

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOL CLAIN		KMS
MARCH 05-04	Strategie Priorities	1					60
09-04							60
	Liaison Committee						60
	Evanabura CHC					+	ŕ
	Morana and Circ						<u> 170</u>
14-04	Health authorities Confr.						10
	11 - Lucin Munorines Compri	m					60
19 04	Audit and Tinance						60
11-01	unour and dinance				·		<u>a v</u>
I certify that this	claim is for Authority business.		Non-Res	ponsive			4704
·	·	TOT Code: 201 9000	AL HONO 17110300000		\$	All Control	OTAL KMS nsfer to back
	BEWELL, GEORGE		TAL EXPE (fro 01 9000 7111	m reverse)	464	01 p	/
SIGNATURE: DATE:	Jarge Sweet 8.17(1), 17(4)	(g)(i)	TOTAL	CLAIM		ĺ	
		· · · · · · · · · · · · · · · · · · ·	(in the second se	Non-Resp	onsive	
Reviewed by: Authorized By:		tto/ M(s	s 5 461				_
evised: March 2004		1	0/40 0/A/	E CE	Oate:		ALF MAIN
	No. 1			·	-		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
maneil 14-15	Health Board Confrence	s 285.41
	. I ma in	1-010

TOTAL KMS (from front) 470 x 38¢ 178.60 V

TOTAL EXPENSES \$ 464.01 V

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN	
\$165 for up to and including four ho	ours 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	<i>ŧ</i>
MEMBER	
\$122 for up to and including four ho	ours 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	Z



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

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

Arrival 03/14/04 Departure 03/16/04 Payment Method VA Room 0707
Cashier 51
Page 1

Starwood Pref.#
Airline Partner
Folio No. 298713

Guest Account

The Westin Edmonton, 03/16/04

Date	Descr	iption		Room	Charges	Credits
03/14 03/14 03/14 03/14	Room Room Parki	Charge Tax 5% GST 7% ng GST 7%		0707	105.00 5.25 7.35 1.47	
03/14 03/14	Exper	t Valet Park	S.	17(1), 17(4)(g)(i)	$ \begin{array}{c} 21.00 \\ 25.04 \end{array} $	
03/15 03/15 03/15 03/15 03/15	Room Room Parki	Charge Tax 5% GST 7% ng GST 7% t Valet Park			105.00 5.25 7.35 1.47 21.00	
03/15 03/16		shment Centre	3496	s.17(1), 17(4)	5.27	WATER 310.45
Capture m	ethod:	swiped	Total	E 2 7 7 1	310.45	310.45
			Balance	••••	0.00 \$	s.17(1), 17(4)(
Room F&B Other Total		14.70 1.76 2.94 19.40	÷		31 - 2 \$ 28	5.04
GST V	endor	R101577591			*	



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (Specify meeting)	START	END	# OF HOURS		KMS
April 66-64	Strategic Planning					60
07-04	Municipal advisory					50
08-04	Evenburg C.H.C.					
08-04	Ire Community CHC					170
21-04	Participanta Council					56
28-24	Audit + Fenance					60
28-04	Regional Awards					60
30-04	Special Strategic Planning			1		60
		,				
						~
I certify that this o	claim is for Authority business.		Non-Re TAL HON 00 71103000		\$	S/O
NAME (print):	SEWELL George	T	OTAL EXF	PENSES from reverse)	\$ 20480	transfer to back
SIGNATURE:	Jeorge A ew & 8.17(1), 17(4))(g)(i)	201 9000 71: TOTAL		\$	a/
Reviewed by:	Eela Sheved	40/) 5 20-	ACS	Non-Responsive Date JW 30/	04
Authorized By:		- 4 />	OAIG AMIN		Date:	
evised: March 2004	AND ALTERNATIVE OF THE PARTY OF	· (_ #		W/ /		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
DATE April 28-04	Parking	\$ //
		NAME OF THE PROPERTY OF THE PR
	A PRINCIPLE OF THE PRIN	
	TOTAL KMS (from front) <u> </u>	19380

\$ 204 80 V

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

5

38¢ km

Welcome To Westin Hotel Hotel Guests Must Present This Ticket At Front Desk Upon Check-In

Managed By Expert Parking



2004/04/28 16:57 021863 0043810665

Entry



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS		MOUNT CLAIMED	KMS
MAY-04 -08	CHC						55
6 0 0 0 0 0 0 0 0 0	Physician Lisison						60
							everyalistic hallowed in the control of the control
							m. geographical states
							CONTRACTOR OF THE PROPERTY OF
m flife	Strategie Priorities						Ьo
							And the state of t
							, a great to the latter of the
							- +::::::::::::::::::::::::::::::::::::
	Sustain dility Jack Force		1	1	ı		60
							// V.B.
I certify that this	claim is for Authority business.	TO	Non-Res TAL HON 00 71103000	ORARIA	\$		235 TOTAL KMS
NAME (print):	EWELL, GEORGE	T	OTAL EX	PENSES from reverse)	\$	89.30	transfer to back
SIGNATURE:	s.17(1), 17(4)(g)(201 9000 71 TOTAL	110300000 L CLAIM	\$	01.0	
DATE:	09-04 00 lh 1	***			Non-	Responsive	- f
Reviewed by:	Jely Janiel				Date:_	fine 7	104
revised: March 2004		7	CMI LILIN	5 04	valt	WOMEN TO THE PROPERTY OF THE P	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
		\$
·		
	TOTAL KMS (from front) 235 X 38¢	89.30 V
	TOTAL EXPENSES (transfer to front)	\$

REMUNERATION - effective March 1, 2004

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\$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

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\$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 HOURS		KWS
Juné 02-04	Municipal advisory			50
07-04	Strategie Planning			60
\$100 ASSAULT (\$100 ASSAULT (\$100 ASSAULT) \$100 ASSAULT (\$1	Mecreditation			60
				e e e e e e e e e e e e e e e e e e e
09-04	Primary love Health Reform			60
10-04	Primary love Health Reform			<u> 170</u>
				Samue
				After Comments
24-04	Staff Pienes It Edmite			5 ⁰
28.04	A REPORT OF THE REPORT OF THE PROPERTY OF THE			60
29.04	accreditation			60
I certify that this	claim is for Authority business.	Non-Responsive	3 S	570 TOTAL KMS
NAME (print): <u>(</u>	BENEGE SEWELL	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse)	\$ 0 /00	transfer to back
SIGNATURE:	<u>** </u>	Code: 201 9000 71110300000	21660	
DATE:	Aug 04-04 s.17(1), 17	(4)(g)(1) TOTAL CLAIM	\$	
Reviewed by:	Mounton h. Should	How	Non-Respons Date: 1110 5/0	iive 4
Authorized By:_	13	MIS 216.6 - 0417	O - / Date:	
revised: March 2004		9 Aug 9/04		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSEITEM	AMOUNT CLAIMED
		\$
		Y
		general and the state of the st
		The state of the s
:		
	en de la companya de La companya de la co	ili. Letang swipe Litapine en ili.

TOTAL KMS (from front) 570 X 38¢	216.60
TOTAL EXPENSES	\$ 216.60
(transfer to front)	

REMUNERATION - effective March 1, 2004

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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	ACTIVITY (specify meeting)	START TIME	TIME	# OF HOURS	AMOUNT GLAIMED	KMS
June 30-04	municipal advisory			and the second s		52
			-			
I certify that this	claim is for Authority business.	TO	Non-Re	esponsive		50
	SEORGE SEWELL	Code: 201 900	00 71103000	00 6850000	\$	TOTAL KMS transfer to back
NAME (print):	Dienige Bruin		OTAL EXI) 201 9000 71	from reverse)	\$ 19 ==	
DATE: Ana 04-04			\$	900		
DATE.					L Non-Responsive	
Reviewed by:	Abrenta 1 Should				Date 1195/64	
Authorized By:					Date:	TOTAL
revised: March 2004		11				

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
		\$
		4
		Manuser
And the second s		

TOTAL KMS (from front)	50	X 38¢	19.00
Ť	OTAL EXPE	ENSES	\$
	(transfer to	front)	

REMUNERATION - effective March 1, 2004

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\$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

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\$318 for over eight hours in any day

MILEAGE

38¢ km



revised: March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

***************************************	Non-Responsive	HONO	RARIA				
DATE	ACTIVITY (specify meeting)	START TIME	END TIME	#OF HOURS	AMOL CLAIM	INT	KMS
August of	Accreditation						60
August of August 20							50
C.							
			1			**************************************	

						···	
	- 1. 						
·	claim is for Authority business.	TO Code: 201 90	TAL HON		\$		// C TOTAL KMS transfer to back
NAME (print):	EWELL, GEORGE			(from reverse)	\$; () i	go	
SIGNATURE:	1 s.17(1),	Code: 17(4)(g)(i	201 9000 71) TOTA I		\$		S.
DATE: <u>Ø</u>	toler 12-04 S.17(1),	. , \6/\-	,	***************************************			
Reviewed by:	Kalendar Alwell	- - HO/ MIS		80-	Non-Resp Date:	onsive	104
Authorized By:	-(-4)) 1943		Date:		M noceacure

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
NAMES OF THE PARTY		

		Andrews and the state of the st
		11.80

TOTAL KMS (from front) //O X 38¢	bowseeper 200	<u> 4155 </u>	
TOTAL EXPENSES	\$	6-f1 20	A
(transfer to front)			

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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\$447 for over eight hours in any day

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\$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 TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
September		k				
						eti salam et like et li salam
3						- Marian Carrest Carre
Sept. 15-04	Stretigie Planning	 				60
21.04	Deron 50.d	MANAGE PARTIES AND				50
22-04	Andit " Finance					60
						may different the day of the Nover
24-04	Evenling Sunshine Lodge					173
27-04	Lustom skility					60
	<i>ξ</i>					
						·
I certify that this	claim is for Authority business.	TO 1 Code: 201 900	Non-Res	ORARIA	\$	400 TOTAL KMS
NAME (print):	ENELL, GEORGE	то	OTAL EXP	PENSES from reverse)	\$	transfer to back
SIGNATURE:	s.17(1), 17		201 9000 711 TOTAL		\$	
Reviewed by:	Kela Jawy	Z HO		- O	Non-Responsi Date:	iye
Authorized By:			5 15 04 si	and the same of th	Date:	
revised: March 2004		15 Oc	+ 15/	24		Land

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		and the state of t

TOTAL KMS (from front)	<u>ifor</u>	X 38¢	152	
Т	OTAL EXPE	ENSES	\$ 152	Market State Comment
	(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	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
October 04-04	CHC Oppresiation					60
05-04	Community Linear					60
06-04	Board meeting					50
08-04	Strategie Planning					60
12 - 04	Physician desison					60
13 - 04	Accreditation					60
	Reach awards					50
					,	
	-					
				:		
I certify that this	claim is for Authority business.	N	lon-Resp	onsive		400
		TO 1 201 900	FAL HON- 00 71103000		\$	TOTAL KMS transfer to back
NAME (print)	EUSKY George	TO	OTAL EXP	PENSES from reverse)	\$	
SIGNATURE	To the second se		201 9000 71		15%	Aless
DATE:	s.17(1), 17(4)(g)(1)	TOTAL	_ CLAIM	\$	<i>QO</i>
granding.	Z. J. H. H. Hard				Non Responsive	1/1/1
Reviewed by:	JANA JANA JANA	- to,	N 5 5 ⁵	7797	Date: 1	
Authorized By:	/U		042	4	Date:	Maringonna

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
general per annu en recommendad de proposition de la character de annu que desanatad de dep		\$
		Φ
	· ·	
	v di	
		11-3

