

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
March 2004						
MAR 5	SPPC				\$	30
MAR 9	SPPC - Special					30
MAR 10	MLA Reception					38
MAR 11	ACB Conference					36
MAR 12	ACB Conference					36
MAR 15	PHAA Conference					34
MAR 16	Policy Forum PHAA Eus + Central Dinner					34 30
MAR 19	Audit + Finance					30
MAR 25	CARITAS Foundation					36
MAR 24	Public Board					38
MAR 30	Rotary Breakfast Capital Fdy Announce.					42
MAR 31	Dinner Aspen RHA					30

I certify that this claim is for Authority business.

NAME (print): Karen Polowick  
 SIGNATURE: [Signature]  
 DATE: March 31/04

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

	444.00
<b>TOTAL HONORARIA</b>	\$
<b>TOTAL EXPENSES</b>	\$ 242.58
<b>TOTAL CLAIM</b>	\$

TOTAL KMS transfer to back

Reviewed by: [Signature]  
 Authorized By: [Signature]  
 Issued: March 2004

HON  
 MIS 24258  
 1 OACB  
 06APR04

Non-Responsive  
 Date: Apr 1/04  
 Date: \_\_\_\_\_

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MAR 04	FAX line	\$ 23.86
MAR 11	Parking	4.50
MAR 12	Parking	10.00
MAR 15	Parking	14.00
MAR 16	Parking	12.00
MAR 24	Parking	2.00
MAR 30	Parking	7.50
		13.86

TOTAL KMS (from front) 444 X 38¢ 168.72

TOTAL EXPENSES \$ 242.58

(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

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT001

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT001

Receipt 46225  
03/15/04 08:46 LA 2 AM 37 Trn#1709E3  
03/15/04 08:46 In 03/15/04 08:46 Out  
Tkt# 901729  
Regular Rate \$ 7.00  
Total Tax \$ 0.49  
Total Fee \$ 7.50  
CASH PAID \$ 7.50  
Cash Tender \$ 7.50  
Change Due \$ 0.00  
THANK YOU  
COME AGAIN

Receipt 46225  
03/15/04 21:26 LA 2 AM 12 Trn#1709E3  
03/15/04 07:34 In 03/15/04 21:26 Out  
Tkt# 901729  
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

THANK YOU FOR PARKING  
MACDONALD ESTATES  
GST INCLUDED

04MAR11 14:17 001 002  
04MAR11 13:07 01  
/ 1:10 N0082B1  
=010010BB  
RATE 1 \$4.50  
TOTAL \$4.50  
CASH \$4.50

FOR MONTHLY PARKING  
PHONE 4201976

DETACH RECEIPT FROM TICKET  
DATE ISSUED TIME ISSUED AMOUNT PAID

24/03/04 02:54 PM \$ 2.00  
CREDIT CARD NUMBER

RECEIPT 0281386

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 P0001

Receipt 16045  
03/16/04 16:42 LA 1 AM 12 Trn#12150K  
03/16/04 07:13 In 03/16/04 16:42 Out  
Tkt# 902138  
Regular Rate \$ 11.21  
Total Tax \$ 0.79  
Total Fee \$ 12.00  
CASH PAID \$ 12.00  
Cash Tender \$ 12.00  
Change Due \$ 0.00

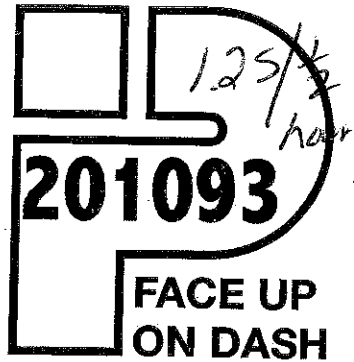
THANK YOU  
COME AGAIN

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE  
24/03 03:42 PM  
EXPIRATION TIME  
\$ 2.00 15410000 02:54 PM  
AMOUNT PAID

NOT TRANSFERABLE 0281386

Imperial Parking Canada Corporation



WARNING - YOUR RISK  
SEE BACK

**201093**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Imperial Parking Canada Corporation



WARNING - YOUR RISK  
SEE BACK

**201092**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R102466000

RED

Imperial Parking Canada Corporation



WARNING - YOUR RISK  
SEE BACK

**201091**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

Imperial Parking Canada Corporation



**201090**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R1024

Imperial Parking Canada Corporation **APPLICANT COPY**



WARNING - YOUR RISK  
SEE BACK

**200944**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

Imperial Parking Canada Corporation



WARNING - YOUR RISK  
SEE BACK

**200943**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Imperial Parking Canada Corporation



WARNING - YOUR RISK  
SEE BACK

**200942**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R102466000

RED

Imperial Parking Canada Corporation



**200941**  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #R102



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 2004 MAY 6/04	SPPC					30
Apr	CARITAS Foundation					38
Apr MAY 16/04	Communication/ Mail/office					30
Apr MAY 19	Veteran's Centre Opening					60
Apr MAY 20	CARITAS Foundation					10
Apr MAY 21	Participant Council					38
Apr MAY 24	Aboriginal Fund Mtg					30
Apr MAY 28	Audit + Finance					30
	NO College Announcement					32
	Long Service Awards					30
Apr MAY 29	Net Care launch					30
	CHC Meeting					
Apr MAY 30	SPPC					50

I certify that this claim is for Authority business.

NAME (print): Karen Powowick  
 SIGNATURE: [Signature]  
 DATE: May 21/04

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**

\$ 408  
 TOTAL KMS transfer to back  
 \$ 198.40  
 \$ [Signature]

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

HON  
 MIS 19840-  
 0411  
 13MAY04

Non-Responsive  
 Date: May 6/04  
 Date: \_\_\_\_\_



APPLICANT COPY

04APR26 13:44 001 001  
04APR26 09:33 01  
/ 4.11 #021300

THANK YOU FOR PARKING  
MACDONALD ESTATES  
GST INCLUDED

04APR26 13:44 001 001  
04APR26 09:33 01  
/ 4.11 #021300  
=01013280  
RATE 1 \$13.00  
TOTAL \$13.00  
CASH \$13.00

FOR MONTHLY PARKING  
PHONE 4201976



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 + June 2004	May 6/04 Alberta Hosp Foundation Mtg					30
MAY 11	CARITAS Foundation Physician Liaison					30
MAY 14	SAPC mtg					30
MAY 18	CHE/CHA mtg					38
	RAH Night of Laughs					36
MAY 18	REACH awards Public Health					36
MAY 20	Sustainability Comm.					30
MAY 12	REACH Awards Primary Care					36
June 2	Reach Awards UofA					30
June 3	Heart Health mtg PHAA - mtg Policy					38

Non-Responsive

I certify that this claim is for Authority business.

NAME (print): Karen Perowick  
 SIGNATURE: [Signature]  
 DATE: June 7, 2004

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

**TOTAL EXPENSES** \$ 158.28  
 (from reverse)  
 Code: 201 9000 7110300000

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

334  
**TOTAL KMS**  
 transfer to back

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

NON [Redacted] Non-Responsive  
 Date: June 9/04  
 MIS 158.28  
 CA13  
 14 JUN 04





APPLICANT COPY

THANK YOU FOR PARKING  
MACDONALD ESTATES  
GST INCLUDED

04JUN03 17:13 001 002  
04JUN03 15:02 01  
/ 2:11 #033079  
=01009347  
RATE 1 \$7.50  
TOTAL \$7.50  
CASH \$7.50

FOR MONTHLY PARKING  
PHONE 4201976



APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
June 2004		\$
	FAX Line	23.86

TOTAL KMS (from front) 98 X 38¢ 37.24

TOTAL EXPENSES \$ 101.10  
(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

12









APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 2004					\$	
July 7/04	Mail/CH Office					30
July 9/04	Mail/Office CH.					30
July 16	Mtg Bob Turner - Charter					30
	Mtg Neil Wilkinson					34
July 21	RAT Klondike Breakfast					
	Office/mail CH					46
	Mtg L. Shwed / m. Bain					
July 22	Glenrose Klondike Breakfast					38
July 23	Office/mail CH.					30
July 28	Plaza 24 Klondike Breakfast					48
	Mail office CH.					286

I certify that *Signed original to follow* ss. Non-Responsive

NAME (print) Donnatt

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

DATE: July 28/04

<b>TOTAL HONORARIA</b> Code: 201 9000 7110300000 6850000	\$ <u>332</u> <b>TOTAL KMS</b> transfer to back
<b>TOTAL EXPENSES</b> (from reverse) Code: 201 9000 7110300000	\$ <u>132.54</u> <u>150.02</u> <u>87</u>
<b>TOTAL CLAIM</b>	\$

Reviewed by: [Signature] Non-Responsive Date: July 28/04

Authorized By: [Signature] Date: \_\_\_\_\_

15  
 HON  
 MIS 132.54  
 0417  
 03 30 JUL 04





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

Organization Level:

Charges for

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

**Charges for**

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

POLOWICK

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

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)**  
 (from Jul 19 to Aug 18)

49.71

1 Vista 350 & 100 Tel Set Pkg Rental	\$12.95
1 Call Display	7.95
1 Residence Line Touchtone	23.86
1 Personal Voice Mail Simple	4.95
<b>Total charges for monthly local services</b>	<b>\$49.71</b>

*FAT*

**Additional Charges and Credits**

.58

E9-1-1 Municipal Call Answer Fee Jul 19	\$ .44
E9-1-1 Provincial Network Fee Jul 19	.14
<b>Total additional charges and credits</b>	<b>\$ .58</b>

**Directory Assistance**

.75

**Directory Assistance**

Date and time of call	Place and number you requested	Amount (\$)
-----------------------	--------------------------------	-------------

Operator assisted - dial rate

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

1 Tue Jul 06 08:53 pm DIR ASST	.75
--------------------------------	-----

**Total Directory Assistance**

**\$ .75**

**Long Distance Charges**

**38.50**

Long Distance Administration Fee Jul 19

3.95



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 2004					\$	
July 7/04	Mail/CH Office					30
July 9/04	Mail/Office CH.					30
July 16	Mtg Bob Turner - Charles					30
	Mtg Neil Wilkinson					34
July 21						
	Office / Mail CH					46
July 22	Glenrose Klondike Breakfast					38
July 23	Office / Mail CH.					30
July 28	Plaza 24 Klondike Breakfast					48
	Mail / office CH.					286
						<del>332</del>

I certify that this claim is for Authority business.

