD TYPE: VISA PURCHASE
REF NO: 0006804 AMOUNT: \$10.50
(001) APPROVED THANK YOU AUTH #023327

CARDHOLDER AGREES TO PAY ISSUER SUCH
TOTAL IN ACCORDANCE WITH ISSUER'S
AGREEMENT WITH CARDHOLDER

CARDHOLDER SIGNATURE

74575

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

January, 2007

EXPENSES

01-71110300002

AIRFARE:

RECEIVED
FEB 14 2007
FINANCE

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

R

\$ *→ 3.50*

PARKING:

Jan 23/07

\$ _____

TAXIS:

\$ _____

OTHER (please describe):

\$ _____

ENTERED FEB 14 2007

\$ _____

\$ _____

MILEAGE: *786* km at .43¢ /km
(Attach Local Travel Expense Claim form)

R

\$ *337.98*

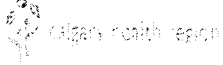
TOTAL EXPENSES:

\$ *341.48*

G.J.L.

U. Delo

APPLICANT COPY

	___ ACH ___ FMC <input checked="" type="checkbox"/> 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>George T. Pinchbeck</i>		s.17(1), 17(4)(g)(i)		
DEPARTMENT		PHONE NUMBER	DATE <i>Feb 6/07</i>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Jan 23/07</i>	<i>Patient Safety Task Force</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Jan 12/07</i>	<i>Agenda setting Ab. Health Council</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Jan 17/07</i>	<i>Aboriginal Health Council</i>	<i>120</i>	<i>.43</i>	<i>51.60</i>
<i>Jan 18/07</i>	<i>Quality & Access Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Jan 23/07</i>	<i>Building Foundations for Safety UofC.</i>	<i>10</i>	<i>.43</i>	<i>4.30</i>
<i>Jan 25/07</i>	<i>PCIS Recognition Lunch - PLC</i>	<i>96</i>	<i>.43</i>	<i>41.28</i>
<i>Jan 29/07</i>	<i>STARS/SARCC Event - 1441 Aviation Dr. N.E.</i>	<i>104</i>	<i>.43</i>	<i>44.72</i>
<i>Jan 30/07</i>	<i>Bd Inservice</i>			
	<i>Board only</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
	<i>Governance & Audit Committee</i>			
<i>Jan 23/07</i>	<i>Parking at Univ. of Calgary</i>			<i>3.50</i>
		<i>786</i>		

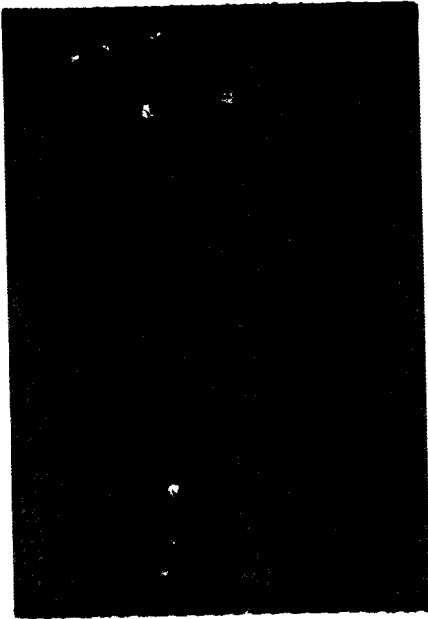
CODING & AUTHORIZATION

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>George T. Pinchbeck</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



UofC
LOT 11

01/23/07

ONE ENTRY

\$ 3.50

12:13

554102



74576

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF

January, 2007

EXPENSES

ENTERED FEB 14 2007

(Please attach original receipts.)

Date	Description	Amount	GST	Total
<i>Jan 11/07</i>	<i>Printer Inkjet Cartridge Refill</i>	<i>23.11</i>	<i>1.39</i>	<i>24.50</i>
<i>Jan 09/07</i>	<i>Internet Backup</i>	<i>32.00</i>	<i>1.92</i>	<i>33.92</i>

TOTAL EXPENSES:

\$ 58.42

Financial code: 01-71110300003-62210001

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

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



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Feb-07 to 28-Feb-07**
Invoice Date: **January 09, 2007**
Due Date: **February 01, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 18-Dec-06 -86.87

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95
GST (Registration 873690457RT) 4.92

Total Current Charges Due by 01-Feb-07 86.87

Total Amount Due \$86.87

Thank you for keeping your account current.

Internet hookup - \$32.00
G.S.T. - 1.92
Claim -
\$33.92

By bundling your services, you have saved \$6.95 on this bill.

Get faster downloads with Shaw High-Speed Internet, it's the fastest. Call today for details.

View your monthly Shaw bill online - save time and paper with Shaw eBill. Visit SHAW.CA for details.

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck
FOR THE MONTH OF: February, 2007

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: *R* \$ 12.00 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 774 km at .43¢ /km *R* \$ 332.82 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 344.82

G.T.P.

W. Deloste

113

APPLICANT COPY

ISLAND INK JET
K2 1632 14 AVE N W
CALGARY AB T2N 1M7 s.17(1), 17(4)(e.1)

CARD
S
ACCOUNT TYPE VISA
TERMINAL ID:
0089250000800810931999
INVOICE# 004045
SALE
AMOUNT \$24.50

TOTAL \$24.50

DATE 2007/01/12
TIME 14:09:33
CUSTOMER COPY

SEQ# 008
AA APPROVED
AUTH# 079819
APPROVAL

I AGREE TO PAY ABOVE
TOTAL TO CARD ISSUERS AS
PER AGREEMENT

x -----
CUSTOMER SIGNATURE

COME VISIT US AGAIN
THANK YOU. GOOD DAY

APPLICANT COPY



0091066190894029

HOTEL
Arts

Hotel Arts

Ticket expires at
6:00PM
Thu 2007/02/22

Payment Details

Paid: \$12.00

VISA

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

Expiring

Information

Vehicles and contents left
at owner's risk.

Machine: 2

Lot: 1

Ticket #: 31334

Thu 8:16:54AM 2007/02/22

DISPLAY FACE UP
ON DASH



75863

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF February, 2007

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
<u>Feb 9/07</u>	<u>Internet Hookup</u>			
	<u>- Shaw</u>	<u>32.00</u>	<u>1.95</u>	<u>\$33.92</u>

ENTERED MAR 16 2007

TOTAL EXPENSES:

\$ 33.92

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Mar-07 to 31-Mar-07**
Invoice Date: **February 09, 2007**
Due Date: **March 01, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 23-Jan-07 -86.87

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95

GST (Registration 873690457RT) 4.92

Total Current Charges

Due by 01-Mar-07 **86.87**

Total Amount Due

\$86.87

By bundling your services, you have saved \$6.95 on this bill.

Introducing **Shaw Digital Phone Lite**, a phone plan for light long distance users. Visit **SHAW.CA** for more details.

Did you know you get Photo Share 2.0, Web Mail, Email Filter and more with your Shaw Internet? Visit **SHAW.CA** to learn more.

Thank you for keeping your account current.

Internet Backup - 32.00
G.S.T. 1.92
Claim - \$33.92

77403

CALGARY HEALTH REGION
BOARD EXPENSE FORM



NAME:

George T. Pinchbeck

FOR THE MONTH OF:

March, 2007

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

EXPENSES

ENTERED APR 1 2 2007

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

Hotel HBA Conference

318.00
\$ 335.46

62212000

MEALS:

Mar 11 - dinner 19.20
Lunch 13 - 10.75
Mar.

\$ 229.95

62212000

PARKING:

\$ 236.00

62212000

TAXIS:

\$ _____

OTHER (please describe):

\$ _____

\$ _____

456 Km

R

\$ 196.08

62210000

MILEAGE:

696 km at .43¢/km

R

\$ 299.28

62212000

(Attach Local Travel Expense Claim form)

TOTAL EXPENSES:

\$ 896.77

813.36

83.41

G. Kelaste

APPLICANT COPY

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

Guest:

George Pinchbeck

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

HHC10A

room 1246
 rate 150.00
 no. pers. 1
 folio 133464 EX-A
 page 1
 arrive 11-MAR-07 16:05
 depart 13-MAR-07
 payment VI

Travel agent/charge to

1246

date	reference	description	charges/credits
11-MAR-07	RT1246	Room Charge	150.00
11-MAR-07	RT1246	GST	9.09
11-MAR-07	RT1246	DMF	1.50
11-MAR-07	RT1246	Tourism Levy	6.06
11-MAR-07	RT1246	Parking Self - Outside	18.00 ✓
11-MAR-07	RT1246	Tax GST	1.08
12-MAR-07	RT1246	Room Charge	150.00
12-MAR-07	RT1246	GST	9.09
12-MAR-07	RT1246	DMF	1.50
12-MAR-07	RT1246	Tourism Levy	6.06
12-MAR-07	RT1246	Parking Self - Outside	18.00 ✓
12-MAR-07	RT1246	Tax GST	1.08
13-MAR-07	VI	Visa	371.46-
Total Charges			371.46
Total Credits			371.46-
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 **

I agree to remain personally liable for the payment of this account if the corporation or other third party, listed fails to pay me for all of these charges.