TOTAL KMS (from front)	400	X 38¢	<i>1</i> 32 = 7	•
ד	TOTAL EXP	ENSES	\$ 1525	pacedo

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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\$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



revised: March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Hardy American		Non-Responsive	HONORARIA			
DATE	ACTIVITY (specify meeting	n)	START END	# OF	AMOUNT	1210
Cetebra	(арасы) элосция	<i>5</i>	8			KMS
						,
15th	Workshop	·				Section of the sectio
164	Workshop Workshop					is a second district to the second
**************************************						; ;
MANAGOO MAGAMAN AND AND AND AND AND AND AND AND AND A						
						A CONTRACTOR OF THE CONTRACTOR

	Charles all Anna	en.				
	The Manual Con-					
			·			
					·	
-	The state of the s					
I certify that this	claim is for Authority bus	siness	Non	-Responsi	ve	40
roorary that and	oranii ie roi y tamomy pac		TOTAL HON		\$	TOTAL KMS
NAME (print):	EUJELL, GER		TOTAL EX	PENSES	\$	transfer to back
CIONATUDE.	K		Code: 201 9000 71	(from reverse) 110300000	361-56	
SIGNATURE:	Intologia 18-	Off	ТОТА	L CLAIM	\$	
					Non-Parmer:	
Reviewed by:		hips of			Non-Responsive	1/03
Authorized By:		1 1			Date:	-

19

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
October 14-15	Accomadation	s 342 56
1		
	TOTAL KMS (from front) X 38¢	10 5
	TOTAL KMS (from front) X 38¢ TOTAL EXPENSES	\$ 361.55

REMUNERATION - effective March 1, 2004

CHAIRMAN

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

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MEMBER

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\$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

20

(transfer to front)



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

Mr. George Sewell

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

Arrival 10/14/04 Departure 10/16/04 Payment Method VA Room 1902 Cashier 18 Page 1

Starwood Pref.#
Airline Partner
Folio No. 331403

Guest Account

The Westin Edmonton, 10/16/04

Date	Description		Room	Charges	Credits
10/14	Room Charge		1902	130.00	
10/14	Room Tax 5%			6.50	
10/14	Room GST 7%			9.10	
10/14	Parking GST 7%			1.68	
10/14	Outside Valet Park			24.00	
10/15	Room Charge			130.00	
10/15	Room Tax 5%			6.50	
10/15	Room GST 7%			9.10	
10/15	Parking GST 7%			1.68	
10/15	Outside Valet Park			24.00	
10/16	Visa	xx/xx			342.56
Capture	method:swiped s.17(1), 17(4)	(e.1) Total		342.56	342.56

Balance

0.00 \$

 Room
 GST
 18.20

 F&B
 GST
 0.00

 Other
 GST
 3.36

 Total
 GST
 21.56

GST Vendor

R101577591



revised: March 2004

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT GLAIMED	KMS
October 20-04	Board Retreat	•				222
						: :
- Wilder Wilder						
					,	
I certify that this o	claim is for Authority business.	τo	Non-I	Responsiv	\$	222
NAME (print):	EWELL, GEORGE	Code: 201 90	00 711030000 OTAL EXF	00 6850000	\$ 8436	TOTAL KMS transfer to back
SIGNATURE:		Code:	201 9000 711	110300000 . CLAIM	\$	(L)
DATE: O	etaber 22-04		IVIAL	. VEMINI		
Reviewed by:	Jele Muy				Non-Responsive	100
Authorized By:	/A/	22			Date:	(()

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT GLAIMED
Set 22.09	7n	\$ 47.36
		The second secon
	ar the law	- 21

TOTAL KMS (from front) 22 X 38¢ 84.36

TOTAL EXPENSES \$ 84.36

(transfer to front)

REMUNERATION - effective March 1, 2004

38¢ km

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 23



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME		#OF HOURS	AMOUNT GLAIMED	KMS
Decembe						
	upuné					· generalization
						a material constraint of the second of the s
17-04	Accreditation		ı.		t	60
		-				
I certify that this	claim is for Authority business.	1 1 181	Non-Re	esponsive		
		TO Code: 201 90	TAL HON		\$	TOTAL KMS transfer to back
NAME (print):	EWELL, George	T	OTAL EX	PENSES from reverse)	\$	
SIGNATURE: 🙎		Code:	201 9000 71		225-	(U)
DATE:	Sec. 17 - 84 s.17(1), 17	(4)(g)(i)	TOTAL	_ CLAIM	\$	
		. 1			Non-Responsive	
Reviewed by:	Self mold	- HOA		2 Sq.	Date: ALC. 11	<u> 10</u> 7
Authorized By:			042	7	Date:	
raviand: March 2004		_ T	-C 2	7,2004		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		To be the second

TOTAL KMS (from front) 60 X 38¢ 22 80

TOTAL EXPENSES \$ 22 80 (transfer to front)

REMUNERATION - effective March 1, 2004

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\$318 for over eight hours in any day

MILEAGE

38¢ km



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	TIME	TIME	# OF HOURS	AMOUNI CLAIMED	KMS
CANUMY 05-55	Denuty Minister	-				60
10-05	Expert Speaker					60
11-05	Physican Lesson	_				60
12-05	municipal advisory	_				60
13-05	Albert Hospital il VA					60
						, potablogistativ
14-05	Planning	-				60
	ka aka sa sa sa sa					no all control and a service of the
19-05	July of mich	-				50
21-05	Audit- Finance	<u>.</u>	.			60

I certify that this	claim is for Authority business.	TO.	Non-Res	sponsive ORARIA	\$	470 TOTAL KMS
NAME (print):		Code: 201 900	00 71103000 DTAL EXF	00 6850000 PENSES	\$	transfer to back
SIGNATURE:	Sey- Lwell. 8.17(1), 1		201 9000 71		184,83	
DATE: Ž	Bruary 17-2005	· ('/(8/\ ¹)	IOIAL	_ CLAIM	\$	
Reviewed by:	Feele Stysell	_Hor		T3 E	Non-Responsi	ve///5
Authorized By:		$\frac{1}{26}$	SIGN SIGN		Date:	
revised: March 2004		∠0 🛂		23/05	>	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
02-09-05	Packery	s (j. 25
	€	
		6-25
	, f. cox.	

TOTAL KMS (from front)	470	X 38¢		178-	60	
T	OTAL EXPE	NSES	\$	184.	83	•

(transfer to front)

REMUNERATION - effective March 1, 2004

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

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\$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

EDWONTON CITY CENTRE WEST PARKADE PH # (780) 428-4544
OPERATED BY SPOTS PARKING INC.
FOR THE CITY OF EDMONTON
65T # R119326270 RT0001

Rcpt#118373 02/09/05 15:44 LW 2 AW 12 TYNW437536 02/09/05 11:21 In 02/09/05 13:44 Dut 5.84 Kesular Kate \$ 0.41 Total Tax 6.25 Total Fee 6.25 CASH FAID 10.00 Cash Texter Change Due THANK-YOU LE AFRECIATE YOUR BUSINESS. COME AGAIN!

Capital

.

Non-Responsive



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

DATE	ACTIVITY (specify meeting)		END TIME	#OF HOURS	AMOUN CLAIMEI	
marchios	HBA Workshop					/ 53
112-14-13	H D H Walshon					60
						Live and Assessment As
						ar made of the property with the con-
	claim is for Authority business.	TO Code: 201 90	TAL HON	医二甲二酚 经工业 医电压管	sive \$	TOTAL KMS
NAME (print):	EDRGE SEWELL		OTAL EXI (201 9000 71	from reverse)	\$ 366- ⁵	80
SIGNATURE:				_ CLAIM	\$	
DATE: <u>2</u>	rarch 16.05	s.17(1), 17(4)				
Reviewed by:	Caladhuel				Non-Res Date:	_
Authorized By:		Hon	- 621	600	Date:	verstandere anderstande Adalaiya, a.e.,
revised: March 2004		43	7 (30	POSC	b on .	January .

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MARCH 13-14-15	Room - PARKing	\$ 344 =
13-1-13		
·. · :		

TOTAL KMS (from front) 60 X 38¢ 22.80 TOTAL EXPENSES \$ 366.80

(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

30

38¢ km



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

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

Arrival 03/13/05 Departure 03/15/05 Payment Method VA Room Cashier Page

0406

46 1

Starwood Pref.#
Airline Partner
Folio No. 354193

Guest Account

The Westin Edmonton, 03/15/05

Date	Description		Room	Charges	Credits
03/13	Room Charge		0406	111.00	******
03/13	Room Tax 5%			5.55	
03/13	Room GST 7%			7.77	
03/13	Parking GST 7%			1.68	
03/13	Expert Valet Park			24.00	
03/13	Service Express			44.00	
00, _0	->#406 : CHECK #3954				
03/14	Room Charge			111.00	
03/14	Room Tax 5%			5.55	
03/14	Room GST 7%			7.77	
03/14	Parking GST 7%			1.68	
03/14	Expert Valet Park			24.00	
03/15	Visa	XX/XX			344.00
Capture	method:swipeds.17(1), 17(4)(e.1)	Total		344.00	344.00
		Balance		*******************	0.00

 Room
 GST
 15.54

 F&B
 GST
 3.08

 Other
 GST
 3.36

 Total
 GST
 21.98

GST Vendor R101577591



BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

DATE	ACTIVITY (specify meeting)		START	END TIME	# OF HOURS		JUNT IMED	KMS
march OS							the state of the s	
03-09-05 B	oard/CEO Gr	reliention						60
03-10-05 CH								60
Evan	mlung CHE						_	170
		_					<u>-</u>	
		V						
03-16-05 51	e P muities						_	62
. т							-	p o commission de se transpo
03-23-05		•					-	
Špec	inl Sprp							60
			: [
03-24-05 ac	reditation me	eting	+ v* .				: "	60
I certify that this claim is	for Authority business.		TO ⁻			ve \$		470 TOTAL KMS transfer to back
NAME (print): 660R	gë Sewell		TO	OTAL EXP	PENSES from reverse)	\$	860	
DATE: Masel	194-05	s.17(1), 17				\$		
Reviewed by:	Yananana ang Sanana	- Andrew Control of the Control of t	- +0	N		Non- Date:	Responsiv	'e
Authorized By:		1-2	$\frac{1}{82}$	15 17 05c	'6,60 F	Date:		THE THE PERSONNELLY
revised: March 2004		Marine Commission of the Commi	12		1705			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
<u> </u>		

TOTAL KMS (from front)	470	X 38¢	the constant of the	17868
T	OTAL EXP	ENSES	\$	178.60

(transfer to front)

REMUNERATION - effective March 1, 2004

CHAIRMAN \$165 for up to and including four hours

\$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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	(specify meeting)	TIME	TIME	HOURS	CLAIMED	KMS
April 03						: .
April 06-63						
	Stratigin Jash Lorce					120
i						
April 11-05						
	Phusician deaison					120
April 14-05						
	Tre Community C.H.C.					
						:
April 26-08	Stratezie Zarh Force C:H-C Congullation					60
Opril 30-05	C: H. C Consullation					60
						v
I certify that this o	claim is for Capital Health business.		TAL HON		\$	360 TOTAL KMS
NAME (print):			OTAL EX	PENSES (from reverse)	\$ 145.85	transfer to back
SIGNATURE	Jays & well		201 9000 71°	110300000 L CLAIM	\$	
DATE: <u>2016</u>	ry 02-05		IOIA		Ľ	
Reviewed by	erla Shupet	_ HON			Non-Responsiv	2/05
Authorized By:		MIG) 145. 510	·80 -	Date:	
revised: April 2005	The state of the s	34 Mc	J. J.	105		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
**		
		: .