NAME (print): Karen Polowick

SIGNATURE: [Signature]

DATE: July 28/04

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

\$	[Redacted]	TOTAL KMS	<del>332</del>
\$	132.54	transfer to back	
\$	150.02		
\$	87		
\$	[Redacted]		

Non-Responsive

Date: July 28/04

Date: \_\_\_\_\_





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

Organization Level:

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

**Charges for** s.17(1), 17(4)(g)(i)  
 POLOWICK

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

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)** **49.71**  
 (from Jul 19 to Aug 18)

1 Vista 350 & 100 Tel Set Pkg Rental	\$12.95
1 Call Display	7.95
1 Residence Line Touchtone	23.86
1 Personal Voice Mail Simple	4.95
<b>Total charges for monthly local services</b>	<b>\$49.71</b>

*FAT*

**Additional Charges and Credits** **.58**

E9-1-1 Municipal Call Answer Fee Jul 19	\$.44
E9-1-1 Provincial Network Fee Jul 19	.14
<b>Total additional charges and credits</b>	<b>\$.58</b>

**Directory Assistance** **.75**

**Directory Assistance**

**Date and time of call**      **Place and number you requested**      **Amount (\$)**

Operator assisted - dial rate s.17(1), 17(4)(g)(i)

1 Tue Jul 06 08:53 pm DIR ASST	.75
--------------------------------	-----

**Total Directory Assistance** **\$.75**

**Long Distance Charges** **38.50**

Long Distance Administration Fee Jul 19	3.95
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APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
August 2004		\$
Aug 4/04	Accreditation Mtg. - Small group	
Aug	FAX Line	23.86.

TOTAL KMS (from front) 70 X 38¢ 26.60  
 TOTAL EXPENSES \$ 50.46  
 (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

APPLICANT COPY



Your TELUS Statement  
Aug 20, 2004  
POLOWICK

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

Organization Level:

Charges for

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

**Charges for**

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

POLOWICK

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

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)**  
(from Aug 19 to Sep 18)

23.86

2 Jack Desk	\$ .00
1 Residence Line Touchtone	23.86
<b>Total charges for monthly local services</b>	<b>\$23.86</b>

**Additional Charges and Credits**

.58

E9-1-1 Municipal Call Answer Fee Aug 19	\$ .44
E9-1-1 Provincial Network Fee Aug 19	.14
<b>Total additional charges and credits</b>	<b>\$.58</b>

**Long Distance Charges**

3.95

Long Distance Administration Fee Aug 19	3.95
---	------

**Taxes**

1.96

GST (Registration 100652692) at 7%	1.96
------------------------------------	------

**Your total due fo**

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

**30.35**





APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
August 2004	KMS	\$
Aug 4/04	Accreditation Mtg. - Small group	
Aug	Fax Line	23.86.

TOTAL KMS (from front) 70 X 38¢ 26.60  
**TOTAL EXPENSES** \$ 50.46  
 (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** 25  
 38¢ km



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

Organization Level:

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

**Charges for**

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

POLOWICK

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

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)**  
 (from Aug 19 to Sep 18)

**23.86**

2 Jack Desk	\$0.00
1 Residence Line Touchtone	23.86
<b>Total charges for monthly local services</b>	<b>\$23.86</b>

**Additional Charges and Credits**

**.58**

E9-1-1 Municipal Call Answer Fee Aug 19	\$0.44
E9-1-1 Provincial Network Fee Aug 19	.14
<b>Total additional charges and credits</b>	<b>\$0.58</b>

**Long Distance Charges**

**3.95**

Long Distance Administration Fee Aug 19	3.95
---	------

**Taxes**

**1.96**

GST (Registration 100652692) at 7%	1.96
------------------------------------	------

**Your total due for**

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

**30.35**



APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

*September 2004*

HONORARIA

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>Sept 2/04</i>	<i>Mtg Policy Review</i>					<i>30</i>
<i>Sept 7/04</i>	<i>Policy Review Mail / office</i>					<i>30</i>
<i>Sept 8</i>	<i>CARITAS Investment CNC presentation</i>					<i>36</i> <i>32</i>
<i>Sept 9</i>	<i>EPSC Meeting Mail / office</i>					<i>44</i> <i>30</i>
<i>Sept 10</i>	<i>PHAA. Legislative Mtg</i>					<i>52</i>
<i>Sept 15</i>	<i>SPPC Planning Retreat</i>					<i>30</i> <i>30</i> <i>10</i>
<i>Sept 17</i>	<i>CNC - NW/SE Accred - Am. group</i>					<i>30</i>
<i>Sept 21</i>	<i>CARITAS Executive</i>					<i>34</i>
<i>Sept 22</i>	<i>Audit &amp; Insurance Sustainability Meeting</i>					<i>30</i>
<i>Sept 24</i>	<i>Mail / office</i>					<i>30</i>
<i>Sept 30</i>	<i>Mail / office</i>					<i>30</i>

I certify that this claim is for Authority business.

NAME (print): *Helen Browice*

SIGNATURE: *Helen Browice*

DATE: *Oct 6/04*

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

Non-Responsive  
**TOTAL HONORARIA** \$   
 Code: 201 9000 7110300000 6850000  
**TOTAL EXPENSES** \$ *205.50*  
 (from reverse) *197.50*  
 Code: 201 9000 7110300000

*418*  
 TOTAL KMS  
 transfer to back  
**TOTAL CLAIM** \$ *2033.*

Reviewed by: *[Signature]*

Authorized By: *[Signature]*

Non-Responsive  
 HON   
 MIS 205.50-  
 0427  
 Oct 12/04  
 93  
 Date: *Oct 6/04*  
 Date: \_\_\_\_\_





APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

OCTOBER 2004

HONORARIA

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
OCT. 4/04	CHC Appreciation Night					30
OCT 6/04	Mtg R. Turner - Chester CHA Board					30 38
OCT 8/04	SPPC					30
OCT. 13/04	Regional ROAHH aunts					39
OCT. 15/04	SPPC					30
OCT. 19/04	Mtg R. Lemieux CARITAS Mtg M. Bain - POLICES					34
OCT 20/04	Board Retreat					180K
OCT 26/04	CARITAS <sup>Fan Bd.</sup> Retreat					34

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): Karen Powowicz  
 SIGNATURE: Karen M. Powowicz  
 DATE: Nov. 1, 2004

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

445	TOTAL KMS
	transfer to back
189.56	
200.96	

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

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

HON  
 MIS 200.96  
 0424  
 NOV 4/04  
 83

Non-Responsive  
 Date: Nov 1/04  
 Date: \_\_\_\_\_



**PARKING RECEIPT ONLY**

DO NOT ACCEPT AS A PARKING TICKET

LOCATION: LOT # 104

DATE: OCT 22/04

AMOUNT PAID: 8.00 GST INCLUDED

GST # 896391380

10562 - 114 STREET  
EDMONTON, ALBERTA  
T5H 3J7



APPLICANT COPY

November 2004



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, 2004	Audit + Finance Comm. Mtg M. Higgins PHAA					30
Nov. 2	Accred. tation					30
Nov 5	SARC, mtg CEO					30
Nov 6	CHC/CH Board Mtg					36
Nov 15	Strategic Planning Office / Mail / Corresp					30 34
Nov. 16	Prevention Power Award HBA mtg					42
Nov 17	Lois Hole event MW/SE CHC mtg					30
Nov 18	Aboriginal Fdg Comm Mail / Corresp / office					42
Nov 19	office					30
Nov. 23	Mtg Stettin Attw Dialysis					50
Nov 24	A & F Mtg HCOA Teleconference					30 36
Nov 25	Festival of Trees Mail / Office					30
Nov. 30	Mail / Office Mayor orientation Board Meeting					41 557 617

I certify that this claim is for Authority business.

