

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Apr 6/04	SPEP					35.7
Apr. 7	Municipal Ad.					35.7
"						0
" 19	National League Business	8:30				35.7
" 19	Multimedia Award Breakfast					18.8
"	Comm. Health Council					8.00
" 21	Part. Forum.					34.0
" 22	Pre. A.C. Conf. Briefing					36.7
" "	KAH Edn					8.0
" 27	SGIT Edn - multi topic club					8.0
" 28	Auditor's Training					36.7
" 28	CH Awards.					36.4
" 29	Medicare Council					36.7
" 30	SPEP					36.7

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

363.1
TOTAL KMS
transfer to back

137.98

NAME (print): MARK HURBT PLAW

SIGNATURE: [Signature]

DATE: May 14/04

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

Reviewed by: [Signature]

Authorized By: _____

Non-Responsive

Date: May 14/04

Date: _____

HON
MIS 137.98-
0412
25MAY04

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
May 6	REACH (Santogland)					32.00
May 8	Com. H. Linnell					34.00
May 11						
" "	Phys. Assoc					35.7
May 14	SPVP					35.7
May 26	REACH (Santogland)					32.00
" "	Board					34.00
May 27	REACH (Petrol club)					35.0
" "	Surgeon Hosp Edu.					8.

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

246.4

TOTAL KMS

transfer to back

93.63

NAME (print): MICHAEL PLAW

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

DATE: June 7/04

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: June 7/04

Date: _____

HON
MS 9363
C+13
08JUN04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 246.4 X 38¢

93.63 ✓

TOTAL EXPENSES
(transfer to front)

\$ 93.63 ✓

REMUNERATION - effective March 1, 2004

CHAIRMAN

\$165 for up to and including four hours in any day
\$280 for over four hours and up to and including eight hours in any day
\$447 for over eight hours in any day

MEMBER

\$122 for up to and including four hours in any day
\$203 for over four hours and up to and including eight hours in any day
\$318 for over eight hours in any day

MILEAGE

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 1	Yonville Aud. term.					8.0
June 7	SP & P					35.7
June 11	Cona event - Brick					31.1
June 21	Briefing & Appeal					35.7
June 23	Glenview Aud. Med.					34.0
June 24	SGH Follow.					20.
June 28	audit & Finance Wagon Com. (Appeal)					35.7
June 29	SGH brief Standing & Board mtg					8.0 34.0
June 30	municipal leaders etc interviews					34.0 31.5

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

307.7

TOTAL KMS

transfer to back

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret A. Plain

DATE: July 22/04

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

\$

\$

\$

116.93

MR

Reviewed by: Karen M. Tolson

Authorized By: Karen M. Tolson

Non-Responsive

Date: July 23/04

Date: July 23/04

1102
MIS 116.93
0416
July 26/04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 307.7 X 38¢

116.93

TOTAL EXPENSES
(transfer to front)

\$ 116.93



REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE
 38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 16	CITE					8.0
July 21	RAH					34.
July 22	UAH					35.7
July 29	PHAA - Health Policy					100.
August						
Aug 5	Public Info session ^{at: Stinson's}					8.
Aug 11	Pres. Rowan					37.0
Aug 18	Briefing teleconf.					0
" "	MLA BBQ					63.0

Signed original to follow

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 711103000000

TOTAL CLAIM

NAME (print): MARGARET PLANN

SIGNATURE: Margaret Plann

DATE: Aug 25/04

Reviewed by:

Authorized By: _____

\$

\$

\$

285.7

TOTAL KMS transfer to back

108.57

HON
 7 MIS (108.57)
 original came
 best 11/04 at Re-travel

Non-Responsive
 Date: Aug 25/04

Date: _____

APPLICANT COPY


CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 285.7 X 38¢

108.57

TOTAL EXPENSES
(transfer to front)

\$ 108.57 

REMUNERATION - effective March 1, 2004

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 16	CITC					8.0
July 21	RAH					34.
July 22	UAH					35.7
July 29	PIHAA - Health Policy					100.
August						
Aug 5	Public Info session <i>M. Stinson/Rep</i>					8.
Aug 11	Pres. Rowen					37.0
						0
17 "	MLA B/B/G					634.7

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

NAME (print): MARGARET PLAN

SIGNATURE: Margaret Plan

DATE: Aug 25/04

\$

\$

108.57

285.7
TOTAL KMS
transfer to back

Reviewed by: Leila Spivey

Authorized By: Queen M. Tolsonia

Non-Responsive

Date: Aug 25/04

Date: Aug 30/04

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 285.7 X 38¢

108.57

TOTAL EXPENSES
(transfer to front)

\$ 108.57

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE
 38¢ km

10

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Sept 14/04	SP P					35.7
Sept 22	credit Finance + sustainably					35.7
Sept 23	SGCH Idm					8
Sept 27	CAC					8
Sept 29	meeting with breakfast + lunch by Hill + Norma					36.4
Sept 29	Appl. in Policy Com + advice by Kaye + Jim					100.0
Sept 30	uofA Univ Council					31

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA \$

260.80
225.8

TOTAL KMS

Code: 201 9000 7110300000 6850000

transfer to back

NAME (print): MARGARET PLAIN

TOTAL EXPENSES \$

(from reverse)

112.60
115.21

Code: 201 9000 7110300000

SIGNATURE: [Signature] \$17(1), 17(4)(g)(i)

TOTAL CLAIM \$

DATE: Oct 28/04

Reviewed by: [Signature]

Non-Responsive

Date: Nov 1/04

Authorized By: _____

Date: _____

HON
MIS 112.60
0424
Nov 4/04
93
11
MIS 112.60

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Sept 28	Parking	\$ 7.50
Sept 29	Parking	6.00
		13.50

TOTAL KMS (from front) 260.80 X 38¢

~~135.20~~ 99.10

TOTAL EXPENSES
(transfer to front)

\$ 115.20 112.60

REMUNERATION - effective March 1, 2004

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Oct 2004
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 4	CAC appreciation					35.7
Oct 6	Board					34
Oct 8	SP ^o P					35.7
Oct 12	Physician					35.7
Oct 12	SGCH Edn. sp. mtg					8
Oct 13	Reach Awards					30
Oct 15	Spec SP ^o P					35.1
Oct 20	Planning Day					137.5
Oct 21	Planning Day					137.5
Oct 22	SGCH					8
Oct 25	CAC					8
Oct 26	Blanche 40 th Anniv					8
Oct 28	SGCH sp.					8
Oct 4	attended ALLEN REC					

I certify that this claim is for Authority business.

NAME (print): MURRAY P. ADAM

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

DATE: Oct 30 2004

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

\$	515.80
\$	196.00
\$	[Signature]

TOTAL KMS
transfer to back

Non-Responsive
Date: [Signature]

Date: _____

HON

MIS 196.00-

0424

NOV 4 10 4

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 515.8 X 38¢

196.00 ✓

TOTAL EXPENSES
(transfer to front)

\$ 196.00

REMUNERATION - effective March 1, 2004

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Nov 1	Audit & Finance					35.7
Nov 5	SP-P					35.7
Nov 6	CHC consultation					32.0
Nov 24	Audit & Finance					35.7
Nov 29	Conf call					0
Nov 30	Board mtg					34.0

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

173.1

TOTAL KMS
transfer to back

65.78

NAME (print): MARGARET PLAIN

SIGNATURE: [Signature] 17(1), 17(4)(g)(i)

DATE: Dec 13/04

Reviewed by: [Signature]

Authorized By: [Signature]

HON
NIS 65.78
0427
Dec 17/04

Non-Responsive
Date: Dec 14/04

Date: _____

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 1/04	Jt mtg school Bd's etc					31.
Dec 21	Sturgeon Jam					8
Dec 6	CHC					8
Dec 14	Conference Board					35.7
Dec 15	"					35.7
Dec 20	Delaware					3
	Jt Albert Chamber of Com. 50th Anniv.					
	CH Christmas Party					
	City of M. Albert Bus & Local Reception					

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

118.4

TOTAL KMS
transfer to back

NAME (print): MARGARET PLAW

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

44.99

SIGNATURE: [Signature]

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

DATE: Jan 5/05

Non-Responsive

Reviewed by: [Signature]

HON
MIS 44.99

Date: Jan 5/05

Authorized By: [Signature]

0401
January 7/05

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

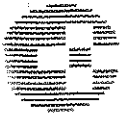
DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ X 38¢ ~~65.73~~ 44.99
TOTAL EXPENSES \$ 44.99
(transfer to front)

REMUNERATION - effective March 1, 2004

<p>CHAIRMAN \$165 for up to and including four hours in any day \$280 for over four hours and up to and including eight hours in any day \$447 for over eight hours in any day</p> <p>MEMBER \$122 for up to and including four hours in any day \$203 for over four hours and up to and including eight hours in any day \$318 for over eight hours in any day</p> <p>MILEAGE 38¢ km</p>	<p>19</p>
--	-----------

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan 10	St. Albert City Council Dr. Bahraat et al ²					39.7
Jan 11	Phys. Union					35.7
Jan 12	Municipal admin UNA 7					34.0
Jan 13	audit - finance					35.7
Jan 14	SPUP					35.7
Jan 19	Health Unit + Town of Mounville					78.0 40.0
Jan 21	Audit - Finance					35.7
Jan 24	Com. H. Council					8.
Jan 26	CH After Bus Serial addressing Mt. for					36.4
Jan 27	Comm Strategy					54.0
Jan 25	youth + Parent Forum PITON Bd Mtg Calgary					8

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)
Code: 201 9000 711103000000

TOTAL CLAIM

44090

TOTAL KMS
transfer to back

167.54

NAME (print): MARGARET SCOTT

SIGNATURE: Margaret Scott

DATE: Feb 4/05

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

Reviewed by: Paula Howard

Authorized By:

HON
MIS 167.54 -
0503
Feb 7/05
Date: Feb 4/05

Non-Responsive

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) _____ X 38¢ _____

TOTAL EXPENSES \$ _____

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

\$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER

\$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Feb 2/05	Board Mtg and CC Group Safety Agmt					45.9
Feb 3	People's Progress					31.1
Feb 4	Spec. Sp. P					35.7
Feb 9	CHC Rural Women's Group					93.00
Feb 14	Meetings at Guy Muna Centre					27.00
						0
Feb 15	Wesley Bell's lunch + UNA debriefing					79.
Feb 17	UNA					35.7
Feb 22	Strat Plan					35.7
Feb 23	SP. P					35.7
Feb 24	Surgeon 1st Jtn.					8

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

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

NAME (print): MARGARET LEAN

SIGNATURE: [Signature]

DATE: March 9/05

	426.8
TOTAL KMS	transfer to back
TOTAL EXPENSES	162.18
TOTAL CLAIM	

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: _____

HON
MIS (162.18)
PROSOP
a)

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 426.8 X 38¢

162.18

TOTAL EXPENSES

\$ 162.18

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

\$165 for up to and including four hours in any day

\$280 for over four hours and up to and including eight hours in any day

\$447 for over eight hours in any day

MEMBER

\$122 for up to and including four hours in any day

\$203 for over four hours and up to and including eight hours in any day

\$318 for over eight hours in any day

MILEAGE

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Mar 2	CH + Strayhorn Hospital at Cedars					78.4
						0
Mar 13	ABA - conf.					36.8
Mar 14	Conf.					36.8
Mar 15	Conf.					36.8
Mar 16	SP-P					35.7
Mar 23	audit's journal SP-P Spec Bd. meeting					45.7
Mar 24	SGH Edu					8.
Mar 29	CHC					8.
Mar 9	PHEN open house					

I certify that this claim is for Authority business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

296.2

TOTAL KMS
transfer to back

NAME (print): MARGARET PLAIN

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

142.77

SIGNATURE: Margaret Plain

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

TOTAL CLAIM

DATE: Apr. 5/05

Reviewed by: Leela Shree

Authorized By: _____

Non-Responsive

Date: April 5/05

Date: _____

HON
MIS 142.77 -
0508
APRIL 7/05
BR

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Mar 13	Parking	\$ 2.00
Mar 14	"	14.00
Mar 15	"	12.00
Mar 23	"	6.00
		34.00

TOTAL KMS (from front) 286.2 X 38¢ 108.77
 TOTAL EXPENSES \$ ~~34.00~~
 (transfer to front) 142.77

REMUNERATION - effective March 1, 2004

CHAIRMAN
 \$165 for up to and including four hours in any day
 \$280 for over four hours and up to and including eight hours in any day
 \$447 for over eight hours in any day

