

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (Specify meeting)	HONORARIA START END #0		
MARCHIAN CHA CONCORE FON	I THAT I THE IS	F ANOUNT	KMS
Manzala CHA/ Paro Cine		· · · · · · · · · · · · · · · · · · ·	2/
APRILISION CYN/STOLEN FOR			127
APRIL 19/04 CHA/ NOT ORG TRANS/LONT			15
APRILIBION CHOICAPEDRE UE CAR			15
ATRICADOS CHALLANT FOR			50
APRICATION CHAICAR CARE FOX			25
APAK21/04 CHA/fazt Councie			2/_
APRIL28/14 CHA/BERK			<u>25</u>
AMELLES /OH CHA/CAP CARE MERIN			/s
APRILIPHO CHO/LING SEA PRISE			25
PRIL30/04 CND/SPA			35 35
certify that this claim is for Authority business	Non-Responsive		<u>5</u>
IAME (print): Kansay Panaae nont	TOTAL HONORARIA 201 9000 7110300000 6850000	7 (m ²)	75 FAL-KMs Ser to back
AND CONSOLATION CO. La.	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	149.72	<i>y</i>
ATE: (/April 30/04	TOTAL CLAIM \$	W	7
	ibmittiato L	Non Responsive	
	Af for Payment 1May 4,2004 D	ite <u>(1401/50/0</u> ite:	
sed: March 2004	A-2		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Medical Control of the Control of th		
Barrier Service Control of the Contr		
	TOTAL KMS (from front) 394 X 38¢	1972 / Janes
ATANAMA Pandalahan	TOTAL EXPENSES §	<u>/49.72 </u>
	(transfer to front) REMUNERATION - effective March 11, 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 2 38¢ km	



revised: March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF TIME TIME HOUR		KMS
Nay 8/04	CHO/CHC'S MEENIAS	_	, , , ,	25
MAT10/04	CHA/CHO INTERVIEW			25
MAY 11/04	CVA JUXS LIOS COUNCIL			15
No1/4/04	CHALS.P.P.	_		15
MAY 18/04	CHA/CHCLIAR-COMM	_		15
May 10/09	CHA/STOLLEN FON.	_		15
MAY 19/09	CHA/CAR CARE FOOL	_		20
MA120/04	CHA/SUST. JSA. FORCE	٠		15
May 26/04	CNA BOORD MEETS.	_		25
MAY36/04	CHALLER DIDB.	<u>.</u>		15
Sune 1/04	CHA/ Innumary J. OGORMON	_		15
SUNFILOA	CHA FAC OF MED VISITIAL COMM	-		15
I certify that this	claim is for Authority business.	Non-Responsive	e \$	2/5 4 TOTAL KMS
NAME (print):	AMSE PANARMENT	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES	\$ 0	transfer to back
SIGNATURE:	ONSUNTING CO. LAND	(from reverse) Code: 201 9000 71110300000	81.70	//
DATE:	SUNE 3/04	TOTAL CLAIM	\$	10V
Rest	a Shived	sent to AP	Non-Responsive	1/1/21
Reviewed by:	Ashmar (1)	- Giprocessing	Date: (flux)	404
Authorized By:		_June 8/04"	Date: V	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	. EXPENSE ITEM	AMOUNT CLAIMED
		\$
		,
		,
·		· .

TOTAL KMS (from front) 2/3 x 38¢ 8/-70 V

TOTAL EXPENSES \$ 8/-70 V

(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



rosiond March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

original To follow Neil is away Thank Donna

DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Suncelou	CHA TENS			_	66
SUNENJOY	CHO / 8-PP.				15
June 104	CHA/STOLLEN/FOR				15
SurFII/at	CHA TONSIONON CONF.				15
Sursilat	CHALLE BRICK				30
JUNEIGO4	CHA/wwem/Czipo				45
JUNE21/04	CHA/WAINER CAPPEAR) Comm				15
JUNE 23/04	CNA/Cherlose B. Bison				40
SUNE24/04	CHA/GEHRC				30
JUNE 24/04	CHA BONDE PROPER				10
SUNE 28/04 SUNE 28/04 SUNE 30/04	CHA/ Bross PITTAR.				25
	CHAPHAN LPIT RECINS.		_		4
I certify that this	claim is for Authority business.	TOTAL HONO		7e \$	346 TOTAL KMS
NAME (print):/	CANSON CO. DER	Code: 201 9000 7110300000 TOTAL EXP! (fro	ŀ	\$ 12/46	transfer to back
SIGNATURE:		Code: 201 9000 711		/3/- 48	
DATE:	JUNE 30/04	TOTAL	OLAHVI	— Non-Poeroneise	(OF)
Reviewed by	The Committee of the Co			Date: Att	
Authorized By:		5-		Date:	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
	TOTAL KMS (from front) 3% x 38¢	131.48 V

TOTAL KMS (from front) 3% x 38¢ /3/48 $\sqrt{}$ TOTAL EXPENSES \$ /3/48

(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



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	(specify meeting)	SIARI END # OF TIME HOUR!		KMS
Suneylas	CHA FTENS			66
Suverly	CND /8 99.			15
SUNBLUT	CHA/STOMERY FOR			15
Surfuling	CHA- TADOUSTICS CENT			15
Surgifie	CONTANTE BACK			30
June 1964	CHA/WWAM/SAMO			45
JUNE21/04	CHP/WALLERCAMON) Comm			15
June 23/04	CN+/GHENESE B BENCH			40
Sure29/09	CUA/BEHRC			30
Surrafoy	CHA/ Amuse Piene			10
	Chal Brose PHAN			115
SUNR 30/09 SUNR 28/04	CHAPHON LPIP REE INS			25
I certify that this	claim is for Authority business.	Non-Responsive TOTAL HONORARIA	e s	396 V
NAME (print):_/	amsey lannement	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES		transfer to back
AND (SIGNATURE: _	Conscience Co (- Z)	(from reverse) Code: 201 9000 71110300000	131.48	
DATE:	JUNE 30/04	TOTAL CLAIM	\$	@
Reviewed by:	AN AUN	Harris de la companya del companya del companya de la companya de	Non-Responsive	W.Z.
Authorized By:	Then yola	ing.	Date: July 9	104
revised: March 2004		7	0 0 1	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
	5 o A	
	- copiet 1	
	- Copies Sentiously previously	
	Die C	

TOTAL KMS (from front) 3%

13148 / 13148 /

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

\$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



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (Specify meeting)	START END # OF TIME TIME HOUR		KMS
AUG/1/04	CHA /PREJENTION POUR			30
Au 620/04	CVD MUNIC CCL. (AMBURNOR)			30
Aug 18/04	CHA AMB BRIEFING.			15
AUG30/04	CHO/PHBALPH			30
AUR 29/4	CHA/EDE VORA NAGUTA	de	,	30
Aug 30/04	CHA/EDE CHAMBER W.TC.			10
Serriloz	CHOLTENS			89
SEPTION	CHA Pruc Verner 100			30
Cep12/01	CHALCAR CORE VET GR.	<u> </u> -		20
Sp173/04	CHA A. H.I. B. P.			66
SEPT/4/04	CHA/STOLLEDY FOR			15
SEPTISICA	CHA/S.PR	-	-	15
I certify that this o	claim is for Authority business.	Non-Responsive TOTAL HONORARIA	e \$	380 TOTAL KMS
NAME (print): 1	CONRUCTION.	TOTAL EXPENSES (from reverse)	\$	transfer to back
SIGNATURE:		Code: 201 9000 71110300000 TOTAL CLAIM	144.40	(A)
DATE:	SEPT 15/04	TOTAL CLAIM	Non-Responsive	
Reviewed by	ela Strongto	Jubmitted	Date: SERX 1	5/0/
Authorized By:		of Ap for openent	Date:	<u> </u>
revised: March 2004		500+21/04	93	•

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
.Tel		
<u> </u>		
		, .

TOTAL KMS (from front) 380 x 38¢

* 144.40

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive HONORARIA

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A. 707	* .
Pen "03200," " "	
COM.	

DATE	ACTIVITY (specify mee(ing)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
SepTONICA	G. MAR/CHA TOWNAMENT			10
	CHA/Avair Fireion			15
Sept 22/01	CNA/SUST TEN FORE			p
00-12/04	CHO/ PHYSLIDS Col.			15
0013/11	CHO/LEDON AWARES			25
Oc 14/19	CHO! GATHOUS CONTHAND			#.
Oct 15/14	CM/SPP			15
00-19/04	CHO/SAW LA TON FOREX			15
Octralof	CHO HENEAT			83
Oct 21/04	CHA/LEMENT			83
Oct 20/04	CHA/CAR CORE FOR			ZÒ
certify that this o	slaim is for Authority business.	Non-Responsiv		28/ TOTAL KMS
NAME (print): X	DANCET MANAGEMENT	ode: 201,9000.7110300000.6850000 TOTAL EXPENSES		transfer to back
799	O CONSULTAC	(from reverse) Code: 201 9000 7414.0300000	106 78	
SIGNATURE: 7	00123/04	TOTAL CLAIM	\$	P
			Non Responsive	
Reviewed by:	ecla Alaned	Jent to AP - for pancessing -NOV 4/64 11	Date:	<u> </u>
Authorized By:		-Nov4/64	Date:	
wised: March 2004		11 : 53		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED	
		\$	
			g de la companya de
Service (Service)			
	TOTAL KMS (from front) 2 <i>81</i> × 38¢	106.78	
	TOTAL EXPENSES	106.78 106.78	
	(fransfer to front)		
	REMUNERATION - effective March 1, 2004 CHAIRMAN		
數學學的主義。 對於於於 學的表現的 學的表現的 學的	\$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		



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF HOURS	AMOUNT CLAIMED	KMS
OCT26/04	CHA/GAMRERE 40TH AND	_			35
Oc727/04	CHA/Com & BERRIFUST	_			10
OCT28/04	CHA GERGI CONSORSION	<u>5.</u>			25
HOU 1/04	CHA/AUDITFINANCE	_			15
Nov5/04	CHA S.P.F.	_			15
NOO 6/04	CHA/CHE CONSUSTINON	_			25
dov 8/04	CHA/OAP CARE FOOL	_			35
Hourson	CHA/ STAN PL. B. SHINNER	_			15
dov,5/04	CHO/ STEAT PL. TEN FORCE.	_			15
Nov15/04	CHA/PREU. POWER	_			37
Nov16/04	CHA/RAH LOWS HOLE	_			35
dov17/09	CHO/COP CORE FOR				20
I certify that this	claim is for Authority business.	TOTAL HON		\$	282 TOTAL KMS
NAME (print):	KAMS OF MANAGEMENT	Code: 201 9000 7110300 TOTAL EX	PENSES (from reverse)	\$ 15-1 if	transfer to back
SIGNATURE:		Code: 201 9000 7		167.16	1
DATE:	NOU 17 /04	Supmite		\$	
Reviewed by:	Jela Amog	to AP	bung	Non-Responsiv	0
Authorized By:	Soren M. Folocus	Dece	0/04	Date: Nov. a	4/04
revised: March 2004)	13	3		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$.
	•	
	`	
		1