NAME (print): Karen Powowick

SIGNATURE: \_\_\_\_\_

DATE: Dec 3, 2004

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** \$

**TOTAL KMS**  
transfer to back

\$ 252.52  
~~298.88~~

\$ 410

Reviewed by: Laura Shuep  
Authorized By: Karen M. Powowick  
Chair

HON  
MIS 252.52  
0426  
DEC 10/04  
93

Non-Responsive  
Date: Dec 5/04  
Date: Dec 8/04



APPLICANT COPY

CITY OF EDMONTON  
 LIBRARY PARKADE  
 GST # 119326270 RT0001

RCPT# 77830  
 11/16/04 14:45 LM 2 AM 36 TKN#272449  
 11/16/04 08:39 IN 11/16/04 14:45 DUE  
 TKT# 024119  
 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

RCPT# 77633  
 11/15/04 19:52 LM 2 AM 36 TKN#271969  
 11/15/04 17:18 IN 11/15/04 19:52 DUE  
 TKT# 023906  
 Regular Rate \$ 4.67  
 Total Tax \$ 0.33  
 Total Fee \$ 5.00  
 CASH PAID \$ 5.00-  
 Cash Tender \$ 10.00  
 Change Due \$ 5.00

THANK YOU  
 COME AGAIN

CITY OF EDMONTON  
 LIBRARY PARKADE  
 GST # 119326270 RT0001



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 1/04	Correspondence / office / mail					38
Dec 3	School Board Mtg Mail / office / Corres					30
						-
Dec 7	Teleconference CHA CLPNA function					58
Dec 8	CARITAS Mtg & CH Legal Policy Comm.					36
Dec 10	Mail Correspondence					30
Dec 11	CH Christmas Party					13
Dec 12	CARITAS Christmas Party					35
Dec 15	Mail / Corresp.					30
Dec 16	RAH Christmas Tea					38
Dec 17	Accreditation Mtg					30
						-
Dec 21	Orientation Cap. Care Group Fdn					52

I certify that this claim is for Authority business.

NAME (print): K M Palowice  
 SIGNATURE: [Signature]  
 DATE: Dec. 21, 2004

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

	390
	TOTAL KMS
	transfer to back
	172.06

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

Non-Responsive  
 HON  
 Date: Dec 21/04  
 MIS 172.06  
 0427  
 Date: Dec 29, 2004





APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Jan. 3/05	Non-Responsive				\$	
Jan 5/05	Reception Deputy Min.					30
Jan 6/05	Human Resource Cont HBA					30
	Teleconference Mtg Leg. Pol. Committee					30
Jan 17/05	SPAC Mtg					30
	Strategic Plan TF					

I certify that this claim is for Authority business.

Non-Responsive

NAME (print): Karen Bonowicz

SIGNATURE: [Signature]

DATE: Jan 14, 2005

**TOTAL HONORARIA** \$ 120  
Code: 201 9000 7110300000 6850000  
**TOTAL EXPENSES** \$ 69.46  
(from reverse) Code: 201 9000 71110300000  
**TOTAL CLAIM** \$ 120

TOTAL KMS transfer to back

Reviewed by: [Signature] HON Non-Responsive

Authorized By: [Signature] MIS 69.46-

revised: March 2004

37

Date: Jan 14/05

Date: \_\_\_\_\_

0502  
Jan 26/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Jun. 2005		\$
	Fax Line	23.86

TOTAL KMS (from front) 120 X 38¢

45.60

TOTAL EXPENSES

\$ 69.46

(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

38¢ km

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

*Feb - March 2005* HONORARIA Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
March 2	Mtg Leila Shwed					30
March 3	mail / Correspondence Mtg Leg & Pol. Comm. HBA					34
March 4	CH Office / Correspondence					30
March 7	CH office / corresp. / mail					30
March 8	Town Council - Beaumont					20
March 9	T.F. Evaluation Mtg Dobriet - JNA					44
March 10	PITEN 10th Anniversary Leg & Pol. Comm. T.C.					—
March 11	Mail / Correspondence					30
March 13	HBA Meeting HBA Conference					30 30
March 14	HBA Conference					30
March 15	HBA Conference					30
March 16	Accreditation Group SPPC					30 30
March 18	Capital Care Group Assoc Heart Health mtg					40
March 23	Audit + Finance Comm. Special SPPC / Board mtgs					30
March 24	Accreditation Mtg CHC - Stratheona					30 46
March 26	CARITAS Easter Lunch					36
March 31	Leg & Pol. Comm. HBA					42

I certify that this claim is for Authority business.

NAME (print) Karen Rowan  
 SIGNATURE [Signature]  
 DATE: April 4, 2005

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

592  
**TOTAL KMS**  
 transfer to back  
325.08  
313.68  
[Signature]

Reviewed by Leila Shwed  
 Authorized By: [Signature]

HON  
 MIS 325.08  
 0508  
 April 7/05  
 [Signature]

Non-Responsive  
 Date: April 5/05  
 Date: \_\_\_\_\_

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Feb & March 2005	FAX 2 mos Fax lines	\$ 23.86
MAR 13	Parking	<del>23.86</del> 6.00
MAR 14	Parking	14.00
MAR 15	Parking	12.00
MAR 26	Parking	9.00
		<del>88.72</del>

Receipts attached

TOTAL KMS (from front) 600  
592 X 38¢

~~224.96~~ 236.36

TOTAL EXPENSES  
(transfer to front)

\$ ~~313.68~~ 325.08

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

40

38¢ km



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

Organization Level:

Charges for

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

**Charges for**

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

POLOWICK

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

*Sub & March 2005*

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)**  
 (from Jan 19 to Feb 18)

**49.71**

1 Vista 350 & 100 Tel Set Pkg Rental	\$12.95
1 Call Display	7.95
1 Residence Line Touchtone	23.86
1 Voice Mail Simple	4.95
<b>Total charges for monthly local services</b>	<b>\$49.71</b>

**Additional Charges and Credits**

**.58**

E9-1-1 Municipal Call Answer Fee Jan 19	\$ .44
E9-1-1 Provincial Network Fee Jan 19	.14
<b>Total additional charges and credits</b>	<b>\$ .58</b>

**Long Distance Charges**

**39.72**

Long Distance Administration Fee Jan 19	4.95
---	------

**Your Way Unlimited - Canada (excluding NorthwesTel) Evenings & Weekend**

- Receive 800 minutes of direct dialed calling of evening (Monday to Thursday 6 PM to 8 AM) and weekend (Friday 6 PM to Monday 8 AM) within Canada (except to areas served by NorthwesTel) for only \$19.95 per month.
- Additional evening and weekend minutes are only 10¢ a minute.
- 26¢ a minute for weekday daytime (Monday to Friday 8 M to 6 PM) direct dialed calls in Canada (except to areas served by NorthwesTel) and anytime to the US.
- 20¢ a minute for direct-dialed calls to areas served by NorthwesTel.

Subscription from Jan 19 to Feb 18	19.95
------------------------------------	-------



Imperial Parking Canada Corporation



412264

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Imperial Parking Canada Corporation



412263

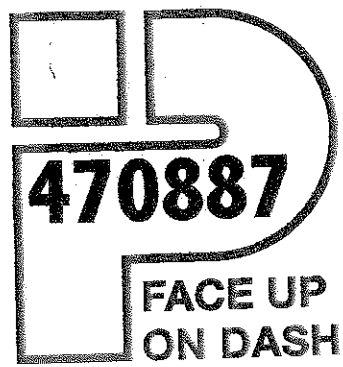
FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

RED

Imperial Parking Canada Corporation



470887

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Imperial Parking Canada Corporation



470886

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

RED

Imperial Parking Canada Corporation



470885

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

Imperial Parking Canada Corporation



412262

FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

APPLICANT COPY

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Rcpt# 93716  
03/15/05 11:58 L# 2 A# 39 Txn#326535  
03/15/05 07:30 In 03/15/05 11:57 Out  
Tkt# 093707  
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

THANK YOU FOR PARKING  
WITH IMPERIAL PARKING  
MACDONALD ESTATES

05MAR25 10:39 001 001  
05MAR26 10:39  
/ 0:00 #115066  
RATE 1 \$9.00  
TOTAL \$9.00  
CASH \$9.00

FOR MONTHLY PARKING  
PHONE 4201976  
GST INCLUDED

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Rcpt# 93641  
03/14/05 21:12 L# 2 A# 35 Txn#326359  
03/14/05 08:00 In 03/14/05 21:12 Out  
Tkt# 093308  
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



APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
APRIL/05	FAX Line	\$ 23.86
MAY 2/05	Accommodation Western Category	629.37
MAY 2/05	TAXI	37.00
MAY 5/05	TAXI	37.00
MAY 5/05	Airport Parking	1.40
MAY 25/05	AIRFARE	286.10
		<u>1014.73</u>

TOTAL KMS (from front) 592 X 40.5¢

239.76

TOTAL EXPENSES  
(transfer to front)

\$ 1254.49

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. Karen Polowick

Arrival 05/02/05 Room 0303  
 Departure 05/05/05 Cashier 29  
 Payment Method VA Page 1  
 Invoice 426360 Starwood Preferred Guest #  
 Airline Partner #

The Westin Calgary, 05/05/05

Date	Text	Room	Charges	Credits
05/02	Room Charge	0303	189.00 ✓	
05/02	Tourism Levy 4%		7.56 ✓	
05/02	Room GST 7%		13.23 ✓	
05/02	Internet Guest Room W/GST		13.86	
05/03	Room Charge		189.00 ✓	
05/03	Tourism Levy 4%		7.56 ✓	
05/03	Room GST 7%		13.23 ✓	
05/03	Terrace Restaurant		48.27	
	->#303 : CHECK #1170			
05/04	Room Charge		189.00 ✓	
05/04	Tourism Levy 4%		7.56 ✓	
05/04	Room GST 7%		13.23 ✓	
05/04	Internet Guest Room W/GST		13.86	
05/05	Refreshment Centre		10.17	
	->#303 : CHECK #4288			
05/05	Visa	XX/XX		715.53

Capture method:swiped s.17(1), 17(4)(e.1) Total 715.53 715.53  
 Balance 0.00 \$

Room GST 39.69  
 F&B GST 3.54  
 Other GST 1.81  
 Total GST 45.04  
 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



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WWW.AIRCANADA.COM/INSURANCE OR BY CALLING 1-866-530-6021. TO MAKE SURE YOU GET THE BEST POSSIBLE PROTECTION, IT S BEST TO PURCHASE INSURANCE WHEN YOU BOOK YOUR TRIP.