Signature

George Pinchbeck
 FOLIO 133464 11-MAR-07

APPLICANT COPY

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

guest

George Pinchbeck

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

HHC10A

room 1246
 rate 150.00
 no. pers. 1
 folio 133464 EX-A
 page 2
 arrive 11-MAR-07 16:05
 depart 13-MAR-07
 payment VI

Travel agent/charges to

date	reference	description	charges/credits
------	-----------	-------------	-----------------

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
11-MAR-07	150.00	9.09	6.06	0.00	0.00	20.58	185.73
12-MAR-07	150.00	9.09	6.06	0.00	0.00	20.58	185.73
Total	300.00	18.18	12.12	0.00	0.00	41.16	371.46

Date	Payment
11-MAR-07	0.00
12-MAR-07	0.00
Total	0.00

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

GST Summary:

GST Room Revenue:	18.18
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	18.18

861336493RT0005

I agree to remain personally liable for the payment of this account if the Corporation or other third party billed fails to pay part or all of these charges.

As a Starwood Preferred Guest you have earned at least 600 Starpoints for this visit

George Pinchbeck s.17(1), 17(4)(g)(i)
 FOLIO 133464 11-MAR-07



77904

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George Pinchbeck

FOR THE MONTH OF

March, 2007

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Mar 9/07	Internet Hookup			
	Shaw Cable	32.00	1.92	33.92

ENTERED APR 12 2007

TOTAL EXPENSES:

\$ 33.92

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)

LB
199

SHAW



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Apr-07 to 30-Apr-07**
Invoice Date: **March 09, 2007**
Due Date: **April 01, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 27-Feb-07 -86.87

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95
GST (Registration: 873690457RT) 4.92

Total Current Charges

Due by 01-Apr-07 **86.87**

Total Amount Due

\$86.87

Thank you for keeping your account current.

Internet Hookup - 32.00
GST - 1.92

Claim 33.92

By bundling your services, you have saved \$6.95 on this bill.

Share your thoughts on our products and services. Complete our online survey on SHAW.CA

Did You Know
Shaw has over 8500 employees working for you?
Visit peoplepowered.ca to learn more!

CALGARY HEALTH REGION

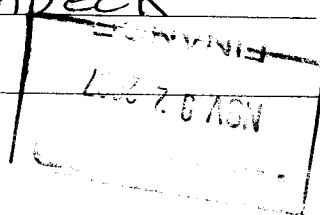
BOARD EXPENSE FORM

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

April, 2007



EXPENSES

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: \$ —

MEALS: \$ —

PARKING: \$ 27. 62210000

TAXIS: \$ 100.— 62212000

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 570 km at .43¢/km \$ 245.10 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 366.10

 G. Deloste

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck
FOR THE MONTH OF: April, 2007

EXPENSES

ENTERED MAY 17 2007

01-71110300002

AIRFARE: \$ - _____

CAR RENTAL: \$ - _____

ACCOMMODATION: \$ - _____

MEALS: \$ - _____

PARKING: ^R \$ 27. 62210000

TAXIS: ^Z \$ 100.- 62212000

OTHER (please describe):

_____ \$ _____

_____ \$ _____


_____ \$ _____

MILEAGE: ^R 570 km at .43¢ /km \$ 245.10 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 366.10

266.10 4. Deloste
100.00

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 _____	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.

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i> s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		PHONE NUMBER		DATE <i>May 9/07</i>
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Apr. 5/07</i>	<i>People & Finance Committee</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Apr. 9/07</i>	<i>Aboriginal Comm. H Adv. Com. Diabetes Committee</i>	<i>120</i>	<i>.43</i>	<i>51.60</i>
<i>Apr. 10/07</i>	<i>Rotary Clubs & Flames Fedn. - UofC</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
<i>Apr. 19/07</i>	<i>Strathmore to Airport (Calgary) return Parking</i>	<i>108</i>	<i>.43</i>	<i>46.44</i> <i>21.00</i> \$3P
<i>Apr. 24/07</i>	<i>Bd. Inservice & Regular Bd. Meeting</i>	<i>114</i>	<i>.43</i>	<i>49.02</i>
		<i>570</i>		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>266.10</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>266.10</i>
AUTHORIZATION <i>Y. Deloato</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

203

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

RECEIPT
GST NO. R122556194

EXIT No. A2
 IN: 04/19/07 09:51
 OUT: 04/19/07 23:18
 DURATION: 0 13: 27
 PAID: \$ 21.00
 (GST INCLUDED)
 VISA

101
 AUTH. CODE 0886598
 REF. 7
 THANK YOU FOR
 YOUR VISIT
 s.17(1), 17(4)(e.1)

Calgary International Airport Parkade

AMOND SEDAN & LIMO SVC.
 780-914-4002
 MAIN OFFICE
 780-465-4002 1-877-504-4002
 EMAIL-heera@shaw.ca
 www.diamond-limo.com

GEORGE PINCHBECK
GOLD PREFERRED

G.S.T. 88212-7012 212108

AUTH. NO. *BEANIE* DRIVER UNIT No.

TIME *1815* DAY *19* MO *4* YR. *07*

FROM: *Legislativeto*
 TO: *Airport - West-Jet*
 PRINT NAME:

CUSTOMER'S NAME
x George Pinchbeck

50.00 X 5000

<input type="checkbox"/>	FARE	100-	
<input type="checkbox"/>	INT'L		
<input type="checkbox"/>	GRATUITY		
<input type="checkbox"/>	TOTAL		

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

CUSTOMER COPY

73751

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

April, 2007

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Apr 9/07	Internet Hookup	32.00	1.92	33.92

ENTERED MAY 17 2007

TOTAL EXPENSES:

R \$ 33.92

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number:
Service Address:
Service Period: **01-May-07 to 31-May-07**
Invoice Date: **April 09, 2007**
Due Date: **May 01, 2007**

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

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement
Payment Received - Thank You

16-Mar-07

86.87
-86.87

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Full Cable Bundle

81.95

GST (Registration 873690457RT)

4.92

Total Current Charges

Due by 01-May-07 **86.87**

Total Amount Due

\$86.87

Thank you for keeping your account current.

Internet hookup - \$32.00
G.S.T. 1.92
\$33.92

By bundling your services, you have saved \$6.95 on this bill.

Share your thoughts on our products and services. Complete our online survey on SHAW.CA

Why Pay For Security?

Shaw Secure is a world class security suite available at no cost to all Shaw Internet customers. A \$90 retail value, Shaw Secure updates 4 times as often as Norton & McAfee.

709901

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: George T. Pinchbeck
FOR THE MONTH OF: May, 2007

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: - May 3/07 \$ 30.- 62210000

TAXIS: \$ _____

OTHER (please describe):

Banff - East Gate - May 10/07 \$ 22.95 62210000


_____ \$ _____

_____ \$ _____

MILEAGE: 896 km at .44¢ /km \$ 394.24 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 447.19

u. Deloste



CALGARY HEALTH REGION

BOARD EXPENSE FORM s.17(1), 17(4)(g)(i)

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

May, 2007

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____ ENTERED JUN 14 2007

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: - May 3/07 R \$ 30.- 62210000

TAXIS: \$ _____

OTHER (please describe):

Banff - East Gate - May 10/07 R \$ 22.95 62210000

_____ \$ _____


_____ \$ _____

MILEAGE: 896 km at .44¢ /km R \$ 394.24 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 447.19

u. Deloste
424.24 RB
22.95

APPLICANT COPY

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

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.