TOTAL KMS (from front) 282

107.16

TOTAL EXPENSES

107-16

(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

14

And



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

		NONORARIA		
	ACTIVITY	START END #OF		
DATE	(specify meeting)	TIME TIME HOUR	S CLAIMED	KMS
Nov 23/04	CHA/ N. W.T. MLB'A.			35
Nov 24/01	CHO/ AUDIT FINANDE			17
Nov 24/04	,	_		25
_		_	_	
	CHARIC RECEPTION	_	_	10
Nov25/04	CHA GERH CONSURTIUM	-		25
Nov30/04	CHA BORRO PLESTING	_		35
DECI/04	CHA JOHN BORRES	_	_	30
Deerfor	CHOL CHE LISSON	= 		15
Dec 3/04	cys/spip	=	=	73
Nov30/04	CHA/ LIVERSON LOTBRY		<u> </u>	25
Dzc 6/04	CHO/ STOLLED S FRANCALA	_	<u> 2</u>	35
DECEPOS	CHAT RECEPTION R. POLINER	_	<u> </u>	30
I certify that this	claim is for Authority business.	Non-Responsi	ve 2.	$<\!\!\mathcal{B}$
-	•	TOTAL HONORARIA		TAL KMS
	2 M	Code: 201 9000 7110300000 6850000	···-	sfer to back
NAME (print):		TOTAL EXPENSES (from reverse	j' 1	
	374	Code: 201 9000 71110300000		
SIGNATURE:		TOTAL CLAMA		ΑÀ
DATE:	DEC 9/04	TOTAL CLAIM		/ ,
Reviewed by	Leila Shired		Non-Responsive	14
Authorized By:		_	Date:	
revised: March 2004		15 Dent to As		- D4

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
-		
	,	
		·

TOTAL KMS (from front) 258 X 38¢ 98.04

TOTAL EXPENSES \$ 98.04

(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



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	(specify meeting)	TIME TIME HOURS	CLAIMED	KMS
DE0/3/04	CHOPPANFAC IN BOOL		• 1 51 300 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	25
	CHA-ITHE FORUM			15
Occis/of				25
Decis/M	CHA/IHI FORUM			15
Oze 20104	CHO/ARTHERET FOR			30
				j. j
JAN05/05	CHA/ FREETT DEPPINSTA			18
SANIOLOS	CHA/ SERAT PLANTER FORCE			3 5
San 11/05	CHO//ME KIAR COUNCIL.			15
				Z
SAN 14/05	CHA/SPP			15
Spy 13/05	CHA/AUDIT FA			K
l certify that this	claim is for Authority business.	Non-Responsive TOTAL HONORARIA	\$ 1800.00	193 Total kms
NAME (print):/	KOMSET / PANDAEMENT	ode: 201 9000 7110300000 6850000 TOTAL EXPENSES	<i>* 1090.0</i> 8 \$	transfer to back
	DE CAMOLITICAL KIDO	(from reverse) Code: 201 9000 711 10300000	73.37	D
DATÉ:	15/05	TOTAL GLAIM JEAH HO AP	\$ //63.3 ⁴	
Reviewed by:		for payment January 260	Non-Responsive Date:	
Authorized By:	Jan 18th	17 3	Date	
evised: March 2004	不足 化电离子 化溶解剂 海海水学 计总线接触编译 医阿拉马氏病			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED	
		s	
			and deplete option
	TOTAL KMS (from front) <u>///3</u> X 38¢	73,34	fickous marketer
to all the second	TOTAL EXPENSES (transfer to front)	s 73.34	
	REMUNERATION - effective March 1, 2004		Albania Albania
	GHAIRMAN \$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 höurs 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		
그렇는 그를 하는 것을	MILEAGE 18		



Authorized By:

revised: March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive **HONORARIA** ACTIVITY START #OF AMOUNT DATE (specify meeting) CLAIMED KMS 60 35 18 35 I certify that this claim is for Authority business. Non-Responsive TOTAL HONORÂRIA TOTAL KMS Code: 201 9000 7110300000 6850000 transfer to back 315,54 NAME (print): **TOTAL EXPENSES** (from reverse) Code: 201 9000 71110300000 SIGNATURE: **TOTAL CLAIM** DATE: Sent to Ap to Payment

Harch 1/05

19

Date:

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
JAN19/05	HOTEL /PARMIX	\$ 230.80
	· .	

TOTAL KMS (from front) 223 X 38¢

157.67 84.79.

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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

\$447 for over eight hours in any day

MEMBER

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

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

\$318 for over eight hours in any day

MILEAGE

38¢ km





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

ARRIVAL/ARRIVÉE

FOLIO NUMBER N° DOSSIER

17JAN, 05MON

005155

DEPARTURE/DÉPART 18JAN, 05TUE BALANCE/SOLDE .00

FOUO/DOSSIER

NAME/NOM Mr John Ramsey

Capital Health

NIGHTS/NUITS 1

STATUS/STATUT

DATE TIME/HEURE Ck-Out 18JAN, 05 8:00a

AR

MC

REM-

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

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE REFERENCE	AMOUNT MONTANT	1D
001		•	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.

.77+ В 9.87+ C F 2.68+

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 effectivés 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.)



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

ACTIVITY DATE (specify meeting)	START END # OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
MARIGHS CH/S. P.F.			157
MARRIOS SHIEFOR LUNGUERS	_		
	_		25
1/123/05 CV/ Avor Fig.	-		15
Mar 24/05 CHI GERCH CONSETTION			45
APRILIPOS CH/STRON PROMICE	_		15
APRILES/05 STRAT PLANMICH			15
APRIL 6/05 CH/ SPENTLON TEN FORDE			15
APRILGIOS CHISERUCE AWARDS			30
APRIL8/05 CH/ STROT PLOY MERING			20
I certify that this claim is for Authority business.	Non-Responsive		168
a market of the second of the	TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back
NAME (print): KAMSET PARALPARAT	TOTAL EXPENSES (from reverse)	\$	
SIGNATURE:	Code: 201 9000 71110300000	63-84	
DATE: PARKE 8/05	TOTAL CLAIM	\$	•
27111	51 11-14-	Non-Responsive	
Reviewed by leve Shurel	- Submitted to - AP for payme - April 15 2009	Date: (191. 0)	105
Authorized By:	22 April 15,2005	Date:	
revised: March 2004	63		

CAPITAL HEALTH BOARD WEWBER EXPENSE CLAIM.

		erio mentro della come periodi Seleccione		
DATE				
	William Committee Co William Committee Co			
Best Copy Possible				
and the second s				
				1
T.	ATOTAL, KWS (Grone from	6) <i>H.T.</i> 77.56.6	22.27	
				,
		TOTAL EXPENSES		
		Areasier to greatly		
REMUT CHAIR	NSPATION - CHARTE NAME (1. 153) Môre			
\$165/f0	Događe sinje incil tojak, itost inkluje 17-813			
	i va for incore and unit and include			
NACATE:	reover eight hours in any day Eig			
\$12240	(Mario and he Wellie Publication in			
	n avis de la come se la sercipio de n avis de la come de la come l	Since recipion out a trie and blave and a con-		
MILEA				



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE GROUND DINE THE HOURS DAMPED SME ARRUNOS CH MYS LIBRAY CONOLL ARRUSOLS CH STAN LIBRAY STATE CONOL ARRUSOLS CH STAN LIBRAY STATE CONOL ARRUSOLS CH STAN LIBRAY STATE CONOL ARRUSOLS CH STAN LIA FROM ARRUSOLS CH STAN LIA FROM ARRUSOLS CH STAN SAM LOSI ARRUSOLS CH			HONORA	u viza				
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ARRIGOS CHI GRAN PRINTERS ARRIGOS CHI HERRY SMITH LOSA ARRIGOS CHI LOSA CONSCIONARA ARRICAÇÃOS C	APRILIERS CHISTRAT PLANAGER ST	TAME CONIUS						35
Arrivalles CH Known Sourch Loss Arrivalles CH Loss Direct Arrivalles CH CHO's Consciousness Arrivalles CH GERHC Dot 2/05 CH GERHC Non-Responsive TOTAL HONORARIA Code: 201 8000 7110300000 8650000 TOTAL EXPENSES SIGNATURE DATE: Reviewed by July Annual Meets Reviewed by July Annual Meets Authorized By: Date May 1/05 Authorized By: Date May 1/05 Annual Service Consciousness 20 38 Assert Consciousness 20 Assert Consciousness Assert Consciousness Assert Consciousness Assert Consciousness Consciousness Assert Consciousness Ass	APRILIZO/05 CH/ CHARGE CAY.	Lest						25
ARMSOLOS CH CHO'S CONSUMBRIA ARMSOLOS CH STARC ARMSOLOS CH GERHC May 2/05 CH / ARM Markinesh I certify that this claim is for Capital Health business. NON-Responsive TOTAL HONORARIA Code: 201 9000 7113000000 8850000 TOTAL EXPENSES (from reverse) Code: 201 9000 7113000000 SIGNATURE DATE: DATE: NON-Responsive TOTAL CLAIM NON-Responsive TOTAL CLAIM NON-Responsive TOTAL CLAIM NON-Responsive Date: NON-Responsive Date: NON-Responsive Date: Date	APRIL26/05 CHI STREET PLAN TISK !	FROM						20
ARLIANS ARLIANS CH CHO'A CONSUMMED ARLIANS CH STREE ARLIANS CH ART MARKOUSH CODE: 201 8000 7110300000 6650000 TOTAL EXPENSES ARD COMPANIA CODE: 201 9000 71110300000 SIGNATURE DATE: MAY 2/05 ARVINAL ARLIANS TOTAL CLAIM Non-Responsive TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 TOTAL CLAIM Non-Responsive ARVINAL CODE: 201 9000 71110300000 TOTAL CLAIM Non-Responsive ARVINAL CODE: 201 9000 71110300000 ARVINAL CLAIM Non-Responsive ARVINAL CODE: MAY 2/05 ARVINAL CLAIM Non-Responsive ARVINAL CLAIM Non-Responsive Date: MAY 2/05 Date:	Asenzolos CH/ KLEY SMINK	2857						20
ARRILADIOS CHI GERIC May 2/05 CHI MILL MARMINICAM Certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000 TOTAL EVANS (Infont reverse) Code: 201 9000 7110300000 SIGNATURE DATE: Non-Responsive TOTAL CLAIM Non-Responsive TOTAL CLAIM Non-Responsive AP May 11 05 AP May 11 05 Application Application Application Application Application Application Application Application Application Date May 2/05 Application Application Application Date May 11 05 Application Date Application Date Application Date Application Date Application Date	Aprila/os CN/Teen- Dianes	۷						38
April 2/05 CH/BER Manufacient 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 SIGNATURE: DATE: Non-Responsive / Non-Responsive / TOTAL CLAIM Non-Responsive / April 05 April 105 Authorized By: Product to Date May 2/05 Authorized By: Date: April 105 Authorized By: Date: Non-Responsive / Date:	April 30/05 CH/ CHO's Conson	THICH						25
May 2/05 CH / AIRT Mazarparushi 1 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 S Non-Responsive TOTAL CLAIM S Non-Responsive AP May 11/05 Authorized By: Date: Authorized By: Date: D	AFRIL24/05 CN/ STARS							35
Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 TOTAL CLAIM Non-Responsive TOTAL KMS TOTAL KMS TOTAL KMS TOTAL CLAIM Non-Responsive TOTAL CLAIM Non-Responsive TOTAL CLAIM Non-Responsive TOTAL CLAIM Non-Responsive Date May 2/05 Authorized By: Date: D	APRILAGIOS CHIGERAC							20
TOTAL HONORARIA Code: 201 9000 7110300000 6850000 NAME (print): Romsel Management TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 SIGNATURE: DATE: Non-Responsive / Authorized By: Authorized By: TOTAL HONORARIA Code: 201 9000 7110300000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 Date: Non-Responsive / Date: D	MAY 2/05 CH/AKI MAZAWHO	rcis/ff	1					20
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TOTAL HONORARIA Code: 201 9000 7110300000 6850000 NAME (print): Remset Management TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 SIGNATURE: Code: 201 9000 71110300000 TOTAL CLAIM Non-Responsive / Proviewed by: Louis Authorized By: Authorized By: Date: Date:		·						
NAME (print): Romsey Management TOTAL EXPENSES And Consolidation (from reverse) SIGNATURE: Code: 201 9000 71110300000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 TOTAL CLAIM Non-Responsive / Date May 1/05 Authorized By: Date:	certify that this claim is for Capital Health busin	iess.			•			263
SIGNATURE: DATE: Non-Responsive: Authorized By: SIGNATURE: Code: 201 9000 71110300000 TOTAL CLAIM Non-Responsive: AP May 11 05 Approach Date: Date		Cod				\$		
SIGNATURE: DATE: Non-Responsive / Reviewed by: Authorized By: Signature: Non-Responsive / AP May 11 05 Ap May 11 05 Ap May 11 05 Application of payment Date:	NAME (print): KBMSEY //AMARIA	NENT NO	тот			\$		
Non-Responsive / Reviewed by: Solar Authorized By: Authorized By: Sor payment Date:	SIGNATURE:		Code: 201	9000 711	110300000	/0	6.5/	
Reviewed by: Soular Amuel Subitted to Date: May 2/05 Authorized By: Sor payment Date:	DATE: 1/14/ 2/05	·		TOTA	CLAIM		ند.	
Authorized By:	Reviewed by: Sela Shure	1			to	Data	:0 /	<u> </u>
'\	Authorized By:		HP 1 - Sor	ray	11105 Umnat	Date:	7/	
	evised: April 2005	POTE				To F	3	w