TOTAL KMS (from fr	ont) <u>360</u> X 40.5¢	 145 50
	TOTAL EXPENSES	\$ 145 00
	(transfer to front)	

REMUNERATION - effective March 1, 2005

	TEMOTE TOTAL ON - ENGLISH MAICH 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						
٠	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						
	1						



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	(specify meeting)	TIME	TIME	# OF HOURS		IOUN I AIMED	KMS
MAY							
03-04-05	HEALTH Syposium					,	
04-							
05-							640
			*				
- 4. 8					1	-	
				:			
	: : -						
I certify that this o	claim is for Capital Health business.		TAL HON		sive \$		640 TOTAL KMS
NAME (print):_	BEWELL GEORGE		0 711030000 OTAL EXI		\$		transfer to back
SIGNATURE:	Leage Lewick. \$17(1)		201 9000 711 ⁱ⁾ TOTAL	10300000		31.69	(D).
DATE: M	ay 09-05	- / (• / (8/)	· TOTAL	CLAIM	 \$		A
Reviewed by:	July Jane of the	_ Ho			Non-F Date:/	Responsive	105
Authorized By: M 15 981.69 - Date:						<i></i>	
revised: April 2005		36 M	ayr		•		N.

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MAY 02-03-	of HoteL	s 722.49
		,
		,
:		

TOTAL KMS (from front) 640

X 40.5¢

25920

TOTAL EXPENSES

\$ 981.6

(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

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

Mr. George Sewell

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

Arrival 05/02/05 Departure 05/05/05 Payment Method VA Invoice 426355

Room 0305
Cashier 30
Page 1
Starwood Preferred Guest #

Airline Partner #

The Westin Calgary, 05/05/05

Date	Text			Room	Charges	Credits
05/02		Charge		0305	189.00	
05/02		sm Levy 4%			7.56	
05/02	Room (GST 7%			13.23	
05/02				s.17(1), 1	7(4)(g)(i) 31.00-	0.6.
05/02	Park-V	Valet Weekday			20.00	34,00
05/03		Charge			189.00	31.00
05/03	Touris	sm Levy 4%			7.56	34.00
05/03	Room (GST 78			13.23	63.00
05/03	Room S	Service #305 : CH	ECK #3610		27.12	
05/03					34.00-	
			s.17(1), 1'	7(4)(g)(i)		
05/03	Park-\	/alet Weekday	5,17(1), 1	, (-)(8)(-)	23.00	
05/04	Room (189.00	
05/04		sm Levy 4%			7.56	
05/04	Room (13.23	
05/04	Park-\	Walet Weekday			23.00	
05/05	Visa	-	XX/XX			787.49
ture metl	nod:swip	oed s.17(1), 17(4)(e.1)	Total		787.49	787.49
		<i>:</i>	n - 7			
			Balance			0.00
Room	GST	39.69			787.49	
F&B	GST	5.82			- 65.00	
	GST	4.32	•			
	LGST	49.83	•		722.49	
	/endor	R861336493				

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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Tune 01	Municipal advisory	•	•			60
	Special Planning					
June 03	Special francing					60
<u></u>						
	to a constant					
15	Strategia Planning					60
22	International Arts Conf.					60
24	is v					60
28	Audit & Linance					60
99						
	Board Mtg.	i	1			60
3			Non-R	esponsiv	e	1200
I certify that this c	laim is for Capital Health business.	A CONTRACTOR	TAL HONG		\$	MAO TOTAL KMS
NAME (print)	EWELL, GEORGE	de: 201 9000 T (OTAL EXP	ENSES	\$ 163.0	transfer to back
SIGNATURE:	Seward envel.	Code: 2	fi 01 9000 711	om reverse) 10300000	183.10	
<u> </u>	ne 23-05	17/1		1	\$	606
	0 1 H	S.1 /(1), 17(4)(g	(1)	— Non Responsive	
Reviewed by:	Tala Thurs	- - 10	d		Date AUG 8	105
Authorized By:	Jaun M. Faloums	- 70 MI		3.10-	Date: Jaly 13,	2015
revised: April 2005		39	051	5	105	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Twe 22	Parkine	s 6.50
24	Parking	6. 20
	:	**************************************
		:

	10.000 A 10	
, \		

TOTAL KMS (from front) 420

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective March 1, 2005

CHAIRMAN

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

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

\$460 for over eight hours in any day

MEMBER

\$126 for up to and including four hours in any day

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

\$328 for over eight hours in any day

MILEAGE

40.5¢ km

102nd STEFE PARKADE HAVE A MICE MAY 1070F WEET PARKE 15712 12345479 RTW/34 HAVE A MITTINY! PRICE IS AS INCLUDED GST: 123745479 RT0034 PK:1F I' GST INTIL G 16-25-2005 JED 15-119 06-7-135 FRI 179) e EMIY BIM (. T CACH 6.50 EARLY BIND TOTAL 6.50 CL1 5713 12:00TM CATENT 10.00 CAR 1.70 AS USIN.



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

HONORARIA

ACTIVITY DATE (specify meeting)	START ENU #UF TIME TIME HOURS	AMOUN I CLAIMED	KMS
September 08-05 Jash Force			60
	TO CONTROL TO THE PARTY OF THE		
12-05 Food Service Jour			75
13-05 CHC Traison			60
14-05 Planning			60
CHC Opposistion			60
19-05 accreditation			60
21-05 Audit & Finance			60
28-05 Board mtg.			60
I certify that this claim is for Capital Health business.	Non-Responsiv		495
	TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS ransfer to back
NAME (print): SEWELL, GEORGE	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	\$ 200.47	
DATE: October 03-05	, 17(4)(g)(i) TOTAL CLAIM	\$	
Reviewed by: La Akrosi	_ HON	Non-Responsive	
Authorized By:	- MIS 224.77-	Date:	
revised: September 2005	42 Oct 12/05		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

FATTE	EXPENSE ITEM	AMOUNT CLAIMED
DATE	EXECUSE HEW	CEMINED
		\$

TOTAL KMS (from front)	495	X 40.5¢	200.47
	TOTAL EXPI	ENSES	\$ 200.47

(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

DATE	(specify meeting)	TIME	TIME	HOURS	CLAIMED	KMS
7-43 06-05	Health Minister Evans				•	60
		ode: 201 900	TAL HON 00 71103000	00 6850000	e \$	FOTAL KMS
NAME (print):	SEWELL, GEORGE		OTAL EXI (201 9000 71	from reverse)	\$ 24.30	
SIGNATURE: DATE:	Sangethewell Ostober 03-05		TOTAL	_ CLAIM	\$	
Reviewed by:	Toplo Alway				Non-Responsi Date:	
Authorized By:_	- V				Date:	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		5.
		.4

TOTAL KMS (from front) 60 X 40.5¢	24.30
TOTAL EXPENSES	\$ 24.30

(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	



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

	Non-Responsive	HONORARIA		
DATE	ACTIVITY (specify meeting)	START END # OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
October 65	accreditation			60
October -	Accreditation			60
October 05	Planning			60
October 12-25	Planning Bash Force			60
				
October	CAC Counsultation			60
October 5	Join Hole Opening			55
	1 cue llassan turi			60
Oxtober 19-05	Special Planning			60.
	Special Planning Dr. Tock murray abut Hospital Doundalin			60
				635
certify that this	s claim is for Capital Health business.	Non-Responsive		293 TOTAL KMS
The Control State of the Control of	SEWELL GEORGE	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES	6 54 18	transfer to back 487.31
1 12 1 50 55 (F) (F)	D_	(from reverse) Code: 201 9000 71110300000	\$ 216.68	(A)
SIGNATURE: $_{\overline{\mathcal{Y}}}$ DATE: $\underline{\mathcal{Y}}$	Tovember 01-05 8.17(1).	17(4)(g)(i) TOTAL CLAIM	\$	
	Lala Shined	 HoV	Nop-Responsiv	<u> </u>
Reviewed by: Authorized By:_	100 - 100 -		Date:	700 —
alaad Castariba	2005	16 Novigios		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
:		

TOTAL KMS (from front) 535	X 40.5¢	216.68
TOTAL EXPE	NSES	\$
(transfer to	front)	

÷

KEMIUNEKAI	ION - 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 ever four hours and up to and including eight 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 47



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS		AIMED	KMS
October 25-05-	Health Care Symposium						600
October -	Physician Liaison Reach Awards						60
October 27-05	Reach awards	minura positiviti in the second		PUMPINALIO			60
		:	, will conscious			. :	
A CONTRACTOR OF THE CONTRACTOR							
						rich Hallestein der von Herren von Herren der Steine der Steine der Steine der Steine der Steine der Steine der	
I certify that this	claim is for Capital Health business.	TO - code: 201 900	TAL HON		\$		720 TOTAL KMS transfer to back
NAME (print):	· · · · · · · · · · · · · · · · · · ·	T	OTAL EXI	PENSES from reverse)	\$	7266	
TOTAL CLAIM \$							
DATE: A	lav ember 01-05		· ·				
Reviewed by:	Jela Thine		-		Non- Date:	Responsive	105
Authorized By:					Date		·

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
October 20-22.	The Westin Calgary	s 381.06

TOTAL KMS (from front) 720 X 40.5¢ 291.60

TOTAL EXPENSES \$ 672.66

(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

10.5¢ km

4C

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

Mr. George Sewell

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

Arrival 10/20/05 Departure 10/22/05 Payment Method VA Invoice 459791 Room Cashier Page 1014 35 1

Starwood Preferred Guest #
Airline Partner #

The Westin Calgary, 10/22/05

Date	Text		Room	Charges	Credits
10/20	Room Charge		1014	153.00	
10/20	Tourism Levy 4%			6.18	
10/20	Room GST 7%			10.82	
10/20	Dest. Marketing Fee 1%			1.53	
10/20	Park-Valet Weekday			23.00	
10/21	Room Charge			153.00	
10/21	Tourism Levy 4%			6.18	
10/21	Room GST 7%			10.82	
10/21	Dest. Marketing Fee 1%			1.53	
10/21	Park-Valet Weekend			15.00	
10/22	Visa	XX/XX			381.06
ture met	chod:swiped s.17(1), 17(4)(e.1)	Total		381.06	381.06
		Balance			0.00

Room	GST	21.64
F&B	GST	0.00
Other	GST	2.49
Total	GST	24.13
GST Ve	endor	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.