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>		EMPLOYEE NUMBER <i>#</i>	
DEPARTMENT <i>Board Member</i>		DATE <i>June 6/07</i>	
DATE OF TRAVEL/EXPENSE	DETAILS	# OF KM (for mileage)	RATE
			AMOUNT
<i>May 2/07</i>	<i>Bd. Eval. Committee - Southport</i>	<i>114</i>	<i>.44</i>
<i>May 3/07</i>	<i>Mtg. Bd. Chair - David Juer</i>	<i>110</i>	<i>.44</i>
<i>May 8/07</i>	<i>Bd. Eval. Committee - Calgary</i>	<i>114</i>	<i>.44</i>
<i>May 10-13/07</i>	<i>Improving Bd. Governance - Banff</i>	<i>330</i>	<i>.44</i>
	<i>Banff East Gate -</i>		<i>22.95</i>
<i>May 3/07 -</i>	<i>Parking</i>		<i>30. -</i>
<i>May 17/07</i>	<i>Quality & Access Committee</i>	<i>114</i>	<i>.44</i>
<i>May 29/07</i>	<i>Regular CHR Board Meeting</i>	<i>114</i>	<i>.44</i>
		<i>896.</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>	<i>447.19</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>447.9</i>
AUTHORIZATION <i>U. DeLoste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

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

209

APPLICANT COPY

** CUSTOMER COPY **

TRANSACTION RECORD 070510/14:29

EAST GATE
ADMN
GRIFF, AB
TOL 000

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

TRD #

OP ID: 002

ACCOUNT TYPE: VISA
REFERENCE #: 0009610

PURCHASE

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

TOTAL \$22.95

APPROVED
AUTH #074315
THANK YOU

TERMINAL ID: 02424275
MERCHANT #: 00724162

IMPERIAL PARKING
PHONE 239-7375
DAILY PARKER
METER LOT 3
s.17(1), 17(4)(e.1)

79905

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

May, 2007

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
May 9/07	Internet Hookup	32.00	1.92	R 33.92
May 13/07	2 - Executive Leadership Inventories given to Dr. C. Eagle	30.-	1.80	R 31.80

ENTERED JUN 14 2007

TOTAL EXPENSES:

R \$ 65.72 J.P.

Financial code: 01-71110300003-62210001

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

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

APPLICANT COPY



Banff Executive
Leadership Inc.

Leadership • Innovation • Stewardship

May 13, 2007

Invoice #: BEL 2007-093

George Pinchbeck
Board Member
Calgary Health Region
10101 Southport Road SW
Calgary, AB T2W 3N2

Ph: 403-943-1122
Fx: 403-943-1124

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

By Email.

Dear George:

Re:

INVOICE
Purchase of Inventories

Fees:

2 Executive Leadership Practices Inventories @ USD \$15.00 (Canadian at Par)	\$ 30.00
GST (# 87057 8218 RT 0001)	<u>\$ 1.80</u>
Total Fees	\$ 31.80

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

Thank you, for your payment George. We debited your Visa
expiry date

with

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

We appreciate your business and look forward to assisting with your organizations
professional development requirements in the future!

Nadine Roberts
Personal Learning Advisor
Sales and Marketing Manager
Ph. 866-626-6002

www.banffexeclead.com

P.O. Box 4870, Banff, Alberta, Canada, T1L 1G1 ▲ Suite 100, 201 Spring Crescent ▲ Phone: 403-762-0762 ▲ Fax: 403-762-2110



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
M-F 7:30am-10pm
S-S 7:30am-10pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Jun-07 to 30-Jun-07**
Invoice Date: **May 09, 2007**
Due Date: **June 01, 2007**

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 18-Apr-07 -86.87

Outstanding Balance 0.00

Current Charges

Entertainment Bundle
Full Cable Bundle 81.95
GST (Regisration 873690457RT) 4.92

Total Current Charges Due by 01-Jun-07 86.87

Total Amount Due \$86.87

By bundling your services, you have saved \$6.95 on this bill.

Get more phone for your money with Shaw's home phone service. Call us or Visit SHAW.CA for more details.

Make your old TV new again with a Shaw Digital Terminal Call us for more details!

Thank you for keeping your account current.

Effective July 1, 2007, the monthly rate for your services will be adjusted to \$84.95, 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.

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

B1077

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF:

June, 2007

EXPENSES

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: \$ —

MEALS: \$ —

PARKING: \$ —

TAXIS: *Cab - Southport to Chamber of Commerce* \$ 49.40 62210000
return - June 14/07

OTHER (please describe):

going 22.60 \$

coming 26.80 \$

#49.40 \$

MILEAGE: 833 km at .49¢ /km \$ 366.52 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 415.92

Ch. Deloste

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

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

June, 2007

RECEIVED
JUN 2007

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: \$

ENTERED JUL 13 2007

PARKING: \$

TAXIS: *Cab - Southport to Chamber of Commerce* \$ 45.40
return - June 14/07 \$ 49.40 62210000

OTHER (please describe):

going 22.60 \$


coming 26.80 \$

#49.40

MILEAGE: 833 km at .44¢ /km \$ 366.52 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 415.92

411.92 *4.00* *Y. Deloste*

 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 _____	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>George T. Pinchbeck</i>		s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER #	
DEPARTMENT <i>Board Member</i>		PHONE NUMBER		DATE <i>June 27/07</i>	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT	
		(for mileage)			
<i>June 2/07</i>	<i>Montal with Jean Lajoie de Vive</i>	<i>102</i>	<i>.44</i>	<i>44.88</i>	
<i>June 12/07</i>	<i>Alfreda - Ab. Comm. Health Council Governance Committee</i>	<i>124</i>	<i>.44</i>	<i>54.56</i>	
<i>June 14/07</i>	<i>Quality & Access Committee</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>	
<i>June 19/07</i>	<i>Rd. Evaluation Committee</i>	<i>116</i>	<i>.44</i>	<i>51.04</i>	
<i>June 21/07</i>	<i>Physician Liaison</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>	
<i>June 26/07</i>	<i>Continuous Care - FMC</i>				
	<i>Regular Board Mtg</i>	<i>119</i>	<i>.44</i>	<i>52.36</i>	
	<i>Roundtable Centre</i>				
<i>June 27/07</i>	<i>Long Service Awards</i>	<i>144</i>	<i>.44</i>	<i>63.36</i>	
	<i>Archie - Town & Country</i>				
		<i>833</i>		<i>366.52.</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>	<i>366.52</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>366.52</i>
AUTHORIZATION <i>U. Delosta</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

DISTRIBUTION:

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

216

APPLICANT COPY

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

ISSUS DE CETTE LIGNE

GEORGE T PINCHBECK
GOLF PREFERRED

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIEE

AUTHORIZATION NUMBER/NO D'AUTORISATION

BILL NO.-NO. DE NOTE	
DATE	CLERK-COMMISS

5 807

24 80	AMOUNT MONTANT
2 -	TIPS POURBOIRE
26 80	\$ CDN CAN

CHARGE X SALES DRAFT
CHARGÉ X FACTURE

George T Pinchbeck

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

Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
LE DÉTENTEUR DE LA CARTE CI-HAUTE MENTIONNÉE PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

CUSTOMER COPY
COPIE DU CLIENT

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

ISSUS DE CETTE LIGNE

GEORGE T PINCHBECK
GOLF PREFERRED

EXPIRY DATE CHECKED

DATE D'EXPIRATION VERIFIEE

AUTHORIZATION NUMBER/NO D'AUTORISATION

BILL NO.-NO. DE NOTE	
DATE	CLERK-COMMISS

5 186

20 60	AMOUNT MONTANT
2 -	TIPS POURBOIRE
22 60	\$ CDN CAN

CHARGE X SALES DRAFT
CHARGÉ X FACTURE

George T Pinchbeck

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

Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
LE DÉTENTEUR DE LA CARTE CI-HAUTE MENTIONNÉE PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

CUSTOMER COPY
COPIE DU CLIENT

8.15.07

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM
s.17(1), 17(4)(g)(i)

NAME:

George J. Linchbeck

FOR THE MONTH OF

June, 2007

EXPENSES

(Please attach original receipts.)

