

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF	AMOUNT	KMS
MARCH 17/04	CHA / CAP CORE FOD					21
MARCH 29/04	CHA / PAYS CLINIC					127
APRIL 15/04	CHA / STOLEN FOD					15
APRIL 19/04	CHA / NET ORG TRANS / CONT					15
APRIL 19/04	CHA / CAP CORE VET CTR					50
APRIL 20/04	CHA / RAH FOD					25
APRIL 21/04	CHA / CAP CORE FOD					21
APRIL 21/04	CHA / PACT COUNCIL					25
APRIL 28/04	CHA / AUDIT FINANCE					15
APRIL 29/04	CHA / GERHC					25
APRIL 22/04	CHA / CAP CORE MEETING					15
APRIL 28/04	CHA / LONG SEAN AWARDS					25
APRIL 29/04	CHA / NET CORE					15
APRIL 30/04	CHA / S PA					15

certify that this claim is for Authority business.

NAME (print): RAMSEY MANAGEMENT AND CONSULTING Co. Ltd.
 SIGNATURE: [Signature]
 DATE: April 30/04

Non-Responsive
 Code: 201 9000 7110300000 6850000

TOTAL HONORARIA \$ 399.72
TOTAL EXPENSES (from reverse) \$ 149.72
 Code: 201 9000 71110300000

TOTAL CLAIM \$ 250.00

Submitted to Non-Responsive

TOTAL KMS 399.72
 transfer to back

Reviewed by: Leila Ahmed
 Authorized By: [Signature]

AP for Payment
 Date: Apr 30/04
 1 May 4, 2004 Date: _____



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 8/04	CHA/CHC's MEETINGS					25
May 10/04	CHA/CHC's INTERVIEW					25
May 11/04	CHA/PHYSICIAN'S COUNCIL					15
May 14/04	CHA / S.P.P.					15
May 18/04	CHA/CHC Liaison Comm					15
May 18/04	CHA/STOLEN FOOD					15
May 19/04	CHA/CAR CARE FOOD					20
May 20/04	CHA/SUST. ISS. FORCE					15
May 26/04	CHA / BOARD MEETING					25
May 31/04	CHA/REG. DIAB.					15
June 1/04	CHA/TRANSPORT J. O'GORMAN					15
June 3/04	CHA/FR. OF MED VISITING COMM					15

I certify that this claim is for Authority business.

NAME (print): Ramsay Management and Consulting Co Ltd
 SIGNATURE: [Signature]
 DATE: JUNE 3/04

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

	12/5
TOTAL KMS transfer to back	
	81.70

Reviewed by: [Signature]
 Authorized By: _____

sent to AP for processing June 8/04

Non-Responsive
 Date: June 7/04
 Date: _____

original
to follow
- Neil is away
Thank Donna



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
JUNE 4/04	CHA / TRAVEL					66
JUNE 7/04	CHA / S-PP					15
JUNE 8/04	CHA / STOLLERBY FOAL					15
JUNE 11/04	CHA / INNOVATION CONF.					15
JUNE 11/04	CHA / ANI @ BRICK					30
JUNE 14/04	CHA / WWSM / RCHD					45
JUNE 21/04	CHA / WAIVER (APPEAL) COMM.					15
JUNE 23/04	CHA / GENESEE B. BLOCK					40
JUNE 24/04	CHA / GE HRC					30
JUNE 24/04	CHA / ANNUAL PICNIC					10
JUNE 29/04	CHA / AUDIT ADVISANCE					15
JUNE 29/04	CHA / BOARD MEETING					25
JUNE 30/04	CHA / PROVINCIAL COUNCIL					25
JUNE 28/04	CHA / PHARM LPIP REC INV.					7
						346

I certify that this claim is for Authority business.

NAME (print): Ramsay Management
AND CONSULTING CO. INC.
 SIGNATURE: [Signature]
 DATE: JUNE 30/04

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

346
 TOTAL KMS
 transfer to back
131.48
 [Initials]

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

Non-Responsive
 Date: [Signature]
 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
June 24/04	CHA / TELLS					66
June 27/04	CHA / S PP					15
June 30/04	CHA / STOWLEY FOR					15
June 11/04	CHA / INNOVATION CONF					15
June 11/04	CHA / ANI @ BRUC					30
June 18/04	CHA / WWRM / RAYO					45
June 21/04	CHA / WAIVER (ANIMAL) COMM					15
June 23/04	CHA / GENESEE B BRUC					40
June 24/04	CHA / GE HRC					30
June 24/04	CHA / Annual Picnic					10
June 28/04	CHA / Board Finance					15
June 29/04	CHA / Board Meeting					25
June 30/04	CHA / MUNICIPAL EDUCATION					25
June 28/04	CHA / PHOT LPII Rec Ins					9

I certify that this claim is for Authority business.

NAME (print): Ramsay Management
AND CONSULTING CO. P.A.
 SIGNATURE: [Signature]
 DATE: JUNE 30 / 04

Non-Responsive
TOTAL HONORARIA \$

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES \$

(from reverse)

Code: 201 9000 71110300000

TOTAL CLAIM \$

\$ [Blank]

\$ 131.48

\$ [Blank]

376
 TOTAL KMS
 transfer to back

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

Non-Responsive
 Date: [Signature]
 Date: July 9/04

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
AUG 11/04	CHA / PRESENTATION POWER					30
AUG 20/04	CHA / MUNIC CO. (AMMANOR)					30
AUG 18/04	CHA / AOB BRIEFING					15
AUG 30/04	CHA / PHAR LPIA					30
AUG 28/04	CHA / E.D.R. UOPR HANUTECH					30
AUG 30/04	CHA / EDR Chamber U.T.C.					10
SEPT 1/04	CHA / TELLS					89
SEPT 1/04	CHA / PWC VENTURE 100					30
SEPT 2/04	CHA / CAP. CORE VET GR.					20
SEPT 3/04	CHA / A.H.I. B.P.					66
SEPT 4/04	CHA / STONEY FOX					15
SEPT 15/04	CHA / S.P.R.					15
						380

I certify that this claim is for Authority business.

NAME (print): Lanset Management And CONSULTING
 SIGNATURE: [Signature]
 DATE: SEPT 15/04

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 71110300000 144.40
TOTAL CLAIM \$

TOTAL KMS transfer to back

[Signature]

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

Submitted to AP for payment
 Date: Sept 15/04
 Date: Sept 21/04 [Signature]

APPLICANT COPY



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Non-Responsive

Capital Health
UAP Site - Fairview
NOV 03 2004
RECEIVED

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Sept 23/04	G. MAR/CVA Tournament					10
Sept 23/04	CVA/Audit Finance					15
Sept 23/04	CVA/Sust. Tsh Force					0
Oct 12/04	CVA/Physicians Cch.					15
Oct 13/04	CVA/RECO Awards					25
Oct 14/04	CVA/Gen. Mgmt. Const. KPMG					30
Oct 15/04	CVA/S.P.P.					15
Oct 19/04	CVA/Sust. Tsh Force					15
Oct 20/04	CVA/RECO					83
Oct 21/04	CVA/RECO					83
Oct 20/04	CVA/Cat. Core For					20

I certify that this claim is for Authority business.