MEMBER
 \$122 for up to and including four hours in any day
 \$203 for over four hours and up to and including eight hours in any day
 \$318 for over eight hours in any day

MILEAGE
 38¢ km

25

APPLICANT COPY

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON
GST # R119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 59864
03/23/05 13:42 LH 2 AM 54 Txn#178585
03/23/05 12:02 In 03/23/05 13:42 Out
Regular Rate \$ 5.61
Total Tax \$ 0.39
Total Fee \$ 6.00
CASH PAID \$ 6.00-
Cash Tender \$ 10.00
Change Due \$ 4.00
THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

Rcpt# 93645
03/14/05 21:45 LH 2 AM 35 Txn#326378
03/14/05 07:49 In 03/14/05 21:45 Out
Tkt# 476173
Regular Rate \$ 13.08
Total Tax \$ 0.92
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00
THANK YOU
COME AGAIN

Best Copy Possible

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 93707
03/15/05 11:49 LH 2 AM 39 Txn#326520
03/15/05 07:42 In 03/15/05 11:49 Out
Tkt# 476359
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 12.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

Rcpt# 93707
03/13/05 21:19 LH 1 AM 12 Txn# 1270
03/13/05 15:50 In 03/13/05 21:19 Out
Tkt# 476182
Regular Rate \$ 1.87
Total Tax \$ 0.13
Total Fee \$ 2.00
CASH PAID \$ 2.00-
Cash Tender \$ 2.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
						0
" 6	Meeting Advisory Bd					34.00
	State Plan					35.7
6	Long Term Care					38.8
April 9	CH Council Meeting					8
Apr 15	Budget Briefing					35.7
" 19	Stakeholder session					34.0
Apr 26	State Plan					35.7
Apr 28	SBH Stu					8
Apr 30	QAC consult					35.0

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

262.9

TOTAL KMS transfer to back

111.47

RR

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret Plain

DATE: May 16/05

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

Reviewed by: [Signature]

Authorized By:

HON
MIS 111.47 -
0510
27 May 10, 2005
GR

Non-Responsive

Date: May 17/05

Date:

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Apr 6	Parking	\$ 5.00

TOTAL KMS (from front) 262.9 X 40.5¢ = 106.47
TOTAL EXPENSES \$ 111.47
 (transfer to front)

REMUNERATION - effective March 1, 2005

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

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

MILEAGE
 40.5¢ km

CITY OF EDMONTON
LIBRARY PARKADE
GST # 19826270 RT0001

Rcpt# 96209
04/06/05 21:31 L# 2 A# 37 Trn#335117
04/06/05 17:04 In 04/06/05 21:31 Out
Tkt# 482100
Regular Rate \$ 4.67
Total Tax \$ 0.33
Total Fee \$ 5.00
CASH PAID \$ 5.00-
Cash Tender \$ 5.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
						0
" 6	Municipal Advisory Bd					34.00
	State Board					35.7
6	Long Term Care					38.8
April 9	CH Council Health Fair					8
Apr 15	Budget Briefing					35.7
" 19	State Board session					34.0
Apr. 26	State Board					35.7
" "	Klein / Smith Road					
Apr 28	SBH Fair					8
Apr. 30	CHC consult.					35.0

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

\$

262.9

TOTAL KMS
transfer to back

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

\$

111.47

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

\$

NAME (print): MARGARET PLATT

SIGNATURE: Margaret Platt

DATE: May 16/05

Reviewed by: [Signature]

Non-Responsive

Date: May 17/05

Authorized By: [Signature]

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
<i>Apr 6</i>	<i>Parking</i>	<i>\$ 5.00</i>

TOTAL KMS (from front) *262.9* X 40.5¢ *106.47*

TOTAL EXPENSES \$ *111.47*

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

APPLICANT COPY

CITY OF EMONTON
LIBRARY PARKADE
587 # 11952670 RT002

RCPT# 91209
04/06/05 21:31 L# 2 AM 37 TX#135117
04/06/05 17:04 In 04/06/05 21:31 0.4
TK# 482100

Regular Rate	\$	4.67
TOTAL TAX	\$	0.33
TOTAL FEE	\$	5.00
CASH PAID	\$	5.00-
Cash Tender	\$	5.00
CHANGE DUE	\$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
MAY 2/05	MAZANROW & # LEQ & CHL ALTA HEART INSTITUTE					320.9
MAY 3	HEALTH SYMPOSIUM					-
MAY 4	" "					-
MAY 5	" "					320.9
MAY 12	CH EVAL. T.F.					35.7
MAY 13	AUDIT & FINANCE					35.7
" "	DIPLOMATIC GROUP					35.7
MAY 16	STRAT. PLAN					35.7
MAY 18	SPP					35.7
MAY 24	MENTAL HEALTH REACH					34.0
MAY 25	BOARD					65.0
MAY 26	SGH PDN					8.0
MAY 30	CHC					8.0
MAY 31	CEO & BO EVAL T.F.					35.7
MAY 9	PHEN CONFERENCE IN RGD OVER					362

I certify that this claim is for Capital Health business.

NAME (print): MARGARET PLAIN

SIGNATURE: [Signature] 17(1), 17(4)(g)(i)

DATE: MAY 31/05

Non-Responsive

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

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

TOTAL CLAIM \$

1368.7

TOTAL KMS
transfer to back

1292.71

[Signature]

Reviewed by: [Signature]

Authorized By: [Signature]

HON

MIS 1,292.71

Non-Responsive

Date: MAY 31/05

Date: JUNE 3/05

0512
Jun 9/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
10/05 May 5	WESTIN HOTEL	\$ 738.39

TOTAL KMS (from front) X 40.5¢ 554.32
 TOTAL EXPENSES \$ ~~1131.69~~
 (transfer to front) 1292.71

[Handwritten signature]

REMUNERATION - effective March 1, 2005

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

APPLICANT COPY

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

MS Margaret Plain

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

Arrival	05/02/05	Room	0402
Departure	05/05/05	Cashier	59
Payment Method	VA	Page	1
Invoice	426319	Starwood Preferred Guest #	
		Airline Partner #	

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

The Westin Calgary, 05/05/05

Date	Text	Room	Charges	Credits
05/02	Room Charge	0402	189.00	
05/02	Tourism Levy 4%		7.56	
05/02	Room GST 7%		13.23	
05/02	Park-Valet Weekday		20.00	
05/03	Room Charge		189.00	
05/03	Tourism Levy 4%		7.56	
05/03	Room GST 7%		13.23	
05/03	Terrace Restaurant		20.19	
	->#402 : CHECK #1144			
05/03	ON Dining Room		22.83	
	->#402 : CHECK #5907			
05/03	Park-Valet Weekday		23.00	
05/04	Room Charge		189.00	
05/04	Tourism Levy 4%		7.56	
05/04	Room GST 7%		13.23	
05/04	Park-Valet Weekday		23.00	
05/05	Visa	XX/XX		738.39

Capture method: keyed	s.17(1), 17(4)(e.1)	Total	738.39	738.39
		Balance		0.00 \$

Room GST	39.69
F&B GST	2.56
Other GST	4.32
Total GST	46.57
GST Vendor	R861336493

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

APPLICANT COPY



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JUNE 1/05	MUNICIPAL ADVISORY Com					34.0
JUNE 3	SPEC. SP&P					35.7
JUNE 8	CARITAS ANNUAL MTG					34.0
JUNE 9	REACH AWARDS					32.00
JUNE 13	NORTH EDMONTON COMMUNITY H.C.					15.
JUNE 15	SP&P					35.7
JUNE 20	SP&P					35.7
JUNE 20	PHYSICIAN LIAISON					35.7
JUNE 21	JT. MTG WITH USA BOARD					33.0
JUNE 23	ARTS IN HEALTH CONF					36.00
JUNE 24	CLH STAFF PICNIC					50.00
JUNE 24	ARTS IN HEALTH CONF					36.00
JUNE 25	" " " "					36.00
JUNE 28	AUDIT & FINANCE					35.7
JUNE 29	PHOTO'S & Bd MEETING					35.7

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

484.5
TOTAL KMS
transfer to back

NAME (print): MARGARET ALLEN

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

244.70

SIGNATURE: *Margaret Allen*

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

511

DATE: July 4/05

Reviewed by: *Leela Shewd*

HOW

Non-Responsive

Date: July 6/05

Authorized By:

MIS 244.70-

Date:

0514
36 July 12/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
	REACH	
MAY 24	PARKING ITC CLUB	\$ 5.00 /
JUNE 8	PARKING	7.50 /
JUNE 23	"	12.00 /
JUNE 24		12.00 /
JUNE 25		12.00 /
		48.5

TOTAL KMS (from front) 484.5 X 40.5¢ 196.2

TOTAL EXPENSES \$ 244.7
(transfer to front)

REMUNERATION - effective March 1, 2005

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

APPLICANT COPY

U OF A
PARKING SERVICES
 (514) 8108102881

05-24-2005 TUE #111

DEP*10 5.00 \$
 GST 0.33
 CASH 5.00
 10L 5915 13:07PM

Best Copy Possible

BELL TOWER PARKADE
 (514) 861747707RT 0001
PARKING

06-05-2005 WED #6

2 1/2 HOUR 7.50
 TOTAL 7.50
 CHEND 10.00
 CHANGE 2.50
 ITEM 1
 10L 4513 13:51PM


PARKING RECEIPT

Date: 06/25/05, 2005

Amount Paid: 4HR 12.00 (GST included),
 by cash for parking at Bell Tower Parkade
 GST# 861747707RT0001

DAILT MAX

Issuer's Signature: C. W.



ADVANCED PARKING
For Advanced People

BELL TOWER PARKADE
 (514) 861747707 RT 0001
PARKING

06-23-2005 THU #6

2 1/2 HR 12.00
 CASH 12.00

ITEM 1
 10L 7653 17:04PM

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 6/05	Briefing & mtg with Minister Groux					34.00
July 13	S.P.P. briefing					35.7

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): MARGARET PLAIN

SIGNATURE: *Margaret Plain*

DATE: Aug 3/05

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 71110300000

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

69.7	TOTAL KMS
28.23	transfer to back

Reviewed by: *Deen for h Shwed*

Authorized By: *[Signature]*

HOW
MIS 28.23 -
0516
39 Aug 9/05
92

Non-Responsive

Date: Aug 31/05

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 69.7 X 40.5¢ 28.23

TOTAL EXPENSES \$ 28.23
 (transfer to front)

REMUNERATION - effective March 1, 2005

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
						0
Aug 20	Com. H. Council					8
Aug 31	Heart Institute tour					35.7

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): MARGARET PLAIN

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

DATE: Sept 8/05

Reviewed by: [Signature]

Authorized By: [Signature]

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 71110300000

TOTAL CLAIM

		43.7
		TOTAL KMS
		transfer to back
	17.70	

[Signature]

HON
MIS 17.70 -
0519
Sept 14/05
SS

Non-Responsive
Date: Sept 11/05
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 43.7 X 40.5¢ 17.70

TOTAL EXPENSES \$ _____

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Sept 7/05	RAM Simulation Centre					34.00
Sept 8	Strat. Plan T.F					35.7
Sept 9	Alta Pentennial Dinner					39.2
Sept 12	Donor & op. Food Ser. Bldg					69.9
Sept 14	AP-P					35.7
" "	HEALTH WEIGHT WISE RUN					70.0
Sept 20	SAFETY AWARDS + UOFA Pres					35.7
Sept 21	Audit Finance					35.7
Sept 22	SGA Show					8.
Sept 25	UOFA President installation Concert					35.00
Sept 26	UOFA Pres. Symposium CIBC - St. Albert					35.00 8.
Sept 27	CH- Resource Fair					24.0
Sept 28	Board: Mental H. Briefing					35.7
Sept 29	St. John, St. Albert (partly sponsored by Capital Health)					8.