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		·
	-	
	•	

	TOTAL KMS (from front) 263 X 40.5¢	106-51
	TOTAL EXPENSES	\$ 106.51

(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



Capital - BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

7600 market	DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS		MOUNT LAIMED	KMS
de	ARRUMOS	CHIPHYS LIDSON COURCEL						25
		CH/ STRAT PLANSION STATE CONGET						35
		CH Comber Cox Lest						25
A	PRUZE/05	CHI GRAT PLAN TSA FREE						26
4	12426/05	CH KLEY SAMKERST						20
A,	eruso/os	cH Len- Dirack						38
L)	eru30/05	CHI CHO'a Consummer						25
A	18124/05	CH STARS						35
A	PRIL 20/05	CH/GERIC						20
1	NA 2/05	CH/AHI MAZANHOWSHI						20
							· · · · · · · · · · · · · · · · · · ·	
· :				-	> :			
l ce	ertify that this cl	aim is for Capital Health business.		n-Respo	•	\$		263 Total kms
NA	ME (print):	CONSEY MARKEMENT CON	de: 201 9000 7		0 6850000	\$		transfer to back
SIG	Ano eo	1 2 CO 170	Code: 201		rom reverse) 10300000		651	
	TE: //	Pay 2/05	`	TOTAL	CLAIM	\$:	
Rev	viewed by:	Celax frime!				Non-Re	esponsive au I	7.5
Aut	horized By:	(1)	- -	•		Date:		
evis	sed: April 2005		26					

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSEITEM	AMOUNT CLAIMED
		\$
, , , , , , , , , , , , , , , , , , ,		

TOTAL KMS (from front) 263 X 40.5¢	106-51
TOTAL EXPENSES	\$ 106.51

(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



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

ACTIVITY DATE (specify meeting)	START END #0 TIME TIME HOU		KMS .
May 2/05 CH AKI NAMING. CALANDY	1	.	10
Mojalos CH/ Cymrosiun ay Hesson			590
MAY 6/05 CH/ STARS D. TOWERS			20
MAY 9/05 CH/ STARS			30
MAY 9/05 CH/STARS			25
MATIO/05 CH/OTTOWA			63
		/	
I certify that this claim is for Capital Health business.	Non-Responsi		738 TOTAL KMS
NAME (print): A MSI / MANGE MENT	de: 201 9000 7110300000 68500	\$	transfer to back
SIGNATURE:	(from reve Code: 201 9000 711103000	00 1/09-74	m)
DATE: 12/05	Sent to AP	M \$ (nte
Reviewed by Cola Have of	for processing	T TOTT TEOD OTTOT TO	1/05
Authorized By:	- 8	Date:	
revised: April 2005	28		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MAY2-5/05	Horas Carany HEARTH SYMPOSUM	\$ 721.85
MA10-1105	TAXI / LAMING OTHERSHAR AHER	89-00
. '		
		·

TOTAL KMS (from front) 738 **TOTAL EXPENSES** (transfer to front)

40.5¢ km

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

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
Departure 05/05/05
Payment Method MC
Invoice 426212

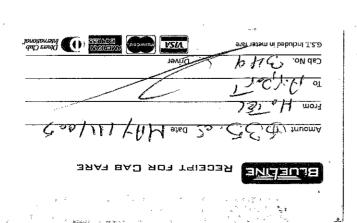
Room Cashier Page **0828** 29

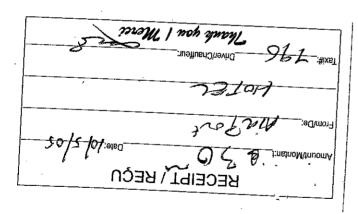
Starwood Preferred Guest #
Airline Partner #

The Westin Calgary, 05/05/05

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

Date	Text	•		Room	Charges	Credits
05/02		Charge	,	0828	189.00	
05/02	Touris	sm Levy 4%			7.56	
05/02	Room (GST 7%			13.23	
05/02	Park-S	Self Weekday			15.00	
05/03	Room (Charge			189.00	
05/03	Touris	∍m Levy 4%			7.56	
05/03	Room (GST 7%	•		13.23	
05/03	Refres	shment Centre 328 : CHECK #40	97	,	9.63	
05/03	Terrac	ce Restaurant 328 : CHECK #11	45		20.19	
05/03	Park-S	Self Weekday			15.00	
05/04	Room (-			189.00	
05/04		m Levy 4%			7.56	
05/04	Room C				13.23	
05/04		shment Centre	 2 4		17.66	
05/04		Self Weekday			15.00	•
05/05	Master			1-/1		721.85
	->		xx/xx	s.17(1), 17	/(4)(e.1)	,21.05
ture met	hod:swip	ped	Total		721.85	721.85
			Balance	.		0.00
Room	GST	39.69				
F&B	GST	2.98				
Othe	r GST	2.94				
Tota	l GST	45.61				
GST	Vendor	R861336493				÷





EDMONTON AIRPORTS

0000001009 Phone. (780)890-8439

Fax, (780)890-8329

Receipt no. 0072/0759/00802 11.05.05

Length of stay: 1 Dy. 7 Hr. 5 Min. 04:21 80.80.11 - 88:80 80.80.01 \$ 00 7 015100 pay parking ticket

\$ 00'72

total amount

accepted total

\$ 29'1 \$ 00'72 % 00'2

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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

And the second s		Non-Responsive	HONORARIA		
DATE	ACTIVITY (specify meet	ng)	START END #0		KMS
May 13/25	CH/ Avor	FINANCE.	-		20
NA13/05	CH/ Consora	6 port	_		20
MAY16/05	CH STEAT TO	SON TENFORCE	-		20
MAY18/05	CH/SP39	Conm.	-		20
May 19/03	CH STROOTE.	of B. SMINDER.	-		25
MAY25/05	CH Bones 1	EETYL.	·		45
MA125/05	CH/CHC IMA	views	-		22
SUNE 3/05	CH/ S.P.1C	-0m_	_		20
SUNEB/OS	CH/CAR, TAS,	A.G.M	_		30
SUNEMOS	cul ame Ga	- Toway	_		63
SUNEJA/05	-CH/STOLL	ay For	<u>.</u>		4/
I certify that this o	claim is for Capital Hea	Ith business.	Non-Respons TOTAL HONORAR		306 TOTAL KMS
NAME (print):	CAMSEY //AN	BAENEYT CALIO	ode: 201 9000 7110300000 68500 TOTAL EXPENSE (from reve	\$ \$	transfer to back
SIGNATURE:			Code: 201 9000 711103000	(1) 123.93	1
DATE:	JUNE 15 /0	5	TOTAL CLAI	M \$] /
Reviewed by	eila Shuo	A Ser		Non Responsive Date: MM	14/05
Authorized By:		73	- June 16/0	Date:	/
revised: April 2005	(10		32 S	5	1

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSEITEM	AMOUNT CLAIMED
		\$
-		

 TOTAL KMS (from front) 306 x 40.5¢
 /23.93

 TOTAL EXPENSES
 \$ /23.93

(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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

		Non-Responsive	HONOR	ARIA			
DATE	ACTIVITY (specify meeti	ng)	START TIME	EXPONENTIAL PROPERTY AND ADMINISTRA	FOF DURS	AMOUNT CLAIMED	KMS
SUHE 15/08	CH/Smes ,	Books 2016.	<u> </u>				576
JONEZO/05	CHI SPER						21
SUMERI/05	CH/VORA-	5- Bones					27
SUN#23/05	CH/ STOLLEY.	BELL COA					20
SUNER3/05	CH STAFF	Picare					10
Janesslow	CH/ GERHC	·					26
JUNE 27/05	CH/HBALI	of.					35
SUNE 28/05	CH/ AUDIT F	Fix Comm-					20
SUNEZ9/05	CH Books.	Neemil					20
Juy 6/05	CH/MAISTE	e Massing	,				26
I certify that this c	laim is for Capital Hea	ith business.	TO	Non-Resp			781
A10.200 (1.12 St	On all Man	and Miza	Code: 201 9000	7110300000 68	50000	· · · · · · · · · · · · · · · · · · ·	TOTAL KMS transfer to back
NAME (print):9 Arra	COSSULTIN	CO. 150		OTAL EXPEN: from ro 01 9000 7111030	everse)	3/6.30	0
SIGNATURE:				TOTAL CL	AIM \$		De
DATE:	SULY 7/0	1/	2				,
Reviewed by	Cerla X	Theyol			Noi Date	n-Responsive : July	13/25
Authorized By:	Karen M.	Folowe		1 I	Date	Lucy 13	105
revised: April 2005		-fra - 4	origina oktely	1 to 25/71	105-	ez .	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

\$170 for up to and including four hours in any day

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\$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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