AMERICAN TRAVELLERS - IF YOU ARE A RESIDENT OF THE UNITED STATES AND ARE INTERESTED IN PURCHASING TRAVEL INSURANCE, PLEASE CALL 1-800-835-7566 TO BE REFERRED TO AN INSURANCE SPECIALIST WHO CAN HELP YOU PURCHASE THE PROPER PROTECTION.

\*\*\*\*\*

AIR CANADA RESERVATIONS 1-888-247-2262
AIR CANADA FLIGHT INFORMATION 1-888-422-7533
AIR CANADA WEBSITE WWW.AIRCANADA.COM

\*\*\*\*\*

RECEIPT BOOKING REF: KRFHQV

POLOWICK/KAREN MRS TICKET NUM: 014 2125 996849
DATE OF ISSUE: 28 APR 05 IATA NUMBER: 60990370
PLACE OF ISSUE: YYCITAC CALGARY CANADA

FARE CALCULATION:
02MAY05YEA AC YYC Q12.00R130.00AC YEA Q12.00R100.00CAD254.00
END ROE1.00 PD9.35CA18.08XG25.00SQ

PAYMENT(S): CCVI s.17(1), 17(4)(e.1)
CC VI

AC ONLY/NON-REF/CHGE FEE NON-REFUNDABLE
NOT TRANSFERABLE

ITINERARY

AIR CANADA AC8145 R-CONFIRMED EQUIP: DH3
DEPART: EDMONTON INTERNATIONAL MON 02MAY05 1300
ARRIVE: CALGARY MON 02MAY05 1354
THIS FLIGHT IS OPERATED BY: AIR CANADA JAZZ

AIR CANADA AC8142 G-CONFIRMED EQUIP: CRJ
DEPART: CALGARY THU 05MAY05 1230
ARRIVE: EDMONTON INTERNATIONAL THU 05MAY05 1317
THIS FLIGHT IS OPERATED BY: AIR CANADA JAZZ

FARE 254.00CAD
XG TAX 2.10
XT TAX PD
TOTAL PER TICKET 32.10ACAD

Handwritten calculation: 254.00 + 32.10 = 286.10

APPLICANT COPY

CHANGE FEE(S)	30.00CAD
XG TAX	2.10
TOTAL CHANGE FEE(S)	32.10CAD

\*\*\*\*\*

IMPORTANT CONDITIONS (5-13SEP04)

1/ TO HELP US PROVIDE BETTER SERVICE AND ON-TIME DEPARTURES, WE RECOMMEND THAT YOU CHECK IN AT THE CHECK-IN COUNTER OR KIOSK BY THE TIME SHOWN BELOW PRIOR TO YOUR SCHEDULED DEPARTURE. HOWEVER, YOU MUST BE AVAILABLE FOR BOARDING AT THE BOARDING GATE BY THE DEADLINE SHOWN BELOW. FAILURE TO MEET THE APPLICABLE DEADLINE MAY RESULT IN THE RE-ASSIGNMENT OF ADVANCE SEATS, CANCELLATION OF RESERVATIONS AND INELIGIBILITY FOR DENIED BOARDING COMPENSATION.

INTRA-CANADA: CHECK-IN/KIOSK 60 MIN. AND BOARDING GATE 25 MIN.  
 EXCEPTION:  
 BETWEEN TORONTO & MONTREAL: CHECK-IN/KIOSK 30 MIN. AND BOARDING GATE 20 MIN.  
 BETWEEN TORONTO & OTTAWA: CHECK-IN/KIOSK 30 MIN. AND BOARDING GATE 20 MIN.

TO/FROM USA\*: CHECK-IN/KIOSK 90 MIN. AND BOARDING GATE 25 MIN.

TO/FROM INTERNATIONAL\*: CHECK-IN/KIOSK 120 MIN. AND BOARDING GATE 25 MIN.  
 EXCEPTION:  
 TORONTO TO INTERNATIONAL: CHECK-IN/KIOSK 120 MIN. AND BOARDING GATE 60 MIN.

\*FOR FLIGHTS RETURNING TO CANADA, PLEASE CONTACT AIR CANADA AS RECOMMENDED CHECK-IN TIMES MAY VARY.

2/ ALTHOUGH RECONFIRMATION OF FLIGHTS IS NOT REQUIRED, IT IS STRONGLY RECOMMENDED THAT YOU CONFIRM YOUR FLIGHT TIMES BY CALLING AIR CANADA FLIGHT INFORMATION AT 1-888-422-7533 PRIOR TO YOUR DEPARTURE.

3/ ADVANCE SEAT ASSIGNMENTS ARE NOT GUARANTEED AND MAY CHANGE WITHOUT NOTICE. IF YOUR PRE-ASSIGNED SEAT IS UNAVAILABLE WE WILL TRY TO ACCOMMODATE YOU IN A COMPARABLE SEAT IN THE SAME CLASS OF SERVICE AND WILL REFUND ANY APPLICABLE FEES.

4/ TICKETS ARE NON TRANSFERABLE AND NAME CHANGES ARE NOT PERMITTED.

5/ VOLUNTARY CHANGES TO YOUR ITINERARY MAY REQUIRE THE PAYMENT OF ADDITIONAL FEES AND FARE UPGRADES. IF YOU ARE TRAVELLING ON A NON-REFUNDABLE TICKET, AIR CANADA WILL BE UNABLE TO MAKE

Best Copy Possible

EDMONTON AIRPORTS

Cell: (403) 815-4171

\*\*\*\*\*

\*\*\*\*

Per park (750) 890-8439  
Fax (750) 890-8329

Receipt no. 01510104

01510104

05.05.05

Length

**Bains Airport Service**

Cell: (403) 815 - 4171

AMOUNT \$40.00 DATE MAY. 05.05

UNIT 1119 DRIVER SUKH

G.S.T. #898214887

**Bains Airport Service**

Cell: (403) 815 - 4171

AMOUNT \$37.00 DATE MAY. 02.05

UNIT 1119 DRIVER SUKH

G.S.T. #898214887



APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MAY 2005	FAY Line	\$ 23.86
MAY 25/05	Parking	8.00
MAY 19	Parking AIRPORT	12.00
MAY 17	AIRFARE	340.63
		<del>381.49</del>

TOTAL KMS (from front) 566 X 40.5¢ = 229.23

TOTAL EXPENSES \$ 610.72 *AD*  
 (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

**Karen Polowick**

**From:** "Air Canada" <confirmation@aircanada.com>  
**To:** s.17(1), 17(4)(g)(i)  
**Sent:** Saturday, May 14, 2005 7:19 PM  
**Subject:** Booking Confirmation



## Itinerary / Receipt

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS EMAIL \*\*\*\*\*

Your booking is confirmed. Thank you for choosing Air Canada.  
**Please print this itinerary/receipt for your reference.**

**Main Contact Information**

**Name:** Mrs Karen Polowick  
**Email:**  
**Phone 1:** s.17(1), 17(4)(g)(i)

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

**Booking Reference: LXXBQM****Customer Care**

**Air Canada Customer  
 Technical Support Desk**  
 1-888-712-7786

**Air Canada Flight Info**  
 1-888-422-7533

**On the web**  
[www.aircanada.com](http://www.aircanada.com)

**Alert me of flight changes**  
 Flight notification

**More Travel**

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 Earn 200 Aeropl

▶ **Save on Cars**  
 Earn 100 Aeropl

▶ **Add a Flight**  
 Earn 1 mile for :  
 within North Am

▶ **Add Travel Ins**  
 Choose the trav  
 that best suits y

▶ **Air Canada em**  
 Sign up and be

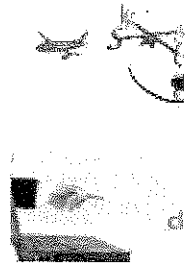
**Flight Itinerary**

Flight	From	To	Stops	Duration	Aircraft	Fare Type
AC8169	<b>Edmonton (YEG)</b> Tue 17-May 2005 08:00	<b>Calgary (YYC)</b> Tue 17-May 2005 08:54	0	0hr54	DH3	Tango
AC8146	<b>Calgary (YYC)</b> Tue 17-May 2005 14:30	<b>Edmonton (YEG)</b> Tue 17-May 2005 15:24	0	0hr54	DH3	Tango

**Passenger Information****Passenger 1 - Adult**

**Name:** Mrs Karen Polowick **Ticket Number:** 0142126380582  
**Frequent Flyer Pgm:** None **Program Number:** None  
**Meal Preference:** Regular **Special Needs:** None  
**Seat Selection:** None  
**Credit Card:**