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 71110300000

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

509.6
~~470.4~~
TOTAL KMS
transfer to back

212.39

NAME (print): MARGARET PLAIN

SIGNATURE: [Signature]

DATE: Sept 29/05

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

HON
(*15 retro)
MIS 212.39-
0521
13 of 14/05

Non-Responsive
Date: Oct 5/05
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
	<i>milage</i>	\$
<i>Sept 9</i>	<i>parking</i>	<i>2.00</i>
<i>Sept 25</i>	<i>parking</i>	<i>4.00</i>
		<i>6.00</i>

*MISSING
PARKING
RECEIPT.
Sept 9 05 2.00
4.00*

TOTAL KMS (from front) $\frac{509.6}{\cancel{440.4}} \times 40.5\text{¢}$ ~~190.5~~ 206.39

TOTAL EXPENSES \$ 212.39
(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 2/05	Accreditation					35.7
Oct 6/05	Deanna Grant Ret.					62.
Oct 7/05	Accred. debriefing					35.7
Oct. 12	Spec. SpCP					35.7
Oct 13	Strat Plan					35.7
Oct 15	CHC Consultation					35.
Oct 17	Medical event					34.
Oct 18	RAA reconstruction kick off					34.
" "	CHC retirement function					35.
Oct 19	SpCP + Dr. Jack Murray					35.7
" "	Mental Health Edu					31.1
Oct 20	Halifax 5 - Calgary +					326.0
" 21	Public Order					—
Oct 22	return from Halifax 5					326.0
Oct 23	Prep session					35.5
Oct 25						

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): MARGARET PLAIN

SIGNATURE: [Signature]

DATE: Nov 1/05

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

\$	
\$	830.64
\$	

1097.1
TOTAL KMS
transfer to back

[Signature]

Reviewed by: [Signature]

Authorized By: _____

HON
MIS 830.64
0523
Nov 9/05
83

Non-Responsive

Date: Nov 2/05

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 17/05	Parking RAA	\$ 5.25
Oct 20 - 22	Westin Hotel	381.06
	parking	
		386.31

TOTAL KMS (from front) 1097.1 X 40.5¢ 444.³³

TOTAL EXPENSES \$ ~~423.27~~ 830.64
 (transfer to front)

REMUNERATION - effective August 1, 2005

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

APPLICANT COPY

THE WESTIN
CALGARY

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

Ms. Margaret Plain

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

Arrival	10/20/05	Room	1004
Departure	10/22/05	Cashier	29
Payment Method	VA	Page	1
Invoice	459825	Starwood Preferred Guest #	
		Airline Partner #	

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

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1004	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-Valet Weekday		23.00	
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		s.17(1), 17(4)(g)(i)	(22.33) <i>delete</i>	
10/21	Park-Valet Weekend		15.00	
10/22	Visa	XX/XX		403.39

Capture method:swiped	s.17(1), 17(4)(e.1)	Total	403.39	403.39
		Balance		0.00 \$
Room GST	21.64			- 22.33
F&B GST	1.33			
Other GST	2.49			
Total GST	25.46			381.06 ✓
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.



1J2 Walter C. Mackenzie Health Sciences Centre
8440 - 112 Street
Edmonton, Alberta
Canada T6G 2B7

Memo to:

October 11, 2005

Office: (780) 407-1000
Fax: (780) 407-7161

Margaret Plain

Re: Halifax 5 Confirmation

This is to confirm your registration and accommodation for the Halifax 5 Conference which will be held in Calgary on Oct 20 – 22.

Hotel: The Westin
Address: 320 4th Ave. Calgary, AB
Confirmation: 936635521
Arrival Date: October 20

The conference begins at 5:00 p.m. on Thursday, October 20. Your conference materials will be available for pick-up during the following hours at the registration desk:

Thursday, October 20, 2005, 5:00 p.m. to 8:00 p.m.
Friday, October 21, 2005, 7:00 a.m.

Leila Shwed
Executive Director
Phone: 407-6841 Fax: 407-3313
E-mail: lshwed@cha.ab.ca

DETACH RECEIPT FROM TICKET

APPLICANT COPY

DATE ISSUED TIME ISSUED AMOUNT PAID

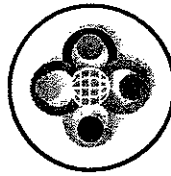
NOV 03 09:50 AM 15.75

CREDIT CARD NUMBER



Capital Health

RECEIPT 641603



Plain, Margaret

Welcome to Halifax 5: The Canadian Healthcare Safety Symposium. Your registration information is listed below.

Event	Fee	Paid Amount
Halifax 5: Advancing the Culture of Safety	642.00	642.00

Amount Due: \$0.00

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 2/05	Accreditation					35.7
Oct 6/05	Heenan Grant Ret.					62.
Oct 7/05	Accred. debriefing					35.7
Oct. 12	Spec. SPeP					35.7
Oct 13	Strat Plan					35.7
Oct 15	CHC Consultation					35.
Oct 17	Media event					34.
Oct 18	RAA construction kickoff					34.
" "	CHC retirement function					35.
Oct 19	SPeP + Dr. Jack Murray					35.7
" "	Mental Health Edu					31.1
Oct 20	Halifax 5 - Calgary +					326.0
" 21	Public Dinner					—
Oct 22	Return from Halifax 5					326.0
Oct 23						35.5
Oct 25	Prep Mission					

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

1097.1

TOTAL KMS

transfer to back

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret Plain

DATE: Nov 1/05

\$	
\$	830.04
\$	441.90
\$	

Reviewed by: Leela Shree

Authorized By: Karen M. Tolson

Non-Responsive

Date: Nov 2/05

Date: Nov 4/05

APPLICANT COPY

THE WESTIN
CALGARY

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

Ms. Margaret Plain

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

Arrival 10/20/05
Departure 10/22/05
Payment Method VA
Invoice 459825

Room 1004
Cashier 29
Page 1

Starwood Preferred Guest #
Airline Partner #

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

The Westin Calgary, 10/22/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1004	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-Valet Weekday		23.00	
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		s.17(1), 17(4)(g)(i)	(22.33) <i>delete</i>	
10/21	Park-Valet Weekend		15.00	
10/22	Visa	XX/XX		403.39

Capture method:swiped s.17(1), 17(4)(e.1) Total 403.39 403.39
Balance 0.00 \$

Room GST 21.64
F&B GST 1.33
Other GST 2.49
Total GST 25.46
GST Vendor R861336493

22.33

381.06

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.



1J2 Walter C. Mackenzie Health Sciences Centre
8440 - 112 Street
Edmonton, Alberta
Canada T6G 2B7

Memo to: October 11, 2005

Office: (780) 407-1000
Fax: (780) 407-7161

Margaret Plain

Re: Halifax 5 Confirmation

This is to confirm your registration and accommodation for the Halifax 5 Conference which will be held in Calgary on Oct 20 – 22.

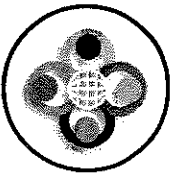
Hotel: The Westin
Address: 320 4th Ave. Calgary, AB
Confirmation: 936635521
Arrival Date: October 20

The conference begins at 5:00 p.m. on Thursday, October 20. Your conference materials will be available for pick-up during the following hours at the registration desk:

Thursday, October 20, 2005, 5:00 p.m. to 8:00 p.m.
Friday, October 21, 2005, 7:00 a.m.

Leila Shwed
Executive Director
Phone: 407-6841 Fax: 407-3313
E-mail: lshwed@cha.ab.ca

Pain, Margaret



Welcome to Halifax 5: The Canadian Healthcare Safety Symposium. Your registration information is listed below.

Event	Fee	Paid Amount
Halifax 5: Advancing the Culture of Safety	642.00	642.00

Amount Due: \$0.00

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
 07/11/05 09:29 AM \$ 575

CREDIT CARD NUMBER



Capital Health
RECEIPT 641603

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
NOV 1/05	RECEPTION - DR. SHOO LEE					35.7
NOV 9/05	OPENING - KIPN 835 CENTRE CONF. CALL					16.0
NOV 14	BLAIR SAULTER					0
	SHORWOOD PK CITAMBOREO COM.					35.7
NOV. 16	CONF. CALL					68.2
NOV. 18	S.R.P					0
						35.7
NOV. 21	HALIFAX 5 DEBRIEFING					0
NOV. 23	AUDIT & FINANCE					35.7
" "	RUNNING RM. SALESPT at CITICOR PRDS.					68.0
NOV 28.	RETREAT					23.6
NOV 29	RETREAT & AD MTS.					27.
NOV. 10	St. John's - Jack DeLaney ST. ALBERT MLA					4.

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

349.6

TOTAL KMS

transfer to back

141.59
139.97

all

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret Plain

DATE: NOV. 30/05

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

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MIS 141.59-
0525
55
Dec 13/05

Non-Responsive
Date: Nov. 9/05
Date:

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 346.6 X 40.5¢ ~~139.77~~ 141.59
 TOTAL EXPENSES \$ 141.59
 (transfer to front)

REMUNERATION - effective August 1, 2005

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

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

MILEAGE 56
 40.5¢ km

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 1/05	HBA Policy Forum					326.00
Dec 2/05	"					326.00
Dec 7/05	RAH management					34.0
Dec 9/05	SP-P					35.7
Dec 12	Snowflake Gala					37.0
Dec 13	National Forum on Quality					35.7
Dec 14	National Forum					35.7
Dec 15	RAH Staff Transparency					34.0
Dec 19	Evaluation T.F.					35.7

I certify that this claim is for Capital Health business.

NAME (print): MARGAROT PLAIN

SIGNATURE: [Signature]

DATE: Dec 19/05

Non-Responsive
TOTAL HONORARIA \$ []
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 544.65
 (from reverse)
 Code: 201 9000 71110300000
TOTAL CLAIM \$ []

399.7
TOTAL KMS
 transfer to back

[Signature]

Reviewed by: [Signature] HON []

Authorized By: [Signature] MIS 34465

Non-Responsive Date: Dec 19/05

Date: Dec 19/05



APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

Ms Margaret Plain ROOM 237
GUEST 1130HB s.17(1), 17(4)(g)(i)
ARRIVE 01-DEC-05 11:42
DEPART 02-DEC-05
PAYMENT AX 11:22

T A G E N T
C H A R G E

Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES • CREDITS. Includes entries for Room Charge, DMF, Alberta Tourism Levy, GST, Valet Pkg, American Express, and a Total-Due of 0.00-.

EXPENSE REPORT SUMMARY

Summary table with columns: Date, Room & Tax, Food & Bev, Telephone, Other, Total, Payment. Shows totals for 01-DEC-05 and 02-DEC-05.

We have a Service Promise and would appreciate any feedback you may have. Please send to Ross Meredith at rmeredith@sheratonsuites.com.

** continued on the next page **

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

Handwritten signature and the word SIGNATURE below it.

For Reservations Call 1-888-784-8370

Ms Margaret Plain ROOM 237 DEPART 02-DEC-05 AGENT JJB
FOLIO 495190 01-DEC-05

The Sheraton Suites Calgary Eau Claire is OWNED AND OPERATED BY EAU CLAIRE HOTEL OPERATING TRUST



APPLICANT COPY

**Sheraton
Suites Calgary**
EAU CLAIRE

255 BARCLAY PARADE SW
CALGARY, ALBERTA T2P 5C2
PHONE (403) 266-7200
FAX (403) 266-1300

G U E S T Ms Margaret Plain 1130HB s.17(1), 17(4)(g)(i)	ROOM	237			T R A V E L C H A R G E
	RATE				
	NO. PERS.	1			
	FOLIO	495190	A		
	PAGE	2			
	ARRIVE	01-DEC-05	11:42		
	DEPART	02-DEC-05			
	PAYMENT	AX	11:22		

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
------	-----------	-------------	---------	---------

GST Summary

GST Room Revenue	9.54
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	1.89
Total GST	11.43

139445290 RT0021

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

SIGNATURE

For Reservations
Call 1-888-784-8370

We are pleased to confirm your Air Canada Aeroplan Program miles will be awarded for this visit. Thank you for your stay with us.