RECEIVED
JUL 11 2007

Date	Description	Amount	GST	Total
<i>June 10/07</i>	<i>Internet Hookup</i>	<i>32.00</i>	<i>1.92</i>	<i>\$33.92</i>
<i>June 12/07</i>	<i>Inkjet Printer Cartridge Refill</i>	<i>19.34</i>	<i>1.16</i>	<i>\$20.50</i>

ENTERED JUL 13 2007

TOTAL EXPENSES:

R \$ *54.42*

Financial code: 01-71110300003-62210001

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

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

LB
218



TELEVISION



INTERNET



PHONE

Sales & Customer Service
(403) 716-6000
Mon-Sun 8am-8pm

TV Technical Support
(403) 716-6060
24/7/365

Internet & Phone Technical Support
(403) 750-6990
24/7/365

Customer Name: G PINCHBECK
Account Number:
Service Address: s.17(1), 17(4)(g)(i)
Service Period: 01-Jul-07 to 31-Jul-07
Invoice Date: June 10, 2007
Due Date: July 01, 2007

Visit us at SHAW.CA

By bundling your services, you have saved \$8.95 on this bill.

Previous Charges

Balance Carried forward from Previous Statement 86.87
Payment Received - Thank You 16-May-07 -86.87

Outstanding Balance

0.00

Current Charges

Entertainment Bundle 84.95
Classic Cable

GST (Registration 873690457RT)

5.10

Total Current Charges

Due by 01-Jul-07 90.05

Total Amount Due

\$90.05

Moving?
Call us first to simplify your move. We'll reconnect your services at no cost. Call 1-888-472-2222 for more details!

Thank you for keeping your account current.

Effective July 1, 2007, the monthly rate for your services has been adjusted to \$84.95, 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.

Use new and improved **Shaw Secure 2.0** and you could win a trip to Punta Cana. Visit SHAW.CA to learn more.

Internet hookups - \$32.00
GST 1.92
Claim \$33.92.

APPLICANT COPY

Best Copy Possible

ISLAND INK JET
 K2 1632 14 AVE N W
 CALGARY AB T2N 1M7

CARD

ACCOUNT TYPE S
 VISA

TERMINAL ID:
 0089250000800810931999

INVOICE# 001189

SALE

AMOUNT \$20.50

TOTAL \$20.50

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

DATE 2007/06/12
 TIME 11:58:32
 CUSTOMER COPY

SEQ# 007
 AA APPROVED
 AUTH# 048922
 APPROVAL

I AGREE TO PAY ABOVE
 TOTAL TO CARD ISSUERS AS
 PER AGREEMENT

x _____
 CUSTOMER SIGNATURE

COME VISIT US AGAIN
 THANK YOU. GOOD DAY

230415

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: George J. Linchbeck
FOR THE MONTH OF: July & August, 2007

EXPENSES

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
MEALS:	\$ _____	_____
PARKING:	\$ _____	_____
TAXIS:	\$ _____	_____
OTHER (please describe):		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: <u>296</u> km at .44¢ /km (Attach Local Travel Expense Claim form)	\$ <u>130.24</u>	<u>62210000</u>
TOTAL EXPENSES:	\$ <u>130.24</u>	

[Signature]

Ch. Deloste

[Signature]

CALGARY HEALTH REGION

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

BOARD EXPENSE FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF:

July & August, 2007

EXPENSES

ENTERED SEP 9 2007

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 296 km at .44¢ /km *R* \$ 130.24 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 130.24

GJR

C. Deloste

LB

83016

CALGARY HEALTH REGION

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

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF July & August, 2007

EXPENSES

ENTERED SEP 10 2007

(Please attach original receipts.)

Date	Description	Amount	GST	Total
July 9/07	Internet Backup	32.00	1.92	33.92
Aug 10/07	Internet Backup	32.00	1.92	33.92

TOTAL EXPENSES: G.T.P.

R \$ 67.84

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. Deloste</u>	Print Name: <u>Lou Deloste</u>
Authorizer's Employee Number: <u>1</u>	Authorizer Phone Number (in full): <u>943-1122</u>

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

RB

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: **G PINCHBECK**
Account Number:
Service Address: **s.17(1), 17(4)(g)(i)**
Service Period: **01-Aug-07 to 31-Aug-07**
Invoice Date: **July 09, 2007**
Due Date: **August 01, 2007**

Visit us at **SHAW.CA**

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 90.05
Payment Received - Thank You 20-Jun-07 -90.05

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Classic Cable 84.95
GST (Registration 873690457RT) 5.10

Total Current Charges

Due by 01-Aug-07 **90.05**

Total Amount Due

\$90.05

Thank you for keeping your account current.

By bundling your services, you have saved \$8.95 on this bill.

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!

Internet hookups - 32.00
GST 1.92
Claim → 33.92

8728
pd Aug 16/07

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: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Sep-07 to 30-Sep-07**
Invoice Date: **August 09, 2007**
Due Date: **September 01, 2007**

Visit us at **SHAW.CA**

By bundling your services, you have saved \$8.95 on this bill.

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!

Previous Charges

Balance Carried forward from Previous Statement

90.05

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice

Due Now **90.05**

Current Charges (Details on following pages)

Entertainment Bundle

84.95

GST (Registration 873690457RT)

5.10

Total Current Charges

Due by 01-Sep-07 **90.05** *

Total Amount Due

\$180.10

Thank you for keeping your account current.

Internet hookups
\$32.00

GST *1.92*

Claim → \$33.92

PAGE 1 OF 3

81380

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME:

George J. Linchbeck

FOR THE MONTH OF:

September, 2007

EXPENSES

01-71110300002

AIRFARE:

\$ _____

CAR RENTAL:

\$ _____

ACCOMMODATION:

\$ _____

MEALS:

\$ _____

PARKING:

\$ 28.00 62210000

TAXIS:

\$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 1049 km at .44¢ /km
(Attach Local Travel Expense Claim form)

\$ 461.56 62210000

TOTAL EXPENSES:

\$ 489.56

George J. Linchbeck

L. Deloste

84381

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

September, 2007

EXPENSES

ENTERED OCT 19 2007

(Please attach original receipts.)

Date	Description	Amount	GST	Total
<u>Sept 9/07</u>	<u>Internet Hookup.</u>	<u>32.00</u>	<u>1.92</u>	<u>33.92</u>

TOTAL EXPENSES:

\$ 33.92

George T. Pinchbeck

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. 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)

X:Board/Honoraria/Supplementary Expenses Claim Form

213



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: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Oct-07 to 31-Oct-07**
Invoice Date: **September 09, 2007**
Due Date: **October 01, 2007**

Visit us at SHAW.CA

By bundling your services, you have saved \$8.95 on this bill.

Previous Charges

Balance Carried forward from Previous Statement 180.10
Payment Received - Thank You 17-Aug-07 -90.05
Payment Received - Thank You 23-Aug-07 -90.05

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Classic Cable 84.95

GST (Registration 873690457RT)

5.10

Total Current Charges

Due by 01-Oct-07 **90.05**

Total Amount Due

\$90.05

Thank you for keeping your account current.

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

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number

Amount Due **\$90.05**
By 01-Oct-07

Amount Enclosed

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

31 / 2
G PINCHBECK

46793

T1(F)

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

SHAW CABLE
PO BOX 2468 STN MAIN
CALGARY, ALBERTA
T2P 4Y2

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

000009005 8



8520

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck
FOR THE MONTH OF: October, 2007

EXPENSES

ENTERED NOV 15 2007

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: ^{703.31} \$ 735.30 62214000

The Westin at Ottawa - 10th, 11th, 12th
dinner MEALS: The Keg 45.87 @ 19.85 x 2 = 39.70
dinner - Rideau Bar + Grill - Ottawa Airport \$ 106.78 62214000

PARKING: ^{45.87} ^{39.70} ^{21.21} R \$ 68.53 62210000

TAXIS: ²¹ ²¹ ^{106.78} 2 \$ 15.00 62214000

OTHER (please describe):

Personal Expense Allowance \$ 2 7.05 62214000

In Canada @ 7.05 / day. \$ _____

MILEAGE: 782 km at .44¢ /km R \$ 344.08 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 1276.74

Employee Signature: George T. Pinchbeck *4. Deloste*

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

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER		
DEPARTMENT		DATE		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
George T. Pinchbeck s.17(1), 17(4)(g)(i)				
Board Member		Oct. 31 / 2007		
Oct. 10+13/07	Mileage to Calgary Airport -	90	.44	39.60
	Parking while at Edifax 7 - Ottawa			40.53
Oct. 15/07	Wellness Task Force - Southport	114	.44	50.16
Oct 17/07	Ab. Comm, Health Council - Diabetes Committee	120	.44	52.80
	- Regular Monthly Mtg.			
Oct. 23/07	Governance & Audit Committee	114	.44	50.16
Oct. 24/07	Health Governance Conference	112	.44	49.28
Oct. 25/07	" " " "	112	.44	49.28
Oct. 24+25/07	Parking - Hlth Gov. Conf. @ 14.00 x 2			28.00
Oct. 31/07	Board Retreat - Country Club.	120	.44	52.80
		782		