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



5/14/2005

# APPLICANT COPY

## Fare Summary

Canadian Dollars	
Passenger Type	<b>Adult</b>
Flight 1 - Departing airfare (Tango)	<b>130.00</b>
Flight 2 - Returning airfare (Tango)	<b>130.00</b>
Navcan and Surcharges	24.00
Canada Airport Improvement Fee	25.00
<b>Taxes</b>	
Canada Security Charge	9.35
Canada Goods and Services Tax (GST/HST #10009-2287)	22.28
Number of Passengers	1
<b>Total</b>	<b>340.63</b>
<b>Grand Total - Canadian Dollars</b>	<b>\$ 340.63</b>

## Fare Rules

### Tango

- Tickets are **non-refundable** and **non-transferable**.
- **Changes** are permitted as follows:  
Prior to day of departure - CA\$30 / US\$22 plus taxes and any fare difference if applicable.  
Day of departure:  
- At the airport - CA\$150 / US\$120 plus applicable taxes (no charge for fare difference) for same day flights only.  
- By calling Reservations or on the Web site - CA\$30 / US\$22 taxes and any fare difference if applicable.  
A higher fare could apply in addition to the change fee.
- **Changes and cancellations** can be made up to 2 hours prior to departure. Changes can be done on the Web site, while cancellations must be done by calling Reservations. Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a CA\$30 / US\$22 change fee per direction, plus taxes and any fare difference if applicable, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** available for CA\$15/US\$12 (plus taxes) per passenger for one-way flight from origin to destination including connections.
- **Same day standby** is not permitted for travel within Canada and Canada - USA travel.

Please read important information regarding the general conditions of carriage.

## What else can we help you with?

- ▶ **Rent a Car**  
Need a car during your trip? Find out how you can earn Aeroplan® Miles while you drive by visiting our online partner [Destina.ca](#).
- ▶ **Find a Hotel**  
Check here for all accommodations, from budget-priced to luxury, by visiting our online partner [Destina.ca](#).

Best Copy Possible

# EDMONTON AIRPORTS

45TH K128591776

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EDMONTON AIRPORTS 7800485 0473  
Edm. AB T50-6329

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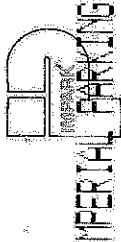
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\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

PLACE THIS SIDE UP ON DASH



EARLY BIRD RATE

Meter: 02207701

Transit: 030481

Time: 8:38AM MAY 25

Price: \$ 5.00

Expires:

6:30PM WED  
MAY 25 05



INSTRUCTIONS ON BACK

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

## APPLICANT COPY



Capital Health

**BOARD MEMBER HONORARIA AND EXPENSE CLAIM**

June 2005

**HONORARIA**

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 1/05	Capital Care Fdn.					36
June 3/05	SPPC					30
June 8/05	CARITAS AGM					36
June 9/05	Mtg Neil (Chair)					18
June 12/05	Mtg Neil - Calls Board					16
June 14/05	Long Service Awards RAN					38
	Dinner - Dean Faculty					30
June 15/05	SPPC					30
June 17/05	CARITAS Bd Mtg					30
June 20	Special SPPC Physician Liaison					30
June 21	Vote A Be Gov. Mtg HBA Teleconference					30
June 22	Capital Health Office Mail/Corresp					30

I certify that this claim is for Capital Health business.

NAME (print): Karen Rowice

SIGNATURE: [Signature]

DATE: June 29/05

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)

	354
	156
<b>TOTAL KMS</b>	510
	200
	480
	255.53
	243.38

Reviewed by: [Signature]

Authorized By: [Signature]

Non-Responsive

Date: June 30/05

Date: \_\_\_\_\_

HON  
MIS 255.53  
OS14  
July 12/05







APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
June 1/05	Parking	\$ 6.00
June 14/05	Parking	2.00
June 9/05	Restaurant Neil (Chair) mtg	7.22
June 27/05	Restaurant mtg HBA	9.90
June 05	Fax line	23.86

TOTAL KMS (from front) \_\_\_\_\_ X 40.5¢

TOTAL EXPENSES  
(transfer to front)

\$ 48.98 (this page)

*[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

Best Copy Possible

Coast Terrace Inn  
4440 Gateway Blvd.  
Edmonton, AB  
(780) 437-6010

Server: Hayley  
Table 409/1  
Guests: 2  
Order Type: Order  
Area: Atrium Cafe  
06/27/2005  
10:01 AM  
20059

Server: Cindy  
Table 428/1  
Guests: 2  
Order Type: Order  
Area: Atrium Cafe

Coffee 2.25  
Tea 2.25  
Toast 2.50  
Danish 2.25

Sub Total 9.25  
Tax 0.65  
Total 9.90

Balance Due 9.90

Room# :

Print Name :

Tip :

Total :

X

Coast Terrace Inn  
4440 Gateway Blvd.  
Edmonton, AB  
(780) 437-6010

Server: Cindy  
Table 428/1  
Guests: 2  
Order Type: Order  
Area: Atrium Cafe

Coffee (2 @ 2.25) 4.50  
Muffin 2.25

Sub Total 6.75  
Tax 0.65  
Total 7.40

Balance Due 7.40

Room# :

Print Name :

Tip :

Total :

X

APPLICANT COPY

APPLICANT COPY



RECEIPT  
University of Alberta



NON TRANSFERABLE  
OR DAMAGE TO CAR OR CONTENTS.  
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS  
AUTHORITY ENDEAVOURS TO PROTECT THE PROPERTY OF  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE  
University of Alberta

\$ 2.00 1974000005:21 PM LONV

ISSUED DATE  
ISSUED TIME  
ISSUED AMOUNT PAID  
CREDIT CARD NUMBER

EXPIRATION DATE  
EXPIRATION TIME  
AMOUNT PAID

DETACH RECEIPT FROM TICKET

LEAVE ON DASH - THIS SIDE UP

Imperial Parking Canada Corporation

224739  
FACE UP ON DASH  
WARNING - YOUR RISK SEE BACK

224739  
DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

WHITE

Imperial Parking Canada Corporation

224738  
FACE UP ON DASH  
WARNING - YOUR RISK SEE BACK

224738  
DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

RED

Imperial Parking Canada Corporation

224737  
FACE UP ON DASH  
WARNING - YOUR RISK SEE BACK

2247  
DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

Non-Responsive

\*Acting Chair APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

JULY 2005

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
July 6	Mtg Board - Debriefing Mtg Minister - Third Way					38
July 8	Mtg A. Nelson C.H.S					38
* July 12	Mail/Correspondence					30
* July 13	SPECIAL SPAC					30
* July 14	Mail/Correspondence					30
July 19	Presentation HBA Sustainability T.F.					38 30
July 20	RHH Breakfast					38
* July 21	Glenrosa Breakfast Correspondence/Mail					68
* July 22	CH Mail/Correspondence					30
July 25	Mtg C.C. Standards Mail/Correspondence					30
July 27	Mtg Sustainability - Perf.					30
* July 28	Mtg C.C. Standards MHA T.F					30
						40

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

NAME (print):

Karen Rowick

SIGNATURE:

Karen M. Rowick

DATE:

August 2, 2005

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

\$

\$

\$

TOTAL KMS  
transfer to back

Non-Responsive

Date: Aug. 3/05

Date:

Reviewed by:

Authorized By:

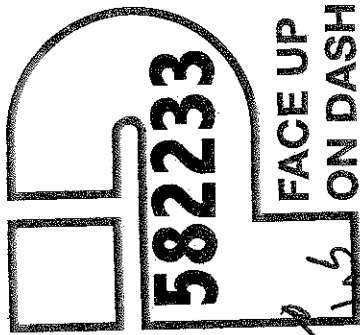
Handwritten initials in a circle

HON  
MIS 218.66-  
0516  
61 Aug 9/05





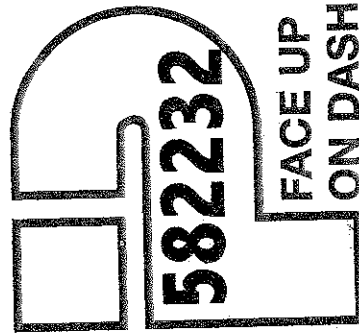
Imperial Parking Canada Corporation



FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

Imperial Parking Canada Corporation



FACE UP ON DASH

WARNING - YOUR RISK SEE BACK

582233

DETACH RECEIPT

TICKET PRICE INCLUDES GST REG. #R102466000

582232

DETACH RECEIPT

TICKET PRICE INCLUDES GST REG. #R102466000

BLUE

WHITE

ASH

PLACE THIS SIDE UP ON DASH

PLACE THIS

SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

IMPERIAL PARKING

Hourly Parking

meter: 02022701

coins: 045523

time: 8:27A JUL 08

price: \$ 2.50

Expires:

10:25AM FRI

JUL 08 05

INSTRUCTIONS ON BACK

IMPERIAL PARKING

RR-SOLD

TICKET VOID IF

IMPERIAL PARKING

Hourly Parking

meter: 02022701

coins: 045524

time: 8:27A JUL 08

price: \$ 2.50

Expires:

10:27AM FRI

JUL 08 05

INSTRUCTIONS ON BACK

IMPERIAL PARKING

RR-SOLD

TICKET VOID IF



APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Aug 2005	Fax line Telus	\$ 23.86
Aug 2	Parking	6.00
Aug 4	HP Printer Cartridges	69.92
	(numerous documents printed HSP work HBA)	

TOTAL KMS (from front) 118 X 40.5¢ 47.79

**TOTAL EXPENSES** \$ 147.57

(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

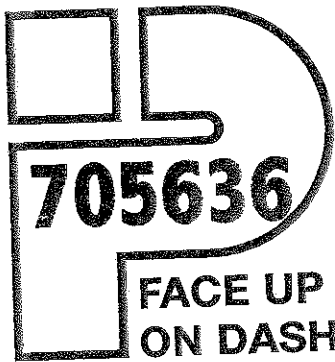


705637

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102468000

WARNING - YOUR RISK  
SEE BACK

Imperial Parking Canada Corporation

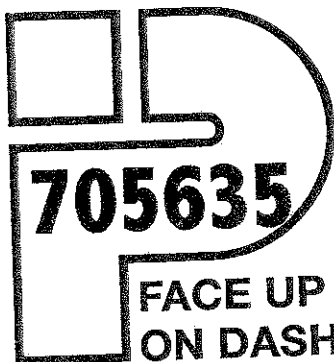


705636

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102468000

WARNING - YOUR RISK  
SEE BACK

Imperial Parking Canada Corporation



705635

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102468000

WARNING - YOUR RISK  
SEE BACK

STAPLES Business Depot  
Store # 150  
1960-101st Street  
Edmonton, AB T6N1K1  
780-414-0361

Sale 00060 6 006 89911  
0150 04/08/05 10:19

1	HP 56/57 COMBOPACK	69.92G
	829160594620	
1	6PK FLIP CHART MAR	12.23G
	067933299505	
1	TRANSPARENCIES	49.86G
	718103006774	
Subtotal		132.01
GST 7.00%		9.24
Total		\$141.25

Visa 141.25  
s.17(1), 17(4)(e.1)

Visa	Swiped	Purchase
Authorization Number		026851
0010012220	89911	66059067
60	04/08/05	10:13:09
01/027 APPROVED - THANK YOU		

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

\*\*\*\*\*  
FOR CUSTOMER SERVICE CALL 1-866-STAPLES  
OR EMAIL TO customer\_service@busdep.com

INTERESTED IN EXPLORING A CAREER WITH US?  
VISIT [WWW.GREATCAREERSATSTAPLES.CA](http://WWW.GREATCAREERSATSTAPLES.CA)

GST No. 126152586



BLUE

WHITE

RED



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

*September 2005*

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
<i>Sept 7/05</i>	<i>Teleconference Call Mtg</i>					<i>30</i>
<i>Sept 8/05</i>	<i>Health Bds of Alberta Task Force Strat. Plan</i>					<i>30</i>
<i>Sept 14</i>	<i>SPDC</i>					<i>60</i>
<i>Sept 17</i>	<i>Mtg HBA</i>					<i>36</i>
<i>Sept 19</i>	<i>Accreditation Mtg Meet</i>					<i>30</i>
<i>Sept 20</i>	<i>HBA Mtg Red Deer OHS event</i>					<i>300</i> <i>30</i>
<i>Sept 21</i>	<i>Cap. Care Fdn Mtg Audit &amp; Finance</i>					<i>36</i> <i>30</i>
<i>Sept 22</i>	<i>Millwoods etc HBA Core Task Team</i>					<i>15</i> <i>36</i>
<i>Sept 27</i>	<i>Success by SIT</i>					<i>56</i>
<i>Sept 28</i>	<i>CH. Board</i>					<i>32</i>
<i>Sept 30</i>	<i>Ben Ruchwalski Farewell</i>					<i>36</i>
						<i>115</i>

I certify that this claim is for Capital Health business.

NAME (print): *Karen Rowick*  
 SIGNATURE: *[Signature]*  
 DATE: *Oct 5/05*

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

*423.23*  
 TOTAL KMS  
*115*  
 transfer to back

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

HON  
 M15 423.23-  
 0521  
 Oct 12/05  
*[Signature]*

Non-Responsive  
 Date: *Oct 5/05*  
 Date: \_\_\_\_\_



APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Sept 05	KAT Line	\$ 23.86
Sept 05	Printing Cartridges (HBA documents)	69.99
Sept 1	Parking	4.00
Sept 21	Parking	4.00
Sept 22	Parking	5.50
Sept 17	Parking	2.00
		109.35

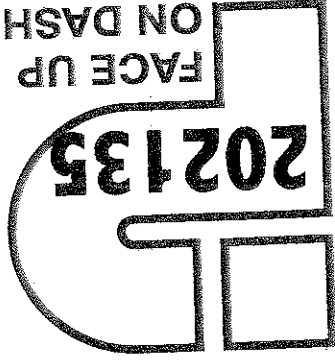
TOTAL KMS (from front) 115 X 40.5¢ 313.88  
 TOTAL EXPENSES \$ 423.223  
 (transfer to front)

REMUNERATION - effective August 1, 2005

<b>CHAIRMAN</b>
\$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
<b>MEMBER</b>
\$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
<b>MILEAGE</b>
40.5¢ km

WARNING - YOUR RISK  
SEE BACK

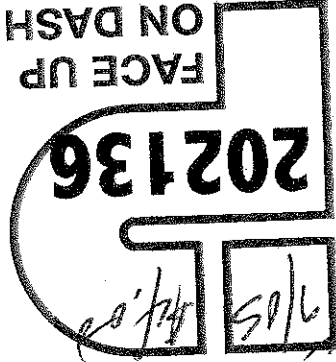
FACE UP  
ON DASH



Imperial Parking Canada Corporation

WARNING - YOUR RISK  
SEE BACK

FACE UP  
ON DASH



Imperial Parking Canada Corporation

202135

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

202136

DETACH RECEIPT  
TICKET PRICE INCLUDES GST REG. #R102466000

APPLICANT COPY



0032048542968265

Standard Parkin

Ticket expires at  
**9:13AM**  
Wed 2005/09/21

Payment Details  
Paid: \$4.00  
CASH  
Information  
7% GST Included

Machine: 1  
Lot: 002  
Ticket #: 15230  
Wed 7:13:39AM 2005/09/21

DISPLAY FACE UP  
ON DASH



WAREHOUSE #258

2616 91st Street NW  
Edmonton AB  
T6N 1N2

MEMBER #804261190000

435535 CARTRIDGES	69.99
1169 MOZZARELLA	9.69
992 COTTAGE CHSE	8.49
9135 CREAM CORN	9.99

\*\*\*\* 7% GST 4.90

TOTAL 103.06

VF CHECK/Member Prntd 103.06

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 4  
CASHIER: MICHELLE D. REG# 5  
2005/09/27 12:06 0258 05 0099 27

G=GST P=PST GP=BOTH  
THANK YOU!  
GST=121476329RT

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parkin  
Lot 0002-0287  
Machine Serial #:000004271016

EXPIRY DATE AND TIME  
**EXP 06:00pm**  
**SEP 22,2005**

TICKET# LOT#  
**00048684 00020287**

C \$0005.50 MACH# 001  
FOLLOW INSTRUCTIONS ON SIGN POSTED

**\$5.50 Early Bird**  
Questions/Comments  
Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parkin  
Lot 0002-0287  
Machine Serial #:000004271016

EXPIRY DATE AND TIME  
**EXP 06:00am**  
**SEP 18,2005**

TICKET# LOT#  
**00047949 00020287**

C \$0002.00 MACH# 001  
FOLLOW INSTRUCTIONS ON SIGN POSTED

**\$2.00 Weekends**  
Questions/Comments  
Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

LOT# 00020287  
MACH# 001  
TIC# 00047949  
C \$0002.00  
SEP17,2005  
08:40am  
Purchase Time

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

*October 2005*

HONORARIA

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 2	Accred. Forum Welcome					30
Oct 3	Accred. Leadership					30
Oct 5	Planning mtg - Retreat					30
Oct 6	Core Task Team HSP					38
Oct 7	Farewell dinner E.G. Unit					18
	Accred. Report Briefing					30
						0
Oct 18	Aboriginal Edg Mtg					38
	CHC Appreciation					30
Oct 19	HSP Steering Comm					30
	SPPC					
Oct 20	Mtg CHAIR					18
	Mtg CRM SA - speaking					44
Oct 25	Physician Liaison					30
Oct 26	HSP Core Task Team					38
Oct 27	NO - Premier's Award					30
	REACH Awards					
Oct 28	Mtg Neil/Sheila					30
Oct 31	Mtg DM/ADM Health					30
	HSP					
						494

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):

*KAREN POLOWICK*

SIGNATURE:

*Karen M. Polowick*

DATE:

*November 1, 2005*

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

\$

\$

\$

*260.43*

TOTAL KMS  
transfer to back

*[Signature]*

Reviewed by:

*Leila Shined*

Authorized By:

*HON  
MIS 260.43  
0523  
NOV 9/05  
83*

Non-Responsive

Date:

Date:

*Nov 1/05*

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
OCT 05	FAX Line	\$ 23.86
OCT 6	Parking	7.50
OCT 18	Parking	7.50
OCT. 18	Parking	7.50
OCT 26	Parking	8.00
OCT 31	Parking	6.00
		<del>60.36</del>

Signed  
originals  
to follow  
D.