Ms Margaret Plain	ROOM	DEPART	AGENT
FOLIO 495190	237	02-DEC-05	JJB

The Sheraton Suites Calgary Eau Claire is
OWNED AND OPERATED BY EAU CLAIRE HOTEL OPERATING TRUST

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan 04	KARON's retirement SPAP	[Redacted]	[Redacted]	[Redacted]	[Redacted]	34.0
Jan 9	Arline Journal + CHC Physician	[Redacted]	[Redacted]	[Redacted]	[Redacted]	35.7
Jan 10	CHC meeting advisory	[Redacted]	[Redacted]	[Redacted]	[Redacted]	35.7
Jan 11	Meal - debrief	[Redacted]	[Redacted]	[Redacted]	[Redacted]	34.0
	Jan Schultz, Advisor	[Redacted]	[Redacted]	[Redacted]	[Redacted]	34.0
Jan 12	Business LTC	[Redacted]	[Redacted]	[Redacted]	[Redacted]	35.7
						244.80

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): MARGARET F. SLOAN

SIGNATURE: [Signature]

DATE: Jan 12/06

Reviewed by: [Signature]

Authorized By: _____

TOTAL HONORARIA \$ [Redacted]
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 99.14
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM \$ [Redacted]
s.17(1), 17(4)(g)(i)

TOTAL KMS
transfer to back

244.80

Non-Responsive Date: 1/1/06

Date: _____

HON [Redacted]
MIS 99.14-
0602
61 Jan 19 2006

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
						0
Feb 14	Capital Care Group ^{Bala}					35.7
Feb 15	Pruneyose Conf					36.8
Feb 16	" " "					36.8
Feb 21	Barton Pops rec.					35.7
Feb 22	CAC Mill Woods SPP					60.0 35.7
Feb 23	CA Briefing + Board Group SGH Str					35.7 8
Feb 24	S.P. + allandun (Jury Conf) John Flaherty's office					35.7 8

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

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

\$ [Redacted]
 \$ 132.56
 \$ [Redacted]

3273
TOTAL KMS
transfer to back

NAME (print): MARGARET PLAIN

SIGNATURE: *Margaret Plain*

DATE: Feb 28/06

Reviewed by: *Leta Shue*

Authorized By: *[Signature]*

HON [Redacted]

MIS 132.56-0606

63 March 8/06

Non-Responsive

Date: March 2/06

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 327.3 X 40.5¢ 132.56
TOTAL EXPENSES \$ 132.56
(transfer to front)

REMUNERATION - effective August 1, 2005

<p>CHAIRMAN \$176 for up to and including four hours in any day \$300 for over four hours and up to and including eight hours in any day \$478 for over eight hours in any day</p> <p>MEMBER \$131 for up to and including four hours in any day \$217 for over four hours and up to and including eight hours in any day \$340 for over eight hours in any day</p> <p>MILEAGE 40.5¢ km</p>	<p>64</p>
--	-----------

April 2006

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Apr. 4/06	SGH Jan - Comm Plan					8
Apr 11	Phup Liaison					35.7
Apr 12	Municipal Admin.					34.00
Apr. 12	UAH Long Term Care - Dr. Blane					40.00
Apr. 18	Channing - ^{RAH} Dr. Blane					
Apr. 18	McMullen Gallery					35.7
Apr. 19	APCP					35.7
Apr. 24	Santhegeand Hotel					31.1
Apr. 24	REACH SCH					
	Monday Hill Seminar					36.4
Apr. 25	RAH Long Term Care					34.00
Apr. 26	Acad. Finance					35.7
" "	EHC Internship					36.00
" "	HOPE Award Recog. Award					35.7
Apr. 27	SGH Jan.					8
Apr. 4.	Drive Route Finance					36.4

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

\$

Code: 201 9000 7110300000 6850000

TOTAL KMS
transfer to back

NAME (print): MARGARET PLATT

TOTAL EXPENSES

\$

(from reverse)

Code: 201 9000 7110300000

202.23 ✓

SIGNATURE: Margaret Platt

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

TOTAL CLAIM

\$

DATE: May 3/06

Reviewed by: Leela Shrestha

Non-Responsive

Date: May 1/06

Authorized By: [Signature]

Date: May 16/06
+83.76 mileage adj. it
= 285.99

HON
MIS 202.23 ✓
0610
May 16/06
[Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Apr 4		\$
Apr 26	parking	6.00 /
		12.00 /

TOTAL KMS (from front) 442.4 X 43¢ 190.23 /
TOTAL EXPENSES \$ 202.23
 (transfer to front)

REMUNERATION - effective April 1, 2006

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

Name: _____
Amount Pd: 6.00

Licence: _____ Prov. _____
Make: APR 26 2004:02 Color: _____

Date: _____
No 100034

APPLICANT COPY

DISPLAY FACE UP ON DASH

DISP ON DASH

Impark Lot 0002-0001
Edmonton, AB
GST #88731 5538 RT0001
Machine Serial #4002407AC00

EXPIRY DATE AND TIME
EXP 06:07pm
APR 04, 2006
CC

EXP 06:07pm
APR 04, 2006

TICKET# LOT#
00002803 00020001
CC 00000000 MACH# 001
FOLLOW INSTRUCTIONS ON SIGN POSTED

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

Park 2 hours \$5.00
Questions/Comments?
Call 780-420-1976

DISP ON DASH

APPLICANT COPY

Employee #	Name	Payment for KM2 form Oct/05- Mar/06	Payment for KM2 from Apr/06 Non-Responsive	Total	KM2s Paid @ \$0.405/ KM2	Should be Paid @ \$0.43 /KM2	Balance Owed
------------	------	--	---	-------	--------------------------------	---------------------------------------	-----------------

62265	Plain, M.	1,269.44	87.40	1,356.84	3,350.22	1,440.60	83.76
-------	-----------	----------	-------	----------	----------	----------	-------

Non-Responsive

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
May 3/06	Safety Conf. GMM LK					36.8
May 4/06	" " ^{Amelia} and Long Ann					36.8
May 6	CAC Consultation					34.0
May 12	SPR P					35.7
May 15	CIT Pop Needs ^{Baronnet Hotel}					35.0
May 16	Marilyn's Retirement					36.4
May 23	Jed M.P.'s					35.7
May 24	Press conf. on new child + stroke					35.7
May 25	Mtg Iris Evans					38.0
May 25	REACT					34.0
May 25	SGH FDN					8.0
May 29	CAC St. Albans					8
May 31	- Sherri Cooper - western audit - Finance special board					36.8 35.7
May 19/06	PHEN FORUM					36.8

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

\$	
\$	257.36
\$	

483.4

TOTAL KMS
transfer to back

NAME (print): MARGARET PEARL

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

SIGNATURE: Margaret Pearl

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

DATE: May 31/06

Reviewed by: Leela Ahmed

HON

Non-Responsive

Date: May 31/06

Authorized By:

MIS 257.36

Date: _____

0612

69 June 5/06

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 3	Parking	\$ 12.00 /
" 4	"	14.00 /
" 15	"	4.00 /
" 19	"	12.00 /
" 31	"	7.50 /
		49.50 ✓

TOTAL KMS (from front) 483.4 X 43¢

207.86 ✓

TOTAL EXPENSES

\$ ~~35.64~~

(transfer to front)

~~243.5~~
257.36 ✓

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

70

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking
Lot 0002-83
GST #88731 5638 HT0001
Machine Serial #0000404026

EXPIRY DATE AND TIME

EXP 06:07pm
MAY 15, 2006

EXP 06:07pm
MAY 15, 2006

TICKET# 00002578 LOT# 00020083

MACH# 002 MACH# 002
MAY 15, 2006 MAY 15, 2006
Purchase Time 04:07pm

Park 2 Hrs \$4.00
Questions/Comments
Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 46690
05/31/06 09:32 LH 2 AM 2B Txn#150528
05/31/06 07:18 In 05/31/06 09:32 Out
Tkt# 599126
Regular Rate \$ 7.01
Total Tax \$ 0.49
Total Fee \$ 7.50
CASH PAID \$ 7.50
Cash Tender \$ 10.00
Change Due \$ 2.50

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 45300
05/19/06 17:21 LH 2 AM 6 Txn#145896
05/19/06 08:25 In 05/19/06 17:21 Out
Tkt# 595285
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 12.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

Non-Responsive

City of Edmonton
Library Parkade
780-420-1976

City of Edmonton
Library Parkade
780-420-1976

Rcpt# 46690
05/31/06 09:32 LH 2 AM 2B Txn#150528
05/31/06 07:18 In 05/31/06 09:32 Out
Tkt# 599126
Regular Rate \$ 7.01
Total Tax \$ 0.49
Total Fee \$ 7.50
CASH PAID \$ 7.50
Cash Tender \$ 10.00
Change Due \$ 2.50

Rcpt# 45300
05/19/06 17:21 LH 2 AM 6 Txn#145896
05/19/06 08:25 In 05/19/06 17:21 Out
Tkt# 595285
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 12.00
Change Due \$ 0.00

June 2006

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
						0
June 8	LTC/Healthcare Briefing MATCHED LOUIS REACH - PETRO CLUB				32.00	32.00
"	CHC Appreciation ROYAL SLEUTHS				34.00	34.00
June 10	Site Blessing Mt. Zion					45.7K
June 15	Capital AGM					36.00
June 16	Health Plan					100.00
	Staff Picnic					50.00
June 22	SCIA Edu					8.00
June 23	Board Mtg					35.7

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 7110300000

NAME (print): MITCHELL PLAIN

SIGNATURE: [Signature]

DATE: June 27/06

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

		3734
		3734
	TOTAL KMS	
		transfer to back
	TOTAL CLAIM	\$ 160.56

Reviewed by: [Signature]

Authorized By: [Signature]

NON
MIS 160.56
0614
003

Non-Responsive
Date: June 27/06
Date: [Signature]

revised: May 1, 2006

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 373.4 X 43¢ 160.56

TOTAL EXPENSES \$
(transfer to front)

REMUNERATION - effective April 1, 2006

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

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

MILEAGE
 40.5¢ km 143.0

2006

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 17	Lunch @ Sewell Hall - Health Care workers group					35.7
						—
Aug 30	Audit Finance					35.7
Sept 8	SP.P					35.7
Sept 22	Policy Task Force Glenrose 3hr event					35.7 34.
Sept 23	CHC consultation					34.
Sept 25	SACHC					8
Sept 26	ABACUS opening Special SP.P					35.7
Sept 27	Board Mtg Dribute to Premier Klein					35.7 45.7
Sept 28	MOU signing SCIT 3hr					35.7

Non-Responsive

I certify that this claim is for Capital Health business.

335.9

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL KMS
transfer to back

NAME (print): MARGARET PLAIN

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

144.44 ✓

200

SIGNATURE: Margaret Plain

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

TOTAL CLAIM

DATE: Sept 28/06

Reviewed by: [Signature]

NON MISC(44.44) -

Non-Responsive

Date: Oct 2/06

Authorized By: [Signature]

Date: _____

Oct 11, 2006
[Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 335.9 X 43¢ = 144.48 ✓
TOTAL EXPENSES \$ 144.48
(transfer to front)

REMUNERATION - effective April 1, 2006
CHAIRMAN
\$181 for up to and including four hours in any day
\$309 for over four hours and up to and including eight hours in any day
\$492 for over eight hours in any day
MEMBER
\$135 for up to and including four hours in any day
\$224 for over four hours and up to and including eight hours in any day
\$350 for over eight hours in any day
MILEAGE
40.5¢ km

October 2006

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 3	Policy Task Force					35.7
4	municipal Advisory and ICARE Sympo.					45.7
10	Phys. Liaison					35.7
11	Policy Task Force Phyllis Nungel					35.7 32.0
17	REACH awards					36.4
18	SP+P Mental Health Surgeon					35.7 34.0
19	Halifax 6					50.00
20	" "					
21	" "					50.0
26	Sturgeon Hosp. Sem.					8.
27	SP+P					35.7

I certify that this claim is for Capital Health business.