ACTIVITY DATE (specify meeting)		START END #OF TIME HOUR	S CLAIMED	KMS
JUNI3/05 CH ART IN HENTH				25
JULY18/05 CH/LPIP-HBALE	Zac			30
SULY19/05 CH/ STROT PLOY TANK)	TOROX			25
JUNI20/05 OH ROH THOMOGRE BR	toppos			35
SULY21/05 CHI GLENROSE THOTOLOGIA	Влаского			35
SUNY 22/05 CH/ VAH THOROUGE BRE				25
SUST 28/05 CH/ LPIP (HBA) INSURBA				30
SULY 27/05 CH/SART PLOY				25
AUGUSIOS CH/ HBB LPTR BODE	20			30
I certify that this claim is for Capital Health business.		Non-Responsi	ve	260
	Code	TOTAL HONORARIA e: 201 9000 7110300000 6850000	• •	TOTAL KMS
NAME (print): XAMSEL /ANDAEME	5y7	TOTAL EXPENSES	\$	transfer to back
And Copsuttal Co.	TH	(from reverse Code: 201 9000 71110300000	105.30	OD .
SIGNATURE:	-	TOTAL CLAIM	\$	
DATE: #UGUST 11105	<u> </u>			
Reviewed by Kella Shive		Sibmoffed	Non-Responsive	05
	<u> </u>	to AP	Date. [1014 . 18]	<u>·</u>
Authorized By:		Jubmitted to AP for payment 36 Aug 23/05	Date:	
revised: April 2005 .	3	36 Aug 23/00		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

 TOTAL KMS (from front)
 260
 X 40.5¢
 105-30

 TOTAL EXPENSES
 \$ 105-30

 (transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

\$170 for up to and including four hours in any day

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MEMBER

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\$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



revised: April 2005

Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

DATE (Specify meeting). START END MOE AMOUNT (STAMED INMS) ACTIVITY START END MOE AMOUNT (CLAMED INMS) ACTIVITY START END MOE TIME HOURS (CLAMED INMS) ACTIVITY START END MOE TIME HOURS (CLAMED INMS) ACTIVITY START END MOE TIME ACTIVITY TO SERVICE SAFERY START FROM MORE ACTIVITY TO SERVICE SAFERY START FROM MORE ACTIVITY TO SERVICE SAFERY START FROM MORE ACTIVITY SAFERY SAF	Health Non-Responsive		
DATE (specify meeting) TIME THME HOURS CHAMED RMS ALOST M/S CH STROT RAY DATE STROT RAY DA		HONORARIA START END #OF AMOUNT	
DARSTRIPS CHI HEAPLER 20 AUGUSTASIOS CUI STEAT FLOOR MITTON 26 SENTIOS CUI STONMENT TO TORE SENTIOS CHI FORD STONMENT B. FORMER SENTIOS CHI FORD STONMENT B. FORMER SENTIOS CHI CHC LIARDY PHONE. SENTIOS CHI CHC LIARDY PHONE. SENTIOS CHI SPET FORMER CODE: 201 5000 71110300000 BESONDO TOTAL EXPENSES STONMENT CO. STONMENT CO		TIME TIME HOURS CLAIMED	KMS
DARSTRIPS CHI HEAPLER 20 AUGUSTASIOS CUI STEAT FLOOR MITTON 26 SENTIOS CUI STONMENT TO TORE SENTIOS CHI FORD STONMENT B. FORMER SENTIOS CHI FORD STONMENT B. FORMER SENTIOS CHI CHC LIARDY PHONE. SENTIOS CHI CHC LIARDY PHONE. SENTIOS CHI SPET FORMER CODE: 201 5000 71110300000 BESONDO TOTAL EXPENSES STONMENT CO. STONMENT CO			
DARSTRIPS CHI HEAPLER 20 AUGUSTASIOS CUI STEAT FLOOR MITTON 26 SENTIOS CUI STONMENT TO TORE SENTIOS CHI FORD STONMENT B. FORMER SENTIOS CHI FORD STONMENT B. FORMER SENTIOS CHI CHC LIARDY PHONE. SENTIOS CHI CHC LIARDY PHONE. SENTIOS CHI SPET FORMER CODE: 201 5000 71110300000 BESONDO TOTAL EXPENSES STONMENT CO. STONMENT CO		<u> </u>	
August 725/05 CW/ Steat Plan Morac Sept 1/05 CW/ Steat Plan Morac Sept 1/05 CW/ Steat Plan Total Sept 1/05 CW/ CWC Linder Morac Sept 1/05 CW/ CWC Linder Morac Sept 1/05 CW/ Specific CW/ CWC Linder Morac Sept 1/05 CW/ Specific CW/ Specific Code: 201 9000 7110300000 880000 TOTAL EXPENSES SIGNATURE: Sept 1/05 Signature: Sept 1/05 Non-Responsive TOTAL CLAIM Signature: Sept 1/05 Non-Responsive Dub morted To AP For	August 17/05 CH/STROT FLOX		15
ANDUSTRISTON CH STONE TOTAL Serry 105 CH Server 12. H. Hizer Serry 105 CH Server 12. H. Hizer Serry 105 CH May AHE R Parel Serry 105 CH CHC Lingua More. Serry 105 CH CHC Lingua More. Serry 105 CH SP. 1. I certify that this claim is for Capital Health business. NON-Responsive TOTAL HONORARIA Code: 201 5000 7110300000 BESSOOD. TOTAL EXPENSION SIGNATURE: Serry 105 Non-Responsive TOTAL CLAIM SIGNATURE: Serry 105 Non-Responsive TOTAL CLAIM TOTAL CLAIM Reviewed by La Shureth Date: Serry 105 Non-Responsive TOTAL CLAIM Date: Date: Left 105 Non-Responsive TOTAL CLAIM TOTAL CLAIM Date: Left 105 Non-Responsive TOTAL CLAIM Date: Left 105 Non-Responsive TOTAL CLAIM TOTAL CLA	DEGUSTYLOS CH/HBA/LPA		20
Sent 1/05 CN Snor 1/2. It Hose 20 Sent 1/05 CN Snor 1/2. It Hose 20 Sent 1/05 CN Snor 1/2. It Hose 3 Sent 1/05 CN For Snower 30 Sent 1/05 CN CH CHC LASON More. Sent 1/05 CN Sport 1/2 TOTAL HONORARIA Code: 201 9000 7110300000 8500000 TOTAL EXPENSES (from neverse) (from	AUGUST23/05 CH/STERT PLAN MITTOR		20
Sept 8/06 CV/Seep Key Town Force Sept 18/05 CH/Max AHIE B forms Sept 18/05 CH/CHC LIARDY MARK. Sept 18/05 CH/Sp. 12 Sept 18/05 CH/Sp. 12 I certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 8850000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 SIGNATURE: DATE: Sept 18/05 Reviewed by Pala Amend Amend TOTAL CLAIM Date: Reviewed by Pala Amend Total Claim Date: Date: Sept 18/05 TOTAL CLAIM Date: Sept 18/05 Date: Sept 18/05 Date: Sept 18/05	AUGUSTAS/OS CH/STOWER/ TUTTOSE		63
Sept 8/06 CV/Seep Key Town Force Sept 9/06 CV/Max ANT B fasses Sept 12/05 CH/ Form Seep Note: Sept 14/05 CH/ Spif: Cortify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 8850000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 SIGNATURE: DATE: Sept 14/05 Reviewed by Parla Annual Annual Date: Reviewed by Parla Annual Total Claim Suppressive TOTAL CLAIM Date: Date: Date: Reviewed by Parla Annual Date:			p
Sept 19/05 CH / Jose Sapurer 12 Sept 13/05 CH / CHC Linkon Moral. Sept 14/05 CH Stiff 20 I certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse) 273 TOTAL EXPENSES (from reverse) 273 SIGNATURE: Sept 14/05 TOTAL CLAIM \$ Non-Responsive TOTAL CLAIM \$ Non-Responsive Date 1/0.56 TOTAL CLAIM \$ Non-Responsive Date 1/0.56	Serr1/05 CH/ SAR PL. H. HIZER		20
Sept 12/05 CH/ CHC LIASON MINOC. Sept 14/05 CH/ SPEL I certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 8850000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 SIGNATURE: DATE: DATE: Reviewed by: Para January Ca. 150 Sept 19/05 Non Responsive TOTAL CLAIM TOTAL CLAIM Sept 19/05 Non Responsive TOTAL CLAIM Date: Date: January Ca. 150 TOTAL CLAIM TOTAL CLAIM Date: January Ca. 150 TOTAL CLAIM TOTAL CL	Septelos CU/SERT has TASA FORCE		28
Sept 13/65 CH/ CHC MASON Mind. Sept 14/65 CH/ SP3. I certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 8850000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 SIGNATURE: DATE: DATE: TOTAL CLAIM Reviewed by: Reviewed	Sep 19/06 CH/Max AHI B. Paras	···	63
Sept 14/65 CH SP.1. 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 SIGNATURE: DATE: TOTAL CLAIM TOTAL CLAIM Reviewed by: Reviewed by: Reviewed by: Reviewed by: Reviewed by: Total Claim	SEPT 12/05 CH/ FORD SERVICES		12
Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000 NAME (print): AND CAY SULTINA CO. LTP Code: 201 9000 71110300000 SIGNATURE: DATE: TOTAL CLAIM Non-Responsive TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000 TOTAL CLAIM TOTAL CLAIM Reviewed by Cola Amade Total TOTAL CLAIM Date Date Date TOTAL CLAIM Date TOTAL CLAIM	SerT13/05 CH/ CHC LIASON MICK.		20
NAME (print): NAME (Sept 14/65 CH/ SPEP.		20
NAME (print): Remark Mark Code: 201 9000 7110300000 6850000 NAME (print): Remark Mark Code: 201 9000 7110300000 \$ TOTAL EXPENSES (from reverse) (code: 201 9000 71110300000) SIGNATURE: TOTAL CLAIM DATE: Sert 14/05 Reviewed by Rolla Always Date: Law Marked D	Legrify that this claim is for Capital Health business.	Non-Responsive	273
NAME (print): Remark / Reviewed by: Pala Alman Date: TOTAL EXPENSES (from reverse) (code: 201 9000 71110300000) TOTAL EXPENSES (from reverse) (code: 201 9000 71110300000) TOTAL CLAIM \$ Depting Some Non-Responsive Date: Light (Code: 201 9000 71110300000) TOTAL CLAIM \$ Depting Some Non-Responsive Date: Light (Code: 201 9000 71110300000)	2		
SIGNATURE: DATE: Reviewed by: Reviewed by: Reviewed by: Code: 201 9000 71110300000 TOTAL CLAIM Spot 19/05 Non Responsive To AP For	NAME (print): RANSET / PRAGEMENT		Bariates to baox
DATE: SEPT 14/05 Reviewed by: Pola Shurest Dub mitted Date: 14/05 TOTAL CLAIM \$ Dept 19/05 Non-Responsive Date: 14/05 TOTAL CLAIM \$		(from reverse)	
DATE: SEPT 19/05 Sept 19/05 Non-Responsive To AP For	SIGNATURE:		are.
Reviewed by: Perla Shungh) Submitted Date: Left 14 05	DATE: SE17 14/05		
to AP for		Dept 19105 Non-Responsive	111/NC
Authorized By: Date:	Reviewed by Ola Amyto	Jub mitted Date: Slat	14/W
	Authorized By:	Date:	<u>-</u>

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
·		711111

TOTAL KMS (from front) 273 X 40.5¢	110.56
TOTAL EXPENSES	\$
(transfer to front)	