Non-Responsive

NAME (print) RANSEY MANAGEMENT AND CONSULTING
SIGNATURE: [Signature]
DATE: Oct 23/04

TOTAL HONORARIA \$ []
Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 106.78
(from reverse)
Code: 201 9000 7110300000

281
TOTAL KMS
transfer to back

TOTAL CLAIM \$ []

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

sent to AP for processing
NOV 4/04
11 83

Non-Responsive
Date: Nov 1/04
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
OCT 26/04	CHA/GARROSE 40 TH AVE					35
OCT 27/04	CHA/CONS BREAKFAST					10
OCT 28/04	CHA/GEROL CONFERENCE					25
NOV 1/04	CHA/AUDIT FINANCE					15
NOV 5/04	CHA/S.P.P.					15
NOV 6/04	CHA/CHC CONFERENCE					25
NOV 8/04	CHA/CAP CORE FOD					35
NOV 12/04	CHA/STAT P. B. SKINNER					15
NOV 15/04	CHA/STAT P. T. FORDE					15
NOV 15/04	CHA/PREV. POWER					37
NOV 16/04	CHA/RAH LOUIS HALL					35
NOV 17/04	CHA/CAP CORE FOD					20

I certify that this claim is for Authority business.

NAME (print): Ramsay Management and Consulting
 SIGNATURE: [Signature]
 DATE: Nov 17 /04

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

	282	TOTAL KMS
		transfer to back
	107.16	✓
		✓ @

TOTAL CLAIM \$
 Submitted

Reviewed by: [Signature] to AP for processing
 Authorized By: [Signature] Dec 6/04

Non-Responsive/
 Date: Nov 10/04
 Date: Nov. 24/04

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 23/04	CHA / X-W.T. M.L.R.'s					35
Nov 24/04	CHA / AUDIT FINANCE					17
Nov 24/04	CHA / FEST OF TREES					25
Nov 25/04	CHA / R.S.C. RECEPTION					10
Nov 25/04	CHA GERH CONSORTIUM					25
Nov 30/04	CHA / BOARD MEETING					35
Dec 1/04	CHA / JOINT BOARD					30
Dec 1/04	CHA / C.V.E. LIAISON					15
Dec 3/04	CHA / S.P.'s					15
Nov 30/04	CHA / LIVERMORE ROTARY					25
Dec 6/04	CHA / STOLLER S. FRATE GAMA					25
Dec 8/04	CHA / RECEPTION R. PALMER					30

I certify that this claim is for Authority business.

NAME (print): RANSEY MANAGEMENT AND CONSULTING
 SIGNATURE: [Signature]
 DATE: Dec 9/04

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

258
 TOTAL KMS
 transfer to back

98.04

[Signature]

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

Non-Responsive
 Date: Dec 14/04

Date: _____

15 Sent to AP for processing Dec 17/04
 92

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 13/04	CHA/PHARMA Rec. Ins. Bros					25
Dec 14/04	CHA/ IHS Forum					15
Dec 15/04	CHA/CAPITAL CARE FOR					25
Dec 15/04	CHA/ IHS Forum					15
Dec 20/04	CHA/ ANA HEADS INC					30
						φ
Jan 05/05	CHA/ Recert. Dep Minister					18
Jan 10/05	CHA/ SRAI PHOTON TSH FORCE					35
Jan 11/05	CHA/ PACE LIAISON CONFERENCE					15
						φ
Jan 14/05	CHA/ S.P.P					15
Jan 13/05	CHA/ AUDIT FY					φ

I certify that this claim is for Authority business.

NAME (print): Ramsay Management
AND CONSULTING LTD
 SIGNATURE: [Signature]
 DATE: Jan 15/05

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

	\$	1090.00	193
	\$	73.34	TOTAL KMS transfer to back
	\$	1163.34	[Signature]

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

Sent to AP
 for payment
 January 24/05
 JB

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 18/05	CHA/HEALTH BOARDS CALGARY					60
JAN 19/05	CHA/OB/HEALTHY WEIGHTS					15
						-
JAN 21/05	CHA/AUDIT FIX					15
JAN 26/05	CHA/CHAMBER FUNCTION					35
JAN 27/05	CHA/GERNE					
JAN 27/05	CHA/IT. D STRATEGY					18
FEB 2/05	CHA/BOARD MEETING					15
FEB 3/05	CHA/SAFETY QUALITY SEMINAR					15
FEB 4/05	CHA/S.P.					15
FEB 10/05	CHA/CONFERENCE FOR					35
						9
						223

I certify that this claim is for Authority business.

NAME (print): RANDY MANAGEMENT AND CONSULTING CO. LTD
 SIGNATURE: [Signature]
 DATE: FEB 15/05

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES (from reverse) \$ 315.54
 Code: 201 9000 71110300000 302.14
TOTAL CLAIM \$

TOTAL KMS transfer to back

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

sent to Ap
 to Payment
 March 1/05
 aj.

Non-Responsive
 Date: FEB 21/05
 Date: _____



APPLICANT COPY

DELTA
CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta T2E 6Z8
Tel.: (403) 291-2600 • Fax: (403) 291-3419
G.S.T. REGISTRATION # 139445290

ARRIVAL/ARRIVÉE 17JAN, 05MON FOLIO NUMBER N° DOSSIER 005155
DEPARTURE/DÉPART 18JAN, 05TUE BALANCE/SOLDE .00

FOUO/DOSSIER

NAME/NOM Mr John Ramsey NIGHTS/NUITS 1 STATUS/STATUT Ck-Out DATE 18JAN, 05 TIME/HEURE 8:00a ID AR
ADDRESS/ADRESSE Capital Health REMARKS/MARQUES MC

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

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE REFERENCE	AMOUNT MONTANT	ID
001	17JAN	01/528	In-Room Dining	2124	43.25+	
002	17JAN	01/528	In-Rm Dining GST	2124	2.68+	
003	17JAN	01/528	Long Distance	7804362215	11.73+	
004	17JAN	01/528	Room	Rm 528	141.00+	HR
005	17JAN	01/528	Room Tax	Rm 528	7.05+	HR
006	17JAN	01/528	Room GST	Rm 528	9.87+	HR
007	18JAN	01/528	Master Card		215.58-	AR

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

---- G.S.T. SUMMARY ----Amounts indicated with a "B" include G. S. T.
B .77+
C 9.87+
F 2.68+

*PARMI
EDM AIRPORT 4/14/00
230.38*

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectués avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)

X

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 16/05	CH/S.P.P.					15
MAR 21/05	CH/EECO Luncheon					25
MAR 23/05	CH/Audit: Fid.					15
						-
MAR 24/05	CH GERCH Consortium					45
						-
APR 11/05	CH/STROT Planning					15
APR 15/05	CH/SPP STROT Planning STROT Planning					15
APR 16/05	CH/STROT Lion Tech Force					15
APR 16/05	CH/SERVICE AWARDS					30
APR 18/05	CH/STROT Lion Meeting					20

I certify that this claim is for Authority business.