NAME (print): MARGARET PRAIN

SIGNATURE: Margaret Prain

DATE: Oct 31/06

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

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

	434.60
	402.6
TOTAL KMS	transfer to back
	8.0

Reviewed by: Leila Atwell

Authorized By: [Signature]

Non-Responsive Date: Oct 31/06

Date: _____

Non
 MIS (76873)
 2603
 Nov 3/06
 [Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Oct 4	Parking	\$ 10.00 ✓
Oct 19, 20, 21	Parking - Airport	24.60 ✓ ✓
Oct 21	Hotel	526.04 ✓
Oct 21	Ticket change - caught on earlier flight	21.20 ✓
		581.84 /

TOTAL KMS (from front) ~~402.6~~ 434.60 X 43¢

~~173.12~~ 186.88 ✓

TOTAL EXPENSES
(transfer to front)

\$ ~~754.96~~ 768.72 ✓

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

APPLICANT COPY
EDMONTON AIRPORTS

U OF A
PARKING SERVICES
GST# R108102831

Car park 0600-1400 1-90-8438
1-90-8329

10-04-2006 MED #3

Best Copy Possible

Receipt no: 354 977 19.10.06

015100 Car park fee 19.10.06 19.10.06
19.10.06 19.10.06 19.10.06
Length of stay 2.00 hours 01 min.

DP06 10.00 \$
GST 0.57
CASH 10.00

ITEM 1
ICL 1646 09-5971

total -over 24.60 \$

total total 24.60 \$
total total 1.39 \$

Thank you for your patronage!
Come Back Again!
** valid 4 hours **
** Thank you **

WESTJET
Payment Receipt

PLAIN/MARGARET MS

MMBWAG



UNIVERSITY OF
ALBERTA
PARKING SERVICES

DAILY PARKING PERMIT

PLACE ON DASH
THIS SIDE UP

Valid only in and on: 385648

JUBILEE
OCT 4 2006

Date : 21OCT06
Received : CA \$21.20 CA
Remarks : STANDBY
Agent : 6063

GST # : 866112535

Help prevent crime. Remove all valuables. Lock your car
** See reverse for Limitation of Liability **



UNIVERSITY OF
ALBERTA
PARKING SERVICES

385648

GST # R108102831
DAILY PARKING PERMIT - RECEIPT
CUSTOMER RECEIPT: \$ 10.00



APPLICANT COPY

Sheraton Vancouver Wall Centre Hotel
1088 Burrard Street
Vancouver, British Columbia V6Z 2R9 Canada
T 604 331 1000 sheratonvancouver.com

Come back soon

GUEST: Margaret Plain, Buksa Associates
Room: 2102
Rate: 215.00
No pers: 1
Folio: 244264 EX-A
Page: 1
Arrive: 19-OCT-06 16:33
Depart: 21-OCT-06
Payment: VI
TRAVEL AGENT / CHARGE TO: SNATI2

Table with columns: DATE, REFERENCE, DESCRIPTION, DEBIT CREDIT. Rows include Room Charge, Room Tax, Room GST, and Visa payment, totaling 0.00 balance due.

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.

Thank you for choosing Sheraton Vancouver Wall Centre! We look forward to welcoming you back soon!

** continued on the next page **

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

Signature

Margaret Plain
FOLIO 244264 19-OCT-06



APPLICANT COPY

Come back soon

Sheraton Vancouver Wall Centre Hotel
1088 Burrard Street
Vancouver, British Columbia V6Z 2R9 Canada
T 604 331 1000 sheratonvancouver.com

Table with columns: GUEST, TRAVEL AGENT / CHARGE TO, Room, Rate, No. pers, Folio, Page, Arrive, Depart, Payment. Includes guest name Margaret Plain, Buksa Associates, and room details for room 2102.

Table header with columns: DATE, REFERENCE, DESCRIPTION, DEBIT CREDIT

GST Summary for your stay:

Table showing GST summary: Room Revenue GST (25.80), Food & Beverage GST (1.19), Phone/Fax/Copy Services GST (0.00), Other Revenue GST (0.00), Total GST for your stay (26.99)

Sheraton Vancouver Wall Centre GST Vendor # 105576383 RT0001

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 approx 738 Starpoints for this visit

Margaret Plain s.17(1), 17(4)(g)(i)
FOLIO 244264 19-OCT-06

APPLICANT COPY

Plusieurs conventions internationales régissent les droits et obligations des transporteurs aériens... Vous pouvez également consulter le Domestic Tariff de WestJet pour les tarifs effectués entre les points au Canada et l'international...

1. Au sens du présent contrat, le terme « billet » désigne le présent document de passage... 2. La responsabilité de WestJet pour destruction, perte ou avarie est limitée à 250 \$ par personne... 3. Les passagers qui voyagent au Canada ou entre le Canada et les États-Unis peuvent faire enregistrer leurs bagages...

WestJet Boarding Pass
190CT06 YEGYVR Seq#113 Flt: 143
Name: PLAIN/MARGARET MS MMBWAG
Gate 18 @ 01:45pm Seat 2A



WestJet Guest Receipt

Name: PLAIN/MARGARET MS MMBWAG
Gate 18 @ 01:45pm Seat 2A
190CT06 Seq#113 Flt No: 143
Depart: EDMONTON 02:15pm
Arrive: VANCOUVER 02:47pm

Fare 117.00
NAV/INS 18.00
AIF - EDMONTON 15.00
SECURITY TAX 5.00
GST/HST (#866112535) 0.00
Total 155.00

Bag Tag #'s: 0838427092
Enjoy 24 channels of live seatback TV provided by Bell ExpressVu, on most of WestJet's Next-Generation 737-700 aircraft.

APPLICANT COPY

NOV. 2006



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
NOV. 1	LEOUC HOSP. FUNCTION + BRIEFING					78.4
NOV. 6	RAH FUNCTION					34
NOV. 14	GLOBAL LEADERSHIP FORUM CHC + SCH FDN. FORUM					39.2
NOV. 15	SPA MISERICORDIA COMPARE FUNDING					8
NOV. 16	CH + JOINT B.O.S MTDG.					47.5
NOV. 20	HOSP ADMTS STATHCONA & LEOUC					34
NOV. 22	AUDIT: FINANCE					80.0
NOV. 23	BOARD					35.7
NOV. 27	CHC MTDG					35.7
NOV. 28	CHC + SCH FDN - Forum GREETINGS DR. PERRY					8
NOV. 30	SCH FDN - Forum GREETINGS					8
Non-Responsive						416.5

I certify that this claim is for Capital Health business.

TOTAL HONORARIA		\$	TOTAL KMS
Code: 201 9000 7110300000 6850000			transfer to back
TOTAL EXPENSES (from reverse)		\$ 184.10 ✓	
Code: 201 9000 7110300000			
TOTAL CLAIM		\$	

NAME (print): MARGARET PLAIN

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

DATE: NOV. DEC 1/06

Reviewed by: [Signature]

Authorized By: [Signature]

revised: May 1, 2006

NON
MLSC(84.10)
Dec 7/06
82
AW

Non-Responsive
Date: Dec 1/06
Date: _____

0625

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
OCT 17/06	PARKING (REACT award)	\$ 5.00 ✓
		5.00 ✓

TOTAL KMS (from front) 416.5 X 43¢ 179.10 ✓

TOTAL EXPENSES \$184.10

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Recpt# 5990
10/17/06 21:39 L# 3 AM 12 Txn# 73619
10/17/06 17:16 In 10/17/06 21:39 Out
Tkt# 633015
Regular Rate \$ 4.72
Total Tax \$ 0.28
Total Fee \$ 5.00
CASH PAID \$ 5.00-
Cash Tender \$ 5.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

Dec 2006

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
DEC 1	Policy T.F.					35.7
DEC 6	RETREAT					39.2
DEC 7	SC H Fdn					8
DEC 8	POLICY T.F.					35.7
DEC. 11	CHC ST. ALBERT					8.
DEC 12	I H I					35.7
	I H I					
DEC. 13	GLENROSE - SERVED					34.
DEC. 14	REP. CH AT CITY OF ST. ALBERT					8.
DEC 20	POLICY TF					35.7
DEC. 8	CH XMAS PARTY					
DEC. 19	JOHN WILLIAMS M.P XMAS PARTY					
I certify that this claim is for Capital Health business.						240-

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

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

240-

TOTAL KMS transfer to back

130.18

ADW

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret Plain

DATE: Dec 20/06

Reviewed by: Paula Stewart

Authorized By:

Non-Responsive Date: Dec 20/06

non MISE (130.18) 0606 DEC 21/06

ADW

APPLICANT COPY

Best Copy Possible

Capital Health Authority
Retail Food Service

Capital Health Authority
Retail Food Service

257

257

Host: 12/12/2006 12:50 PM 60297
 Area: Stack 201
 Qty Sprouts 0.25
 Minute Mac 1.69
 Milk 7.94
 Tax 0.48
 Under total 8.42
 Cash 8.42

Host: 12/13/2006 12:47 PM 60298
 Area: Stack 201
 Qty Milk 4.50
 Fresh Fruit 0.75
 Milk 0.94
 Milk 6.19
 Tax 0.37
 Under total 6.56
 Cash 10.00

University of Alberta Hospital
OS # R108161688

University of Alberta Hospital
OS # R108161688

CITY OF EDMONTON
LIBRARY BRANDE
GST # R19324270 R70001

Receipt # 71853
 12/06/06 16:25 LB 2 AM 28 Tx#254065
 12/06/06 09:41 In 12/06/06 16:25 Out
 Total 652539
 Regular Rate \$ 11.32
 Total Tax \$ 0.68
 Total Fee \$ 12.00
 Cash PAID \$ 12.00
 Cash Tender \$ 20.00
 Change Due \$ 8.00

THANK YOU
COME AGAIN

Date doesn't match but the times do. up

Jan 2007



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan 4	Policy T.F.					35.7
Jan 12	Special S, P					35.7
Jan 15	SP: P					35.7
Jan 16	Phy. Liaison					35.7
Jan 18	Sturgeon CH Edu					8
Jan 19	news conf. Mr. Mullen Bal.					35.7
Jan 22	Met Strat Council Sr. A. Com. H.C.					35.7 8

Non-Responsive

I certify that this claim is for Capital Health

NAME (print): MARGARET PELIN

SIGNATURE: Margaret Pelin

DATE: Feb. 5/07

Non-Responsive

HONORARIA \$ 00 6850000

TOTAL EXPENSES (from reverse) \$

Code: 201 9000 71110300000

TOTAL CLAIM \$

TOTAL KMS

transfer to back

Reviewed by: [Signature]

Authorized By: _____

Non-Responsive

Date: Feb 5 2007

HON MIS (98.99)

Date: _____

0703 Feb 6 107 a.j

Jan 2007

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan 4	Pishing T.F.					35.7
Jan 12	Special Sp P					35.7
Jan 15	Sp. P					35.7
Jan 16	Phup. Nelson					35.7
Jan 18	Sturgeon CH Edu					8
Jan 19	news corp. Mrs. Mallick Bal.					35.7
Jan 22	Nat. Strat Council S.A. Com. H.C. Northern Alliance					35.7 8

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

2302

TOTAL KMS
transfer to back

98.99

00

NAME (print): MARGARET PELTON

SIGNATURE: Margaret Pelton

DATE: Feb. 5/07

\$	
\$	98.99
\$	

Reviewed by: [Signature]

Non-Responsive
Date: Feb 5/07

Authorized By: [Signature]

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
2/10	Parking	\$ 4.00
2/12	Parking	3.50

TOTAL KMS (from front) 445.2 X 43¢

191.43 ✓

TOTAL EXPENSES

\$ 7.50

(transfer to front)

198.93 ✓

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

MEMBER

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

MILEAGE

40.5¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
CST # 119326270 RT0001

Rept# 5528
02/12/07 21:24 LA 2 AM 15 Tyn# 17306
02/12/07 17:44 In 02/12/07 21:24 Out
Tkt# 674104
Regular Rate \$ 3.30
Total Tax \$ 0.20
Total Fee \$ 3.50 ✓
CASH PAID \$ 3.50-
Cash Tender \$ 3.50
Change Due \$ 0.00

THANK YOU
COME AGAIN

THANK YOU FOR PARKING
AT THE CROWN PLAZA
IMPERIAL PARKING

07FEB10 23:20 001 002
07FEB10 19:09
/ 4:11 #186529
DAY RATE \$4.00
TOTAL \$4.00 ✓
CASH \$5.00
CHANGE \$1.00

FOR INQUIRIES CALL
780 420 1976

March

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Mar 1	SC14 Foundation					8
Mar 7	LPA P					35.7

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): MARGARET PETERSON

SIGNATURE: Margaret Peterson

DATE: March 7/07

Reviewed by: [Signature]

Authorized By: [Signature]

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$ 18.79 /
(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM \$

43.7

TOTAL KMS

transfer to back

210.27

Non-Responsive

Date: March 8/07

Date:

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 43.7 X 43¢

18.79 ✓

TOTAL EXPENSES
(transfer to front)

\$ 18.79

REMUNERATION - effective April 1, 2006

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

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
March 6	Sturgeon CH 100 gen					8
Mar 6	Board Mtg					35.7
Mar 10	ASACUS trans Briefing					35.7
Mar 12	Health Boards					36.8
Mar 13	Health Boards					36.8
Mar 14	Health Board on mtg					36.8
Mar 16	Briefing					0
Mar 18	CHC H. Albert Health					10
Mar 23	Ad. Chamber lunch					8
" "	SC H Foundation					8
Mar 27	CHC H. Albert					8

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret Plain

DATE: April 10/06

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 71110300000

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

\$	[Redacted]
\$	157.4
\$	[Redacted]

215.8
TOTAL KMS
transfer to back

[Handwritten initials]

Reviewed by: [Signature]

Authorized By: [Signature]

HON [Redacted]

MIS 157.40-

0609 0608

97 April 24/06

Non-Responsive

Date: _____

Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Feb 14/06	Parking	\$ 5.00
Feb 15/06	"	12.00 /
" 16/06	"	12.00 /
Mar 12	"	3.00 /
" 13	"	14.00 /
" 14	"	12.00 /
" 14	Parking Lava on Seventh	6.00 /
" 23	Parking	6.00 /
" 25		
		70.