REMUNERATION - effective March 1, 2005

CHAIRMAN
\$170 for up to and including four hours in any day
\$288 for over four hours and up to and including eight hours in any day
\$460 for over eight hours in any day
MEMBER
MEMBER
\$126 for up to and including four hours in any day
········
\$126 for up to and including four hours in any day

MILEAGE 40.5¢ km

-20



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA START END # OF

DATE (specify meeting)	TIME TIME HOURS	CLAIMED	KMS
SEPTIGIOS CHILPIR HAR PRESING			25
CANONS CHIEF CONTRACTOR			
			9
Octobs CH/SIP			20
			20
OCTIBLES OH STROTE TENTRACE			42
Octistos CH/STAR BONRO-CALANOS			275
Octobos OH/ STEES BOSEO COLCOPY			275
	•		
Octisps Off CHC Consumorial	•		<i>Z</i> 0
Oct 17/05 CH/ STOLLERY FOUNDATION			20
OCTIBIOS CHIRAH Loss Horse			35
Oct19/05 CH SPP			20
Octives CH Manufleum Fox			18
I certify that this claim is for Capital Health business.	Non-Responsive		728
	TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back
NAME (print): * * * * * * * * * * * * * * * * * * *	TOTAL EXPENSES (from reverse)	\$ 294.84	
SIGNATURE:	Code: 201,9000,7111,0300000	#15 Z5	\mathcal{A}
DATE: 00720/05	TOTAL CLAIM	\$	
		Non-Responsive	/x-=
Reviewed by Seela Anue	_ Jubmitted	Date[15]	<u>'W</u>
Authorized By:	- DOGGODING	Date:	
revised: September 2005	ADOV 4/05		
"我们们的一点,我们看到一大的一样,我们看到了这样,我们就是一个人,我们就没有一个人,不是一个人,我们			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

s	DATE	EXPENSE ITEM	AMOUNT CLAIMED
			\$

TOTAL KMS (from front) 728 x 40.5¢ 295.25 294.8°

TOTAL EXPENSES \$ 295.25

(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



revised: September 2005

Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health Non-Responsive HONORARIA AMOUNT ACTIVITY START END #OF DATE (specify meeting) KMS 309 2Ö DO. S. LEEP SWELL Non-Responsive I certify that this claim is for Capital Health business. TOTAL HONORARIA TOTAL KMS Code: 201 9000 7110300000 6850000 transfer to back NAME (print):X **TOTAL EXPENSES** Code: 201 9000 71 110300000 SIGNATURE **TOTAL CLAIM** DATE: Non-Responsive Reviewed by Date: Authorized By: Date:

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Cer20-92/05	Horar Re Hours Cost.	\$ 368.06

TOTAL KMS (from front) 840 x 40.5¢ 340.20

TOTAL EXPENSES \$ 708.26

(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

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 Departure 10/22/05

Payment Method MC Invoice

_

Cashier Page

Room

Starwood Preferred Guest #
Airline Partner #

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

1208

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%	•	Ĩ.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.



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

	1Von-Responsiv		ONORARIA			
DATE	ACTIVITY (specify meeting)		TART END TIME TIME	#OF HOURS	AMOUNT CLAIMED	KMS
Noo 19/05	Al SPIP					20
Hourstos	CHUBALIER					25
alou 16 las	CH/ Successor Pary CHAMA					18
Nov 18/05						20
	CH/MAHI JAMAZ					365
enter de la Suestan	. 1 (a) व (व व व व व व व व व व व व व व व व व व					
douzolas	CU/MAH) JASHER					365
		rates to the same offer				
						þ
NOU23/05	CHAUST FIS					20
						ø
						Ø
I certify that thi	s claim is for Capital Health business.		Non-Re	esponsive IORARIA \$		863 TOTAL KMS
	0 m	Cod	le: 201 9000 71103000	000 6850000		transfer to back
NAME (print):_	MAMSET FRANCE MENT			(from reverse)	249.52	(D)
SIGNATURE:_			Code: 201 9000 7	1110300000		V
DATE:	U NOV 23/05	ئىللىمىيىكى مېمدىيى ئىلىمىيىكى مېمدىيى	TOTA	L CLAIM \$		
Reviewed by/	Leon Mune	//	zent-ta	O AP D	Non-Responsive ate: NOV 0	23/05
			for proc	assor	ate:	
Authorized By:			1 Novemb	29/05		
revised: September	r 2005	4	5		and the second of the	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMQUNT CLAIMED
		\$
4 20		

TOTAL KMS (from front) 863 x 40.5¢ 349.52

TOTAL EXPENSES \$ 349.52

(transfer to front)

REMUNERATION - effective August 1, 2005

ı	CHAIRMAN
	\$176 for up to and including four hours in any day
1	\$300 for over four hours and up to and including eight hours in any day
1	\$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
1	MILEAGE
	40.5¢ km 40



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive	HONORARIA		
DATE (specify meeting)	START END # OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
			19
MON29/05 CH/BONDO KETREN			7.
Nov22/05 CH/ BONED RETREST			23
Nov29/05 CH BORRE MERTING			
	F		
DECI /05 CH HBA PONON FORUM			305
DECAJOS CHI HBA POLLOY FORUM.			305
DEC6 105 CHC LIPS COMMITTEE			20
DECG/05 CH/STOWN FOR	년 조 -		20
Decylos GA/SP:1			20
			20
DEC13/05 CHI QUANTY CONF	±		
DECY 05 CH/ QUALIFONT	: ≥ -		20
DECISIOS CH/ STARS BOARD			35
I certify that this claim is for Capital Health business.	Non-Responsive	\$	780 TOTAL KMS
	Code: 201 9000 7110300000 6850000		transfer to back
NAME (print): KAMSEY / MADREMENT	TOTAL EXPENSES (from reverse)	\$ 500.41	
SIGNATURE:	Code: 201,9000 711,10300000	<i>300.11</i>	
(1) and the last	TOTAL CLAIM	5	
DATE:	= 100 A10	Non-Responsive	nalas
Reviewed by: Sella Jaway	to processing	Date/VIC C	7405
Authorized By:	- January 9/06	Date:	
revised: September 2005	47 93		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
DEC 2/05	CHIHBA HOTEL CALADAY	\$ 187.51
364		

TOTAL KMS (from front) 780 x 40.5¢ 3/5.90

TOTAL EXPENSES \$ 500-41

(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



Sheraton Suites Calgary

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

G Mr John Ramsey U E S T 1130HB 8ATE NO. PEF FOLIO PAGE ARRIVE DEPART DEPART S.17(1), 17(4)(g)(i) RATE NO. PEF NO.	1 01-DEC-05 02-DEC-05 MC	A 10:14 09:41	AVEL CHARGE	
--	-----------------------------------	---------------------	-------------	--

DATE	REFER	ENCE	DES	CRIPTION	CHARGES • CREDITS
01-DEC-05	RT305		Room Charge		135.00
01-DEC-05	RT305		DMF		1.35
01-DEC-05	RT305		Alberta Tourism	n Levy (4%)	5.45
01-DEC-05	RT305		GST (7%)		9.54
01-DEC-05	RT305		Valet Pkg		28.89
02-DEC-05	TDN		Minibar		4.28
02-DEC-05	MC	e.	Master Card		184.51-
	***For Aut	horization	Purposes Only*	**	
		s.17(1), 17	(4)(e.1)		•
	Auth Date	Code	Authorized		
	01-DEC-05	008936	182.25		
		Total-Du	.e	0.00-	

EXPENSE REPORT SUMMARY

Date	Room & Tax Foo	d & Bev	Telephone	Other	Total	Payment
01-DEC-05	149.99	0.00	0.00	30.24	180.23	0.00
02-DEC-05	0.00	0.00	0.00	4.28	4.28	184.51-
Total	149.99	0.00	0.00	34.52	184.51	184.51-

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 FOLIO 495192

01-DEC-05

ROOM 305 DEPART 02-DEC-05 AGENT TNOGI

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

Sheraton Suites Calgary

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

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

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

For Reservations Call 1-888-784-8370

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

Mr John Ramsey FOLIO 495192

01-DEC-05

ROOM

DEPART 02-DEC-05 AGENT

TNOGI



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health Non-Responsive

Non-Responsive

HONORARIA

DATE	(specify meeting)	TIME TIME HOURS	CLAIMED	KMS
Ozc2/bs	CH/HP MT16			20
SA14/05	CALAI MANA			20
JAY 9/05	crof spof			20
Sortlos	A Dusent			20
JANIALOS	CUI FASS KINS COL			20
		;		24
SAMME	CH Lord Tenn Core	€ # €		20
JAVIB/05	CH/CARS			25
Smilles:	Col Pase.			10
Janielos	Cul Porice Commo CHIEF			30
		\$ 9		00
Javielos	CH/S-ROSTLON	:		20
				þ
		Non-Responsive		205
I certify that this	claim is for Capital Health business.	TOTAL HONORARIA	\$	TOTAL KMS
	Day Management	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES		transfer to back,
NAME (print):	O CONSOLTING CONTO	(from reverse) Code: 201 9000 71110300000	83.03	
SIGNATURE:				a
DATE:	Joi 19/06	TOTAL CLAIM		
			Non-Responsive	
Reviewed by:	Mounton h Should		Date pun 24/06	
Authorized By:_			Date:	
revised Sentember	2005	51 Jubmitted to	DAP FOR PRO	cessing

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

	DATE	EXPENSE ITEM	AMOUNT CLAIMED
			\$
	**************************************	Parist the first term of the control	
to the first the second of the			
【一个品色的 4.3】14 多的 网络特别 金卷 医复数点 法的法决定,还是自己出现的非常能够能,这么是不是不是			

TOTAL KMS (from front) 205 X 40.5¢ 83.03

TOTAL EXPENSES \$ 83.03

(transfer to front)

REMUNERATION - effective August 1, 2005

JRM.			