NAME (print): RAMSEY MANAGEMENT AND CONSULTING LTD.
 SIGNATURE: [Signature]
 DATE: APRIL 8/05

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

168
 TOTAL KMS
 transfer to back
 63.84

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

Submitted to AP for payment Date: Apr. 8/05
 April 15, 2005 Date: _____
 22
 03

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
APRIL 10/05	CH/PAYS LIASON COUNCIL					25
APRIL 19/05	CH/STRAT PLANNING STATE CONVNT					35
APRIL 20/05	CH/CHAMBER CITY LEAD					25
APRIL 26/05	CH/STRAT PLAN TSH FRCH					20
APRIL 26/05	CH/KEVIN SMITH LEAST					20
APRIL 28/05	CH/PEER-DINNER					38
APRIL 30/05	CH/CHO'S CONSULTATION					25
APRIL 24/05	CH/STARS					35
APRIL 28/05	CH/GERHC					20
MAY 2/05	CH/AKI MARINHOUSAH					20

I certify that this claim is for Capital Health business.

Non-Responsive

NAME (print): RAMSEY MANAGEMENT AND CONSULTING CO LTD
 SIGNATURE: [Signature]
 DATE: MAY 2/05

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

TOTAL CLAIM \$

263
 TOTAL KMS
 transfer to back

106.51

Non-Responsive

Reviewed by: [Signature]
 Authorized By: _____

Submitted to AP May 11/05 for payment. Date: May 2/05

NOTE: ORIGINAL TO FOLLOW WHEN RECD 83

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
APRIL 10/05	CH/ PAYS. LIASON COUNCIL					25
APRIL 19/05	CH/ STATE LEADERSHIP STATE COUNCIL					35
APRIL 20/05	CH/ CHAMBER CITY LEAD					25
APRIL 26/05	CH/ GRANT PLAN FISH FARM					20
APRIL 26/05	CH/ GREEN SWATH LEAD					20
APRIL 26/05	CH/ LEAN DINNER					38
APRIL 30/05	CH/ CHD'S CONSULTATION					25
APRIL 24/05	CH/ STAGE					35
APRIL 28/05	CH/ GERAC					20
MAY 2/05	CH/ AHE MARATHON					20

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

263
TOTAL KMS
transfer to back

NAME (print): RAMSEY MANAGEMENT AND CONSULTING CO. LTD
SIGNATURE: [Signature]
DATE: MAY 2/05

\$
\$ 106.51
\$

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

Non-Responsive
Date: MAY 2/05
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MAY 2-5/05	Hotel Calgary Health Symposium	\$ 721.85
MAY 10-11/05	Taxi / Parking Ottawa at Maz A.H.F.	89.00

TOTAL KMS (from front) 738 X 40.5¢ 298.89

TOTAL EXPENSES \$ 1109.79

(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

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

Mr. John Ramsey

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

Arrival 05/02/05 Room 0828
 Departure 05/05/05 Cashier 29
 Payment Method MC Page 1
 Invoice 426212 Starwood Preferred Guest #
 Airline Partner #

The Westin Calgary, 05/05/05

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

Date	Text	Room	Charges	Credits
05/02	Room Charge	0828	189.00	
05/02	Tourism Levy 4%		7.56	
05/02	Room GST 7%		13.23	
05/02	Park-Self Weekday		15.00	
05/03	Room Charge		189.00	
05/03	Tourism Levy 4%		7.56	
05/03	Room GST 7%		13.23	
05/03	Refreshment Centre		9.63	
	->#828 : CHECK #4097			
05/03	Terrace Restaurant		20.19	
	->#828 : CHECK #1145			
05/03	Park-Self Weekday		15.00	
05/04	Room Charge		189.00	
05/04	Tourism Levy 4%		7.56	
05/04	Room GST 7%		13.23	
05/04	Refreshment Centre		17.66	
	->#828 : CHECK #4224			
05/04	Park-Self Weekday		15.00	
05/05	Mastercard			721.85
	->	XX/XX	s.17(1), 17(4)(e.1)	

Capture method:swiped

Total 721.85 721.85

Balance 0.00 \$

Room GST 39.69
 F&B GST 2.98
 Other GST 2.94
 Total GST 45.61
 GST Vendor R861336493

Thank you for your patronage!
 Please Come Again!
 ** Open 24 hours **
 ** Thank you **

total amount \$ 24,00
 accepted total \$ 24,00
 Tax 7,00 %
 1,57 \$

Receipt no. 0072/0759/00802 11.05.05
 015100 pay parking ticket 24,00 \$
 10.05.05 05:35 - 11.05.05 12:40
 Length of stay: 1 Dy, 7 Hr, 5 Min.

Car park 0000001009 Phone. (780)890-8439
 Fax. (780)890-8329

EDMONTON AIRPORTS
 GST# R128599776

RECEIPT / REÇU

Amount/Montant: \$ 30.00
 Date: 10/5/05
 From/De: Motel
 Driver/Chauffeur: 796
 Tax#: 796
 Thank you / Merci

BLUELINE RECEIPT FOR CAB FARE

Amount: \$ 35.05 Date: MAY 11/05
 From: Motel
 To: Airport
 Cab No. 3119
 Driver: [Signature]

G.S.I. Included in meter fare

VISA
 MERICARD
 AMERICAN EXPRESS
 Drivers Club International

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 13/05	CH / AUDIT FINANCE					20
MAY 13/05	CH / CONSUMER GROUP					20
MAY 16/05	CH / STRAT PLAN TRN FORCE					20
MAY 16/05	CH / S.P.F. Comm.					20
						-
MAY 19/05	CH / STRAT PLAN B-SHINDER					25
MAY 25/05	CH / Board MEETING					45
MAY 25/05	CH / CHC INTERVIEWS					22
JUNE 3/05	CH / S.P.F. Comm.					20
JUNE 8/05	CH / CARITAS A.G.M					30
JUNE 14/05	CH / GME Golf TOUR					63
JUNE 14/05	CH / STOLLEY FOX					41

I certify that this claim is for Capital Health business.

NAME (print): RANSEY MANAGEMENT
AND CONSULTING CA LTD
 SIGNATURE: [Signature]
 DATE: JUNE 15 / 05

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

306	TOTAL KMS
	transfer to back
123.93	

Reviewed by: Leila Ahmed
 Authorized By: [Signature]

Sent to AP for processing
 June 16/05
 JB

Non-Responsive
 Date: June 14/05
 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
JULY 13/05	CH/ ANS IN HEALTH					25
						-
						-
JULY 18/05	CH/ LPIP - HBA LECTURE					30
						-
JULY 19/05	CH/ STATE PLAN TASK FORCE					25
JULY 20/05	CH/ RCH HONORARY BREAKFAST					35
JULY 21/05	CH/ CHEVROSE HONORARY BREAKFAST					35
JULY 22/05	CH/ VAM HONORARY BREAKFAST					25
JULY 28/05	CH/ LPIP (HBA) INSURANCE					30
JULY 29/05	CH/ STATE PLAN					25
AUGUST 10/05	CH/ HBA LPIP BOARD					30
						260

I certify that this claim is for Capital Health business.