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	TIME TIME HOURS	CLAIMED	KMS
October 03	Accreditation			60
4.114.14.14.14.14.1	Accreditation			60
≹ in Media € supersell de <u>nomb</u> e				33 Million on a Triming Prop. Eff.
October 1205	Planning			60
October 0 et aber	Jash Force			60
October 15.05	CHE Counsultation			60
October 18-05	Lois Hole Opening			55
	CHE Recognition			60
October 19-05	Special Planning			60
	De Joek murray albert Hospital Doundalin			60
				235
	第二章 1985年,1985年,1985年,1985年,1985年,1986年,1986年,1986年,1986年,1986年,1986年,1986年,1986年,1986年,1986年,1986年,1986年,1986年	Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back
NAME (print):	BEWELL GEORGE	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	\$ 3/4.48	
SIGNATURE:	<u> </u>	TOTAL CLAIM	\$	
DATE: <u>X</u>	everybu 01-83		Non-Responsive	
Reviewed by:	Kylarffuod <u> </u>	ingina.	Date: 100 d	
Authorized By:_	7 House		Date: 4 0	- Parameter - Para
revised: September 2	005	51		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 535

TOTAL EXPENSES

(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



revised: September 2005

Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUN CLAIME		KMS
0122	Health Care Lymponium						600
Outober	Pharine Line						60
October 5 25:05 October 27:05	Health Care Symposium Physician Liawon Reach Awards						60
<u> </u>	Juien yran						
			.				
I certify that this	claim is for Capital Health business.		TAL HON		7e		720 TOTAL KMS
NAME (print):		Code: 201 900 T (OTAL EXI		\$	46	tränsfer to back
SIGNATURE:	<u>&-</u>	Code:	201 9000 71		e 6 /2.		
DATE: <u>A</u>	120mb 01-05		IOIA	L GLARVI		ge.	
Reviewed by:	Fefer Thursday				Non-Respo	onsive	
Authorized By:_	But M. Helper	and house the common the			Date:	# <u>#</u>	0.5

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
October 20-22	The Wester Calgary	\$ 381.°6

TOTAL KMS (from front) 220

TOTAL EXPENSES

(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

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

Mr. George Sewell

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

Arrival 10/20/05 Departure 10/22/05 Payment Method VA Invoice 459791 Room 1014 Cashier 35 Page 1

Starwood Preferred Guest #
Airline Partner #

The Westin Calgary, 10/22/05

Date	Text	R	loom	Charges	Credits
10/20	Room Charge	1	014	153.00	
10/20	Tourism Levy 4%			6.18	
10/20	Room GST 7%			10.82	
10/20	Dest. Marketing Fee 1%			1.53	
10/20	Park-Valet Weekday			23.00	
10/21	Room Charge			153.00	
10/21	Tourism Levy 4%			6.18	
10/21	Room GST 7%			10.82	
10/21	Dest. Marketing Fee 1%			1.53	
10/21	Park-Valet Weekend			15.00	
10/22	Visa	XX/XX			381.06
pture method:swiped $s.17(1), 17(4)(e.1)$		Total		381.06	381.06
		Balance			0.00

Room	GST	21.64
F&B	GST	0.00
Other	GST	2.49
Total	GST	24.13
GST Ve	endor	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.

Non-RespoAPPLICANT COPY



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
HEC DYES	Pa Shoo Lee					60
NOV. 09-05	Kipues Ceutine					60
War 10-05	FURNBBURG TAI commenty					170
NW 14-05	BLAIR SANGLER					60
NN 16.	Sperwood Park Chamber					80
	Participants Council					60
N-23/05	Audit & Linoure					60
100 23/05	Retreat					40
		L anda		ra an an		
Loorlify that this	claim is for Capital Health business.		Non-F	esponsive		590
r cermy triat this		64.美容别还不同的语法强	TAL HON	Carlotta Braditi Cris	\$	TOTAL KMS transfer to back
NAME (print):		7.	OTAL EXI	PENSES from reverse)	\$ 238.95	
SIGNATURE:	£		201 9000 71 ^{g)(‡} OTAI		~ 10 /-2 ·	
DATE: <u>2</u>	Dec. 05-05 //		SA POTA	_ CLAIM	D	
Reviewed by:	Collay Mugd	4	9 N		Non-Responsive- Date:	105
Authorized By:_			15 2	-38.45 ·	Date:	
ravised: Santamber 2	005	56	004	10		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) <u>590</u> X 40.5¢ <u>× 5</u>

TOTAL EXPENSES

(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

HONORARIA

DATE	ACTIVITY (specify meeting)		START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Dec-05	Non-Responsive					\$	
						turninga statu artust, a arabaras s	Newson Control of the
06	Comments of jourson						60
Sue .						:	The proposition of the state of
09	Strategic Plannin						60
19 mai	Strateger Plannin Board ICEO Lvalus	c L					60
I certify that this	claim is for Capital Health business.	C	TO7	FAL HON	医乳腺性增长性病 化氯化二磺基甲基	4	! TOTAL KMS transfer to back
NAME (print): <u>*</u>	Seweth, George		Т(OTAL EXI	PENSES	\$ 71424	
SIGNATURE:Z	Jungaland 8.	.17(1), 17			_ CLAIM	\$	KN
DATE: <u>A</u>	Donne seris	7				Non-Responsive	
Reviewed by Z	June Mr for	J	_ HOA MI) 5	4,24	Date: 0 / 9/	65
revised: September 2			_ 58)524		7	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Due 155-05	Aproton Suiter Colgony	\$ 15134

TOTAL KMS (from front) 180 X 4

C 40 5d

-72.95

TOTAL EXPENSES

\$ 224.24

(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

APPLICANT COPY

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

G Mr Georg U !	e Sewell	ROOM RATE NO. PERS. FOLIO PAGE ARRIVE	337 1 495193 1 01-DEC-05	EX~A 12:05	TRAVEL CHA	
1130HB	s.17(1), 17(4)(g)(i)	DEPART PAYMENT	02-DEC-05 VI		R O G E	

DATE	REFERE	NCE	DESCRIPTION	CHARGES • CREDITS
01-DEC-05	RT337	3	Room Charge	135.00
01-DEC-05	RT337	J	OMF	1.35
01-DEC-05	RT337	1	Alberta Tourism Levy (4%)	5.45
01-DEC-05	RT337	(ST (7%)	9.54
02-DEC-05 VI	Visa		151.34-	5.01
		Total-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 F	ood & Bev	Telephone	Other	Total	Payment
01-DEC-05	149.99	0.00	0.00	1.35	151.34	0.00
Total	149.99	0.00	0.00	1.35	151.34	0.00

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 cha	arges.

SIGNATURE

For Reservations Call 1-888-784-8370

Mr George Sewell FOLIO 495193 01-DEC-05 ROOM 337

DEPART

AGENT

Si

APPLICANT COPY

Sheraton Suites Calgary

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

G Mr George U	Sewell	ROOM RATE NO. PERS. FOLIO PAGE ARRIVE	337 1 495193 2 01-DEC-05 02-DEC-05	EX-A 12:05	T A G E N T C H A B B	
1130HB	s.17(1), 17(4)(g)(i)	DEPART PAYMENT	VI		G E	

DATE REFERENCE DESCRIPTION CHARGES • CREDITS

GST Summary

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

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 George Sewell FOLIO 495193

01-DEC-05

ROOM 337 DEPART

AGENT

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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

-		Non-Responsiv	re	HONORARIA			
DATE	ACTIVITY (specify n			START END TIME TIME	#OF HOURS	AMOUNT CLAIMED	KMS
01-04-26	Chair n	recting			*		60
	KAMEUS I						50
01-06-06		beath or	engol				
		a Priorite					60
	0	an Liaiso					60
	*	nol Advis					55
	Kvanglow						170
<u> </u>	<u> </u>						
AL-17-H.	Mental	Ho. 141					60
	() Eyjour	<u> </u>					
k1. 21 H.	Mentel	11 · . 1 +/					50
	Julian						
I certify that this	claim is for Capita	al Health business.			on-Respons		625
			Ci	TOTAL HO ode: 201 9000 711030		\$	TOTAL KMS transfer to back
NAME (print):(BEIRGE	SEWELL		ANG CONTRACTOR OF THE CONTRACT	XPENSES (from reverse)	\$ 26213	
SIGNATURE:	U.			Code: 201 9000		AFO.	
DATE:	termany	04-06	s.17(1), 	17(4)(g)(i) TOT	AL CLAIM		
Reviewed by:	Lella	Shire	4	HON NE 20		Non-Responsi	
Authorized By:_		1/1	//	MS 26 - 050	マ.ロ. 3	Date:	
revised. September 2	005		6	iz Feb 7	100		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

01-27-a Parking \$ 9.50	DATE	EXPENSE ITEM	AMOUNT CLAIMED
	01-27-06	Parking	s 9,==

TOTAL KMS (from front) 635

TOTAL EXPENSES

(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

DISPLAY THIS SIDE UP ON DASHBOARD

AMOUNT PAID \$ 9,00 24570000 08:33

DETACH RECEIPT FROM TICKET TIME ISSUED

CREDIT CARD NUMBER

NON TRANSFERABLE

Capital PARKING 062850

RECEIPT

Capital **PARKING** 062850



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

HONORARIA

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
Thrusy	Audit & Finance	1	1		1	60
06-06	Invuore VI novel				-	
					; **	
						Sittle attract and the special and the state of the special and the special attraction of the special and the special attraction of the special attr
14-06	Copatal Care Foundation					50
15-06	Primary Core					50
15-06	Represent Board Good Hamaritan Stony Plain					30
16-06	Primary love (Westin)					50
21-06	C++ C				Ā	60
21-06	Brim Popp Recention				(2) (4) (4)	4
23-06	Prasmacy Droup					60
24-06	Special Strategie / Clanning					60
I certify that this	claim is for Capital Health business.	TO 1 Code: 201 900	TAL HON		u	TOTAL KMS transfer to back
NAME (print):	BEWELL, GERAGE	TO	OTAL EXF	PENSES rom reverse)	\$ 49.20	
SIGNATURE:	<u>L</u>		201 9000 711		223.50	
DATE: 2	8.17(1), 1 Parch 61-26	/(4)(g)(1)	TOTAL	. CLAIM		bu.
Reviewed by:	Laly Align	- HC	7A) 1 5 2	 23,50-	Non-Responsiv Date:	re
Authorized By:_			2600		Date:	· · · · · · · · · · · · · · · · · · ·
revised: September 2	2005	65	archi	3/4		V

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	AMOUN EXPENSE ITEM CLAIME	
Flurary 15-16-06	Parking \$ 21-	
	TOTAL KMS (from front) X 40.5¢ 4	

TOTAL EXPENSES

\$ 4992 223.50

(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

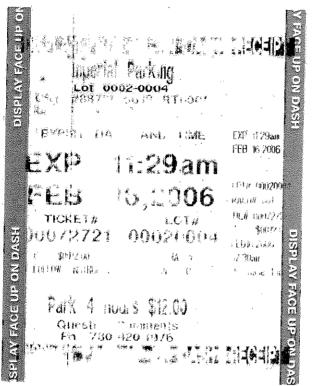
\$131 for up to and including four hours in any day

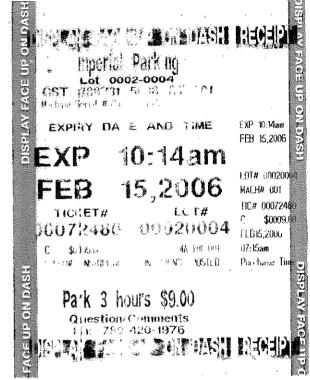
\$217 for over four hours and up to and including eight hours in any day

\$340 for over eight hours in any day

MILEAGE

40,5¢ km







Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive HONORARIA START AMOUNT # OF 9:(@361V/37a/d CLAIMED KMS TIME TIME HOURS (specify meeting) DATE 777473.CH Bred mt 60 Abacus Educativa
Brufing 60 55 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): SEWELL, GEORGE **TOTAL EXPENSES** (from reverse) Code: 201 9000 71110300000 SIGNATURE: $\frac{--}{s.17(1)}$, 17(4)(g)(i) TOTAL CLAIM DATE: Non-Responsive Date: L SHOWED HON Reviewed by: __ M/S 385.02 Date:____

revised: September 2005

Authorized By:

68 0608 April 18/06

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
mpaent 12-14	Wester	\$ 314.15
		and the second s

TOTAL KMS (from from	t) <u>175</u> × 40.5¢	70.97
	TOTAL EXPENSES	\$ 385 02

(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

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA TEL: (780) 426-3636 FAX: (780) 428-1454