\$1,76 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 52



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

10 Test (2 at	Non-Responsive	HONORA	\RIA	endergen er en	man makes produced and a second	kine rakida yang sengen sebagai Sengan segarahan	در میشوند. در میشوند میشوند و رو نه	4
DATE	ACTIVITY (specify meeting)	START	END TIME	# OF HOURS	AMO! CLA!!	6504104000000000000000000000000000000000	KMS	1 4879
	CH/Re Vica Come Hong			i i i garije	a was nin ina ina ina	T 4 € 1 . T 1	20	j.
Jon/8/06		10						
JAVASIA	CH/ADI Boxes	? 0 3 3					<u> 20 </u>	
Javasla	CH FANCY LITERACY						35	
SAN 26/00	CHIRA VIOR CHAIR AMINA						<i>20</i>	
SAN 26/00	CH GERH CONSULTION						35	
Sour la	OH AHW PLESSIC SUGARY						68	
SAN 3//00	CH/COR. PIR MATING.						25	
FEB 1/06	CH/UPST CHE CHE						_35 ⁺ _	
FEB3/0G							20	10 Section
		4						
Fas for	CH CHARRES FOR						30	· 一個五十二
Festa	CHIBA LECH MING						20	人 是 人名
I certify that this	s claim is for Capital Health business.		2.59/1/韓國國際	sponsive			328	
	0 0	Code: 201 900	0 7110300		\$	etat vitelize entit	TOTAL KMS transfer to back	
NAME (print):_	GANGE//IMAGENEUT			(PENSES (from reverse) 1110300000	\$ /E	w-24	pp	· · · · · · · · · · · · · · · · · · ·
SIGNATURE:_		Oue.		L CLAIM	\$			
DATÉ:	Upes 6/06					ecnôncive		\$ 1 a
Reviewed by	Re la Ahwed	- ラジ	bmit	ted to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The !	6/06	
Authorized By:	TO THE	Z pro	ofor Cect bot	sing	Date:			
revised: September	2005	53F€	7 ط	100				! /

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
SAY 27/06	TAXI, AIRPORT PARKING	\$ 77.40

TOTAL KMS (from front) 328-00 x 40.5¢	13289
TOTAL EXPENSES	180.24
transfer to front	

REMUNERATION - effective August 1, 2005

	REMORERATION - effective August 1, 2003
1	CHAIRMAN
1	\$176 for up to and including four hours in any day
ŀ	\$300 for over four hours and up to and including eight hours in any day
ŀ	\$478 for over eight hours in any day
ŀ	MEMBER
ŀ	\$131 for up to and including four hours in any day
ŀ	\$217 for over four hours and up to and including eight hours in any day
	\$340 for over eight hours in any day
h	MILEAGE
.1	74 - 1 · · · · · · · · · · · · · · · · · ·

EDMONTON AIRPORTS

ST# 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 **



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health Non-Responsive

HONORARIA

				START	END	# OF	Δ1	VIOUNT	
DATE	ACTIVITY (specify m	eeting)		TIME	TIME	HOURS		AIMED	KMS
- /				· · · · · · · · · · · · · · · · · · ·	[:. *	l Albania		ing a timbri ta	20
286/06	CHI HUDT	- FINDLE							
78/4/00	CHI PRIMARY	CARE CONF	2						35
EB 15/04	OH/ TRMAN	Koar Cont							35
7816/0C	CHI Prima	NCAR CO	m/						35
									ma
FB 21/ex	CH/HBA	-CALGODY							<u> 367 </u>
EB 22/06	CH/Spif								10
EB 22/00	CH MAD I	(PIF							35
E823/00	CH GER	HC.							20
									90
RB 23/01	CH// WORM	MAR							20
EBZ+/N	CH/8P+								20
			40						23
2816/66	CH HBA	Type UNG	<u>~</u>				T PA		_ペツ
cortify that this	s claim is for Capita	il Health business			Non-F	Responsive			817
Certify that the						NORARIA 1000 6850000	\$	á	TOTAL KMS
NAME (print):_	KAMSFILL	WIELDEN	770			(PENSES (from reverse)	\$		
AU	is CONSU	27/14 CO		Code:	201 9000 7	(11011 reverse) 71110300000		330 - <i>89</i>	
SIGNATURE	7	1 <i>loi</i>	<u> </u>		тот	AL CLAIM	\$		
DATE: 🚄	FEBLI	T JUG IN	<u> </u>				L_Non	-Responsive	
Reviewed by	Lo. la.	Mi	ned		ent.	to AP	Date:	Mach	406
	1) 7				orpn	ocossing h8/06			
Authorized By:				—	Narch	n8/06 '	The Colonia		
revised: September	r 2005			56		\supset			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

TOTAL KMS (from front) 817-00 x 40.5¢ 330-89 TOTAL EXPENSES \$ 330-89 (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 57.



BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
PARCHILL	CHI STURGEOF CCU.					72
Josep Va	CH BANNO MESTIN					28
MARCH 8/0C	M/NUROBIRECETTON					30
-0	CH/HBA CONFERRE	 				35
Prompo	CH/STORS FORTING		gar ym rr			35
¥.						
I certify that this	claim is for Capital Health business.		Non-Res TAL HON 200 71103000		\$	200 TOTAL KMS transfer to back
NAME (print): AMSE / / DN MAE / POTT AND CONSCIENTAL CO. LAD Con			OTAL EX 201 9000 71	(from reverse)	\$ 81.00	
SIGNATURE:	TOTAL CLAIM \$		\$	M.		
Reviewed by All To APFor Date:						
Authorized By:		_ ρ΄	OCESS Prilz	ing	. Date	
revised: September 2	2005	58 A	P1/12	4106		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
3 %		
	 In the second state of the second	

TOTAL KMS (from front) 200 X 40.5¢ 8/00

TOTAL EXPENSES \$ 8/00

(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	59



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

ACTIVITY DATE (specify meeting)	START END # OF AMOUNT TIME TIME HOURS CLAIMED KMS
Oct 27/05 CH/ SP:P	20
Nov 1 106 CH/ GLENROSE FINCTED	25
Hous los CH/LEONO HOST OPENINA	57
Novi los El LESRENT MEETING	20
Nov 4/06 CH/CRMSA FUNCTION	<u>38</u>
How 6 DE CH/RAH Frances	38
Nove los CHT BMESTAGE	25
NOVERTOR CHI STOCKED FOR PRESTA	18
Howard CHAMBETTONER	
Nov9/06CH/AMB CARE GONO STA	20
Novista CH/SP-P	20
Novielde CH/ NATT FUNCTION	45
certify that this claim is for Capital Health business.	Non-Responsive TOTAL HONORARIA Scode: 201 9000 7110300000 6850000 Non-Responsive \$ TOTAL KMS transfer to back
NAME (print): KAMSET PLANAR MENT SON	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000
SIGNATURE:	TOTAL CLAIM \$
DATE: <u>V NOV /6 /06</u>	SENT-TOAP Non-Responsive
Reviewed by Jella Shungh	Date: Nov 2006
Authorized By:	
evised: May 1, 2006	60

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
	:	
	-	

TOTAL KMS (from front) 308 **TOTAL EXPENSES**

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER 🔩

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

	HUNUKAKIA		
ACTIVITY DATE (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
APRILIJA CH/ PRYS LIDE COORDIL			20
APRILIA/OG CH/ BILL BLACK RAH			35
APRILIBIOS CH/ H.SLAC NAMING WAT/ABOND			20
APRILIPION CHI SPOP			70 20
APRIL19/16 CH/CHARY MING T. CEMENT			582
ARCZ9/OC CH/ And For HIPPER MERTINA			10
APRILAS/AG CHI LOS HOLERAH			35
APRILASIA OH WHILL LECTT.			30
APRILAGIA CHI AUDIT FIA COMM.			20
APRILIGIO GAI PURIL HEREN CERCALISES			35
APRILATIC CHI GEHRC CONSUMTION			20
ARL II/06 CH/ CHAMBER FORCTION			3Ò
I certify that this claim is for Capital Health business.	Non-Responsive	\$	857 TOTAL KMS
NAME (print): KAMSET PARAGE MONT	TOTAL EXPENSES (from reverse)	\$ 732,50	transfer to back
SIGNATURE:	Code: 201 9000 71110300000	7900	
DATE: ARRIL	Jent to AP	Non-Respor	ncivo
Reviewed by:	for processing May 2 2006	Date: 1 ocy	o E
Authorized By:	- Inay 2 2006	Date:	
revised: April 3, 2006	62		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE		EXPENSE ITEM	AMQUNT CLAIMED
AVR/119/06	HOTEL	CALGARY	\$ 343.99
')	CRB	CALGARY	\$ 343.99 20.00
·			
	-		

TOTAL KMS (from front) 857 x 43 347.69 368. 5

(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

THE WESTIN

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

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

THE WESTIN

John Ramsey

FOLIO 88865

19-APR-06



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

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

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 vou have earned at least 578 Starpoints for this visit

John Ramsey

FOLIO 88865

19-APR-06

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

Driver#	6293	Car #	909
То:	Rach	Mah	
From:	Mistin		
Date:	9/4/20	Amount:	\$ 100
GST#	(1) 10 0 (1)	344	7010

, ,	
Driver #	Car #_616
То:	"-B16
From:	
Date:	- 19/06_ Amount: 10-00
GST#	Amount: 10 -00
<u></u>	



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

To He	3(1)	Non-Responsive	HONO	RARIA				
DATE	ACTIVIT (specify	Y meeting)	START TIME	END TIME	# OF HOURS	AMOUN CLAIMEI		KMS
Arenzolas	CH/SHOW	1 Functing	_				1	15
APRIL 29/06	CH/ Poorse	AND BOWET						15
APRIL 26/06	arl Con	No How or Fame	<u> </u>					35
Doy 1/06	OH/ Auga	e MEESTAL						20
Por/3/06	CH SAF	EVY CASE	-					35
1/0/9/06.		Service Awards					ŀ	35
10/6/06	CH/CHC	MEETING	·				1	30
MA18/06	CH/ MEET	THE Nacon Conf.	·				- I to the Philippe	25
May 9/04	CH/PRIM CA	RE ALBROS	<u> </u>					35
May 12/ac.	CH/ SPE	P						20
MA110/06	CH/STARS	Boned Cocasay					[608
I certify that this	claim is for Canit	al Health business.		Non-Res	ponsive			873
1 corniy trick and	olaiiii to tot oapii			TAL HON		\$		TOTAL KMS
NAME (print):	Ransell	MANDEREMENT	Code: 201 90	OTAL EX	· · · · ·	\$ 499.4	-	transfer to back cho
	048ULTIN	a KTR			from reverse)	375.3		124.03
SIGNATURE:			Code.				2	100 igg 42
DATE:	May 12	106		TOTAI	L CLAIM	\$		(C) 7(1/1)
Reviewed by:	Keila	Showed	Sent	to 1	AP	Non Respon	isive	26/0/
Authorized By:			Sent For — Ma	proce	ssing	Date:		_
revised: May 1, 2006			67	115 pu	2006 3			-

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
4		

TOTAL KMS (from front) 873 x 43¢ 375.39

TOTAL EXPENSES \$ 375.39

(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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health Non-Responsive

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START	ENE EME	#£0F £ΘĕP\$	AMOUNT GLAIMED	KMS
Arauzzla	CH/SHOW FUNCTION					15
	CHIPOORER AND BOWE					15
	CHI CON MENTON OF FORE.					35
THE OWNERS OF	CHAMPER PETER					20
	CHI SOFET CONF					35
-20-5-6-5	out home Server Auskos					35
Specification of the first course	CHICHE MEETING					30
and the second	CH MESTER NORTH CONF.					25
	CH/PRIM CREE ALINES					35
	CH/ SP:1					20
	CHI STARS BONG COCARY					608
		(Co. 25,773,233)				
ertify that this o	daim is for Capital Health business.		Non-Res	ponsive		873
			AL HONC 741030000	"美"。在1980年的	\$	TOTAL KMS
ME (print): <u>/</u> Baso C	MASSIT ANDREMENT	то	TAL EXP	ENSES	\$ 499.43	#124.0 ²
NATURE:	le -	Code: 2	01 9000 711	COLOR OF STREET	375-31	1007499
re: <i>7</i>	Por 12/0C		TOTAL	CLAIM	\$	
riewed by:/	Leila Shines				Non-Responsive	26/11/
norized By:						746
					Date: /	

sed: May 1, 2006

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
error <u>i te</u> rritorio. Processo successos est		
	Signed to original to follow	
	original to	
	follow T	