NAME (print): Ramsel Management and Consulting Co. Ltd
 SIGNATURE: [Signature]
 DATE: AUGUST 11/05

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

260	TOTAL KMS
	transfer to back
105.30	
	✓

Reviewed by: Leila Ahmed
 Authorized By: [Signature]

Submitted to AP for payment Aug 23/05

Non-Responsive
 Date: Aug. 18/05
 Date: _____

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
						—
August 17/05	CH/STAFF PLAN					15
August 17/05	CH/HBA/LPA					20
August 23/05	CH/STAFF PLAN MEETING					20
August 25/05	CH/STAFF PLAN TUTOR					63
						0
Sept 7/05	CH/STAFF PLAN TUTOR					20
Sept 8/05	CH/STAFF PLAN TUTOR					20
Sept 19/05	CH/MOZ APT B. PARKS					63
Sept 12/05	CH/FOOD SERVICES					12
Sept 13/05	CH/CHC LINSON MEETING					20
Sept 14/05	CH/S.P.F.					20
						273

I certify that this claim is for Capital Health business.

NAME (print): Remset Management AND CONSULTING CO. LTD.
 SIGNATURE: [Signature]
 DATE: SEPT 14/05

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 7110300000 110.56

	273
	TOTAL KMS
	transfer to back
	[Signature]

TOTAL CLAIM \$

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

Sept 19/05
 Submitted to AP for payment
 [Signature]

Non-Responsive
 Date: Sept 14/05
 Date: _____

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 16/05	CH/LPIT HBA Meeting					25
						0
Oct 12/05	CH/SPP					20
Oct 13/05	CH/Starb P. Tea France					20
Oct 19/05	CH/STARS BOARD-CALGARY					275
Oct 14/05	CH/STARS BOARD-CALGARY					275
Oct 15/05	CH/CHC Consultation					20
Oct 17/05	CH/Stonewall Foundation					20
Oct 18/05	CH/RAH Horseshoe					35
Oct 19/05	CH/SPP					20
						-
Oct 19/05	CH/MECON HEALTH F&A					18
						728

I certify that this claim is for Capital Health business.

NAME (print): Randy Management and Consulting Ltd
 SIGNATURE: [Signature]
 DATE: Oct 20/05

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$ 294.84
 (from reverse) 295.25
 Code: 201 9000 7110300000

TOTAL CLAIM \$

TOTAL KMS transfer to back

[Signature]

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

submitted to AP for processing
 NOV 4/05
[Signature]

Non-Responsive
 Date: Oct 26/05
 Date: _____

APPLICANT COPY

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

MR John Ramsev

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

Arrival 10/20/05 Room 1208
 Departure 10/22/05 Cashier
 Payment Method MC Page
 Invoice Starwood Preferred Guest #
 Airline Partner #

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

The Westin Calgary, 10/21/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1208	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Park-Self Weekday		15.00	
10/21	Room Charge		153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%		10.82	
10/21	Dest. Marketing Fee 1%		1.53	
10/21	Park-Self Weekend		10.00	

Total 368.06
 Balance 368.06 \$

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

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

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

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Nov 14/05	CH/SPSP					20
Nov 15/05	CH/HBA/SPSP					25
Nov 16/05	CH/Sherwood Park Chamber					78
Nov 18/05	CH/SPSP					20
Nov 18/05	CH/MAHI Jasper					365
						-
Nov 20/05	CH/MAHI Jasper					365
						φ
						φ
Nov 23/05	CH/Auditor's Fee					20
						φ
						φ

I certify that this claim is for Capital Health business.

NAME (print): RANSEY MANAGEMENT AND CONSULTING CO. LTD.
 SIGNATURE: [Signature]
 DATE: Nov 23/05

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

	863
TOTAL KMS	transfer to back
	349.52

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

sent to AP for processing
 November 29/05

Non-Responsive
 Date: Nov 23/05
 Date: _____

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Nov 29/05	CH / BOARD RETREAT					12
Nov 29/05	CH / BOARD RETREAT					23
Nov 29/05	CH / BOARD MEETING					
Dec 1/05	CH / HBA POLICY FORUM					305
Dec 2/05	CH / HBA POLICY FORUM					305
Dec 6/05	CHC HAS COMMITTEE					20
Dec 6/05	CH / STAFF FORUM					20
Dec 9/05	CH / S.P.R					20
Dec 13/05	CH / QUALITY CONF					20
Dec 14/05	CH / QUALITY CONF					20
Dec 15/05	CH / STARS BOARD					35
						780

I certify that this claim is for Capital Health business.

NAME (print): Ramsay Management And Consulting Co. Ltd.
 SIGNATURE: [Signature]
 DATE: Dec 16/05

Non-Responsive
TOTAL HONORARIA
 Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
 (from reverse)
 Code: 201 9000 71110300000

TOTAL CLAIM

\$	
\$	500.71
\$	

780
 TOTAL KMS
 transfer to back

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

sent to AP for processing
 January 9/06

Non-Responsive
 Date: Dec 20/05
 Date: _____



APPLICANT COPY

Sheraton Suites Calgary EAU CLAIRE

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

Mr John Ramsey ROOM 305 RATE 1 NO. PERS. 495192 A FOLIO 1 PAGE 01-DEC-05 10:14 ARRIVE 02-DEC-05 DEPART MC 09:41 PAYMENT T R A G E N T C H A R G E

Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES • CREDITS. Rows include Room Charge (135.00), DMF (1.35), Alberta Tourism Levy (5.45), GST (9.54), Valet Pkg (28.89), Minibar (4.28), Master Card (184.51-).

For Authorization Purposes Only

s.17(1), 17(4)(e.1) Auth Date Code Authorized 01-DEC-05 008936 182.25 Total-Due 0.00-

EXPENSE REPORT SUMMARY

Table with columns: Date, Room & Tax, Food & Bev, Telephone, Other, Total, Payment. Rows for 01-DEC-05, 02-DEC-05, and Total.

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.

SIGNATURE For Reservations Call 1-888-784-8370

Mr John Ramsey ROOM 305 DEPART 02-DEC-05 AGENT TNOGI FOLIO 495192 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 1130HB s.17(1), 17(4)(g)(i)	Mr John Ramsey	ROOM	305		T R A G E N T C H A R G E
		RATE	1		
		NO. PERS.	495192	A	
		FOLIO	2		
		PAGE	01-DEC-05	10:14	
		ARRIVE	02-DEC-05		
		DEPART	MC	09:41	
		PAYMENT			

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

GST Summary

GST Room Revenue	9.54
GST Food and Beverage	0.28
GST Telephone	0.00
GST Other Revenue	1.89
Total GST	11.71

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

As a Starwood Preferred Guest, you could have earned 2 Starpoints for each \$1 USD spent . Please provide your member number or enroll today.

For Reservations
Call 1-888-784-8370

Mr John Ramsey	ROOM	DEPART	AGENT
FOLIO 495192 01-DEC-05	305	02-DEC-05	TNOGI

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
Dec 21/05	CH/H.P. Mtg					20
Jan 4/05	CH/H.P. Mtg					20
Jan 9/05	CH/SPF					20
Jan 11/05	CH/A Nelson					20
Jan 11/05	CH/PASS Local CCL					20
Jan 12/05	CH/Local Team Coord					20
Jan 18/05	CH/STARS					25
Jan 18/05	CH/PAPER					10
Jan 18/05	CH/Ponce Canal Chief					30
Jan 18/05	CH/STARS Part					20
						φ
						205

I certify that this claim is for Capital Health business.