TOTAL KMS (from front) 215.8 X 40.5¢ 87.4
TOTAL EXPENSES \$ 70.0
 (transfer to front) 157.4

REMUNERATION - effective August 1, 2005

CHAIRMAN
 \$176 for up to and including four hours in any day
 \$300 for over four hours and up to and including eight hours in any day
 \$478 for over eight hours in any day
MEMBER
 \$131 for up to and including four hours in any day
 \$217 for over four hours and up to and including eight hours in any day
 \$340 for over eight hours in any day
MILEAGE
 40.5¢ km

CITY OF EDMONTON
LIBRARY PARADE
GST # 119326270 R10001

CITY OF EDMONTON
LIBRARY PARADE
GST # 119326270 R10001

CITY OF EDMONTON
LIBRARY PARADE
GST # 119326270 R10001

THANK YOU FOR PARKING
WITH IMPERIAL PARKING
MCDONALD ESTATES

06MAR23 13:21 001 001
06MAR23 11:24 01
/ 1:57 #218766
= 01081766
RATE 1 \$6.00
TOTAL \$6.00
CASH \$6.00 /

Recpt# 34669
03/13/06 18:45 L# 2 AM 36 T#M#15149
03/13/06 08:12 In 03/13/06 18:45 Out
TK# 575440
Regular Rate \$ 13.08
Total Tax \$ 0.92
Total Fee \$ 14.00
CASH PAID \$ 14.00-
Cash Tender \$ 20.00
Change Due \$ 6.00
THANK YOU
COME AGAIN

Recpt# 11464
03/12/06 20:48 L# 1 AM 36 T#M# 79863
03/12/06 17:47 In 03/12/06 20:48 Out
TK# 575389
Regular Rate \$ 2.88
Total Tax \$ 0.20
Total Fee \$ 3.00
CASH PAID \$ 3.00-
Cash Tender \$ 3.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

Recpt# 30727
02/16/06 12:22 L# 2 AM 6 T#M#102773
02/16/06 07:56 In 02/16/06 12:22 Out
TK# 566389
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 12.00
Change Due \$ 0.00
THANK YOU
COME AGAIN

FOR MONTHLY PARKING
PHONE 4201976
GST# 119326270
GST# INCLUDED

CITY OF EDMONTON
LIBRARY PARADE
GST # 119326270 R10001

CITY OF EDMONTON
LIBRARY PARADE
GST # 119326270 R10001

Recpt# 30371
02/15/06 17:13 L# 2 AM 12 T#M#102350
02/15/06 07:37 In 02/15/06 17:13 Out
TK# 565952
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 22.00
Change Due \$ 10.00
THANK YOU
COME AGAIN

Recpt# 34859
03/14/06 15:35 L# 2 AM 38 T#M#15607
03/14/06 07:23 In 03/14/06 15:35 Out
TK# 575430
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00-
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN

Name _____
Amount Pd: 6.00

Licence _____ Prov. _____
Make MAR 1 Color Red
Date _____

No 94209

APPLICANT COPY

Mar & Apr 07

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (Specify Meeting)	START TIME	END TIME	TOT HOURS	AMOUNT CLAIMED	KMS
						0
						0
APR 10	PHYS. LIAISON					35.7
APR 11	MUNICIPAL ADVISORY					34.0
APR 13	S.A.P					35.7
APR 16	UNIT LONG SERVICE ACCELERATING PRIMARY					35.7
APR 17	CARE CONF.					36.8
APR 18						36.8
						0
APR 23	RETREAT					36.8
APR 24	RETREAT & EW. CHAMBERS					36.8
APR 26	CONSORTIUM MTG					35.7
APR 27	OFFICIAL OPENING OF YOUNVILLE					8
						295.2

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

\$

Code: 201 9000 7110300000 8860000

TOTAL KMS
transfer to back

TOTAL EXPENSES

\$

(from reverse)

Code: 201 9000 7110300000

344.81

278.07

TOTAL CLAIM

\$

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret Plain 17(1), 17(4)(g)(i)

DATE: May 1/07

Reviewed by: [Signature]

Authorized By: [Signature]

NON MISC(34481) 0710 MAY 14/07

Non-Responsive

Date: May 1/07

Date: [Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	DESCRIPTION	AMOUNT	REMARKS
FEB 1 07	PARKING	\$ 4.05	✓
APR 17	PARKING	12.00	✓
APR 18	PARKING	12.00	✓
APR 26	PARKING	6.50	✓
APR 24	WALDON HOTEL	183.32	✓

TOTAL KMS (from front) 295.2 X 49¢

126.94

TOTAL EXPENSES
 (transfer to front)

\$ ~~218.09~~ 344.81

REMUNERATION - effective April 1, 2006

CHAIRMAN
 \$181 for up to and including four hours in any day
 \$309 for over four hours and up to and including eight hours in any day
 \$482 for over eight hours in any day

MEMBER
 \$135 for up to and including four hours in any day
 \$221 for over four hours and up to and including eight hours in any day
 \$350 for over eight hours in any day

MILEAGE
 40.6¢ per km

APPL

CITY OF EDMONTON
LIBRARY PARKADE
GST # R19326270 RT0001

Rcpt# 15391
04/17/07 17:22 LH 2 AM 6 Txm# 49042
04/17/07 (7:40 In 04/17/07 17:22 Out
Tkt# 696340
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00 /
Cash Tender \$ 12.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

Y

DISP. PAY PAGE UP ON DASH

Imperial Parking 780-420-1976
Lot 0002-270
GST #88731 5638 RT0001
Machine Serial #:003630141059

EXPIRY DATE AND TIME
EXP 06:00pm
APR 26, 2007

TICKET# LOT#
00009238 00020270

\$0006.50 MACH# 002
FOLLOW INSTRUCTIONS ON SIGNS POSTED

\$6.50 for all day
Pay from your cell phone.
423-1922 Location 9664.
goto www.lmparkWireless.com

UPON DASH
DISP. PAY PAGE UP ON DASH

CITY OF EDMONTON
LIBRARY PARKADE
GST # R19326270 RT0001

Rcpt# 15590
04/18/07 12:30 LH 2 AM 15 Txm# 49432
04/18/07 07:52 In 04/18/07 12:30 Out
Tkt# 696643
Regular Rate \$ 11.32
Total Tax \$ 0.68
Total Fee \$ 12.00
CASH PAID \$ 12.00 /
Cash Tender \$ 12.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

APPLICANT COPY



10065 - 100 STREET
 EDMONTON, AB, CANADA T5J 0N6
 T (780) 424-5181 F (780) 429-6481
 G.S.T. Registration # 139445290

Room : 0528
 Folio # : 60877
 Cashier # : 253
 Page # : 1 of 1

Margaret Plain

Arrival : 04-23-07
 Departure : 04-24-07
 Fairmont President's Club

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

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

Date	Description	Additional Information	Charges	Credits
04-23-07	Room Charge		165.00	
04-23-07	Room - DMF		1.65	
04-23-07	Room - AB Tourism Levy		6.67	
04-23-07	Room - GST	s.17(1), 17(4)(e.1)	10.00	
04-24-07	Visa	XX/XX		183.32
Total			183.32	183.32
Balance Due			0.00	

GST Summary

Room	10.00
F&B	0.00
Other	0.00
Total	10.00

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:
 États-Unis ou 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. (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (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. (18.00% 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 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ 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



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
MAY 1	UAAH REACH					35.7
MAY 4	FINANCE CALL-IN FROM READER					
MAY 9	CH + CARITAS					37.2
MAY 15	POLICY					35.7
MAY 16	CH LONG SERVICE + REACH - ITALIAN C. CENTRE					18
MAY 17	PLANNING RETIREMENT 00					35.7
MAY 23	S.D.P. & FINANCE					35.7
MAY 24	CONSORTIUM (GREY NUNS)					70.2
MAY 26	CH + CHC CONSULTATION					32.0
MAY 28	CHC - ST. AUGUSTINE					8
MAY 29	SAFETY CONF - WESTIN					36.8
MAY 30	" " "					42.0
MAY 31	CH BOARD					
MAY 31	PLANNING RETIREMENT 00					35.7

I certify that this claim is for Capital Health business.

NAME (print): MARGARET PLAIN

SIGNATURE: [Signature]

DATE: June 1/07

Reviewed by: _____

Authorized By: [Signature]

TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000

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

TOTAL CLAIM \$

	380.7
TOTAL KMS	380.7
transfer to back	
	422.7
	209.98

Non-Responsive
Date: _____

Date: June 8/07

Handwritten notes: HON, MISC(209.98), 07/08, June 12/07, [Signature]

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MAY 29	PARKING	\$ 12.00
MAY 30	PARKING	12.00
		24.00

TOTAL KMS (from front) _____ ⁴⁴²X 43¢

TOTAL EXPENSES
(transfer to front)

185.98
\$ 209.98

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

MEMBER

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

MILEAGE

43¢ km

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Receipt# 21834
05/29/07 16:34 LH 2 AM 37 TKN# 69857
05/29/07 07:22 In 05/29/07 16:34 Out
TKN# 711796

Regular Rate	\$	11.32
Total Tax	\$	0.68
Total Fee	\$	12.00
CASH PAID	\$	12.00
Cash Tender	\$	20.00
Change Due	\$	8.00

THANK YOU
COME AGAIN

Receipt# 6580
05/30/07 15:43 LH 1 AM 12 TKN# 69857
05/30/07 07:51 In 05/30/07 15:43 Out
TKN# 712187

Regular Rate	\$	11.32
Total Tax	\$	0.68
Total Fee	\$	12.00
CASH PAID	\$	12.00
Cash Tender	\$	22.00
Change Due	\$	10.00

THANK YOU
COME AGAIN

June 07



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

HONORARIA

DATE	ACTIVITY (Specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 1	Policy					35.7
June 4	Eastwood					37.0
June 5	Sp. SP&P					35.7
June 6	Royal Glenora Municip. Bd. Mtg.					37.0
" "	Gairmont Hotel Retirement Party					37.2
June 7	Accreditation REACT - Rehoboth Club					35.7
" "	CHC Dinner					32.0
June 8	SGHF help team dinner					35.7
June 12	Phys. Liaison School Bd. RAA					37.2
June 19	Caritas AGM					37.2
June 20	SP&P					8
June 21	SGHF AGM					8
June 25	CHC meeting					35.7
June 26	Capital Projects					35.7
June 27	Board & SP&P					35.7

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

NAME (print): MARGARET PLANT

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

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

DATE: June 27/07

TOTAL CLAIM

\$	444.80
\$	212.69
\$	207.41
\$	444.80

TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: _____

Date: _____

revised: May 1, 2006

Handwritten notes: HON MS(207.41) 07/4/07

Handwritten note: I also attended the school board meeting of Commune... 107...

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
06/19/07	Parking RAA	\$ 4.50
06/19/07	Parking - Kelowna	7.50
		11.70

TOTAL KMS (from front) ^{0.44} ~~456.8~~ X 43¢
 444.80
 TOTAL EXPENSES
 (transfer to front)

~~196.42~~ ~~200.99~~ 196.71
~~208.12~~ 212.69
 207.41

REMUNERATION - effective April 1, 2006

CHAIRMAN
\$181 for up to and including four hours in any day
\$309 for over four hours and up to and including eight hours in any day
\$492 for over eight hours in any day
MEMBER
\$135 for up to and including four hours in any day
\$224 for over four hours and up to and including eight hours in any day
\$350 for over eight hours in any day
MILEAGE
43¢ km

The Manx is walk #108 also. no charge. 5014

CITY 0
LICENS
65T # 11

REP# 25029
06/19/07 13:55
06/19/07 11:26.1
TK# 718530
Regular Rate \$
Total Tax \$
Total Fee \$
CASH PAID \$
Cash Tender \$
Change Due \$

TK#
CASH

RECEIPT
7.50
NOT
COMPLETE

CAPITAL HEALTH
ROYAL ALEXANDRA PUBLIC PARKING

REP# 61935
06/19/07 11:06
06/19/07 09:47 In 06/19/07 11:06 Out
TK# 859107
Daily Rate \$ 4.20
Total Fee \$ 4.20
CASH PAID \$ 4.20
Cash Tender \$ 5.00
Change Due \$ 0.80

JULY 2007 APPLICANT COPY

Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JULY 16	MEETING WITH NEW					36.7
JULY 17	SPM BOARD					35.7
JULY 18	POLICY TP					35.7
						0

I certify that this claim is for Capital Health business.