GBHSH	Gary Pollock Provincial Health Authority	ROOM RÁTE NO. PERS. FOLIO PAGE ARRIVE DEPART	904 115.00 1 50298 1 12-MAR-06 14-MAR-06	A 15:31 08:49	T A A A C E E T L C H A T A A O
	GRAUTH	PAYMENT	VI		E E
	DATE REFERENCE	Ave. 4			CHARGES - CREDITS

0.1.10 1.11		7711111211			
) () () () () () () () () () (SCHRAON LL.	CHARG	ES > CREDITS
12-MAR-06	RT904	Room Charge			115.00
12-MAR-06	RT904	GST			8.13
12-MAR-06	RT904	DMF'			1.15
12-MAR-06	RT904	Tourism Levy			4.65
12-MAR-06	RT904	Parking Self			18.00
12-MAR-06	RT904	Tax GST		17(1) 17(4)()()	1.26
12-MAR-06	221A		0025 21:24	s.17(1), 17(4)(g)(i)	1.39
12-MAR-06	221A	Tax - GST			0.10
13-MAR-06	RT904	Room Charge			115.00
13-MAR-06	RT904	GST			8.13
13-MAR-06	RT904	DMF			1.15
13-MAR-06	RT904	Tourism Levy			4.65
13-MAR-06	RT904	Parking Self			18.00
13-MAR-06	RT904	Tax GST			1.26
13-MAR-06	S468	In Room Movie			14.01
13-MAR-06	S468	Tax GST		17/12 17/12/22	0.98
14-MAR-06	357A	1	0010 07:39	s.17(1), 17(4)(g)(i)	1.39
14-MAR-06	357A	Tax - GST			0.10
14-MAR-06	VI	Visa			314.35-
		Total Charges		314.35	
		Total Credits		314.35-	
		Balance Due		0.00-	
	7	In Canadian Dollar:			
	_	Total Charges		314.35	
		Total Credits		314.35-	
		Balance Due		0.00-	
	** cont	inued on the next page	ge **		
		F	-		

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

Gary Pollock FOLIO 50298

12-MAR-06



THE WESTIN

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA TEL: (780) 426-3636 FAX: (780) 428-1454

Gary Pollock Provincial Health Authority E S GRAUTH	ROOM RATE NO. PERS. FOLIO PAGE ARRIVE DEPART PAYMENT	904 115.00 1 50298 2 12-MAR-06 14-MAR-06	A 15:31 08:49	THAGENT CHATOGE	
--	--	--	---------------------	--------------------	--

DATE REFERENCE DESCRIPTION CHARGES • GREDITS

EXPENSE REPORT SUMMARY								
Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total	
12-MAR-06	115.00	8.13	4.65	0.00	1.49	20.41	149.68	
13-MAR-06	115.00	8.13	4.65	0.00	0.00	35.40	163.18	
14-MAR-06	0.00	0.00	0.00	0.00	1.49	0.00	1.49	
Total	230.00	16.26	9.30	0.00	2.98	55.81	314.35	
* Canadian	230.00	16.26	9.30	0.00	2.98	55.81	314.35	

Date	Payment
12-MAR-06	0.00
13-MAR-06	0.00
14-MAR-06	314.35-
Total	314.35-
* Canadian	314.35-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST	Room Revenue:	16.26
GST	Food and Beverage:	0.00
GST	Telephone Revenue:	0.20
GST	Other:	0.98
		17.44
	* Canadian Dollar	17.44

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 840 Starpoints for this visit. Please provide your member number or enroll today.

Gary Pollock

FOLIO 50298 12-MAR-06

THE WESTIN



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

Non-Responsive

HONORARIA

ACTIVITY DATE (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
april-06			
10-06 CHC Interviews	-		55
11-06 Physician Lisison	_		60
12-06 Municipal Lov.	<u></u>		55
12-06 CHE Interior			55
			and the second s
	1		
18-06 Dever Arapet Foundation			65
19-06 Strotegis Priorities			60
			or, and a second
26-06 Audit & Finance		·	60
		·	
certify that this claim is for Capital Health business.	Non-Responsive		410
·	TOTAL HONORARIA	, \$	TOTAL KMS
NAME (print): 6 EURS & SEWELL	TOTAL EXPENSES	\$ 176.30	ransfer to back
\mathcal{R}	(from reverse) Code: 201 9000 71110300000	HE -	_
SIGNATURE: <u>s.17(1), 17</u>	$^{(4)(g)(i)}$ TOTAL CLAIM	\$:	
DATE: Copy 28-06	101AL OLAM	Ψ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Reviewed by: Keila Shued	HON,	Non-Responsive Date:	27/06
Authorized By:	MIS 176.30-	Date:	
evised: April 3, 2006	MIS 176.30- - 0609 72 May 2,2006	· · · · · · · · · · · · · · · · · · ·	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

40.5¢ km

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		, , , , , , , , , , , , , , , , , , ,
die ver		
The state of the s		
		<u> </u>
		
****		Ψ ',

·	イろぐ TOTAL KMS (from front) X 40.5 ¢	176,30
	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	No.
	\$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	п
· · · · · · · · · · · · · · · · · · ·	MILEAGE	



Capital Health Non Page 25:10

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF TIME TIME HOURS	AMOUNT CLAIMED	KMS
may 03 2006	En honoins Latite			50
04-06		-		50
06-06	CHC Consultation	_		53
	Strategie Prioroitus	-		60
16-06	Deven Foundation	-		60
23-06	CHE Liaison	-	-	60
	minister Health	-		50
31-06	or words (with	-	_	
3/	Andit Im and	-	_	100.
	Course of the market			
Loodify that this	claim is for Capital Health business.	Non-Responsive		485
		TOTAL HONORARIA Code: 201 9000 7110300000 6850000	\$	TOTAL KMS transfer to back
NAME (print):	REWELL GEORGE	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	\$,262.55	+83.13
SIGNATURE	s.17(1),	17/4)/-\/:\	¢.	
DATE: <u>N</u>	Day 31-2006	1 / (4)(g)(1) TOTAL CLAIM	\$	g
Reviewed by:	Larly Shevel	HON	Non-Responsive Date:	1101
Authorized By:	$\frac{1}{2}$	MIS 345,68	Date:	- Caradi
revised: May 1, 2006		74 July 5,2006	· >	

•	
Non-Responsive Comments	83.13 June 16, 2006
Balance Owed	83.13 June 16,
Should be Paid @ \$0.43 /KM2	1,429.76
Should be KM2s Paid @ @ \$0.405/ \$0.43 KM2 /KM2	3,325.01
Total	1,346.63
Payment for KM2 from Apr/06	į.
Payment for KM2 form Oct/05- Mar/06	1,346.63
Name	68346 Sewell, G.
Employee #	68346 S

Non-Responsive

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
May 03	Parking	\$ 18 =
04		9. –
Un A-1 3 (9
		18.00
		54
	TOTAL KMS (from front) 485 X 43¢	208.55

TOTAL EXPENSES

(transfer to front)

\$ 262.55

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

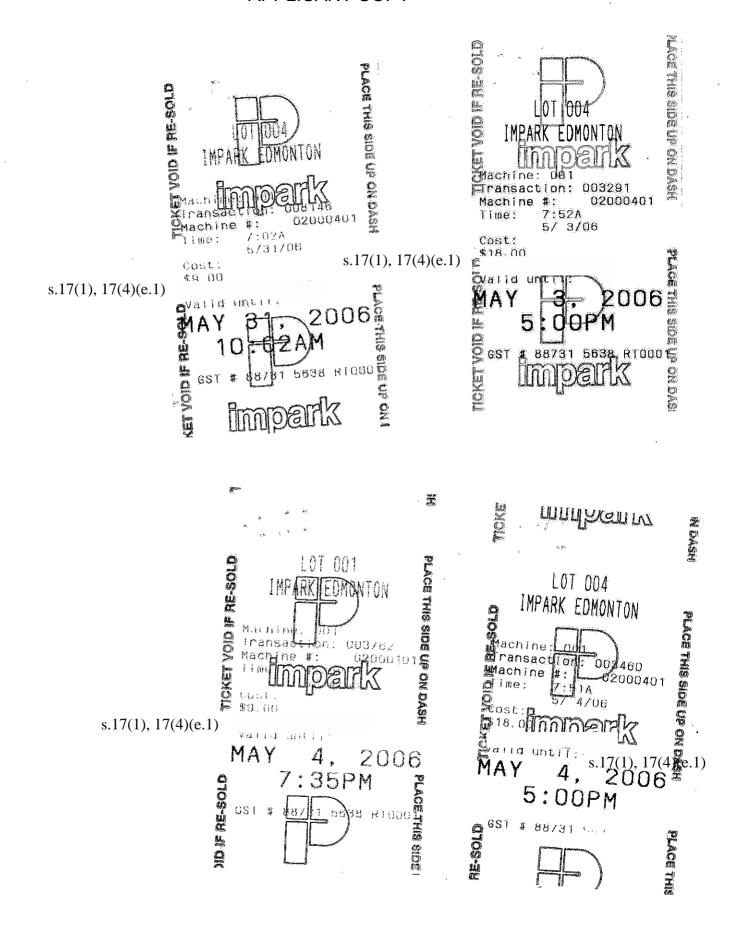
\$135 for up to and including four hours in any day

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

\$350 for over eight hours in any day

MILEAGE

43¢ km





BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (specify meeting)		TART TIME	END TIME	#OF HOURS	AMOUNT CLAIMED	KMS
TWNES				**************************************	gypenenen en	The state was to make the state of the state
						<u>sacroberoldonocosover-rhydra</u> cos
07-06 Keach Awards	·····					75
08-06 Evanstrue CHC	****					170
09-06 CASA Kids						50
19-06 Audit + Finance						60
21-06 Strategio P&P						60
						The second section of the second seco
23-06 Board mtg						60
						And specialized by the second subject with the second second
		1 1 2				
				,		1105
I certify that this claim is for Authority business.			Non-R	esponsive		555
F COUNTY SHOE SHO DISTRICTORY PROBLEMS	Code		FAL HON	ORARIA 00 6850000	\$	TOTAL KMS transfer to back
NAME (print): SEWELL, Gronge			TAL EXI		\$ 204.25	and No to
SIGNATURE:		Code: 2	201 9000 71			
DATE: S.1	7(1), 1	17(4)(g)(i) (i)(i)	CLAIM	\$	J
Reviewed by: Loylar Shured		Ho	N		Non-Responsiv	re
	THE PARTY OF THE P	-		34-26		uuga, gana amaka suurun koo
Authorized By:	78	(Chie	0475 17/00	Date	• • •
revised: March 2004	·	11	- LMO. 7	7/4		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front)	475	X 48¢	204	. 25
	TOTAL EXPE	ENSES	\$	
	(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



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF TIME TIME HOURS	AMQUNT S CLAIMED	KAMS
Est	3 P+P		:	15/
08-06	CHRMHE Interviews	_	_	60
11-06	CHAMPE Interviers	_	_	60
12-06	CHAMME Intervero			60
14-06	Evensbury CHC			_{the} state to the state of the
19-06 20-06	Western Str. Smirkying Western Str. Officer Opening	_	•	estation of the supplies and proper supplies.
21-06	Linch - RMH & members			60
22-06	Biard Policy Zash Fores	-		60
23-06	ene begin Comultin			55
26-66-	ABACUS epining Special SP+P	-		60
27-06	CH Board mity (fubli)	_		60
26-06	mousiquesq Region e	•		(a &
22-06	Alen was Zoundetern	_		60
certify that this (claim is for Capital Health business.	Non-Respons	ive	K95
-		TOTAL HONORARIA	\$	TOTAL KMS
VAME (print): <u></u>	ENELL George	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES		fransfer to back
with the state of	873	(from reverse)	\$	
SIGNATURE:		Code: 201 9000 71110300000	255-5	
DATE: A	s.1/(1),	17(4)(g)(i) TOTAL CLAIM	\$	
Reviewed by	Seela Shued	HON - MIS (2858S)	Non-Responsive Date: VCF 406	<u> </u>
/ uthorized By:		1860 (A)	Date:	
evised: May 1, 2006		- 063/ - 063/ - 063/	1	- Mannay