Non-Responsive

TOTAL HONORARIA

\$

205

TOTAL KMS
transfer to back

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

\$

83.03

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

\$

[Signature]

NAME (print): RANDY MANAGEMENT AND CONSULTING CO LTD

SIGNATURE: *[Signature]*

DATE: Jan 19/06

Non-Responsive

Reviewed by: Miriam J. Shwed

Date: Jan 24/06

Authorized By: _____

Date: _____

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 19/06	CH/Re Vice Chair Assn					20
JAN 24/06	CH/A.D.I. Board					20
JAN 25/06	CH/Family Literacy					35
JAN 26/06	CH/Re Vice Chair Assn					20
JAN 26/06	CH/GERM Consecration					35
JAN 27/06	CH/AMW Meeting Consecration					68
JAN 31/06	CH/Corp Dir Mtg					25
FEB 1/06	CH/WESJ Gen CHC					35
FEB 3/06	CH/Vice Chair Assn					20
FEB 9/06	CH/GENROSE Fnd					30
FEB 14/06	CH/HBA Secy Mtg					20
						328

I certify that this claim is for Capital Health business.

NAME (print): Lansel Management
Asst Controller RSP
 SIGNATURE: [Signature]
 DATE: FEB 6/06

Non-Responsive
TOTAL HONORARIA
 Code: 201 9000 7110300000 6850000

TOTAL EXPENSES
 (from reverse)
 Code: 201 9000 711103000000

TOTAL CLAIM

\$		328
\$	180.24	NO
\$		

TOTAL KMS
 transfer to back

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

Submitted to
 AP for
 Processing
 Feb 7/06

Non-Responsive
 Date: Feb 6/06
 Date: _____

APPLICANT COPY

Date: 02/27/86

Chauffeur: _____

Unit No.: _____ / Amount: 35-00
G.S.T. INCLUDED

G.S.T. No.: _____

EDMONTON AIRPORTS

GST# R128599776

Car park 0000001009 Phone. (780)890-8439
Fax. (780)890-8329

Receipt no. 0241/0772/00804 27.01.06

015100 pay parking ticket 12,40 \$
27.01.06 08:02 - 27.01.06 17:15
Length of stay: 0 Dy. 9 Hr. 13 Min.

total amount	12,40 \$
accepted total	15,00 \$
change	2,60 \$
Tax 7,00 %	0,81 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **
** Thank you **

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 27/06	CH/ SP: P					20
Nov 1/06	CH/ Glen Rose Function					25
Nov 1/06	CH/ Leona Host - Care via					57
Nov 1/06	CH/ Retreat Meeting					20
Nov 4/06	CH/ CRMSA Function					38
Nov 6/06	CH/ RAA Foundation					38
Nov 6/06	CH/ T. P. Meeting					25
Nov 6/06	CH/ STONEMAN FORUM					20
Nov 6/06	CH/ STONEMAN FORUM					25
Nov 6/06	CH/ STONEMAN FORUM					25
Nov 9/06	CH/ Amb. Care Good Sta					20
Nov 15/06	CH/ SP: P					20
Nov 16/06	CH/ NAIT Function					45

308

TOTAL KMS transfer to back

I certify that this claim is for Capital Health business.

NAME (print): Randy Pharrment
 And consentive CO 150
 SIGNATURE: [Signature]
 DATE: Nov 16/06

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

132.44

sent to AP for processing Nov 27/06

Non-Responsive
 Date: Nov 20/06
 Date: _____

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

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
APRIL 11/06	CH/PHYS LIAISON COUNCIL					20
APRIL 12/06	CH/BILL BLACK RMT					35
APRIL 18/06	CH/HSLAC NAMING WORKSHOP					20
APRIL 19/06	CH/SP:Y					20
APRIL 19/06	FED HEALTH MINISTER CH/CONGRAT MTING T. CLEMENT					582
APRIL 24/06	CH/AND FOR APPR MEETING					10
APRIL 25/06	CH/LEAS HONORARY					35
APRIL 25/06	CH/W HILL LECT.					30
APRIL 26/06	CH/AUDIT FIA Comm.					20
APRIL 26/06	CH/PURVIS HEALTH SERVICES AWARDS					35
APRIL 27/06	CH/GENHRC CONSULTATION					20
APRIL 27/06	CH/STARS ITR Comm					30
APRIL 27/06	CH/CHAMBER FUNCTION					30

20
35
20
20
582
10
35
30
20
35
20
30
30
857

I certify that this claim is for Capital Health business.

NAME (print): RAMSEY MANAGEMENT AND CONSULTING CO. LTD
 SIGNATURE: [Signature]
 DATE: APRIL

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

TOTAL KMS
 transfer to back
 \$ 732.50
 TOTAL CLAIM \$

Sent to AP
 for processing
 May 2, 2006
 JB

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

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

APPLICANT COPY

THE WESTIN
CALGARY

320 4TH AVENUE SW, CALGARY, ALBERTA T2P 2S6
TEL: (403) 266-1611 FAX: (403) 233-7471

G U E S T	John Ramsey	ROOM	1226			T R A V E L C H A R G E
		RATE	289.00			
		NO. PERS.	1			
	8440 112th Street	FOLIO	88865	EX-A		
	Edmonton, AB T6G 2B7	PAGE	1			
	Canada	ARRIVE	19-APR-06	16:17		
		DEPART	20-APR-06			
		PAYMENT	VI			

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
19-APR-06	RT1226	Room Charge	289.00
19-APR-06	RT1226	Good And Services Tax	20.43
19-APR-06	RT1226	Destination Marketing Fee	2.89
19-APR-06	RT1226	Tourism Levy	11.68
19-APR-06	RT1226	Parking Self - Weekday	17.76
19-APR-06	RT1226	TAX - GST OTHER	1.24
20-APR-06	VI	Visa	343.00-
		Total Charges	343.00
		Total Credits	343.00-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
19-APR-06	324.00	0.00	19.00	0.00	0.00	343.00	0.00
Total	324.00	0.00	19.00	0.00	0.00	343.00	0.00

Thank you for choosing Starwood Hotels. 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

John Ramsey
FOLIO 88865 19-APR-06

THE WESTIN
CALGARY

APPLICANT COPY

THE WESTIN
CALGARY

320 4TH AVENUE SW, CALGARY, ALBERTA T2P 2S6
TEL: (403) 266-1611 FAX: (403) 233-7471

G U E S T	John Ramsey	ROOM	1226		T R A V E L C H A R G E
		RATE	289.00		
		NO. PERS.	1		
	8440 112th Street	FOLIO	88865	EX-A	
	Edmonton, AB T6G 2B7	PAGE	2		
	Canada	ARRIVE	19-APR-06	16:17	
		DEPART	20-APR-06		
	PAYMENT	VI			

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

GST Summary

Room	20.43
Food & Beverage	0.00
Telephone	0.00
Other Revenue	1.24
Total	21.67

Vendor Number R861336493

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

As a Starwood Preferred Guest you have earned at least 578 Starpoints for this visit

John Ramsey
FOLIO 88865 19-APR-06

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

THE WESTIN
CALGARY

APPLICANT COPY

Driver #	6293	Car #	909
To:	Rachman		
From:	Justin		
Date:	19/4/06	Amount:	\$010 ⁰⁰
GST#	81000 7344		

Driver #		Car #	616
To:			
From:			
Date:	Apr - 19/06	Amount:	10-00
GST#			

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
April 27/06	CH/SHOW FUNCTION					15
April 28/06	CH/POORER AREA BOARD					15
April 26/06	CH/CONF MED HON OF FAME					35
May 1/06	CH/ANNEX MEETING					20
May 3/06	CH/SAFETY CONF					35
May 9/06	CH/LONG SERVICE AWARDS					35
May 6/06	CH/CHC MEETING					30
May 8/06	CH/MEET THE NORTH CONF.					35
May 9/06	CH/PRIM CARE ANNEX					35
May 12/06	CH/SPIT					20
May 10/06	CH/STARS BOARD COLLEGE					608
						873

I certify that this claim is for Capital Health business.