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	\$ 412.61
EMPLOYEE SIGNATURE George T. Pinchbeck			TOTAL PAYABLE TO EMPLOYEE	412.61
AUTHORIZATION C. Q. Costa		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER 943-1122	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

APPLICANT COPY

the westin ottawa
 11 colonel by drive ottawa ontario k1n 9h4 canada
 phone 613.560.7000 fax 613.560.7359
 westin.com/ottawa

Guest Name: **George Pinchbeck** Room/Number: **1405**
 Address: **10101 SOUTHPORT RD SW** Rate Code: **215.00**
CALGARY, AB T2W 3N2 # persons in room: **1**
Canada Rate Adress: **228637 EX-A**
 GHALI7 Check In: **10-OCT-07**
 Check Out: **13-OCT-07**
 Payment Method: **VI**

date	reference/référence	description	charges-credits/débit-crédit
10-OCT-07	RT1405	Room	215.00
10-OCT-07	RT1405	G.S.T. Room 6%	12.90
10-OCT-07	RT1405	P.S.T. Room 5%	10.75
10-OCT-07	RT1405	DMF Fee 2.83%	6.08
10-OCT-07	RT1405	GST On DMF 6%	0.37
11-OCT-07	RT1405	Room	215.00
11-OCT-07	RT1405	G.S.T. Room 6%	12.90
11-OCT-07	RT1405	P.S.T. Room 5%	10.75
11-OCT-07	RT1405	DMF Fee 2.83%	6.08
11-OCT-07	RT1405	GST On DMF 6%	0.37
12-OCT-07	RT1405	Room	215.00
12-OCT-07	RT1405	G.S.T. Room 6%	12.90
12-OCT-07	RT1405	P.S.T. Room 5%	10.75
12-OCT-07	RT1405	DMF Fee 2.83%	6.08
12-OCT-07	RT1405	GST On DMF 6%	0.37
13-OCT-07	VI	Visa	735.30-
		Total Charges	735.30
		Total Credits	735.30-
		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 **

I agree to remain responsible for the payment of this account and to indemnify and hold the hotel harmless from all claims, damages, losses and expenses, including reasonable attorneys' fees, that may be incurred by the hotel as a result of my failure to pay the full amount of these charges. I understand that the hotel's policy is to charge my credit card for these charges if I do not pay them by the date indicated on the invoice.

George Pinchbeck
 FOLIO 228637 10-OCT-07



10/11
MID CHEREN
4667867

APPLICANT COPY

HMS HOST
Rideau Bar & Grill
Ottawa International Airport
Aeroport international d'Ottawa
CHECK: 9471
TABLE: 131/1
SERVER: 8703 REYNALDO
DATE: OCT13'07 5:25PM
CARD TYPE: VISA AO 4*
ACCT #:
EXP DATE: XX/XX
AUTH CODE: 029544
GEORGE PINCHBECK

STEAKHOUSE & BAR
York St.
Ottawa, ON
R1N-5T2
613 241-8514 s.17(1), 17(4)(e.1)

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

VISA
APPROVED 07/05/07
PRE-AUTH: DINING JAMIE B.

Iran 9683 KLG54
APPROVED 07/05/07
AMOUNT 34.85
PST 2.23
LIQ TAX 0.70
GST 2.09

TOTAL: 18.21
TIP 3
TOTAL: 21.21

SUBTOTAL \$ 39.87
TIP \$ 6
TOTAL \$ 45.87

X I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.

CUSTOMER COPY

Night of Oct 12/07 - back from dinner
BOB TAXI (819) 561-1512 4 people
Date: 13 OCT 2007 Montant: 15.00
De: *Lynne Martin, Diane Caloffi & Leo Pinchbeck*
Chauffeur: *Kran* Voiture no: 737

756, rue St-louis • Gatineau

TPS : 847299872RT0001 TVQ: 1208205648TQ0001



13OCT07
PINCHBECK/GEORG

FLT/VOL 5
BOARDING TIME
HEURE D'EMBARQUE

GATE/PRT 17
06:15PM
SEQ:058

9F
SEAT/PLACE

PINCHBECK/GEORG
FLT/VOL: 521
13OCT07

DEPART: OTTAWA
ARRIVE: CALGARY

FARE/TARIF 328.00
FUEL/INS/NAV/ASS/CAR 23.00
GST/HST/IPS/TVH (866112535) 22.24

SECURITY/SECURITE 4.67
US TAX/TAXE E.U. 0.00
ATF/RAOTTAWA 15.00
TOTAL/TOTALE 392.91

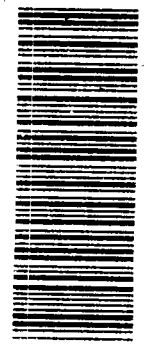
06:45PM

09:00PM

SEQ:058
PBWFAT

YYC

9F



14217



Tel. 226-0010

09521

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George Pinchbeck

FOR THE MONTH OF October, 2007

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Oct. 9/07	Shaw Cable Internet Hookup	32.00	1.92	\$ 33.92

ENTERED NOV 15 2007

TOTAL EXPENSES:

\$ 33.92

George J. Pinchbeck

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)

X: Board/Honorary/Supplementary Expenses Claim Form

RB



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: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Nov-07 to 30-Nov-07**
Invoice Date: **October 09, 2007**
Due Date: **November 01, 2007**

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 90.05
Payment Received - Thank You 21-Sep-07 -90.05

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Classic Cable 84.95

GST (Registration 873690457RT) 5.10

Total Current Charges

Due by 01-Nov-07 **90.05**

Total Amount Due

\$90.05

Thank you for keeping your account current.

By bundling your services, you have saved \$8.95 on this bill.

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!

816956

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

November, 2007

EXPENSES

01-71110300002

AIRFARE:

\$ —

CAR RENTAL:

\$ —

ACCOMMODATION:

\$ —

MEALS:

\$ —

PARKING:

\$ —

TAXIS:

\$ —

OTHER (please describe):

\$ —

\$ —

\$ —

MILEAGE: 729 km at .44¢ /km
(Attach Local Travel Expense Claim form)

\$ 320.76

62210000

TOTAL EXPENSES:

\$ 320.76

ENTERED DEC 12 2007

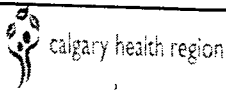
Employee Signature:

George T. Pinchbeck

[Handwritten initials]

W. DeCoste
1238

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i> s.17(1), 17(4)(g)(i)		EMPLOYEE NUMBER		
DEPARTMENT <i>Board Member</i>		DATE <i>Dec. 5, 2007</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
<i>Nov. 20/07</i>	<i>Quality + Access Committee</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Nov. 21/07</i>	<i>Aboriginal Community Health Council</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
	<i>Wellness + Health Promotion Comm.</i>			
<i>Nov. 22/07</i>	<i>Report to the Community</i>			
	<i>Roundup Centre</i>	<i>119</i>	<i>.44</i>	<i>52.36</i>
<i>Nov 23/07</i>	<i>Diversity + Wellbeing Conference</i>			
	<i>Mt. Royal College.</i>	<i>124</i>	<i>.44</i>	<i>54.56</i>
<i>Nov. 28/07</i>	<i>Airdrie Board Care Opening</i>	<i>144</i>	<i>.44</i>	<i>63.36</i>
<i>Nov 28/07</i>	<i>Regular Bd. Meeting</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
		<i>729</i>		<i>320.76</i>

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>320.76</i>
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>320.76</i>
AUTHORIZATION <i>Y. Deloato</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>	

00073

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

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchbeck

FOR THE MONTH OF November, 2007

EXPENSES
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Nov 9/07	Shaw Cable Internet hookup.	32.00	1.92	\$33.92
Nov. 19/07	Fax cartridge The Source by Circuit City	36.99	2.22	39.21
Nov 19/07	Island Ink Jet printer cartridge refills - 1 black 2 color	58.02	3.48	61.50
Nov. 21/07	Island Ink Jet Balance for a new colored cartridge	23.61	1.42	25.03

TOTAL EXPENSES: \$159.66

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Y DeCoste</u>	Print Name: <u>Yves DeCoste</u>
Authorizer's Employee Number: s.17(1), 17(4)(g)(i)	Authorizer Phone Number (in full): <u>943-1122</u>
Employee Signature: <u>George T. Pinchbeck</u>	



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: **G PINCHBECK**
Account Number:
Service Address: s.17(1), 17(4)(g)(i)
Service Period: **01-Dec-07 to 31-Dec-07**
Invoice Date: **November 09, 2007**
Due Date: **December 01, 2007**

Visit us at SHAW.CA

PAGE 1 OF 2

Previous Charges

Balance Carried forward from Previous Statement 90.05
Payment Received - Thank You 30-Oct-07 90.05

Outstanding Balance

0.00

Current Charges

Entertainment Bundle
Classic Cable & High-Speed 84.95
GST (Registration 873690457RT) 5.10

Total Current Charges

Due by 01-Dec-07 **90.05**

Total Amount Due

\$90.05

Thank you for keeping your account current.