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

 TOTAL KMS (from front)
 595 X 43¢
 255 35

 TOTAL EXPENSES
 \$ 2.55 25

(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

49.5¢km 81



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM



Non-Responsive

ACTIVITY DATE (specify meeting)	START ENI		AMOUNT CLAIMED	KMS
October				
mental Health First Rid mental Health Committee	_			75
	_			
04-06 Municipal Advisory				75
10-06 Physician Leaison				60
11-06 Policy Jash Force	-			60
				and the desired state of the st
P 39810. The First Court Z				-managa Andrews
17-06 Devon Hospital Foundation	Ž <u>e</u>			60
Reach Awards	_			50
18-06 Strategie Planning	_			60
				,
certify that this claim is for Capital Health business.		n-Responsiv		440 m
NAME (print): George Jewe //	TOTAL HC Code: 201 9000 711030 TOTAL E	00000 6850000 XPENSES	\$ 294.00(199	TOTAL KMS transfer to back
SIGNATURE: House Sewell s.17(1), 1	Code: 201 9000 7(4)(g)(i)		189.00	(A):
DATE: Detabu 31-06	TOT	AL CLAIM	\$	
Reviewed by: Self-Ahwed			Non-Responsive Date:	726
Authorized By:	- 0603		Date:	
avised: May 1, 2006	00000000000000000000000000000000000000	SOE V		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

TOTAL	. KMS (from	front)	440	X 43¢	tomeworks the	189.20
	가는 해가라는	_			_	1 63 FT 4 10
		7	FOTAL EXP	ENSES	\$	<u> 18920 - </u>

(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

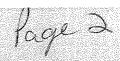
\$135 for up to and including four hours in any day

\$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

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KIMS
October Can	adian Health Pare Sofity			and the second s		800
19-06						
20-06						
21-06						
I certify that this claim is	for Capital Health business.	n de de syner Mais de Septe	Non-Ro	esponsive	e energe e Grecie (Ch. 1991) Maria	800
		TO7 ode: 201 900	FAL HONC 0 711030000		\$	TOTAL KMS transfer to back
NAME (print): 6 Eury	PEWELL		TAL EXP (fr 201 9000 711	om reverse)	\$ 344.°	rc.
SIGNATURE: Superior Signature:	ige Dewell	Suite, 2	TOTAL		<i>J ' '</i> '	
DATE: <u>Octob</u>	m 31-06					<u> </u>
Reviewed by:					Non-Responsive Date:	
Authorized By:				6 5000 6 6 1 6 6 6 6 6 6 6 6 6 6 5	Date:	15 (1885) #1 (1975) <u>#1 (18</u> 75) #1 (1882) 2) #1 (1885) #1 (1885) #1
revi sed: May 1, 2006		84				

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$

 TOTAL KMS (from front)
 800
 X 43¢
 344.60

 TOTAL EXPENSES
 \$ 344.60

(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 85



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

Non-Responsive

ACTIVITY DATE (specify meeting)	START END # OF TIME HOUR	400 000 0 000 0000000000000000000000000	KMS
01-06 deducktospital Opening			100
			and the second of the second o
06-06 J. M. Kenna Payal Alen			55
06-06 CHRMHAE	MANAGEMENT AND		55
	_		
In Community one			75
15-06 CHE Drawey - Wildwood			180
16-06 Joint School Board	•		55
20-06 Ithetheore Site Opening			140
21-06 Dever Loundation			60
22-06 Audit/Zinance			
23.06 Bound Mtg			60
I certify that this claim is for Capital Health business.	Non-Responsiv TOTAL HONORARIA Code: 201 9000 7110300000 6850000	. \$	7940 TOTAL KMS
NAME (print): SEWELL, GEORGE	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	\$ 905.2°	
SIGNATURE: Surge Sewill s.17(1	1), 17(4)(g)(i) TOTAL CLAIM	4	(A)
DATE: Nov. 30 OC			_
Reviewed by Kula Aluve	than mis (90520)	Non-Responsive	·
Authorized By:	DC 700 4	Date:	
evised: May 1, 2006.	86	S	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
October 19-20-06	Vanernour Confrence (Hotel)	s 544.
		1
	7074 MARIE & 240	2/120
	TOTAL KMS (from front) <u>840</u> X 43¢ TOTAL EXPENSES (transfer to front)	361,2° /1 \$ 905 ²⁰ V

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

Sheraton Vancouver Wall Centre Hotel

cosa Bur and Street Varicouver British Columbia V6Z cRg Canada

Mr.George Sewell				3209
BuskaAssociates				1
				239575
				1A
YIA FAX:				Oct 19/05
				Oct 21/08 VIBA
s.17(1), 17(4)(g)(i)				VISA
Involce: 239575				
1 9-O ct-06	Room Charge		\$	215.00
19-Oct-06	Room Tax		\$	21.50
19-Oct-86	Room OST		\$	12.90
19-Oct-86	Parking		\$	22.50
20-Oct-06	Room Charge		\$	215.00
20-Oct-06	Room Tax		\$	21.50
20-Oct-06	Room GST		\$	12.90
20-Oct-08	Perking		\$	22.80
**************************************	s.17(1), 17(4)(e.1)	Sub-Total	\$	544.00
22-Oct-08 Payment		21431 VISA		-\$544.00
			On the second section of	
Application of the second of t				\$0.00

Jamie Clows
Sheraton Vanc Wall Centre Hotel
Ph: 604-893-7138 Fax: 604-893-7252

OST # R138381629

F 604 331 1000 F 604 331 1001 Steratoryandouvercom

The size after Mancoulve, with Centre Hotel is a kines by well entered all Conspitation and operates under a Humble As the Clark Clark Conscious made is miles Partnership



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

HONORARIA | START | END | # OF

DATE	(specify meeting	p)	TIME TIME HO	DURS C	LAIMED	KMS
Dec-01-06	Policy Jon	h Force				60
06-06	Board Retri	eat				らひ
						6 (m.) 2 (2) (m.) 2 (2) (m.)
08-06	Policy Fork	Une				60
12-06	Policy Fosh RIA Social					50
<i>21</i> ,-						
18-06	Paul June	ton				5D
	Policy Josh		₫			60
	ouy own					
	Board Sveis					50
)	toara preiz					
	sing in for Control Uporki		Non-Resp	onsive		380
enny that mis ci	aim is for Capital Health	Dusiness.	TOTAL HONORA Code: 201 9000 7110300000 68	A STATE OF THE PROPERTY OF THE		TOTAL KMS transfer to back
AME (print):	Eurge Sew	ell_	TOTAL EXPEN:	ce e		
GNATURE:	Dones Ann	.ell	Code: 201 9000 7111030	00000 /	63.40	(μ)
ATE: De	c 20-06	s.1	7(1), 17(4)(g)(i) total cl	AIM S		a)
eviewed by:		Luzer	May		Responsive	<u> </u>
uthorized By:			= MISCIGS (Date:		
		110	Transfer of SAASIOT			
rised: May 1, 2006			89 A			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$ 1. 10 miles 10 mile
	TOTAL MAD # 20 A 20 A 20 A	

 TOTAL KMS (from front) 380
 X 43¢
 163-40

 TOTAL EXPENSES (transfer to front)

REMUNERATION - effective April 1, 2006

8	\$1	81	for	up t	o an	d in	clud	ling	fou	r he	urs	in :	any	đa١	,						
			for													ıt h	OUTS	s in	any	/ di	3)
S	Section.	1355 X	for i	80.285 80			S. S. S. S.		V. 1450264	Sec. 186	Entre C										
Š	100		BEI							,											
Š	21.48	res la	DCI			94 (SSE)		2587765		487.6											

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

MILEAGE 43¢ km

CHAIRMAN



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

	Non-Responsiv	HONORARIA	Best Copy Po	ssible
DATE	ACTIVITY (specify meeting)	START END TIME TIME	# OF AMOUI HOURS CLAIM	
MARCH ST.	97-10			45
7. K = 0.7	<u>Carama Arrana SellC.</u> Mariana			1.5
2000	minute they be			
12				
15	C. H. B. Bush			1410
		one in Transmission over		
	and the second of the second o			
		Marie		<u>rendire</u>
certify that this claim	is for Capital Health business.	Non-Respo		<u>[5/5</u>]
AME (print) <u>Seu</u>	VEH Come	Code: 201 9000 7110300000 6	6850000	TOTAL KMS transfer to back
a sa	SEH, George		rreverse) クコ///	$5/\chi$
GNATURE: <u>40</u> ATE: Ann	:1 10-07	s.17(1), 17(4)(g)(i) TOTAL C	LAIM \$	
•	2021		Non-Response	
eviewed by:	estat through	MR(84899) — Holy	Date:	<u> </u>
thorized By:		92001167)	Date:	
ised: May 1, 2006		ADD(1) 10.1		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSETTEM	AMOUNT CLAIMED
		\$

TOTAL KMS (from front) 5/5 $\times 43¢$ 22/45 TOTAL EXPENSES 22/45

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
manda		Militar o Militar e e e e e e e e e e e e e e e e e e e	and a substitute of the second			economic de la companya de la compan
22.00						40
		Transmitted (Christian Christian Chr				
:						
certify that this c	laim is for Capital Health business.	TOT	AL HONO	m a mi a		
IAME (print): 5	EWELL, CRUBE	de: 201 9000	7110300000 TAL EXPE	6850000	\$	TOTAL KMS transfer to back
IGNATURE:	Leng Smill	Code: 20	11 9000 7111	0300000		
ATE: A	pil 10-07	The state of the s	TOTAL	LLAIM.	\$	
eviewed by:					Date:	
uthorized By:					Date:	idense.