NAME (print): Ramsay Management and Consulting Ltd
 SIGNATURE: [Signature]
 DATE: May 12/06

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

TOTAL CLAIM

\$		873
\$	499.42	124.03
\$	375.39 +	499.42
\$		

TOTAL KMS transfer to back = attached

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

Sent to AP for processing
 May 31, 2006
 67
 JB

Non-Responsive
 Date: May 26/06
 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
April 27/06	CH/SHOW FUNCTION					15
April 29/06	CH/POWER AND BONES					15
April 26/06	CH/CONF MED HON OF FAM B.					35
May 1/06	CH/ANNUAL MEETING					20
May 3/06	CH/SAFETY CONF					35
May 9/06	CH/1000 SERVICE AWARDS					35
May 16/06	CH/CHC MEETING					30
May 18/06	CH/MEET THE NURSES CONF.					25
May 19/06	CH/PRIM CARE AWARDS					35
May 22/06	CH/SPIT					20
May 10/06	CH/SPACE BONES COLLOQ					608

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 \$

873

TOTAL KMS transfer to back

AME (print): Ramsay Management and Construction Ltd
 SIGNATURE: [Signature]
 DATE: May 12/06

\$ 499.42
~~\$ 375.39~~ + 124.03
 = \$ 499.42

Reviewed by: [Signature]
 Authorized By: _____

Non-Responsive
 Date: May 26/06
 Date: _____

APPLICANT COPY

Employee #	Name	Payment for KM2 form Oct/05- Mar/06	Payment for KM2 from Apr/06	Total	KM2s Paid @ \$0.405/ KM2	Should be Paid @ \$0.43 /KM2	Balance Owed	Comments
	Ramsey, J.	1,928.22	81.00	2,009.22	4,961.04	2,133.25	124.03	12, 2006 Non-Responsive
								Non-Responsive

APPLICANT COPY



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
May 15/06	CH/ Public Health Rec					30
May 16/06	CH/ M. Warring Rec.					30
May 17/06	CONCLUB CH/ R.C. M... FOROT.					35
May 18/06	CH/ R.A.H. Leach Awards					35
May 23/06	FED MINISTERS CH/ CH/ ...					20
May 24/06	STABE, Provincial Program CH/ Women/ CH/10 Research					20
May 24/06	CH/ GREY ROSE AWARDS					35
May 25/06	CH/ GERH CONSORTIUM					30
May 31/06	CH/ Chamber, Sharon Collier					30
May 25/06	CH/ ...					
May 23/06	CH/ CHC LABS MTG					20
	SPECIAL BOARD MTG					
May 31/06	CH/ Audit For Comm.					20
June 1/06	CH/ LEADER OPERATOR -					20

325
TOTAL KMS
transfer to back

I certify that this claim is for Capital Health business.

NAME (print): Ransley Management and CONSULTING CO. LTD.
 SIGNATURE: [Signature]
 DATE: JUNE 1/06

Non-Responsive
TOTAL HONORARIA \$
 Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
 (from reverse)
 Code: 201 9000 7110300000 139.75
TOTAL CLAIM \$

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

Sent to AP for processing
 June 7/06

Non-Responsive
 Date: June 1/06
 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
JUNE 6/06	CH/MEETING NORTH HAVES LODGE					20
JUNE 8/06	CH/CONTINUING CARE MEETING					35
						—
JUNE 13/06	CH/STONEY FORD					25
JUNE 14/06	CH/ STARS MTING D TOWNERS					20
JUNE 15/06	CH/CARITAS A.G.M.					25
JUNE 16/06	CH/M22 A.H.I GOLF TOUR					135
JUNE 19/06	CH/AUGUST FORK					20
JUNE 20/06	CH/KPH BOARD CALGARY					592
JUNE 21/06	CH/SPCP					20
JUNE 22/06	CH/STARS BOARD					35
JUNE 23/06	CH/BOARD MEETING					20

I certify that this claim is for Capital Health business.

NAME (print): RAMSAY MANAGEMENT AND CONSULTING CO. LTD
 SIGNATURE: [Signature]
 DATE: JUNE 23/06

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)
Code: 201 9000 7110300000

TOTAL CLAIM

\$	947
\$	407.21
\$	

TOTAL KMS transfer to back

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

Submitted to AP
 July 11/06

Non-Responsive
 Date: JUNE 28/06

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 16/06 June 16/06	CH/TELUS					55
June 20/06 June 20/06	CH/A.D.I Board					20
						0
June 23/06	CH/Adm'n					20
July 11/06	CH/Adm'n					20
July 19/06	CH/Adm'n					20
Aug 3/06	CH/STONEY 5 TH AVE					20
Aug 11/06	CH/RE G. TREON/Adm'n					20
Aug 9/06	CH/Adm'n					20
Aug 16/06	CH/INTL HEALTH TSN FORCE					20
Aug 15/06	CH/MEETING NEIL W.					25
						—
						290

I certify that this claim is for Capital Health business.

NAME (print): Ramsey MANDREMENT
AND CONSULTING CO INC
SIGNATURE: *[Signature]*
DATE: August 16, 06

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

1
1
290
 TOTAL KMS transfer to back
 103-20 ✓
 \$

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

Non-Responsive
 Date: Aug 16/06
 Date: _____
 sent to AP for processing Aug. 18/06
 JW

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 6/06	CH/STAR Inv. ^{ALGARY} FOR COMMITTEES					576
SEPT 8/06	CH/SP:R					20
SEPT 11/06	CH/CHMAC INTERVIEWS					20
SEPT 12/06	CH/CHMAC INTERVIEWS					20
SEPT 14/06	CH/ATH:W DEPT. M. IN MEETING					25
SEPT 22/06	CH/POH OF REVIEW GROUP					20
SEPT 24/06	CH/GERHC CONSORTIUM ^{ORH} ₁₀₀₀					30
SEPT 21/06	CH/CHMAC Adv. Comm					20
SEPT 26/06	CH QUALITY/SAFETY PRESENTATION					20
						—

I certify that this claim is for Capital Health business.

NAME (print): RAMSEY MANAGEMENT AND CONSULTING CO. LTD
 SIGNATURE: [Signature]
 DATE: SEPT 26/06

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

TOTAL CLAIM \$

	\$	757
	\$	322.93
	\$	

TOTAL KMS transfer to back

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

SENT TO AP FOR PROCESSING
 OCT 11, 2006
 [Signature]

Date: Sept 28/06
 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
Sept 27/06	CH / Board Meeting					20
Sept 27/06	CH / Board Meeting					35
						0
Oct 3/06	CH / Power Review Task Force					20
Oct 3/06	CH / Dem. Beh. Ford.					50
Oct 4/06	CH / i Care Symposium					20
Oct 5/06	CH / Governance Forum					20
Oct 5/06	CH / HBA / Roundtable for Comm.					30
Oct 5/06	CH / ERM Power Ford					35
Oct 10/06	CH / HBA / Roundtable for Comm. Col. 2006					597
Oct 11/06	CH / Power Review Task Force					20
Oct 11/06	CH / Hempel Foundation					35
						882

I certify that this claim is for Capital Health business.