By bundling your services, you have saved \$8.95 on this bill.

Add **SHAW'S HOME PHONE SERVICE** and **GET ONE MONTH FREE!** Plus installation is on us! A \$94.95 Value! **CALL NOW TO ORDER!**

Get a **DIGITAL TERMINAL** this holiday season **FOR ONLY \$55!** Sign up today and get a 30 day preview **Valued over \$60!** **CALL NOW TO ORDER!**

APPLICANT COPY

----- TEAR HERE -----

ISLAND INK JET
K2 1632 14 AVE N W
CALGARY s.17(1), 17(4)(e.1)

THE SOURCE
BY CIRCUIT CITY
NORTH HILL CENTRE - 05-5873
1632 14TH AVE NW
CALGARY, AB 403-220-0722

Shop Online. Anytime!
www.TheSource.ca

CUSTOMER COPY

Now Hiring - Join a Winning Team
www.careers.intertan.com

Nov 19/2007 2:25pm Inv#: 5873297712
By: E.GARCIA Terminal ID: C05

761-8172	KXFA55A FILM CA	36.99 G
----- SUBTOTAL -----		36.99
GST/HST	6.00%	2.22
----- TOTAL -----		39.21
P/L code: 26633		
VISA		39.21

Fax cartridge

GST/HST# R102517521

CARD
ACCOUNT TYPE S VISA
TERMINAL ID:
0089250000800810931999
INVOICE# 003701
SALE
AMOUNT \$61.50

TOTAL \$61.50

DATE 2007/11/19
TIME 14:22:15
CUSTOMER COPY

SEQ# 003
AA APPROVED
AUTH# 046177
APPROVAL

I AGREE TO PAY ABOVE
TOTAL TO CARD ISSUERS AS
PER AGREEMENT

Nov 19 2007 02:23 pm Trans#4166881

x _____
CUSTOMER SIGNATURE s.17(1), 17(4)(e.1) TRANSACTION RECORD

COME VISIT US AGAIN
THANK YOU. GOOD DAY

Card Number
Card Entry : SWIPED
Account : VISA
Trans Type : PURCHASE
Amount : \$39.21

Auth # : 095161
Sequence # : 0012290170
Terminal # : 66110148
Date : 07/11/19
Time : 14:23:38

01/027 APPROVED - THANK YOU

*** CUSTOMER COPY ***

THANK YOU FOR SHOPPING AT
THE SOURCE BY CIRCUIT CITY.
GUARANTEE INFORMATION
AVAILABLE IN-STORE.

98459

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF:

December, 2007

EXPENSES

01-71110300002

AIRFARE:

\$

CAR RENTAL:

\$

ACCOMMODATION:

\$

MEALS:

\$

PARKING:

\$

TAXIS:

\$

OTHER (please describe):

\$

ENTERED JAN 1 1 2008

\$

\$

MILEAGE: 335 km at .44¢/km
(Attach Local Travel Expense Claim form)

\$ 147.40

2210000

TOTAL EXPENSES:

\$ 147.40

Employee Signature:

George T. Pinchbeck

P. De Costa

9/8/08

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George T. Pinchbeck

FOR THE MONTH OF: February, 2008

EXPENSES

01-71110300002

AIRFARE: \$ —

CAR RENTAL: \$ —

ACCOMMODATION: Health & Healing Conference
Barby Centre \$ ^{401.94} 487.29 62212000

MEALS: \$ —

PARKING: Canadian Club - Jan 25/08
Premiers talk \$ R 10.00 62210000

TAXIS: \$ —

OTHER (please describe):

ENTERED MAR 07 2008

National Park Entrance \$ —

Fee - 3 nights @ 17.60 R \$ 52.80 62212000

+ G.S.T. (#2.51) \$ —

380
MILEAGE: 597 km at .44¢/km R \$ 167.20 62212000
(Attach Local Travel Expense Claim form) \$ 262.68 62210000

TOTAL EXPENSES: \$ 979.97

Employee Signature: George T. Pinchbeck

U. DeCaste

APPLICANT COPY



The Banff Centre
inspiring **creativity**

Box 1020, Banff, Alberta,
Canada T1L 1H5
Tel: 403.762.6100 • Fax: 403.762.6444
www.banffcentre.ca
GST # R119214955

Guest Name: **George Pinchbeck** s.17(1), 17(4)(g)(i)

CA

Room #: 8175
Folio #: R3675B
Group #: CHR0802
Guests: 1
Clerk:

CL #:
CC #: *****

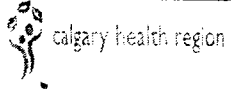
Arrive: 02/24/08 Time: 05:17 PM Depart: 02/27/08 Time: 03:58:57 Status: FOL

Date	Description	Reference	Comment	Charges	Credits
02/24/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00
02/25/2008	**VISTAS GST INCL	217419	Rest..Vistas/VIRest	\$14.70	\$0.00
02/25/2008	**VISTAS GST INCL	217907	Rest..Vistas/VIRest	\$18.90	\$0.00
02/25/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00
02/26/2008	**VISTAS GST INCL	218276	Rest..Vistas/VIRest	\$14.70	\$0.00
02/26/2008	PACKAGE	CHR0802	Pkg: Exploring Health & Healing	\$146.33	\$0.00

Folio Balance: \$487.29

Package Taxes	
Only applies if you paid for package	
Alberta Tourism Levy	\$15.30
GST Other Tax	\$1.05
GST Tax (Room)	\$19.14
Tourism Improvement Fee	\$7.50

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input checked="" type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> 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.

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>		EMPLOYEE NUMBER #		
DEPARTMENT <i>Board Member</i>	PHONE NUMBER	DATE <i>March 5/08</i>		
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Feb 2/08</i>	<i>Dr. Bob Johnston Dinner Canada Olympic Park</i>	<i>120</i>	<i>.44</i>	<i>52.80</i>
<i>Feb 4/08</i>	<i>Wellness Task Force - Accreditation</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Feb 19/08</i>	<i>Regular CHR Board Meeting</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Feb 20/08</i>	<i>Aboriginal Community Health Council</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Feb 21/08</i>	<i>Cost Containment Task Force</i>			
	<i>People First Awards ^{Service} Meadows</i>	<i>135</i>	<i>.44</i>	<i>59.40</i>
<i>Feb 24-27/08</i>	<i>Health + Healing Conference Buff. (took Mairi Methewson)</i>	<i>380</i>	<i>.44</i>	<i>167.20</i>
		<u><i>977</i></u>		<u><i>429.88</i></u>
<i>Jan 25/08</i>	<i>Parking - Premier's speech at Paliser - Canadian Club.</i>			<i>10.00</i>

CODING & AUTHORIZATION

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)	
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>439.88</i>	
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>439.88</i>	
AUTHORIZATION <i>H. DeCoste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>		

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

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

247

977

X:Board/Honoraria/Local Travel Expense Claim

APPLICANT COPY

PALLISER PARKADE
CALGARY AB
RÉCEIPT ONLY!
PAY STATION: C3

ENTRY DAT/TIME:
25/01/08 11:38
PAY DATE/TIME:
25/01/08 13:22
PARK-DUR.: HRS:MIN
0:01:44

PAID: \$ 10.00
VISA

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

201
AUTH. CODE091209
REF. 78

* YOU MUST TAKE *
*ORIGINAL TICKET *
WITH YOU AND USE
* IT TO EXIT *

GST INCLUDED
GST No. RT12201449
1

THANK YOU FOR YOUR
VISIT!