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		U STATE OF THE STA
	TOTAL KMS (from front) X 43¢	
	TOTAL EXPENSES	\$

REMUNERATION - effective	

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

94

(transfer to front)



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

	Non-Responsive	HONO				
DATE	ACTIVITY (specify meeting)	START	END	# OF HOURS	AMOUNT CLAIMED	KMS
Edrusy					**	
	1					Marian Company
08-07	tronaling CHE					165
20-07	S Toundates					
20 - 0 1	Londong CHE Devon CHE					<u>55</u>
21-07	Finance Committee					60
22-01	CH. C. Lisison Committee					60
IL 07	C.H. mhA Information					53
			801.83.1			S127 20 35 40 5
		Notes that the state		6 8 8 6 6		
certify that this o	claim is for Capital Health business.					395
			AL HONO		\$	TOTAL KMS
JAME (print):S	EWELL CEORGE		TAL EXP		\$ 169.85	transfer to back
	War and the second seco			om reverse)	1533	
IGNATURE:						$\exists \ell$
ATE: j>,	712CH 1907		TOTAL	CLAIM	\$	<i>m</i>
J. C.	711 0					era estado Mesuros estados de estados esta
eviewed by:	Tella Howell				Date: Opt	17/117
						-12/
uthorized By:					Date:	
vised: May 1, 2006		95				

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

		AMOUNT
DATE	EXPENSE ITEM	CLAIMED
		\$
		indiana de la companya de la company
	통원이 된 데이 전투가 확실된데 이 하다. 발생하면 너 이 상당되었습니다. 이 레이어	
· · · · · · · · · · · · · · · · · · ·		
	TOTAL KMS (from front) X 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	
1	\$492 for over eight hours in any day	
ž.	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	
	TETALINAT STATEM	



Capital Health Non Bosson in the Company of the Co

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUI CLAIMI		KMS
TRNUARY 04-07	Jank Force Paliny	al in enemana employee et elegiste element en en	*		I	4	60
12-07	Special SP+P					4	56
15-07	SP P - Board						60
16-07	Devon Hospital Foundets						55
16-07	Physician Liaison					<u>L</u>	60
17-07	CHMHAC					<u> </u>	55
7							
certify that this	claim is for Capital Health business.			esponsive		The second secon	50
	-	ode: 201 900	FAL HONG 10 711030000	0 6850000	\$	trans	TAL KMS efer to back
NAME (print): <u> </u>	DENETH GEORGE		TAL EXF (f 201 9000 711	rom reverse)	\$ 150. IHT	3/1/)
SIGNATURE: <u> </u>	AACH 19-07		TOTAL	. CLAIM	\$		-
					Non-Resp	onsive	
Reviewed by:	Fell House				Date:	<u>. 1970</u>	
Authorized By:		_ 07			Date:	<u> </u>	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
:		
e mangana kangana na mangana na m		
	. :	

TOTAL KMS (from front) 350 X 43¢

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



revised: May 1, 2006

Fred A.

Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM

DATE	ACTIVITY (specify meeting)	START	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
in ARCH 12-14	Health Boards albert				\$ 306.43	policies and the second second
		TO1 Code: 201 900	F AL HON (0 711030000		\$	TOTAL KMS transfer to back
NAME (print): SIGNATURE:	EWELL, CEORGE		OTAL EXP (fi 201 9000 711	rom reverse)	\$ 306.42	
***************************************	MREH 19-07		TOTAL	CLAIM	\$ 306 92	
Reviewed by:	Reila Ahmel	***************************************			Date: Afr 17	77
Authorized By:					Date:	
evised: May 1, 2006		99				

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM		AMOUNT CLAIMED
	TOTAL KMS (from front)	X 43¢	
		L EXPENSES <u>\$</u>	
	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 \$492 for over eight hours in any day MEMBER	hours in any day	

MILEAGE 40.5¢ km

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

\$350 for over eight hours in any day

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

the westin edmonton 10135 100th street edmonton, alberta T5J ON7 canada phone 780.426.3636 fax 780.428.1454 westin.coin/edmonton

travel agent/charge to guest 916 room George Sewell 115.00 rate no. pers. 8440 112th Str 142898 EX-A folio Edmonton, AB T6G 2B7 page Canada 11-MAR-07 16:12 arrive 13-MAR-07 depart HHC10A alla payment

		ļ,··	HV
11-MAR-07	RT916	Room Charge	. Mais . 315
11-MAR-07	RT916	GST	6.97
11-MAR-07	RT916	DMF	1.15
11-MAR-07	RT916	Tourism Levy	4.65
11-MAR-07	RT916	Parking Valet - Outside	24.00
11-MAR-07	RT916	Tax GST	1.44
12-MAR-07	RT916	Room Charge	115.00
12-MAR-07	RT916	GST	6.97
12-MAR-07	RT916	DMF	1.15
12-MAR-07	RT916	Tourism Levy	4.65
12-MAR-07	RT916	Parking Valet - Outside	24.00
12-MAR-07	RT916	Tax GST	1.44
13-MAR-07	VI	Visa	306.42-
		Total Charges	306.42
		Total Credits	306.42-
		Balance Due	0.00

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

** continued on the next page **

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

signature

George Sewell

FOLIO 142898 11-MAR-07





Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIV (specif	ITY y meeting)		START	END TIME	# OF HOURS	AMOUI CLAIM	alla cale a cale and a	KMS
MAY 03-07	LongSe	wie Awards	s (57471)						50
04.07	1,00	Meeting							60
		Jewis Oliv	al						50
08-07		ection Ages							50
	Evenober	y Long Dew	in Avail						165
		e Meeting							50
10-27	Evensbu								165
15-07	Policy Rev	iew Comm.	ittie						60
22-07	CHE-L	iaism Con	wavites						60
									-
certify that this c	claim is for Capit	al Health business			Non-Res	RARIA	\$	99	710 TOTAL KMS
NAME (print): <u>Se</u>	ewell, 6.	eonse		TOT	TAL EXPE	ENSES	318.4	90.00	ansfer to back
SIGNATURE:	y		s.17(1), 1	Code: 20 17(4)(g)(i	1 9000 7111) TOTAL		•		¥
DATE: <u>'M</u>	19 24-	<u> </u>					Non-Respon	f sive	
Reviewed by: authorized By:	<u>2025 f</u> Santana an an an an	Mush (D)		How	J0079	\mathcal{A}	Date: <u>/ / / / / /</u> Date:	127	<u>D</u> erv
ovised: May 1, 2006		C)		0 02 N	孙纤	<i>时</i> 。			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
MH4 3	Parking	\$ 6.00
σ		
i ,		
pr. 1	PAK EUMONTON GEOGRAPIKS	
Transa Machin Lime		
6 1984 -		
MAY 6	FORM S	
L L		
	[]	
	44t	710 110

TOTAL KMS (from front) 710 X436 312.40

TOTAL EXPENSES

<u>\$ 010.40</u>

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START END TIME	#OF HOURS	AMOUNT CLAIMED	KMS
April 23-07	Board Retreat				60
24-07	Board Retreat Board Retreat				60
e in the second				Manual Control of the	
			· · · · · · · · · · · · · · · · · · ·		
	·				
	claim is for Capital Health business.	Non-Resp TOTAL HONOI ode: 201 9000 7110300000	RARIA	\$	120 TOTAL KMS
NAME (print): 5	EWELL George	TOTAL EXPE (froi Code: 201 9000 71116	m reverse)	\$ 263,24	
SIGNATURE:		TOTAL (\$	Van J
DATE: 200	12y 21-07			Non-Responsive	
Reviewed by	ele Huro	_		Date:	207
Authorized By:		_		Date:	
revised: May 1, 2006		104			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
Spil 23-07	Board Litreat	\$
Janay 53		
April 23	Hote I MacDonald:	211.64

TOTAL KMS (from front) 120 x 43¢ 51.60

TOTAL EXPENSES \$ 263.24

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

105



10065 - 100 STREET EDMONTON, AB, CANADA T5J 0N6 T (780) 424-5181 F (780) 429-6481 G.S.T. Registration # 139445290 Room : 0321 Folio # : 60923

Cashier # 260

Page # : 1 of 1

George Sewell 8440 112th Street Edmonton, AB T6G 2B7 CA Arrival

04-23-07

Departure

04-24-07

Date	Description	Additional Information		Charges	Credits
04-23-07	Confederation Lounge	#0328 : CHECK #5365		5.00	, , , , , , , , , , , , , , , , , , , ,
04-23-07	Room Charge		,	165.00	
04-23-07	Room - DMF			1.65	
04-23-07	Room - AB Tourism Levy			6.67	
04-23-07	Room - GST			10.00	
04-23-07	Parking - Overnight	s.17(1), 17(4)(e.1)		22.00	
04-23-07	Parking - GST			1.32	
04-24-07	Visa		XX/XX	-	211.64
	· · · · · · · · · · · · · · · · · · ·	Total		211.64	211.64

Balance Due 0.00

GST Summary

	,
Room	10.00
F&B	0.18
Other	1.32
Total	11.50

Guest signature

Signature du client X_

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

I agree that my liability for this bill is not walved and I agree to be held personally liable in the event that the indicated person, company or essociation fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)

I have accopted delivery of The Globe and Mait. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,00% par année) J'ai accepté la livraison du journat The Globe and Mall. Si j'avais refusé, l'aurais pu obtenir un crétit à mon compte de 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

ACTIVITY DATE (specify meeting)	START END #OF		KMS
April-07 CHE Interviews		•	55
10-07 CHC diterviews			55
Physicians Lesison			60
11-07 Municipal Advisory	- Communication of the Communi		55
CHMHAE			50
12-07 Evanslurg CHE	Mariana Angelon and Angelon an		165
13-07 SP-6P	******		60
			and only disposally a realizable contract.
17-07 Acculerating Phinay	las.		50
19-07 Devan Harpital Foundel	L.		50
			The state of the s
27.07 Mental Health Forum	,		60
I certify that this claim is for Capital Health business.	Non-Responsiv	\$	660 TOTAL KMS
NAME (print): CEURGE SCURL	Code: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse)	\$	transfer to back
SIGNATURE:	Code: 201 9000 71110300000 TOTAL CLAIM	4	Dr.
DATE: <u>MAY 21-07</u>		Non-Responsive	
Reviewed by: A fall of the standard But		Date: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> 1</u> 07
Authorized By: revised: May 1, 2006	107	Date:	
· · · · · ·	107		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
10-17	Hotel Westin	s 342 = 8

 TOTAL KMS (from front)
 660
 X 43¢
 283.80

 TOTAL EXPENSES
 \$ 625.88

(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 108

 the westin edmonton 10135 100th street edmonton, alberta T5J 0N7 canada phone 780.426.3636 fax 780.428.1454 westin.com/edmonton

guest travel agent/charge to 309 room Mr. George Sewell 140.00 rate Capital Health no. pers. 8440-112 Street 154571 EX-A folio Edmonton, AB T6G 2B7 page Canada 16-APR-07 19:38 arrive 18-APR-07 depart CAB14B payment VI

	1916 (2009)	A TESCHURAN	Control of a little of the lit
16-APR-07	RT309	Room Charge	140.00
16-APR-07	RT309	GST	8.48
16-APR-07	RT309	DMF	1.40
16-APR-07	RT309	Tourism Levy	5.66
16-APR-07	3754	In Room Dining	31.00
17-APR-07	RT309	Room Charge	140.00
17-APR-07	RT309	GST	8.48
17-APR-07	RT309	DMF	1.40
17-APR-07	RT309	Tourism Levy	5.66
18-APR-07	VI	Visa	342.08-
		Total Charges	342.08
		Total Credits	342.08~
		Balance Due	0.00

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

** continued on the next page **

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

signature

Mr. George Sewell FOLIO 154571 16-APR-07



309

140.00

154571

the westin edmonton. 10135 100th street edmonton, alberta T5J ON7 canada phone 780, 426, 3636 fax 780, 428, 1454 westin.com/edmonton

guest

CABL4B

17-APR-07

travel agent/charge to

Other

1,40

1.40

2.80

Total

186.54

155.54

342.08

Mr. George Sewell Capital Health

8440-112 Street

Edmonton, AB T6G 2B7 Canada

Alanet gentalia gent

page arrive depart

8.48

16.96

room

rate

folio

no. pers.

2 16-APR-07 19:38 18-APR-07

Food\Bev

31.00

0.00

31.00

EX~A

Phone

0.00

0.00

0.00

VI payment

EXPENSE REPORT SUMMARY Date Room GST Tour Levy 16-APR-07 140.00 8.48 5.66

140.00

Total 280.00 Date Payment

16-APR-07 0.00 17-APR-07 0.00 Total 0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

5.66

11.32

GST Summary:

GST Room Revenue: GST Food and Beverage: GST Telephone Revenue:

GST Other:

16.96

0.00 0.00

0.00 16.96

861336493RT0005

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

signature

As a Starwood Preferred Guest, you could have earned 619 Starpoints for this visit. Please provide your member number or enroll today.