NAME (print): LARRY MANAGEMENT AND CONSULTING CO. LTD

SIGNATURE: _____

DATE: _____

Non-Responsive

TOTAL HONORARIA

Code: 201 9000 7110300000 6850000

TOTAL EXPENSES

(from reverse)

Code: 201 9000 7110300000

TOTAL CLAIM

\$		TOTAL KMS
\$	379.26	transfer to back
\$		

Reviewed by: [Signature]

Authorized By: [Signature]

SENT to AP
for processing
Oct 13/06
80 W

Non-Responsive
Date: Sept. Oct 11/06
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
Oct 11/06	CH/State PTOwards					20
Oct 12/06	CH/State Board					35
Oct 13/06	CH/State Board					30
Oct 17/06	CH/Gremory DENERATION					20
Oct 17/06	CH/LEACH AWARDS					35
Oct 18/06	CH/S.P.P.					20
Oct 19/06	CH/HALIFAX 6 UCR					30
						-
Oct 19/06	CH/HALIFAX 6 UCR					33
Oct 16/06	CH/ANDY/FM					20
Oct 25/06	CH/HBA LPIP					35
Oct 26/06	CH/GERHC					35

3/3
TOTAL KMS
transfer to back

I certify that this claim is for Capital Health business.

NAME (print): RANSEY MANAGEMENT
AND CONSULTING CO. LTD
SIGNATURE: [Signature]
DATE: OCT 26/06

Non-Responsive
TOTAL HONORARIA \$
Code: 201 9000 7110300000 6850000
TOTAL EXPENSES \$
(from reverse)
Code: 201.9000 71110300000

\$
1271.02
\$

TOTAL CLAIM \$

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

JEH to AP
for processing
OCT 30/06
PW

Non-Responsive
Date: OCT 27/06
Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
05/19-21/06	AIRFARE HALIFAX & VANCOUVER	87.98 \$ 379.84 ✓
"	HOTEL	584.01 ✓
"	TAXI'S	60.00 ✓
"	AIRPORT PORTALS	27.60 ✓

TOTAL KMS (from front) 313 X 43¢

134.59 ✓

TOTAL EXPENSES
(transfer to front)

\$ 1271.02 ✓

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

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

Come back soon

GUEST

TRAVEL AGENT / CHARGE TO

John Ramsey
 Buksa Associates

Room 2402
 Rate 215.00
 No. pers. 1
 Folio 244267 A
 Page 1
 Arrive 19-OCT-06 13:22
 Depart 21-OCT-06
 Payment VI

SNATI2

DATE	REFERENCE	DESCRIPTION	DEBIT CREDIT
19-OCT-06	RT2402	Room Charge	215.00
19-OCT-06	RT2402	Room Tax	21.50
19-OCT-06	RT2402	Room GST	12.90
19-OCT-06	8659	Room Service	28.04
20-OCT-06	RT2402	Room Charge	215.00
20-OCT-06	RT2402	Room Tax	21.50
20-OCT-06	RT2402	Room GST	12.90
20-OCT-06	8994	Room Service	52.67
20-OCT-06	1 BTL	Bottle Water	4.50
21-OCT-06	VI	Visa	584.01-

For Authorization Purposes Only

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

Auth Date	Code	Authorized
19-OCT-06	056675	580.50
20-OCT-06	029393	75.00

Total Charges	584.01
Total Credits	584.01-
Balance Due	0.00

EXPENSE REPORT SUMMARY

Date	Room Charge	GST/PST	Telephone	Food & Bev	Other	Total	Payment
19-OCT-06	215.00	35.44	0.00	27.00	0.00	277.44	0.00
20-OCT-06	215.00	36.56	0.00	50.51	4.50	306.57	0.00
21-OCT-06	0.00	0.00	0.00	0.00	0.00	0.00	584.01-
Total	430.00	72.00	0.00	77.51	4.50	584.01	584.01-

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 _____

John Ramsey
 FOLIO 244267 19-OCT-06

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

TRAVEL AGENT / CHARGE TO

John Ramsey
Buksa Associates
SNATI2
Room 2402
Rate 215.00
No. pers. 1
Folio 244267 A
Page 2
Arrive 19-OCT-06 13:22
Depart 21-OCT-06
Payment VI

DATE	REFERENCE	DESCRIPTION	DEBIT CREDIT
------	-----------	-------------	--------------

GST Summary for your stay:

Room Revenue GST	25.80
Food & Beverage GST	3.20
Phone/Fax/Copy Services GST	0.00
Other Revenue GST	0.26
Total GST for your stay:	29.26

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.

Signature

As a Starwood Preferred Guest you have earned approx 797 Starpoints for this visit

John Ramsey
FOLIO 244267 19-OCT-06 s.17(1), 17(4)(g)(i)

SALES PERSON: 46 ITINERARY/INVOICE NO. 0048458 DATE: 01 AUG 06
 CUSTOMER NBR: 7804369970 LUXUFE PAGE: 01

TO: RAMSEY MANAGEMENT

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

ITINERARY/INVOICE

Please forward payment of this invoice within 15 days.

FOR: RAMSEY/JOHN MR

19 OCT 06 - THURSDAY
 TOUR AIR CANADA ONLINE NUMBER OF PERSONS - 1
 DPT CITY-EDMONTON INTL AB TOUR NUMBER-LSHYM5
 FULL PAYMENT JOHN RAMSEY s.17(1), 17(4)(e.1)
 BILLED TO 283.34*
 17.00 G.S.T./H.S.T. 17.00*

TOUR ADVANCE SEAT SELECTION NUMBER OF PERSONS - 1
 DPT CITY-EDMONTON INTL AB JOHN RAMSEY
 FULL PAYMENT BILLED TO 30.00*
 1.80 G.S.T./H.S.T. 1.80*

AIR AIR CANADA FLT:239 ECONOMY s.17(1), 17(4)(e.1)
 LV EDMONTON INTL AB 1215P EOP: AIRBUS A320
 AR VANCOUVER BC 1249P 01HR 34MIN
 ARRIVE: MAIN TERMINAL NON-STOP
 RAMSEY/JOHN MR AC-
 AISLE SEAT 19D ASSIGNED
 ETKT NBR 0142137326727 s.17(1), 17(4)(g)(i)

21 OCT 06 - SATURDAY
 AIR AIR CANADA FLT:244 ECONOMY
 LV VANCOUVER BC 510P EOP: AIRBUS A320
 DEPART: MAIN TERMINAL 01HR 25MIN
 AR EDMONTON INTL AB 735P NON-STOP
 RAMSEY/JOHN MR AC-
 AISLE SEAT 19C ASSIGNED
 OTHER EDMONTON INTL AB s.17(1), 17(4)(g)(i)
 RESERVATIONS AND TICKETING PROCESSING FEE - 45.00
 PROCESSING FEE
 BILLED TO 45.00*
 2.70 G.S.T./H.S.T. 2.70*

21 APR 07 - SATURDAY s.17(1), 17(4)(e.1)
 OTHER EDMONTON AB
 FILE REMAINS ACTIVE UNTIL 21APR07

CONTINUED ON PAGE 2

SALES PERSON: 46 ITINERARY/INVOICE NO. 0048458 DATE: 01 AUG 06
 CUSTOMER NBR: 7804369970 LUXUFE PAGE: 02

TO: RAMSEY MANAGEMENT

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

ITINERARY/INVOICE

Please forward payment of this invoice within 15 days.