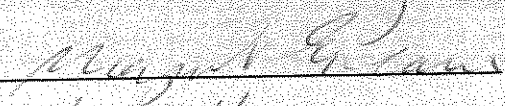
Non-Responsive

TOTAL HONORARIA \$ **TOTAL KMS** 107.1
Code: 201 9000 7110300000 6850000 transfer to back

TOTAL EXPENSES \$ 46.05
(from reverse)
Code: 201 9000 7110300000

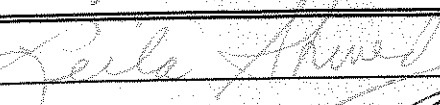
TOTAL CLAIM \$


NAME (print): MARGARET PLAIN

SIGNATURE: 

DATE: Sept 6/07

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

Reviewed by:  Non-Responsive
Date: Sept 6/07

Authorized By:  HON
MIS 46.05-
0719
Date: _____
Sept 14/07
SS

revised: May 1, 2006

110

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 107.1 X 43¢

4605

TOTAL EXPENSES
(transfer to front)

\$ 4605

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

MEMBER

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

MILEAGE

43¢ km

Sept

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Sept 7	Policy / Resp. meeting					35.7
Sept 12	Policy T.F.					35.7
Sept 19	SPR.					35.7
Sept 24	Finance Workshop CHC					8
Sept 25	EHR - ^{Home} GIS Workshop					35.7
Sept 26	Int. work. Retirement at work / ^{front} bank					64.10
Sept 27	Constitution					35.7
Sept 27	SCHE Plan					8
Sept 29	CHC Council					32.

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): MARGARET E. PLAIN

SIGNATURE: [Signature]

DATE: Oct 5/07

TOTAL HONORARIA

Cod: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM

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

\$	
\$	133.50
\$	

310.5
TOTAL KMS
transfer to back

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive
Date: Oct 11/07

Date: _____

HON
MIS 133.50-
Oct 12/07
0721 92

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 310.5 X 43¢ = 133.5

TOTAL EXPENSES \$
(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN	
\$181	for up to and including four hours in any day
\$309	for over four hours and up to and including eight hours in any day
\$492	for over eight hours in any day
MEMBER	
\$135	for up to and including four hours in any day
\$224	for over four hours and up to and including eight hours in any day
\$350	for over eight hours in any day
MILEAGE	
43¢	km

P.2 OCT 15 - 31/07

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
OCT 17	S P A P REACH AWARDS					37.2
OCT 19	POLICY T.F.					35.7
OCT 23	S C A F + C H C LECTURE					8
OCT 25	CONSORTIUM					36.
OCT 26	STRATHCONA COM. HQSD GROUND BREAKING					63.1
OCT 29	S P E C. S A P					35.7
OCT 30	STOLLERY TOUR					35.1

Non-Responsive

certify that this claim is for Capital Health business.

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 71110300000

\$ 126.57
54.78
56.06

251.3
TOTAL KMS
transfer to back

NAME (print): MARGARET PEARD

SIGNATURE: [Signature]

DATE: Oct 31/07

Capital Health Payroll

TOTAL CLAIM

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

Non-Responsive

Reviewed by: _____

NOV 14 2007

Date: _____

Authorized By: W. Knudde Issued Manual Cheque Nov 15/07 Date: 09/11/07

Non-Responsive #

RECEIVED

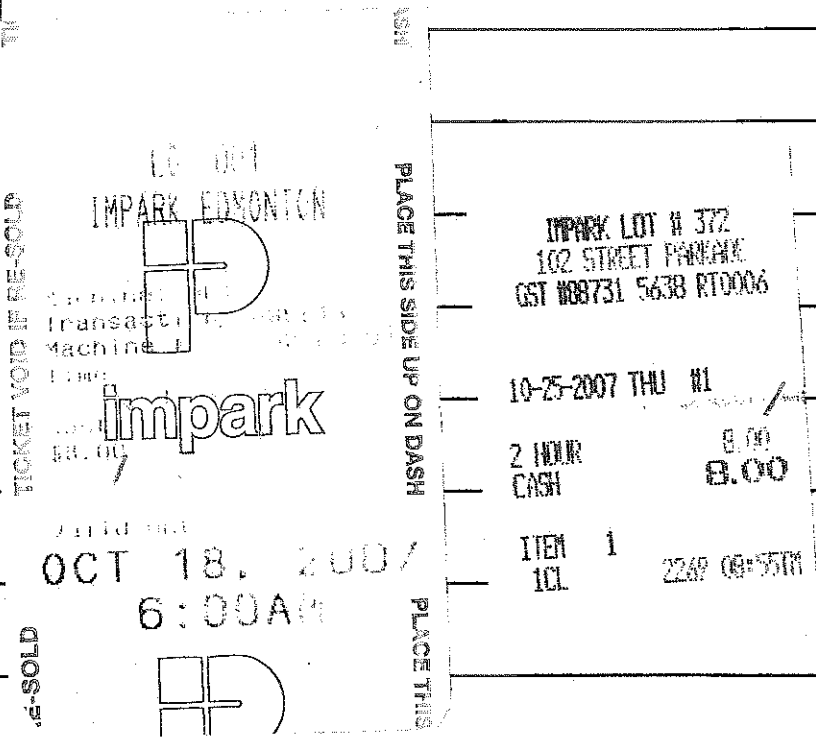
revised: Oct 19, 2007

#(182.63)/115

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
OCT. 18	PARKING	\$ 8.00 /
OCT. 25	PARKING	8.00 /



TOTAL KMS (from front) 2513 X 44¢

110.57

TOTAL EXPENSES
(transfer to front)

\$ 126.57

REMUNERATION - effective October 15, 2007

<p>CHAIRMAN \$200 for up to and including four hours in any day \$350 for over four hours and up to and including eight hours in any day \$550 for over eight hours in any day</p> <p>MEMBER \$150 for up to and including four hours in any day \$265 for over four hours and up to and including eight hours in any day \$390 for over eight hours in any day</p> <p>MILEAGE 44¢ km</p>



Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
OCT 1	STELMACK/MANDEL Roast					20.
OCT 5	GREETINGS at Public Acq					34.
OCT 10	PERFORMANCE T. F					35.7
OCT 12	" " " "					35.7

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000

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

127.4

TOTAL KMS
 transfer to back

56.06
~~34.78~~

TOTAL CLAIM \$

NAME (print): MARGARET P. LEWIS

SIGNATURE: [Signature]

DATE: Oct 30/07

Capital Health
 Payroll

NOV 14 2007

RECEIVED

Reviewed by: _____

Authorized By: [Signature]

Non-Responsive

Date: _____

Date: 09/11/07

TAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 1274 X 43c

TOTAL EXPENSES
(transfer to front)

56.06
~~144.78~~
\$ 34.78 56.06

REMUNERATION - effective April 1, 2006

CHAIRMAN \$181 for up to and including four hours in any day \$309 for over four hours and up to and including eight hours in any day \$492 for over eight hours in any day
MEMBER \$135 for up to and including four hours in any day \$224 for over four hours and up to and including eight hours in any day \$350 for over eight hours in any day
MILEAGE 43¢ km

APPLICANT COPY



Nov. 2007
Capital Health
 EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive **HONORARIA**

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Nov. 1	SCIT Edu					8
Nov. 7						36.8
Nov. 9	Spec AP&P CH + BOARDS					35.7 36.8
Nov. 15	SCHF					30.
Nov. 21	Northwest College ^{Fund Raising} Mill Woods CHC					36.8 68.00
Nov. 22	Consortium					36.00
Nov. 23	AP&P					35.7
Nov. 25	SCHF Fundraiser Board Mtg.					6 35.7
Nov. 26	CHC					
Nov. 28	Festival of Trees CH + AMA					36.8 36.8
Nov. 29	Honoring Bory Murr					35.
Nov. 30	Finance					35.7
						459.4

I certify that this claim is for Capital Health business.

NAME (print): MARGARET PLAIN
 SIGNATURE: [Signature]
 DATE: Nov 30/07

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

TOTAL CLAIM
 \$ 224.13
TOTAL KMS
 transfer to back
 Dec 4/07
 LH.

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

How
 MIS 224.13 -
 118 0725
 Dec 9/07
 am

Non-Responsive
 Date: Dec 4/07
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Nov 7	Parking	\$ 4.50 /
Nov 21	"	6.00 /
Nov 22	"	6.50 /
Nov 28	"	3.00 /
Nov 29	"	2.00 /
		22.00

TOTAL KMS (from front) 459.4 X 44¢

202.13

TOTAL EXPENSES

\$ 224.13

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

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

MEMBER

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

MILEAGE

44¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 42825
11/07/07 22:33 L# 2 AN 28 Txn#140890
11/07/07 17:33 In 11/07/07 22:33 Out
Tkt# 755419
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50-
Cash Tender \$ 20.00
Change Due \$ 15.50

Rcpt# 44938
11/21/07 09:15 L# 2 AN 36 Txn#147356
11/21/07 07:18 In 11/21/07 09:15 Out
Tkt# 759641
Regular Rate \$ 5.66
Total Tax \$ 0.34
Total Fee \$ 6.00
CASH PAID \$ 6.00-
Cash Tender \$ 6.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN



Nov. 28/07

No. 0292

LIBRARY PARKADE

Official Receipt
G.S.T.# 119326270 RT0001

Amount: **\$ 3.00**
Evening Parking

Thank you for your patronage

751 8097

DISPLAY FACE UP ON DASH

Imperial Parking 780-420-1976
Lot 002-65
GST #88731 5638 RT0001
Machine Serial #:00005071066

EXPIRY DATE AND TIME

EXP 06:00pm
NOV 22,2007

TICKET# **00046501** LOT# **00020065**

C \$0006.50 MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Early Bird \$6.50
Pay from your cell phone.
423-1922 Location 9614.
goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH

EXPIRY DATE AND TIME
E: 06:00pm
N: 22,2007
L: # 00020065
M: # 001
T: # 00046501
C: \$0006.50
N: 22,2007
O: 3am
P: chase Tim

DISPLAY FACE UP ON DASH

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #887315638RT0001

072462

impark
your parking authority

07 2462

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

RED



Nov. 2007
Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM
 EDMONTON AREA Non-Responsive

Capital Health Payroll
 DEC 2007 CLAIM
 RECEIVED

DATE	ACTIVITY (specify meeting)
Nov. 1	SCHE Edm
Nov. 7	
Nov. 9	Super AP&P CH + BORROS
Nov. 15	SCHE Norquest College Fund Raising
Nov. 21	Mill Woods CH
Nov. 25	Consortium
Nov. 23	AP&P
Nov. 25	SCHE Fundraiser Board Mtg.
Nov. 26	CHC
Nov. 28	Festival of Trees CH + AMA
Nov. 29	Honoring Peggy Mus
Nov. 30	Finance

AMOUNT CLAIMED	KMS
	8
36.8	
35.7	
36.8	
30.	
36.7	
68.00	
36.00	
35.7	
6.	
35.7	
36.8	
30.00	
35.	
35.7	
459.4	

certify that this claim is for Capital Health business.

AME (print): MARLENE PLAIN

SIGNATURE: [Signature]

DATE: Nov 30/07

Reviewed by: [Signature] 121

TOTAL HONORARIA Non-Responsive
 Code: 201 9000 7110300000 66800000
 TOTAL EXPENSES (from reverse)
 Code: 201 9000 7110300000
 TOTAL CLAIM \$ 224.13
 Non-Responsive
 Date: Dec 4/07
 Date: _____
 TOTAL KMS transfer to back
Dec 4/07
LH.