 TOTAL KMS (from front)
 973
 x 43¢
 375.39

 TOTAL EXPENSES
 \$ 375.39

(transfer to front)

REMUNERATION - effective April 1, 2005

	1.05	100	HKN	100	A	200	S	S - S	3/ 62	200	20 X	200	3.5			100	N		0.75	100	20 B	14.	25	200	Sec.	2000	1.5	1500
22	1,380,4	702.34	VALUE OF	1000	3 Z 2 1 3	6527 119	52. 45	147	1,000	6.00	200	833	1.0	31	100	JES.	0.15%	12.52	1.5	11.15	4.7.46	2000	G# (3)	100	Sec. 1	Carlo.	3.37	1.55.6
	AL	100	1.5	CHEST OF	200	S. V.					2500			75	100	100				17.00		100			38.77			
13	400	444	AND SOLD		A2	-A.	201 203	200			en e	5 . ×	3	22.0	125	2000	23	1136		1.50	. 1		S	3.7			50.	
1/2	100	264	160	#4 5 l d	F25.3	ാലന	n R	1024	ын	gΩ	# (G	A I C	and a	ar II	100	100	ua.	m	317	66.5	Sales		5000	\$2.15°	25.00	2257	5.93	· 3278
2.	7.50	VI. 77	for	2.00				8.75	100		3		200	***		188	4.3			3.3				3/2			****	
																						100	3877	200	11-27			1
1	. 63	2	400	1.2	35573	83.WG	50 P	17.7	1.0	9.0	ě.				175	31,750	1.576	1.19	0.00	1.0	2 6	1.70		4:00		1000	25	1211
	17/2		for	13.0		mi	THE RE	BILLE		mr	111	n i	m.	'nn	OE I	ne	110	1170	1 0	ı di	11.3		IIT 4	211	1	111	Cl 2	17
W.5	20000	100	126	Sale AS	- A	16 X	20.5	CANA	100	30.00	1000		7					4.5		- 34			15.		357	18.7		
100	120	1.0	10.000	2577	A. C	200	and the	200	100	100	200	58.7	25.47		25 3				V 20	. 4		31.3	5 7	2.37		100	1-1	· · · (. f.)
. 7	10.0	~~		27.00					1.30		200	- 1				/P. 10.				77						100		
	1.144	433	ALC: F	350	PH: 1		1.0	ic it i		11.1	200	33 A	de la			52	100	2037	100		2,95%					11 C.N.	Thomas .	1
12	1,32	1.00	for	C		300	10.00					44.6				*15.0	0.9-	7.0	1	10.7	0.73		100	·		125.00	276.69	. 10.10

MEMBER

\$135 for up to and including four hours in any day
\$224 for over four hours and up to and including eight hours in any day
\$350 for over eight hours in any day
MILEAGE
40.5¢ km 70

2007.xls
mbers Payments 2006_
5/31/2006Board Me

Non-Responsive Comments	, 2006	
Balance Owed	124.03 12, 2006	
Should be Paid @ \$0.43 /KM2	4,961.04 2,133.25	
KM2s Paid @ \$0.405/ KM2		
Total	2,009.22	
Payment for KM2 from Apr/06	81.00	
Payment for KM2 form Oct/05- Mar/06	1,928.22	
Name	Ramsev, J.	
Employee #		71



Capital Health

Non-Responsive

HONORARIA

START END # OF

DATE (specify meeting) START END #10F AMOUNT TIME TIME HOURS CLAIMED	KMS
Mayista CHIPUBLICHE ANDER REC	30
MATIGIAG CON M. WARRING REC.	30
May 12/00 CH/ Propose Foror	35
Notible CHI RAH RESCH AMARS	35
PA 23/06 CH/ CONTROL	20
MAY29/06 CH Nomere CHISO KESESACH JOS	20
MAY24/18 CH/GRENROSE AWARDS	35
May 25/06 CU/GERH CONSURTIUM	30
May 31/04 CH/ CHAMBER, SHEREN COOLER. SHAPEN CHICARD. CARE HOUSES	30
MAY 23/06 CH/CHC LOSS MTING. SPECIAL BANKO MTING	20
May 31/06 CH/ Aupor For Conon	20
JUAPUN CH/ ZELDIER OPENIAR -	20
I certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA \$	325 TOTAL KMS
NAME (print): X A MSEX PANAGE MENT AND CONSULT-AR CO. 274. (from reverse) (from reverse) (39-75	transfer to back
And Conscripting Co. 279. SIGNATURE: TOTAL CLAIM \$	
DATE: Ve Sove 1/06 Non Responsive	
Reviewed by: Leilar Stated Jent to Af Date: June 1 Authorized By: June 7/06 Date:	106
Authorized By: Date: V	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$ (* 14)
1		

TOTAL KMS (from front) 325 x 43¢

139-75 \$ 139-75

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

40.5¢ km

73



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

ACTIVITY DATE (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
SUNDE OLE CHI MESSIL NORTH LICES REGION	_		20
SUNCOLOGO CHI CONTIQUINE CORE MEETING	_		35
			-
JUNA 3/06 OH/ STULLEDY FOR	_		25
JUNE 14/00 CH/ STARS MTINE D'THURES.	_		20
Surpis/A CH/ Course A. G.M.	-		25
SUNRIGIE CHIMOR A. H.I GOLFTONN	-		135
Sure 12/06 CH/Audit Fix	-		20
SUNRAPHO CHI LPH Ames COLGARY	_		592
Somerifor eff spif.	-		20
JUNE20/04 CA/STARS BOARD	_		35
JUNE23/06 CH/ BODES MEETING	-		20
I certify that this claim is for Capital Health business.	Non-Responsive TOTAL HONORARIA	\$	947 TOTAL KMS
NAME (print): KAMSEY MENTENT AND CONSUMTING CO-LIFE	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse)	\$ 407.9/	transfer to back
SIGNATURE:	Code: 201 9000 71110300000	-107 ~1	D
DATE: 504 = 23/06	TOTAL CLAIM	\$, _	
Reviewed by: Jela Hued	Submitted to AP	Non-Responsive	8/06
Authorized By	_ July 11/00	<i>∨</i> _Date:	
revised: May 1, 2006	74		

CAPITÂL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMQUNT CLAIMED
		\$
		And the state of t
-		
		44-14-14-14-14-14-14-14-14-14-14-14-14-1

TOTAL KMS (from front) 947 x 43¢ 407-2/

TOTAL EXPENSES \$ 407-2/

(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 75



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (specify meeting)	TIME TIME HOURS	CLAIMED	KMS
JONE CH / TELLS			55
Since 20/06 OH/A.D.I. Boxes			20
			×
Junesda CH/ Asmin			20
Juny 11/a CH/BomM			20
SUHIAla CH/ Asmid			20
AG3/AG CH/STONERY 5TA ANY	<u>·</u>		20
Ave u/or CH/RE G. TREON/ Army			20
ALG 8/66 CHI ADMY			20
AUGIGIA CHI MIL HEAVEN TEN FORCES	· 		20
AUG15/06 CH/ BEETING NEW W.			25
I certify that this claim is for Capital Health business.	Non-Responsive TOTAL HONORARIA	\$	240 TOTAL KMS
NAME (print): KANSE/ PANDAEMENTATE AND CONSULTING: CO LTA	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse)	\$ /03-20\	transfer to back
SIGNATURE:	Code: 201 9000 71110300000 TOTAL CLAIM	\$	
DATE: MUGUST 16 /06			· /
Reviewed by Sella HAME!	— Sent-toAP for pocuroing — Owg.18/06	Non-Responsive Date: Wg 16	106
Authorized By:	- Oug. 18/06	Date:	
revised: May 1, 2006	76 ÅW		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMQUNT GLAIMED
		\$
4		
		44

TOTAL KMS (from front) <u>240</u> X 43¢ <u>/03.20</u>

TOTAL EXPENSES \$ /03.20 V

(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 77



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (specify meeting)	TIME TIME HOURS	CLAIMED	KMS
SEPT6/06 CH/STAR INV. FOR COMMITTEES	-		576
SEPTERO CHI SPIP			20
	_		
SEPT 1/106 CH/ CHMBC INTRUJEUS	-		20
SEPT 12/06 CH/CHMBC TOTALULANS			20
			<i>f</i> s.
Sept 1/16 OH AH! W DET MIN MEETING.			25
SEPT 22/06 OH/POLIOT REVIEW GRAVE			20
SENTHOS CHICERHE CONSENTION NOOS			30
Sersilos at Cornac Aov. Comm			20
Sant 26/00 CM GIDEN SAREN PORSONAMON	:		20
I certify that this claim is for Capital Health business.	TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	757 TOTAL KMS transfer to back
NAME (print): KAMSEY / PARAEMENT	TOTAL EXPENSES (from reverse) Code: 201 9000 711 10300000	\$ 322.93	00
SIGNATURE:	TOTAL CLAIM	\$	
DATE: 26/08	TO TAL CLARE		1.
Reviewed by Seela Shurd	Scrito AP Ar proceeding - Octilization	Date: Lop &	8/06
Authorized By:	- Notil 300p	Date:	
evised: May 1, 2006	78		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		A.C.
		٠٤,
·		
		The state of the s

 TOTAL KMS (from front)
 75/
 x 43¢
 322-93

 TOTAL EXPENSES
 \$ 322-93

 (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

7C



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

ACTIVITY DATE (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
SEPTEN/US CH/BOARS MEETING	_		20
Serran/06 au/RoseNhAME/CON	e.		35
			Ø
Oct3/06 CH/PONO/RENIEWTSG FORCE	-		20
Cc3/06 CHIPPEN BELL FOOD.	_		50
Oct 4 106 CH/i CARE Symrosjon.	_		20
OCTS/OG CH GOVERNANCE FORUM	_		20
Octo/06 OH/ HBA/LOUNT For Comm.	-		30
Cos/06 CH/Kom Powce For	.		35
Bestold CH/HBA For! La. Com County	:: /		597
Oct 1 106 CH/PONOY LEVIEW TORCH	-		20
Betille OH HEMPEL FORCESOY			/35
I certify that this claim is for Capital Health business.	Non-Responsive TOTAL HONORARIA	\$	882 TOTALKMS
NAME (print): XAMSET MONREMENTS	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse)	\$ 9-70-20 V	transfer to back
SIGNATURE:	Code: 201 9000 71110300000	372.26 V	(D)
DATE:	ENTOAP		
Reviewed by: Lewar Shured	Be processing	Non-Responsive	TA 11/0/
Authorized By:	_OctBXO6	Date:	<u> </u>
revised: May 1, 2006	80 (1)		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		_