TOTAL KMS (from front) 494 X 40.5¢ 200.07  
 TOTAL EXPENSES \$ 260.43  
 (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.



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

Organization Level:

Charges for

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

**Charges for**

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

POLOWICK

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

**Details of your new charges**

**Monthly Local Services (including rental equipment if applicable)**  
 (from Oct 19 to Nov 18) 23.86

1 Residence Line Touchtone 23.86

**Additional Charges and Credits** 34.48

E9-1-1 Municipal Call Answer Fee Oct 19 \$.44

E9-1-1 Provincial Network Fee Oct 19 .14

**TELUS Internet Services**

TELUS Internet Security Oct 01 3.95

High Speed Access Oct 01 29.95

**Total TELUS Internet Services** \$33.90

Total additional charges and credits \$34.48

**Long Distance Charges** 7.29

Long Distance Administration Fee Oct 19 4.95

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

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

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

TICKET VOID IF REPRODUCED  
 IMPERIAL PARKING  
 EARLY BIRD  
 Meter: 02023701  
 Trans: 051451  
 Time: 8:30A OCT 26  
 Price: \$ 8.00  
 Expires:  
**6:00AM THU  
 OCT 27 05**  
 INSTRUCTIONS ON BACK  
 PLACE THIS SIDE UP ON DASH  
 THIS SIDE UP ON DASH

APPLICANT COPY  
 IMPERIAL PARKING  
 Meter: 02023701  
 Trans: 050996  
 Time: 12:15P OCT 18  
 Price: \$ 7.50  
 Expires:  
**3:15PM TUE  
 OCT 18 05**  
 INSTRUCTIONS ON BACK  
 PLACE THIS SIDE UP ON DASH  
 P ON DASH

TICKET VOID IF REPRODUCED  
 IMPERIAL PARKING  
 Meter: 02023701  
 Trans: 050409  
 Time: 12:33P OCT 06  
 Price: \$ 7.50  
 Expires:  
**3:33PM THU  
 OCT 06 05**  
 INSTRUCTIONS ON BACK  
 PLACE THIS SIDE UP ON DASH  
 P ON DASH

**DISPLAY FACE UP ON DASH RECEIPT**  
 Impark Lot 0002-0001  
 Machine Serial #:4002002ACCOA  
 EXPIRY DATE AND TIME EXP 11:05am  
**EXP 11:05am**  
**OCT 31,2005**  
 TICKET# LOT#  
**00054510 00020001**  
 C \$0006.00 MACH# 001  
 FOLLOW INSTRUCTIONS ON SIGNS POSTED 09:07am Purchase Time  
 Park 2 hours \$6.00  
 Questions/Comments?  
 Call 780-420-1976  
**DISPLAY FACE UP ON DASH RECEIPT**

THANK YOU FOR PARKING  
 WITH IMPERIAL PARKING  
 MACDONALD ESTATES  
 05OCT18 12:10 001 001  
 05OCT18 09:41 01  
 / 2:29 #175495  
 =01038861  
 RATE 1 \$7.50  
 TOTAL \$7.50  
 CASH \$7.50  
 FOR MONTHLY PARKING  
 PHONE 4201976  
 GST INCLUDED



APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

*October 2005*

HONORARIA

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Oct 2	Accreditation Welcome					30
Oct 3	Accred. Leadership					30
Oct 5	Planning mtg - Retreat					30
Oct 6	Core Task Team HSP					38
Oct 7	Farewell dinner E Grant					18
	Accred. Report Briefing					30
						0
Oct 18	Aboriginal Edg Mtg					38
	CHE Appreciation					30
Oct 19	HSP Steering Comm					30
	SPPC					
Oct 20	Mtg CHAIR					18
	Mtg CRM SA - speaking					44
Oct 25	Physician Liaison					30
Oct 26	HSP Core Task Team					38
	NQ - Premier's Award					
Oct 27	REACH Awards					30
Oct 28	Mtg Neil/Shelia					30
Oct 31	Mtg DM/ADM Health					30
	HSD					

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): KAREN POROWICK  
 SIGNATURE: [Signature]  
 DATE: November 1, 2005

**TOTAL HONORARIA** Code: 201 9000 7110300000 6850000  
**TOTAL EXPENSES** (from reverse) Code: 201 9000 71110300000

**TOTAL CLAIM**

		494
\$		TOTAL KMS
\$	26043	transfer to back
\$		[Signature]

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

Non-Responsive  
 Date: Nov 1/05  
 Date: Nov 4/05

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
OCT 05	FAX Line	\$ 23.86
OCT 6	Parking	7.50
OCT 18	Parking	7.50
OCT 18	Parking	7.50
OCT 26	Parking	8.00
OCT 31	Parking	6.00
		<del>60.36</del>

TOTAL KMS (from front) 494 X 40.5¢ 200.07

TOTAL EXPENSES \$ 26.43

(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



Oct 20, 2005  
POLOWICK

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

Organization Level:

Charges for

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

**Charges for**

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

POLOWICK

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

### Details of your new charges

#### Monthly Local Services (including rental equipment if applicable) (from Oct 19 to Nov 18)

**23.86**

1 Residence Line Touchtone

23.86

#### Additional Charges and Credits

**34.48**

E9-1-1 Municipal Call Answer Fee Oct 19

\$.44

E9-1-1 Provincial Network Fee Oct 19

.14

#### TELUS Internet Services

TELUS Internet Security Oct 01

3.95

High Speed Access Oct 01

29.95

#### Total TELUS Internet Services

**\$33.90**

Total additional charges and credits

\$34.48

#### Long Distance Charges

**7.29**

Long Distance Administration Fee Oct 19

4.95

#### Your Way Straight - Alberta Evening and Weekend

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

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

76

0005370000

96

APPLICANT COPY

TICKET VOID IF REPRODUCED



PLACE THIS SIDE UP ON DASH

Meter: 02013701  
Trans: 050409  
Time: 3:33P OCT 05  
Price: \$7.50  
Expires:

3:33PM THU  
OCT 06 05

INSTRUCTIONS ON BACK

TICKET VOID IF REPRODUCED



PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

THANK YOU FOR PARKING  
WITH IMPERIAL PARKING  
MACDONALD ESTATES

05OCT18 12:10 001 001  
05OCT18 09:41 01

/ 2:29 #175495

=01038861

RATE 1 \$7.50  
TOTAL \$7.50  
CASH \$7.50

FOR MONTHLY PARKING  
PHONE 4201976  
GST INCLUDED

Meter: 02013701  
Trans: 050409  
Time: 12:15P OCT 18  
Price: \$7.50  
Expires:

3:15PM TUE  
OCT 18 05

INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

DISPLAY FACE UP ON DASH



Impark Lot 0002-0001

Machine Serial #:4002002ACCDA

EXPIRY DATE AND TIME

EXP 11:05am  
OCT 31,2005

EXP 11:05am  
OCT 31,2005

TICKET# 00054510 LOT# 00020001

C 10006.00 MACH# 001  
CUT THE INS FOR USE ON SIGN PLEASE

Park 2 hours \$6.00

Questions/Comments?  
Call 780-420-1976

DISPLAY FACE UP ON DASH

TICKET VOID IF REPRODUCED



THIS SIDE UP ON DASH

Early Bird

Meter: 02013701  
Trans: 050409  
Time: 6:00AM OCT 25  
Price: \$6.00  
Expires:

6:00AM THU  
OCT 27 05

INSTRUCTIONS ON BACK

TICKET VOID IF REPRODUCED

PLACE THIS SIDE UP ON DASH

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

November - ~~December~~ 2005  
HONORARIA

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Nov 2	HBA Health Services Plan					36
Nov 4	Mail/Correspondence					30
Nov 6	Mtg Leila/Maurice Policy					30
Nov 9	Opening Kipnes Centre					56
Nov 10	HSP Core Task Team					42
Nov 12	Mail/Correspondence CRM&A Award Dinner					42
Nov 13	Kopernik Ground Bldg					42
Nov 14	HSP steering Mtg Neil/Chair					42
Nov 15	Teleconference mtg Mtg Bill Farouk C.C. Found					36
Nov 16	HBA mtg C.C. Foundation Retreat					36
Nov 17	Teleconference mtg MWSE CMC mtg Teleconference HSP					12 <del>42</del> 0
Nov 18	Working mtgs HSP SPAC mtg Critique HSP Plan					36 30
Nov 23	Audit + Finance Mtg re Retreat					30
Nov 24	Prep mtg Retreat Mail/Correspondence Strathcona Cite					30 48
Nov 28	CHA Bd Retreat					54
Nov 29	CHA Bd Retreat					54
Nov 29	CHA Bd mtg					54

I certify that this claim is for Capital Health business.