FOR: RAMSEY/JOHN MR

SUB TOTAL	358.34
TOTAL G.S.T./H.S.T.	21.50
NET CC BILLING	379.84*
<hr/>	
TOTAL AMOUNT DUE	0.00

SEE WEBSITE VIRTUALLYTHERE.COM TO VIEW YOUR RESEKAVATION. USE 6 LETTER CODE AT TOP OF THIS ITINERARY FOR ACCESS.

*
 GST NUMBER 101578003RT
 THANK YOU FOR BOOKING WITH EDMONTON TRAVEL
 TO RECONFIRM FLIGHTS PLEASE CALL 1-888-422-7553

*
 AIR CANADA FILE NUMBER LSHYMS
 YOUR AEROPLAN NUMBER HAS BEEN APPLIED
 AISLE SEATS HAVE BEEN ASSIGNED
 NONREFUNDABLE.PRIOR TO DAY OF DEPARTURE,CHANGES ALLOWED FOR 40.00 EACH WAY PLUS GST PLUS ANY FARE DIFFERENCE.ON DAY OF DEPARTURE,AT THE AIRPORT, CHANGES ALLOWED FOR 150.00 EACH WAY PLUS GST
 CANCELLATION AND MEDICAL INSURANCES DECLINED
 PROFESSIONAL FEES ALSO APPLY TO CHANGES/CANCELLATION
 PROFESSIONAL FEES ARE NONREFUNDABLE
 IT IS RECOMMENDED YOU CHECK-IN AT LEAST 1 HOUR PRIOR TO DEPARTURE.LATE CHECK-IN MAY RESULT IN THE LOSS OF YOUR SEAT
 THIS RESERVATION HAS BEFN SET-UP AS AN ELECTRONIC TICKET
 YOUR TICKET WILL BE ISSUED AT THE AIRPORT IN THE FORM OF A BOARDING PASS
 YOU WILL BE ASKED TO PROVIDE PHOTO I.D.

*
 I HOPE YOU HAVE A GREAT TIME IN VANCOUVER, JOHN
 THANK YOU VERY MUCH, DONNA

Thank You!

40

COQUITLAM TAXI (1977) LTD.

BELAIR TAXI LTD.

PORT COQUITLAM TAXI LTD.

DATE: OCT-19/06 \$ 30
INCLUDING

FROM: X.V.A
TO: Shurdi

DRIVER #: _____ CAB #: _____
TEL: 604-524-1111 OR 604-9

Thank you for Riding with

Best Copy Possible

COQUITLAM TAXI (1977) LTD.
2100 104th St. Coquitlam BC V3R 2K1

COQUITLAM TAXI (1977) LTD.
2100 104th St. Coquitlam BC V3R 2K1

TAXI CAB BELAIR TAXI (1977) LTD.
2100 104th St. Coquitlam BC V3R 2K1

COQUITLAM TAXI (1977) LTD.
2100 104th St. Coquitlam BC V3R 2K1

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

NO GST/STREET/NOV-RES/NO GST/NOV-RES/NOV-RES/NOV-RES

EDMONTON AIRPORTS
GST# R128599776
Phone: (780)890-8439
Fax: (780)890-8329

EDMONTON AIRPORTS
GST# R128599776
Phone: (780)890-8439
Fax: (780)890-8329

Receipt no. 0518/0751/00803 21.10.06
015100 pay parking ticket 24.60 \$
19.10.06 10:12 - 21.10.06 15:49
5 Hr. 37 Min.

DATE: Oct/12/06 \$ 30.00

04 681-1111
304 876-5555

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 16/06	CH/ Senior Board Mtg					30
Nov 17/06	CH/HBA-Audit & Fin					30
Nov 15/06	CH/Compass with Mrs.					28
Nov 20/06-7/06	CH/ Speech Cont, FS&H. Sigs					63
Nov 21/06	CH/ Senior Healthcare Conf					30
Nov 22/06	CH/Audit & Fin. Coma.					20
Nov 23/06	CH/ Board Mtg					30
Nov 20/06	CH/ Attr Lias Mtg					20
						0
Nov 30/06	CH/ GERI Consortium					30
Dec 1/06	CH/ Point To Point					20
						30

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

30
~~274~~

TOTAL KMS
transfer to back

\$ 129.43
~~117.82~~

00.

NAME (print): RANDY MANAGEMENT AND CONSULTING CO LTD.
SIGNATURE: _____
DATE: Dec 1/06

Reviewed by: Leila Shue
Authorized By: _____

sent to DAP for processing
Dec 7/06
ON

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

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 301 ~~274~~ X 43¢ 11782 129.43
 TOTAL EXPENSES \$ 11782 129.43
 (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



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec 5/06	CH / POLICY MEETING					20
Dec 6/06	CH / RETREAT					35
Dec 8/06	CH / POLICY TSH FORCE					20
Dec 8/06	CH / CHRISTMAS FUNCTION					10
Dec 5	CH / STOLLER Fpd					20
Dec 11/06	CH / STOLLER HBA Awar/FIN					35
Dec 11/06	CH / STOLLER S. F. STATE					38
Dec 12/06	CH / IIR Quality/Safety					20
Dec 13/06	CH / IIR Quality/Safety					20
						φ
						φ
Dec 19/06	CH - S. PAUL REC.					35
						258

I certify that this claim is for Capital Health business.

NAME (print): LANSBY MANAGEMENT AND CONSULTING CO LTD
 SIGNATURE: [Signature]
 DATE: DEC 19/06

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

	108.79	DA

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

Sent to
 AP for
 processing
 91 Dec 21/06
 [Signature]

Non-Responsive
 Date: Dec 20/06
 Date: _____

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED

TOTAL KMS (from front) 253 X 43¢

100.79

TOTAL EXPENSES

\$ 100.79

(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



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 29/06	CH Policy Task Force					20
Jan 2/07	CH Policy Task Force					20
Jan 12/07	CH / SP.P					20
Jan 15/07	CH / SP.P					20
Jan 16/07	CH / HBA Forum Planning					38
Jan 16/07	CH / HHS WAS Council					20
Jan 19/07	CH / Board Retreat Planning					20
Jan 23/07	CH / HBA Forum Planning					20
						0
Jan 24/07	CH / AH:W MEETING					32
Jan 25/07	CH / AH:W MEETING					32

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

222

TOTAL KMS
transfer to back

95.46

NAME (print): Ramsay Management

AND CONSULTING CO LTD

SIGNATURE: _____

DATE: Jan 26/07

Reviewed by: Reila Shved

Authorized By: Judy Binell

ENT to AP
for processing
Jan 31/07
JW

Non-Responsive

Date: Jan 25/07

Date: Jan 26/07

APPLICANT COPY

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 222 X 43¢ 95.46
TOTAL EXPENSES \$ 95.46
(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