TOTAL KMS (from front) 862 x 43¢ 379.26 0

(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

24



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

ACTIVITY DATE (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS	
Octube CHESTER PTOWERS	<u>.</u>	-	20	
October Col Stone Bonne	_	_	35	
CO13/06 CH/ STARS BONES) -	30	
Oction CHI Gramay DELEROSTON	_		20	
Octition CH RESCH AWARDS	_		35	سسن
Octiela CH/SP:4	_	_	20	
Octiolog CHI HAMFAX 6 UCR	_	_	30	
		_		
October CH/HAMPARE UCK	_	_	33	
Oct 16/06 CB/ Anow /FIX	_	_	20	
October CN/HBA LPIP	<u>-</u>		95	
Oct 26/06 CH/ GERHC	٠		35	
certify that this claim is for Capital Health business.	Non-Responsive TOTAL HONORARIA	\$	3/3 TOTAL KMS	
NAME (print): RAMSEY MANAGEMENT CO. LTA	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	\$ 1271.02	transfer to back	
SIGNATURE:	TOTAL CLAIM	\$.	W	
DATE: 00726/06	8A+6AP			
Reviewed by Leval Showed.	for processing — Oct 30/00	Non-Responsive	106	
Authorized By:	$ \mathcal{A}$	Date:	<u>.</u> .	
revised: May 1, 2006	82			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT / CLAIMED
0019-21/06	AIRFORE HOLIFAX & UPVEOUR	\$7.98° \$ 379.84 V
. 1	Hosph.	58401 V
И	TAXI'S	60.00
И	AIRPORT PRETION	24.60
,		

TOTAL KMS (from front) 3/3 X 43

TOTAL EXPENSES \$ 1271.02

(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

2

Di

Come back soon

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

TRAVEL AGENT / CHARGE TO

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

DATE	REFERENCE		DESCRIPTION		DEBIT CREGIT
19-OCT-06	RT2402		Room Charge		215.00
19-0CT-06	RT2402		Room Tax		21.50
19-0CT-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	ΔI		Visa		584.01-
	***For Aut	horizati	ion Purposes Only**	*	
•		s.17(1),	17(4)(e.1)		
	Auth Date	Cođe	Authorized		
	19-OCT-06	056675	580.50		
	20-OCT-06	029393	75.00		

Total Charges 584.01
Total Credits 584.01Balance Due 0.00

EXPENSE REPORT SUMMARY

Date	Room Chrge	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-

19-OCT-06

Come back soon

GUEST

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

TRAVEL AGENT/CHARGE TO

DATE	REFERENCE	DESCRIPTION			DESIT CAEDIT	
SNATI2		Payment	VI		·	
		Depart	21-OCT-06			
		Arrive	19-OCT-06	13:22		
1		Page	2			
		Folio	244267	A		
Buksa A	ussociates	No. pers.	1			
John Ra		Rate	215.00			
•		Room	2402			
		w				

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

Lagree 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 vou have earned approx 797 Starpoints for this visit

John Ramsey

FOLIO 244267

19-OCT-06

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



Standard Life Centre 10405 - Jasper Avenue Edmonton, Alberta, Canada T5J 3N4 T: (780) 426-3874 F: (780) 425-8441

SALES PERSON: 46

ž,

ITINERARY/INVOICE NO. 0048458

CUSTOMER NBR: 7804369970

LUXUFE

DATE: Ø1 AUG Ø6

PAGE: Ø1

TO: RANSEY MANAGEMENT

ITINERARY/INVOICE

Please forward payment of this invoice within 15 days.

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

FOR: RAMSEY/JOHN MR

19 OCT Ø6 - THURSDAY

TOUR AIR CANADA ONLINE

DPT CITY-EDMONTON INTL

FULL PAYMENT

NUMBER OF PERSONS - 1

TOUR NUMBER-LSHYMS

JOHN DAMOEY

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

BILLED TO

17.00 G.S.T./H.S.T.

283.34* 17.00*

TOUR ADVANCE SEAT SELECTION

DFT CITY-EDMONTON INTL

FULL PAYMENT

JOHN RAMSEY

BILLED TO

NUMBER OF PERSONS - 1

30.00* 1.80*

1.80 G.S.T./H.S.T.

1249P

AIR AIR CANADA

LV EDMONTON INTL AB

FLT:239

AB

ECONOMY 1215P s.17(1), 17(4)(e.1)

EOP: AIRBUS A326

Ø1HR 34MIN NON-STOP

AR VANCOUVER BC

ARRIVE: MAIN TERMINAL

RAMSEY/JOHN MR

AISLE SEAT 19D ASSIGNED ETKT NBR Ø142137326727

AC-

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

21 OCT Ø6 - SATURDAY

ATR ATR

AIR CANADA LV VANCOUVER FLT:2244

ECONOMY

510P

7359

EGP: AIRBUS AGRØ

Ø1HR 25MIN NON-STOP

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

DEPART: MAIN TERMINAL AR EDMONTON INTL AB

RAMSEY/JOHN MR

AC-

AISLE SEAT 190 ASSIGNED

BO

OTHER EDMONTON INTL AB

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

RESERVATIONS AND TICKETING PROCESSING FEE - 45.00

PROCESSING FEE

BILLED TO

2.70 G.S.T./H.S.T.

45.00×

2.70%

BI APR Ø7 - SATURDAY

OTHER EDMONTON AB

FILE REMAINS ACTIVE UNTIL 21APR07

CONTINUED ON PAGE 8







Standard Life Centre 10405 - Jasper Avenue Edmonton, Alberta, Canada T5J 3N4 T: (780) 426-3874 F: (780) 425-8441

SALES PERSON: 46

ITINERARY/INVOICE NO. 0048458

CUSTOMER NBR: 7804369970

LUXUFE

DATE: 01 AUG 06

PAGE: 02

TO: RAMSEY MANAGEMENT

5

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

ITINERARY/INVOICE

Please forward payment of this invoice within 15 days.

FOR: RAMSEY/JOHN MR

SUB TOTAL TOTAL G.S.T./H.S.T. NET CC BILLING

TOTAL AMOUNT DUE

358.34

379.84*

ð.ØØ

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

31

GST NUMBER 101578003RT
THANK YOU FOR BOOKING WITH EDMONTON TRAVEL
TO RECONFIRM FLIGHTS PLEASE CALL 1-888-422-7533

¥.

AIR CANADA FILE NUMBER LSHYMS
YOUR AEROPLAN NUMBER HAS BEEN APPLIED
AISLE SEATS HAVE BEEN ASSIGNED
NONREFUNDABLE.PRIOR TO DAY OF DEPARTURE, CHANGES
AL! OWED 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 BEEN SET-UP AS AN ELECTRONIC TICKET

YOUR TICKET WILL BE ISSUED AT THE AIRFORT 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

1()





Sharkybu!

COQUITLAM TAXI (1977) LTD.

BELAIR TAXI LTD.

PORT COQUITLAM TAXI LTD.

INCLUDING

FROM:

DRIVER #: _ TEL: 604-524-1111 OR 604-9

Thank you for Riding wi

0000001009 Phone. (780)890-8439 Fax. (780)890-8329 Receipt no. 0518/0751/00803 21.10.06 24,60

red) 604 258-4747 CST INCLUDED lour Courier Septing you since 1921

Best Copy Possible

DOLYXOU

CR.

あれるなでは自動では古の記述であるなど/



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA START END # 0F

DATE (specify meeting)	TIME TIME HOURS	CLAIMED	KMS
Novelac Col Some Bones Manage			30
Noville CHIBA- Aust Fish			30
Nov 15 los CH/Compa W. FRan Mrs.			28
da 20 /de May SANOHOMA, For Signs			63
NOV21/M CHI Sofae HEDRINGSEE CONF			30
Nov 22/10 Cor Avoir From Coma.			20
Nov23/2 CH/ Bones Marie			30
10020/a CH/ AUR PAIS MAIN			20
100 Lojus Chij Man pris. Irini			b
Movedon CHI GERIH CONSIGNOM			30
Decila CH/PONT TON FRAM			20
			201
I certify that this claim is for Capital Health business.	Non-Responsive	\$	TOTAL KMS
- March F	Code: 201 9000 7110300000 6850000	\$ 129.43	transfer to back
NAME (print): KAMSEY / MANBULFINENT pand construction Co Lyo	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	17.82	
SIGNATURE:	TOTAL CLAIM	\$	Qer.
DATE: RECIPOL.	Out to APA		
Do O. Shund	ANY WALLET	Non-Responsive	56
Reviewed by Leva June 4	Lec HO	Date: We /C	4
Authorized By:	$ \sim$	Date:	
revised May 1, 2006	89 V'		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	AMOUNT CLAIMED	
	3	
	201	
	TOTAL KMS (from front) ### X 43¢ ###################################	129.43
	TOTAL EXPENSES \$ 117.92 (transfer to front)	129.43
	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	



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

	HONORARIA		
ACTIVITY DATE (specify meeting)	START END #0 TIME TIME HOU		KMS
DEES/OF CH/POLIOF MINA	-		20
DECE POR CH RETREAT	:		35
DEC8 be CH/PONOTTS4 FORCE	· : -		20
December col CHRISTANS FUNCTION	<u> </u>		10
Dec 5 CH/ Starray Fron	:		20
DECULA CHI STER HBA AVENTAN	· •		35
DECUTOR CHI STOLLED S. FROME			38
DEC12KG CHIFF GLOSS/SAFETY	.		20
DE013/06 CH/INI QUANTI/SAFETY	,		20
			7
			P
Decidor OH- S-Tour KEC	s Talifologista algorika kan salah	※ 47番 、 / トンのの記載,等	_ 3ేక
I certify that this claim is for Capital Health business.	Non-Respons TOTAL HONORARI	A \$	253 TOTAL KMS
NAME (print): Yangs / Marsae Ment. AND CONSUMA CON 210	Code: 201 9000 7110300000 68500 TOTAL EXPENSE (from rever	S \$ 100 79	transfer to back
SIGNATURE:	Code. 201 9000 7111030000		- W
DATE: (1 Dec 19/06 11)	TOTAL CLAI SMHD		
Reviewed by Jack Showed (U	APRIL	Non-Responsive Date: Vec	1/06
Authorized By:	_ pressury,	Date:	
revised: May 1, 2006	910000		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 253 X 43¢ /08·79

TOTAL EXPENSES \$ 108-79

(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

92



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	TIME TIME	# UF HOURS	AMOUN! CLAIMED	KMS
Decaglo C	Il POLICY TOSA FORCE				20
Design S	The Parot Tosh Fares	<u>:</u>			20
SAY 12/07 C	H/8P8f	_			20
-AN15/07 CI	4/38-8	<u> </u>			20
SA116/09 CA	HUBA FORDY PLANNING				38
Soniblos G	HILINS LAS COUNCIL	· · · · · · · · · · · · · · · · · · ·			10
JAY19/00 C	H/ Benzo RETREOT LONNING				20
Sm23/07 C	# HAD For Provint	, =			28
					þ
Jan 24/07 CA	4/ AH: W. MESTIMA				32
SAMS OF CH	VASTEW PLEASING				32
I certify that this claim	n is for Capital Health business.	Non-Res TOTAL HON Code: 201 9000 71103000	IORARIA	\$	222 TOTAL KMS transfer to back
NAME (print): 1/300 ANO CO	ASURTINA CONTA	TOTAL EX	(from reverse)	95.46	,
SIGNATURE:			L CLAIM	<u> </u>	
DATE:	4 26/07	BATOAP)		
Reviewed by	lashwed	- Br processor	ng i	Date: An	25/07
Authorized By:	endy Briselle	Jan3467	[Date: Dan.	26/07
evised: May 1, 2006		93			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		.4
. :		The second secon

TOTAL KMS (from f	ront) <u>222</u>	X 43¢	95-	#6
	TOTAL EXP	ENSES	\$ 95-	46
	(transfer to	o front)	 ŕ	

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

Q₄