NAME (print): KAREN POWELL

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

DATE: Dec. 9/05

Non-Responsive

TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM \$

686  
TOTAL KMS  
transfer to back  
406.58  
00

Reviewed by: [Signature] HON

Authorized By: [Signature]

Non-Responsive  
Date: Dec 9/05

MIS: 406.58  
Date: Dec 13/05

0525  
Dec 13/05  
[Signature]  
(see attached)

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Nov '05	FAX Line	\$ 23.86
Oct. 13/05	Call into SPPC	5.50
Nov. 24/05	Cartridges Printer HBA 1450	74.89
Nov. 14	Parking	8.00
Nov. 15	Parking	8.00
Nov 15	Parking	4.50
Nov 16	Parking	4.00
		<del>128.75</del>

TOTAL KMS (from front) 686 X 40.5¢ = 277.83

TOTAL EXPENSES \$ 406.58

(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



ACCOUNT DETAIL	
KAREN POLOWICK	s.17(1), 17(4)(g)(i)
Current Charges - Detail	

Contract Term : 3 yr

Monthly Service Plans Oct 26 to Nov 25	
Service Plan Name	Total
Talk \$20/175 PCS	20.00
<b>Total</b>	<b>\$ 20.00</b>

Additional Local Airtime					
Service	Total Airtime	Free Airtime	Included Airtime	Chargeable Airtime	Total
Phone (minutes)	104:00	2:00	102:00	0:00	0.00
<b>Total</b>					<b>\$ 0.00</b>

Long Distance Charges					
Service	Included LD Minutes	Chargeable LD Minutes	Total		
Domestic Phone	0:00	37:00	9.25		
US / Int'l Phone	0:00	2:00	0.50		
<b>Total</b>				<b>\$ 9.75</b>	

Roaming Charges						
Service	Roaming minutes	Roaming charges	Roaming LD minutes	Roaming LD charges	Roaming Surcharge	Total
US / Int'l Phone	14:00	13.30	12:00	6.00	0.00	19.30
<b>Total</b>						<b>\$ 19.30</b>

Value Added Services Oct 26 to Nov 25	
Service	Total
Wireless Web - Surf Sampler	Free
<b>Total</b>	<b>\$ 0.00</b>

Network and Access	
Charge	Total
System Access Fee	6.95
<b>Total</b>	<b>\$ 6.95</b>

Taxes	
GST	2.99
<b>Total</b>	<b>\$ 2.99</b>

**Total Current Charges: \$ 58.99**

AIRTIME DETAIL	
Phone	

Call Period: D-Daytime, E-Evening, W-Weekend

Call	Date	Time	Call Period	From	Number Called	To	Call Length mm:ss	Local Airtime Rate	Local Airtime Charges	LD Charges	Additional Call Charges	Total
						s.17(1), 17(4)(g)(i)						
1	26 Sep	15:16	D	SLAVE LAKE AB		EDMONTON AB	1:00	0.00	0.00	0.25	0.00	0.25
2	27 Sep	11:15	D	EDMONTON AB		EDMONTON AB	2:00	0.00	0.00	0.00	0.00	0.00
3	29 Sep	13:15	D	LEDUC AB		EDMONTON AB	1:00	0.00	0.00	0.00	0.00	0.00
4	29 Sep	13:16	D	LEDUC AB		EDMONTON AB	1:00	0.00	0.00	0.00	0.00	0.00
5	29 Sep	14:17	D	EDMONTON AB		EDMONTON AB	1:00	0.00	0.00	0.00	0.00	0.00
6	29 Sep	14:35	D	EDMONTON AB		EDMONTON AB	2:00	0.00	0.00	0.00	0.00	0.00
7	06 Oct	15:27	D	EDMONTON AB		EDMONTON AB	19:00	0.00	0.00	0.00	0.00	0.00
8	06 Oct	15:46	D	EDMONTON AB		EDMONTON AB	2:00	0.00	0.00	0.00	0.00	0.00
9	07 Oct	16:09	D	EDMONTON AB		EDMONTON AB	3:00	0.00	0.00	0.00	0.00	0.00
10	07 Oct	16:12	D	EDMONTON AB		EDMONTON AB	1:00	0.00	0.00	0.00	0.00	0.00
11	07 Oct	17:08	D	EDMONTON AB		EDMONTON AB	2:00	0.00	0.00	0.00	0.00	0.00
12	11 Oct	14:11	D	WINNIPEG MB		WINNIPEG MB	2:00	0.00	0.00	0.00	0.00	0.00
13	12 Oct	08:29	D	STONEWALL MB		EDMONTON AB	22:00	0.00	0.00	5.50	0.00	5.50
14	16 Oct	09:55	W	EDMONTON AB		MINNEAPOLS MN	2:00	0.00	0.00	0.50	0.00	0.50
15	16 Oct	11:36	W	BOISSEvain MB		EDMONTON AB	4:00	0.00	0.00	1.00	0.00	1.00

KAREN M. POLOWICK

APPLICANT COPY

CLIENT N°



INVOICE DATE: 25-Oct-05

PAGE 3 of 3

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

**ACCOUNT DETAIL** (continued)

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

**Phone**

Call Period: D-Daytime, E-Evening, W-Weekend

Call	Date	Time	Call Period	From	Number Called	To	Call Length	Local Airtime Rate	Local Airtime Charges	LD Charges	Additional Call Charges	Total	
					(1), 17(4)(g)(i)	(g)(i)	mm:ss						
16	17 Oct	12:13	D	STONEWALL MB		EDMONTON AB	1:00	0.00	0.00	0.25	0.00	0.25	
17	18 Oct	12:23	D	EDMONTON AB		EDMONTON AB	2:00	0.00	0.00	0.00	0.00	0.00	
18	21 Oct	14:19	D	EDMONTON AB		EDMONTON AB	3:00	0.00	0.00	0.00	0.00	0.00	
19	21 Oct	14:21	D	EDMONTON AB		EDMONTON AB	1:00	0.00	0.00	0.00	0.00	0.00	
20	21 Oct	14:22	D	EDMONTON AB		GRANDEPRAR AB	9:00	0.00	0.00	2.25	0.00	2.25	
21	25 Oct	11:35	D	EDMONTON AB		EDMONTON AB	2:00	0.00	0.00	0.00	0.00	0.00	
22	25 Oct	11:36	D	EDMONTON AB		EDMONTON AB	1:00	0.00	0.00	0.00	0.00	0.00	
23	25 Oct	13:16	D	EDMONTON AB		EDMONTON AB	2:00	0.00	0.00	0.00	0.00	0.00	
24	25 Oct	13:18	D	EDMONTON AB		EDMONTON AB	1:00	0.00	0.00	0.00	0.00	0.00	
25	25 Oct	13:45	D	INCOMING		EDMONTON AB	17:00	0.00	0.00	0.00	0.00	0.00	
<b>Total</b>										<b>\$ 0.00</b>	<b>\$ 9.75</b>	<b>\$ 0.00</b>	<b>\$ 9.75</b>

**Roaming**

Call Period: D-Daytime, E-Evening, W-Weekend

Call	Date	Time	Call Period	From	Number Called	To	Call Length	Local Airtime Rate	Local Airtime Charges	LD Charges	Additional Call Charges	Total	
					(1), 17(4)(g)(i)	(g)(i)	mm:ss						
1	13 Oct	21:17	E	MINOT \ND		EDMONTON AB	7:00	0.95	6.65	3.50	0.00	10.15	
2	15 Oct	09:41	W	MINOT \ND		EDMONTON AB	5:00	0.95	4.75	2.50	0.00	7.25	
3	16 Oct	10:55	W	INCOMING CL		DEVILLAKE \ND	2:00	0.95	1.90	0.00	0.00	1.90	
<b>Total</b>										<b>\$ 13.30</b>	<b>\$ 6.00</b>	<b>\$ 0.00</b>	<b>\$ 19.30</b>









APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

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

Ms Karen Polowick ROOM 217 TRAVEL AGENT
GUEST, 1130HB RATE NO. PERS. 2 FOLIO 495191 A PAGE 1 ARRIVE 30-NOV-05 14:17 DEPART 03-DEC-05 07:22 PAYMENT VI CHARTER

Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES, CREDITS. Rows include Room Charge, DMF, Alberta Tourism Levy, GST, Valet Pkg, In-room Internet, Visa charges.

\*\*\*For Authorization Purposes Only\*\*\* s.17(1), 17(4)(e.1)

Table with columns: Auth Date, Code, Authorized. Rows for 30-NOV-05 and 01-DEC-05.

Total-Due 0.00-

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

Handwritten: \$551.61

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

Ms Karen Polowick ROOM 217 DEPART 03-DEC-05 AGENT JGP FOLIO 495191 30-NOV-05

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





APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Dec. 1/05	FAX Line	\$ 23.86
Dec 6/05	Parking	3.00
Dec. 15/05	Parking	6.00
Dec. 6/05	Cartridges - Printing HBA materials	99.99
		<u>132.85</u>

TOTAL KMS (from front) 458 X 40.5¢ 185.49  
 TOTAL EXPENSES \$ 318.34  
 (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

87



0035055256451489

*Dec 05*

Standard Parkin

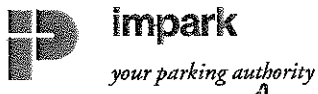
Ticket expires at  
**12:55PM**  
Tue 2005/12/06

Payment Details  
Paid: \$3.00  
CASH

Information  
7% GST Included

Machine: 1  
Lot: 002  
Ticket #: 17455  
Tue 11:25:35AM 2005/12/06

DISPLAY FACE UP  
ON DASH



*6.00 Dec 15*

**255386**

FACE UP  
ON DASH

WARNING - YOUR RISK  
SEE BACK

255386  
**DETACH RECEIPT**  
TICKET PRICE INCLUDES GST REG. #887315638RT0001

WHITE