PARC NATIONAL
BANFF
NATIONAL PARK
2/24/2008

Valid/Valide - 16h:
2/27/2008

3.00 x 17.60
DAY:AD GR/JR:GR ADULTE 52.80
Total 52.80
GST/TPS 2.51
Credit 52.80
4:24 PM D.T. 487
GATE/BARRIERE-BANFF
GST#/No 191807

90403

CALGARY HEALTH REGION

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

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

NAME: George T. Pinchuck

FOR THE MONTH OF February, 2008

EXPENSES

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 9/08	Shaw Cable Internet Hookup.	32.00	1.60	33.60

ENTERED MAR 07 2008

TOTAL EXPENSES:

R \$ 33.60

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>L. DeCoste</u> s.17(1), 17(4)(g)(i)	Print Name: <u>Lou DeCoste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>
Employee Sig: <u>George T. Pinchuck</u>	

[Handwritten signature]

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: **G PINCHBECK**
Account Number:
Service Address: s.17(1), 17(4)(g)(i)
Service Period: **01-Mar-08 to 31-Mar-08**
Invoice Date: **February 09, 2008**
Due Date: **March 01, 2008**

Visit us at **SHAW.CA**

PAGE 1 OF 4

Previous Charges

Balance Carried forward from Previous Statement		152.24
Payment Received - Thank You	17-Jan-08	-152.24
Outstanding Balance		0.00

Current Charges (Details on following pages)

Entertainment Bundle	91.95
Internet Service	-5.00
Phone Service	39.85
Long Distance	8.45
GST (Registration 873690457RT)	6.73
Total Current Charges	141.98

Due by 01-Mar-08

Total Amount Due **\$141.98**

Thank you for keeping your account current.

By bundling your services you have **saved \$37.90** on this bill.

Upgrade to **HIGH SPEED** or **XTREME-I** for **only \$10/month** and download faster!
Plus, add **PowerBoost(TM)** for an extra burst of speed.
ORDER TODAY!

Even LOWER LONG DISTANCE RATES to **30 countries!**
CALL India, Pakistan and the Philippines from **\$0.06/minute!**
VISIT SHAW.CA for more info.

92644

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME: George J. Pinchbeck

FOR THE MONTH OF: March, 2008

EXPENSES

ENTERED APR 11 2008

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$ _____

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

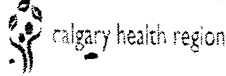
MILEAGE: 906 km at .44¢ /km \$ 398.64 62210000
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$ 398.64

Employee Signature: George J. Pinchbeck

K. Deloste

APPLICANT COPY

	<input type="checkbox"/> ACH <input type="checkbox"/> FMC <input checked="" type="checkbox"/> Southport <input type="checkbox"/> PLC <input type="checkbox"/> 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.

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>		EMPLOYEE NUMBER	
DEPARTMENT <i>Board Member</i>		DATE <i>March 31/08</i>	
PHONE NUMBER		DATE	
DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE
			AMOUNT
<i>Mar 6/08</i>	<i>Accreditation Committee</i>	<i>114</i>	<i>.44</i>
<i>Mar 14/08</i>	<i>Sustainability Task Force</i>	<i>114</i>	<i>.44</i>
<i>Mar 18/08</i>	<i>Mildon Chemir Blessing</i>	<i>108</i>	<i>.44</i>
<i>Mar 19/08</i>	<i>Aboriginal Comm. Health Council</i>	<i>114</i>	<i>.44</i>
<i>Mar 20/08</i>	<i>Physicial Lixison</i>		
	<i>Quality & Access Agenda Setting</i>	<i>114</i>	<i>.44</i>
<i>Mar 25/08</i>	<i>Board Planning - Calgary CC.</i>	<i>114</i>	<i>.44</i>
<i>Mar 27/08</i>	<i>Quality & Access Committee</i>	<i>114</i>	<i>.44</i>
<i>Mar 31/08</i>	<i>Diabetes Committee of</i>	<i>114</i>	<i>.44</i>
	<i>Aboriginal Comm. Health Council</i>		
		<i>906</i>	<i>398.64</i>

CODING & AUTHORIZATION

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)	
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>398.64</i>	
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>398.64</i>	
AUTHORIZATION <i>Y DeCoste</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1177</i>		

00073

DISTRIBUTION:

WHITE-ACCOUNTS PAYABLE

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

252

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George T. Pinchbeck

FOR THE MONTH OF

March, 2008

EXPENSES

ENTERED APR 2 1 2008

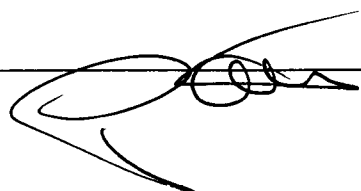
(Please attach original receipts.)

Date	Description	Amount	GST	Total
Feb 9/08 ^{4th March}	Shaw Cable Internet			
	hookup	32.00	1.60	R 33.60
March 19/08	Island Inkjet			
	Printer cartridges	63.98	3.20	R 67.18

TOTAL EXPENSES:

\$ 100.78

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>H. DeLeste</u> s.17(1), 17(4)(g)(i)	Print Name: <u>Hou DeLeste</u>
Authorizer's Employee Number:	Authorizer Phone Number (in full): <u>943-1122</u>
Employee Signature: <u>George T. Pinchbeck</u>	



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: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-Apr-08 to 30-Apr-08**
Invoice Date: **March 09, 2008**
Due Date: **April 01, 2008**

Visit us at **SHAW.CA**

PAGE 1 OF 4

By bundling your services you have **saved \$42.85** on this bill.

Previous Charges

Balance Carried forward from Previous Statement 141.98

Outstanding Balance

Payments you have made after invoice date will appear on your next invoice
Due Now **141.98**

Current Charges (Details on following pages)

Entertainment Bundle 130.93
Internet Service -5.00
Phone Service 39.85
Long Distance 2.52

GST (Registration 873690457RT) 8.40

Total Current Charges Due by 01-Apr-08 **176.70**

Total Amount Due **\$318.68**

Your account is overdue.
If payment has been made, thank you and please disregard the following message.

Outstanding Balance \$141.98 Due Now
Current Charges \$176.70 Due by 01-Apr-08

To avoid any interruption in services and late fees, please pay immediately.
If immediate payment is not received a \$20.00 processing fee may be applied to your account.

Payment can be made over the telephone or in person at your local Shaw Cable office or our 24 hour quick deposit mailbox where available.

Upgrade to **HIGH SPEED** or **XTREME-I** for **only \$10/month** and download faster!
Plus, add **PowerBoost(TM)** for an extra burst of speed.
ORDER TODAY!

Replay live TV with an HDPVR.
As low as \$20/month!
Sign up for HD and get over **\$98 in Digital Programming** with installation!
CALL NOW TO ORDER!

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number	Amount Due \$318.68	Amount Enclosed
----------------	----------------------------	-----------------

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

28/ 2
G PINCHBECK

45752

T1 (L)

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

SHAW CABLE
PO BOX 2468 STN MAIN
CALGARY, ALBERTA
T2P 4Y2

PAID
2/10/08

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

000031868 6



96

254

APPLICANT COPY

Island Ink Jet
 12163214 AVE NW
 CALGARY ALBERTA
 T4C 1B7
 (403) 292-3920
 03 19 2008 ME #0000
 DEPT 6 *34.4999
 DEPT 6 *32.6899
 SUBTTL 100.00
 4.0000
 TOTAL 167.18
 CHARGE 167.18
 AM 11:04 0001
 GST# 87295 03 31 0000
 PLEASE COME AGAIN

ISLAND INK JET
 K2 1632 14 AVE N W
 CALGARY AB T2N 1M7 s.17(1), 17(4)(e.1)

CARD
 ACCOUNT TYPE S
 VISA
 TERMINAL ID:
 0089250000800810931999
 INVOICE# 005973
SALE
 AMOUNT \$67.18
 TOTAL \$67.18

DATE 2008/03/19
 TIME 09:04:11
 CUSTOMER COPY

SEQ# 001
 AA APPROVED
 AUTH# 099508
 APPROVAL
 I AGREE TO PAY ABOVE
 TOTAL TO CARD ISSUERS AS
 PER AGREEMENT

x _____
 CUSTOMER SIGNATURE

COME VISIT US AGAIN
 THANK YOU. GOOD DAY

93526

CALGARY HEALTH REGION

BOARD EXPENSE FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF:

April, 2008

EXPENSES

ENTERED MAY 14 2008

01-71110300002

AIRFARE:

\$ —

CAR RENTAL:

447.51
26.48
\$ —

Hotel ACCOMMODATION: HBA Conference
← Sunday - Apr 13 - dinner
Tues - Apr 15 - dinner
wed - lunch -

447.51
26.48
\$ 468.99

62212000

MEALS:

\$ 2 19.85
28.10
11.10

PARKING:

\$ —

TAXIS:

\$ —

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: 2021 km at .44¢ /km
(Attach Local Travel Expense Claim form)

R
\$ 889.24

62212000

TOTAL EXPENSES:

\$ 1417.28

Employee Signature:


George J. Linchbeck

L. Woloste

1336.75
80.53

[Signature]

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 _____	LOCAL TRAVEL EXPENSE CLAIM MILEAGE & PARKING
	INSTRUCTIONS: <ul style="list-style-type: none"> 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. 	