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

Capital Health
Payroll
DEC 04 2007
APPROVED

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Nov 7	Parking	\$ 4.50
Nov 21	"	6.00
Nov 22	"	6.50
Nov 28	"	3.00
Nov 29	"	2.00
		22.00

TOTAL KMS (from front) 459.4 X 44¢

TOTAL EXPENSES

(transfer to front)

202.13
\$ 224.13

REMUNERATION - effective October 18, 2007

CHAIRMAN

- \$200 for up to and including four hours in any day
- \$360 for over four hours and up to and including eight hours in any day
- \$550 for over eight hours in any day

MEMBER

- \$150 for up to and including four hours in any day
- \$285 for over four hours and up to and including eight hours in any day
- \$390 for over eight hours in any day

MILEAGE

44¢ km

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

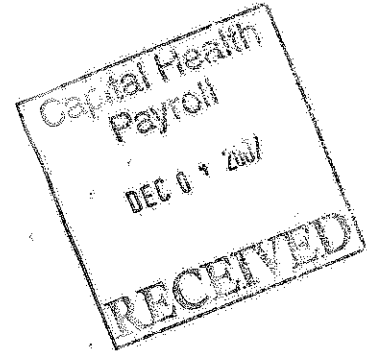
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 42825
11/07/07 22:33 LH 2 AH 2B Txn#140890
11/07/07 17:33 In 11/07/07 22:33 Out
Tkt# 755419
Regular Rate \$ 4.25
Total Tax \$ 0.25
Total Fee \$ 4.50
CASH PAID \$ 4.50-
Cash Tender \$ 20.00
Change Due \$ 15.50

Rcpt# 44938
11/21/07 09:15 LH 2 AH 36 Txn#167396
11/21/07 07:18 In 11/21/07 09:15 Out
Tkt# 759841
Regular Rate \$ 5.66
Total Tax \$ 0.34
Total Fee \$ 6.00
CASH PAID \$ 6.00-
Cash Tender \$ 6.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

THANK YOU
COME AGAIN



Edmonton *Nov. 28/07* No. 0292

LIBRARY PARKADE

Official Receipt
G.S.T. # 119326270 RT0001

Amount: **\$ 3.00**
Evening Parking

751 8097

Thank you for your patronage

impark
your parking authority

072462

DETACH RECEIPT
TICKET PRICE INCLUDES GST REG: #88731638RT0001

072462

**FACE UP
ON DASH**

WARNING - YOUR RISK
SEE BACK

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking 780-420-1976
Lot 002-65
GST #88731 5638 RT0001
Machine Serial #:000005071066

EXPIRY DATE AND TIME EXP 06:00pm
NOV 22,2007

EXP 06:00pm
NOV 22,2007

TICKET# LOT#
00046501 00020065

C \$0006.60 MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED Pl. Chase Tim

Early Bird \$6.50
Pay from your cell phone.
423-1922 Location 8614.
Go to www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

Dec /07

APPLICANT COPY



Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 4	Policy					35.7
Dec 7	Prov. Tech. Sec RAH Jour					38.00
Dec 10	Snowflake Gala					37.2
Dec 11	1111 National Forum					36.7
Dec 12	SPSP					36.7
Dec 17	CHC St. Albert					10.
Dec 18	Prof. Meas. T.F.					35.7

Non-Responsive

I certify that this claim is for Capital Health business.

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

\$

228.
TOTAL KMS
transfer to back

NAME (print): MARGARET PLAIN

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

\$

103.32

SIGNATURE: Margaret Plain

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

TOTAL CLAIM

DATE: Dec 18/07

Non-Responsive
Date: Dec 18/07

Reviewed by: Sheila Shovel

HON

Authorized By: [Signature]

MIS 103.32 -

Date:

0726
Dec 31/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Dec 10	Parking	\$ 3.00

Dec 10
 Parking
 Receipt
 \$3.00
 Missing

TOTAL KMS (from front) 228 X 44¢

100.32

TOTAL EXPENSES

\$ 103.32

(transfer to front)

REMUNERATION - effective October 15, 2007

<p>CHAIRMAN \$200 for up to and including four hours in any day \$350 for over four hours and up to and including eight hours in any day \$550 for over eight hours in any day</p> <p>MEMBER \$150 for up to and including four hours in any day \$265 for over four hours and up to and including eight hours in any day \$390 for over eight hours in any day</p> <p>MILEAGE 44¢ km</p>	<p>125</p>
---	------------

Jan. 2008

APPLICANT COPY



Capital Health
EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan 9	Dialysis Bus					33.
Jan 17	Conference Call					—
Jan 19	SCH Foundation					8
Jan 21	Conference Call Phys. Liaison					35.7
Jan 23	SP9 P					35.7
Jan 24	Consortium SGH Foundation					39.2 8
Jan 28	St. A Community H.C.					8
Jan 30	CHC at FCSS					8
	Non-Responsive					

Non-Responsive

I certify that this claim is for Capital Health business.

NAME (print): MICHELLE ROY PLAIN

SIGNATURE: [Signature]

DATE: Feb. 4/08

TOTAL HONORARIA
Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
(from reverse)
Code: 201 9000 711103000000

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

\$	
\$	85.261
\$	

175.6

TOTAL KMS
transfer to back

LLH
Feb 7/08

Reviewed by: [Signature]

Authorized By: [Signature]

HON
MISC (85.267)

Date: Feb 8/08

Date: Feb. 14/08

Feb 108



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Feb 6	Rural Women's Conf. SP+P					68.
Feb 7	People & Progress					46.
Feb 8	People & Progress					34.
Feb 9	SCA Foundation Gala					37.0
Feb 12	Safe needle Resp. Primary Care Conf.					46. 34
Feb 13	Primary ^{care} Conf.					36.8
Feb 14	Primary Care Conf.					36.8
Feb 19	Recall Pharm. Receipt. SP+P					35.7
Feb 20	Millwoods CHC					35.7 70.0
Feb 26	Conference (Westin)					36.8
Feb 27	Conference & Board Luncheon					35.7 36.8
Feb 28	SCHF.					35.7 8.0

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

599.0

TOTAL KMS
transfer to back

328.56 ✓

NAME (print): MARGARET PLAIN

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

DATE: Feb 29/08

Reviewed by: [Signature]

HON

Authorized By: [Signature]

MISC <328.56>

Non-Responsive Date: March 4/08

Date: [Signature]

0805

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Feb 9	Parking	\$ 4.00 /
12	"	5.00 /
13	"	14.00 /
14	"	14.00 /
26	"	14.00 /
27	"	14.00 /
	68.000 +	
	46.000 +	
	34.000 +	
	37.000 +	
	46.000 +	
	36.800 +	
	36.800 +	
	35.700 +	
	35.700 +	
	70.000 +	
	36.800 +	
	35.700 +	
	36.800 +	
	35.700 +	
	8.000 +	
	599.000 *	
	599.000 x	
	0.44 =	
	263.560 *	
		65.00

TOTAL KMS (from front) 599. X 44¢ = 263.56

263.56

TOTAL EXPENSES

\$328.56

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

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

MEMBER

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

MILEAGE

44¢ km

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 57148
02/26/08 14:40 LH 2 AM 37 Txn#183615
02/26/08 07:00 In 02/26/08 16:42 Out
TKT# 791323
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 56094
02/13/08 17:35 LH 2 AM 12 Txn#183315
02/13/08 07:35 In 02/13/08 17:55 Out
TKT# 786284
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

beta
IMPERIAL PARKING
PHONE 420-1976

EVENING PARKER

Meter : 101 6

Trans: 00001940

Time: 7:00P FEB 09

Price: \$ 4.00

Expires:

6:00AM SUN
FEB 10 08

INSTRUCTIONS ON BACK
GST NO. 887315638RT0001

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 56309
02/14/08 14:37 LH 2 AM 37 Txn#183797
02/14/08 07:23 In 02/14/08 14:37 Out
TKT# 78401
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 783
02/12/08 20:49 LH 3 AM 41 Txn# 10445
02/12/08 17:46 In 02/12/08 20:49 Out
TKT# 786032
Regular Rate \$ 4.75
Total Tax \$ 0.24
Total Fee \$ 5.00
CASH PAID \$ 5.00
Cash Tender \$ 20.00
Change Due \$ 15.00

THANK YOU
COME AGAIN

Best Copy Possible

Rcpt# 57620
02/27/08 15:07 LH 3 AM 37 Txn#183915
02/27/08 07:25 In 02/27/08 15:07 Out
TKT# 79030
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN



MAY / 2008

Keyed PA0811

Non-Responsive HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
MAY 1/08	OFFICIAL OPENING					35.7
						35.7
MAY 7/	M.C. FOR MICHELE FAREWELL					38
MAY 13/	REACH / LONG SERVICE					72
						181.40

I certify that this claim is for Capital Health business.

NAME (print): MARGARET PLAIN

SIGNATURE: [Signature]

DATE: May 21/08

Non-Responsive

TOTAL HONORARIA \$

TOTAL EXPENSES \$

Code: 201 9000 71110300000

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

116.4
TOTAL KMS
transfer to back

79.82-
51.22

May 23/08

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive Date: May 21/08

Date: _____

HON -
MIS - 2354.707
TAX -

APPLICANT COPY
CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) ^{181.40} ~~116.4~~ X 44¢

^{79.82}
51.22

TOTAL EXPENSES
(transfer to front)

\$

REMUNERATION - effective April 1, 2008

CHAIRMAN
\$210 for up to and including four hours in any day
\$367 for over four hours and up to and including eight hours in any day
\$576 for over eight hours in any day
MEMBER
\$157 for up to and including four hours in any day
\$278 for over four hours and up to and including eight hours in any day
\$3409 for over eight hours in any day
MILEAGE
44¢ km



HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
APRIL 4	CONF CALL PCN OFFICE OPENING					27.0
APR. 14	HBA CONF					36.8
APR 15	HBA CONF					36.8
APR 16	HBA CONF					36.8
APR 16	FILIPINO RECEPTION POLICY T.F					34.0
APR 17	PCN OPEN HOUSE					35.7
						8.
						0
APR 22	CH RETREAT					25.0
APR 23	CH RETREAT / ASRE T.F					25.0
APR 24	CONSORTIUM REACH / LONG SERVICE SCH FOUNDATION					35.7
						32.0
						8
APR. 28	MAZ - TOUR					35.7
	PCN OPEN-MORNING					40.0
APR 29	FINANCE					35.7
	SALP					35.7
APR 30	SPONSOR THANKS					30.0

57.9

TOTAL KMS
transfer to back

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

NAME (print): MARGARET PLAIN

SIGNATURE: Margaret Plain

DATE: Apr 30/08

✓ 274.88

LH
May 15, 2008

Reviewed by: Lesla Shue

Authorized By: Cady Knittel

Non-Responsive

Date: May 2/08

Date: 13/05/08

APPLICANT COPY
CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
APR 4	Parking	\$ 2.00 X
" 14	"	17.00 ✓
15	"	14.00 X
16	"	14.00 X
		47.00 ✓

TOTAL KMS (from front) 517.9 X 44¢

✓ 227.98 ✓

TOTAL EXPENSES
(transfer to front)

\$ 274.98 ✓

REMUNERATION - effective April 1, 2008

CHAIRMAN

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

MEMBER

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

MILEAGE

44¢ km

APPLICANT COPY

RECEIPT

Setting: Mira Health \$2.00
Mach Name: Luke 2 Cash

EXPIRATION DATE/TIME

Exp 12:32pm
APR 04, 2008

Exp 12:32p

APR04, 2008

T#00016177

S/N#100008

031313

Ticket #: 00016177
FOLLOW INSTRUCTIONS ON SIGNS

\$2.00 Cash

Hourly

Total Due \$2.00 /

Total Paid \$2.00

Purchased

APR04, 2008

10:32a

FACE UP ON DASH DISPLAY FACE UP

FACE UP ON DASH DISPLAY FACE UP

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 64376
04/14/08 20:31 L# 2 A# 27 Txn#210069
04/14/08 07:13 In 04/14/08 20:31 Out
Tkt# 805173
Regular Rate \$ 16.19
Total Tax \$ 0.81
Total Fee \$ 17.00
CASH PAID \$ 17.00
Cash Tender \$ 20.00
Change Due \$ 3.00

THANK YOU
COME AGAIN

Rcpt# 64542
04/15/08 16:37 L# 2 A# 12 Txn#210394
04/15/08 07:23 In 04/15/08 16:37 Out
Tkt# 805501
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN

Rcpt# 64658
04/16/08 12:43 L# 2 A# 41 Txn#210679
04/16/08 07:21 In 04/16/08 12:43 Out
Tkt# 805657
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
CASH PAID \$ 14.00
Cash Tender \$ 20.00
Change Due \$ 6.00

THANK YOU
COME AGAIN