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

EMPLOYEE NAME (Print) <i>George T. Pinchbeck</i>	EMPLOYEE NUMBER # _____
DEPARTMENT <i>Board Member</i>	PHONE NUMBER _____
DATE OF TRAVEL/ EXPENSE <i>Apr 3/08</i>	DATE <i>May 3/08</i>

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM	RATE	AMOUNT
		(for mileage)		
<i>Apr 3/08</i>	<i>People + Finance Accreditation Interview Prep.</i>	<i>122</i>	<i>.44</i>	<i>53.68</i>
	<i>Brent-Friess, Indoff - Health C. Centre</i>			
<i>Apr 7/08</i>	<i>Accreditation Interview Gov. & Audit</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Apr 10/08</i>	<i>Original HAC - Fort Calgary -</i>			
<i>Apr 11/08</i>	<i>Diabetes Consultation</i>	<i>104</i>	<i>.44</i>	<i>45.76</i>
	<i>Accreditation Debriefing</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
	<i>- Southport</i>			
<i>Apr 13-16/08</i>	<i>HBA Conference Edmonton</i>	<i>688</i>	<i>.44</i>	<i>302.72</i>
<i>Apr 17/08</i>	<i>Cost Containment Task Force</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Apr 18/08</i>	<i>Health Fair, Sibika</i>	<i>93</i>	<i>.44</i>	<i>40.92</i>
<i>Apr 22/08</i>	<i>People + Finance + Gov. & Audit</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>April 24/08</i>	<i>Erinell Marie Munsch</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Apr 23/08</i>	<i>Phaser - Ab HAC - Community Consult</i>	<i>96</i>	<i>.44</i>	<i>42.24</i>
<i>Apr 24/08</i>	<i>Wellness Task Force</i>	<i>114</i>	<i>.44</i>	<i>50.16</i>
<i>Apr 29/08</i>	<i>Melton Chumir + Reg. Board Mtg</i>	<i>116</i>	<i>.44</i>	<i>51.04</i>
<i>Apr 30/08</i>	<i>Ab. HAC - Two Children's Mtg. Health Ctr</i>	<i>118</i>	<i>.44</i>	<i>51.92</i>

CODING & AUTHORIZATION 2021 889.24

FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)	
		6 2 2 1 0 0 0 0	MILEAGE/PARKING	<i>889.24</i>	
EMPLOYEE SIGNATURE <i>George T. Pinchbeck</i>			TOTAL PAYABLE TO EMPLOYEE	<i>889.24</i>	
AUTHORIZATION <i>Y DeCosta</i>		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER <i>943-1122</i>		

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

Westin Hotels & Resorts
 10101 Southport Road S.W. Calgary, Alberta T2W 3N2, Canada
 Tel: (403) 428-1454 Fax: (403) 428-1454
 www.westin.com

George Pinchbeck
 10101 Southport Road S.W.
 Calgary, AB T2W 3N2
 Canada
 HBC15A

818
 142.00
 1
 247959 EX-A
 1
 13-APR-08 19:59
 16-APR-08
 VI

818

date	reference	description	charges/credits
13-APR-08	RT818	GST	7.17
13-APR-08	RT818	DMF	1.42
13-APR-08	RT818	Tourism Levy	5.74
14-APR-08	RT818	Room Charge	142.00
14-APR-08	RT818	GST	7.17
14-APR-08	RT818	DMF	1.42
14-APR-08	RT818	Tourism Levy	5.74
15-APR-08	RT818	Room Charge	142.00
15-APR-08	RT818	GST	7.17
15-APR-08	RT818	DMF	1.42
15-APR-08	RT818	Tourism Levy	5.74
16-APR-08	VI	Visa	468.99-
		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 **

George Pinchbeck
 FOLIO 247959 13-APR-08

APPLICANT COPY

The Westin Edmonton
 10101 Southport Road S.W. Edmonton, Alberta T5C 1G7 Canada
 TEL: 780.426.2000 FAX: 780.426.1451
 WWW.WESTIN.COM

818
 George Pinchbeck 142.00
 1
 10101 Southport Road S.W. 247959 EX-A
 Calgary, AB T2W 3N2 2
 Canada 13-APR-08 19:59
 16-APR-08
 HBC15A VI

date	reference	description	charges/credits
------	-----------	-------------	-----------------

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
13-APR-08	142.00	7.17	5.74	0.00	0.00	1.42	156.33
14-APR-08	142.00	7.17	5.74	0.00	0.00	1.42	156.33
15-APR-08	142.00	7.17	5.74	0.00	0.00	1.42	156.33
Total	426.00	21.51	17.22	0.00	0.00	4.26	468.99

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

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

GST Summary:

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

The Westin Edmonton GST# 861336493RT0005

As a Starwood Preferred Guest, you could have earned 852 Starpoints for this visit. Please provide your member number or enroll today.

George Pinchbeck
 FOLIO 247959 13-APR-08

APPLICANT COPY

TRADER V:
10126 001
EDMONTON AB
TSJ #No
780 422.6083

Sale

Clerk: 12
Term ID: 0001 9999
20081041 56:29
Batch #:

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

SWIFT

Rec: 000

Amount: 24.10

Tip: 4.00

TOTAL: 28.10

I agree to amount, Acco. and agreement (Net. amount) IF credit voucher

Signature:

Auth # 00738
Seq#: 001

APPROVED 0000

THANK YOU

Customer Copy

93527

CALGARY HEALTH REGION

BOARD MEMBER SUPPLEMENTARY EXPENSE CLAIM FORM

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

NAME:

George J. Linchbeck

FOR THE MONTH OF

April, 2008

EXPENSES

ENTERED MAY 14 2008

(Please attach original receipts.)

Date	Description	Amount	GST	Total
Apr 9/08	Shaw Cable Internet Hookup.	32.00	1.60	33.60

TOTAL EXPENSES:

\$ 33.60

Financial code: 01-71110300003-62210001

Expenditure Officer Authorization: <u>Y DeLeste</u>	Print Name: <u>Lou DeLeste</u>
Authorizer's Employee Number: s.17(1), 17(4)(g)(i)	Authorizer Phone Number (in full): <u>943-1152</u>
Employee Signature: <u>George J. Linchbeck</u>	

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: **G PINCHBECK**
Account Number: s.17(1), 17(4)(g)(i)
Service Address:
Service Period: **01-May-08 to 31-May-08**
Invoice Date: **April 09, 2008**
Due Date: **May 01, 2008**

Visit us at **SHAW.CA**

By bundling your services you have **saved \$37.90** on this bill.

Upgrade to **HIGH SPEED** or **XTREME-I** for **only \$10/month** and download faster!
Plus, add **PowerBoost(TM)** for an extra burst of speed.
ORDER TODAY!

Please note that **Shaw's Channel Line-up will be changing on April 22-24.**
Please visit **SHAW.CA** for full details.

Previous Charges

Balance Carried forward from Previous Statement 318.68
Payment Received - Thank You 27-Mar-08 -318.68

Outstanding Balance

0.00

Current Charges (Details on following pages)

Entertainment Bundle 82.07
Digital Service 5.67
Internet Service -5.00
Phone Service 39.85
Long Distance 7.20
GST (Registration 873690457RT) 6.49

Total Current Charges

Due by 01-May-08 **136.28**

Total Amount Due

\$136.28

Thank you for keeping your account current.

Please complete and return this portion with your payment or refer to the back of the invoice for other payment options

Account Number	Amount Due \$136.28	Amount Enclosed
	By 01-May-08	

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

29 / 2
G PINCHBECK

45231

T1(K)

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

SHAW CABLE
PO BOX 2468 STN MAIN
CALGARY, ALBERTA
T2P 4Y2

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

000013628 2

00070609000

96

262