Mr. George Sewell

FOLIO 154571 16-APR-07



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive

DATE	ACTIVITY (specify meeting)	START END #OF	AMOUNT CLAMED	KMS
MAY 216-07	CHC-h Consultation		,	55
Tune of	l'astwood			
Tour osa.	Special Spop			60
Tune 06-07	municipal Advisory	-		45
	menber Returnant			55
			:	og attention (A)
	CHC Ampreciation			
Tune 08-07	CHMHAE Agenda			han have
Tune 12-07	Physician Lision			60
Inne 3-01	Provincial M/H announces			55
Tune 13-07	CHMHBC			5
certify that this o	claim is for Capital Health business.	Non-Responsive		560
		TOTAL HONORARIA code: 201 9000 7110300000 6850000	1 i	TOTAL KMS
NAME (print): <u></u>	EWELL, GEORGE	TOTAL EXPENSES	\$	ransfer to back
SIGNATURE:		(from reverse) Code: 201 9000 71110300000	246,40	
177 The contractive parties	s. 17 (1), 17	7(4)(g)(i) TOTAL CLAIM	\$	
DATE: <u></u>	unl			
Reviewed by:	Lector three	HON	Non-Responsive Date:	2/07
outhorized By:		M72(30140)	Date:	
evised: May 1, 2006		111 07 36107		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
	· · · · · · · · · · · · · · · · · · ·	
was a second and a second a second and a second a second and a second a second and a second and a second and		
:-		
	TOTAL KMS (from front) 560 x 43¢	246.40
	TOTAL EXPENSES	\$
	(transfer to front)	

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

112

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE	ACTIVITY (specify meeting)		ND # OF IME HOURS	AMOUNT CLAIMED	KMS
, and 5					designation of the second of t
					A Procedure of Management of
	f				
and the second s					
Tune 19-07	Devan Hornstal Tenneter	g4			65
Jun 20-07	5P7P				60
			Chantan and Alley		
				/	ø
certify that this cl	aim is for Capital Health business.	No	n-Responsive	· /	125
		TOTAL F Code: 201 9000 7110	HONORARIA 0300000 6850000	\$	TOTAL KMS transfer to back
NAME (print): <u>5</u> /	EWELL, GEORGE		EXPENSES (from reverse)	\$ 5500.	
SIGNATURE:			00 71110300000		
DATE:	Time 20-07	TC	OTAL CLAIM	\$	
Reviewed by:	Elas Ahristo.		THE STATE OF THE S	Non-Responsive Date: ()(()()	22/07
Authorized By:		 -		Date:	*
revised: May 1, 2006		113			•

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
A STATE OF THE STA		
And the second s		
		/
	TOTAL KMS (from front) 125 x 43¢	35.00 V
	TOTAL EXPENSES (transfer to front)	\$

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km 114



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM
Health
Non-Responsive

	HO	NORARIA		par operación artes		
June 24' S/TP						
						40

on the latter than the transfer and the second state of the second secon	- Carlynoo voor consequente					
Board meeting	944 744 744					60
				Service Control		
					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
						We have a second
tify that this claim is for Capital Health business.		Non-Res	ponsive 4			
	TO Code: 201 Sr	TAL HONO 00 7170300000	RABIA		k	120 I
E (print) SEWELL, Garage		OTAL EXP	ENSES S	العربة المعاد		rater to pack
ATURE A ZUOT	Code:	201 9000 71111 TOTAL 1	0300000			123 L
	s.17(1).	17(4)(g)(i)	中医外部的 医囊结合 医囊腺炎	yerne in the second		
wed by the last the l			NDA	Rexembin	ZQZ,	万灵
fized By:		5 52	.60- pe	te	1//	
4073313 PACE 10/22	115	0719 +210	1.00	59		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

PATE 1	A STATE OF S				
				\$	
		The state of the s			
		Activities of the second	1		

			7-4-10-20-20-20-20-20-20-20-20-20-20-20-20-20	The state of the s	
	TOTAL KMS (from fron	120	x端。	Open 19 Sept	-00 E
		TOTAL EXPE	そめらんかん おりごり 佐書		-60 ·
CHAIRMA	RATION - effective April 1, 2005.				
' 15309 for av	e and including four hours in any er four hours and up to and includi	day l a ni stuch thigle bn	ny day		
MEMBER \$138 for up	te and including four hours in any	day			
\$350 for over MILEAGE 43¢ km	ar tour hours and up to and includi arraight hours in any day	ng alght hours in a	∖ y day		

PAGE 11/22

166704

AUTHROTHERUM CCITT LAVING 14V



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOURS	AMOUNT CLAIMED	KMS
June 16	SITI			encontrol (New York of Section 1997)		Ġ0
						According for Management V (1977)
						age and the second section of the section of the second section of the section of the second section of the second section of the sect
	Board meeting					60
The state of the s	<u></u>					
				97.00 A C C C C C C C C C C C C C C C C C C		
Logatify that this r	staim is for Capital Health business.		Non-Res	ponsive		120
		TOTA Code: 201 9000	AL HONOR		\$	TOTAL KMS transfer to back
NAME (print)	EWELL, George	тот	FAL EXPE	NSES 1 reverse)	\$ 52.55	Wallstell IS Dack
SIGNATURE:		Code: 20	1 9000 71110			l areal.
DATE:	yt 24-07		TOTAL C	LAIM	\$	
Reviewed by:	Perlandhama				Non Responsive	
Authorized By:		na talah dari dari dari dari dari dari dari dari			Date:	
revised: May 1, 2006		117				тор — Мания — М

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		<u> </u>
The state of the s		

TOTAL KMS (from front) 120 X450

\$ 57.60 52.80 W

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km 118

Capital (* A.)
Faynul



Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

	Non-Responsive	HONORARIA	
Bate	ACMATY ACMACHING A PARTY AND ACMACHING A PAR	TARENA TENEDA PER EDITAR DE ANTONIO	
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Jan Jan	Last Done Planning		
Len O			60
12-07	Lask Force Policy	た。 	60
13.07	Visandoni CHE		175
And the second s			
12-07	Devon Hospital Fremhales	다. 생 64 64 64	
19.07	52.8		53
Sint			80
24-07 Luk	Finance Committee	사 보 장	60
15-27	CHC South West		60
36-21	At Anol. Sweet Breeking		
	Bara mile		<i>[22</i>]
(4) 1. Table 1. Table 1. Table 1.	d claim is for Capital Health business	Non-Responsing	60
		TOTAL HONORARIA	808/] TOTAL HAS
	EWEAL, CENAGE	TOTAL EXPENSES \$ 355.52	iransfer to back
GNATURE	forge Swell	Code) 20/1 9000:711103000000	oct2/07
ATE AY	4 - 26 · 07 s.17(1), 17(4)(g)(i) TOTAL CLAIM	K .
vieweg-by-	eway pay	Date Date	775
thorized By:		HON Non-Responsive Mid 365,62 Date:	
ed May 1, 2006	e1ee7o⊅	119 07 (9) 11:51 BOVED-01400 (20:11 (30.1) (60.1)	Z 70 TO0

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

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1		the desired section of the section o	15	The state of the s
		THE RESIDENCE OF THE PARTY OF T		
Vin Control				
		in the state of th		
	And the second s		Maria Salah Maria Salah	
	to the true management in the definition of the second of the second	Andrew Services		<u>J</u>
	TOTAL KMS (from front)		247	_355.5½, \J.
	The second secon	OTAL EXPENSES (transfer to front)	\$ 34777	_355,52 \L\\\
	REMUNERATION - effective April (), 2008			
	1164 for up to and including four hours in any o 5909 for over four hours and up to and including	SV.		
	\$482 for over eight hours in say day MEMBER	#. ⇒Phis uofile II. SUAGEA		
	\$135 for up to and including four figure in any d \$224 for ever four hours and up to and including	gly		
	\$350 for ever eight house in any day MILEAGE	Laffur uchts in sun gen		
San Pa	43¢km	120		



BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

ACTIVITY DATE (specify meeting)	START END #O	AMOUNT	KMS
September		*	A TOTAL TO STATE OF THE STATE O
2000 CHMHAC meeting	_	•	98

Dept 07-07 Jash Force Planning			60
12-07 Lash Force Policy	_		60
13-07 Praisbuy CHE			175
t in the color of			
18-07 Deven General Foundation	_		45
19-07 SP-1P	- -		60
24-07 Finance Committee	~	To a second control of the second control of	(c) ()
25-07 CHC Aunth West	_	•	60
26-27 It Hash Srowd Breeking	_	-	120
Board mtg			60
I certify that this claim is for Capital Health business.	Non-Responsive	\$	808
NAME (print) SEWELL GEORGE	Code: 201 9000 7110300000 6850000	m	OTAL KMS ansfer to back
A	TOTAL EXPENSES (from reverse) Code: 201 9000 71110300000	\$ 355.52	4
SIGNATURE: Dong Swell			Caral.
DATE: Sept - 26.07	TOTAL CLAIM	\$	<u> S</u>
- Land Ahron	Non-Responsi	ve	/
Reviewed by:	**************************************	Date:	477
ruthorized By:		Date:	at large
evised: May 1, 2006	121		

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
re de la constante de la const		\$
E		***

TOTAL KMS (from front) 808

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

122



FACE, 6/22

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BOARD MEMBER HONORARIA AND EXPENSE CLAIM

		Non-Respo	onsive		DRARIA				
BATTE Tuly	ACTIVITY Tspecify me	eling)	A CONTRACTOR OF THE CONTRACTOR	STAR	CIVE TABLE	# OF		AMCUNT	KW5
Jun								'	nc.nchappers
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Stiff annual to America (Assessment Photos America (Assessment) of Photos America (Assessment)		Sew	ند	•					— У такжа се при
Lag	Policy Re	- seog	nter	•					60
Toly 18-07	Policy Re	view							60
								,	Special Court
									In a second seco
my get	Mand Rice	him		<u>.</u>					description (ACC 200 (Applications in SAL (Applicat
38-07	Ledus Sine	ma							100
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C CONT. COMMAND COMMENT LONG BARRAGE AND COMMENT COMME			and the Contract of the	And the second s		e P) With Transmission of the state of the s		**************************************	and the substitute of the subs
CS-VINA, CS-ASSAL TO REAL TO THE SECURITY OF THE SECURITY			apital Ha Payrol			District of the second sec		**************************************	The state of the s
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certify that this o	dalm is for Capital He	alth business	(TREVE		Non-Re	sponsive	-		220
AME (print):	Bewell C	धर विभा	, CC	701 586:201 9000	AL HONC 711030000		\$		TOTAL KMS
dvie (prim);	0	so page	• •		TAL EXP	om reverse)	\$	96.80/	HJ HJ
SNATURE 2	myed w	sall	, ent.	Guig, <u>z</u>	01 9000 7 ₁₁ . TOTAL		\$	7 / .	LH OCA
TE: A	A 26-07	4	_s.17(1), 17	(4)(g)(i)	1 700 N S 41000		· ·		· /
viewed by:	elistk	ace for		-	1		Date:((Tot 2	107
thorized By:				HOM.	u 5 90			Responsive	<u> </u>
ed: May 1, 2006				123 O	719	19			

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

(Personal Line and Line	DATE		**************************************		HMELNT!	
					\$	
Annual Control of the	A Katana Jana and Andrews Constitution of the					
And the second second						
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in And					Payron and a second sec	
-	ji.			The state of the s		
						Commission and other states are properly and states and states are states and states and states are states and states and states are states are states and states are states are states are states and states are
			TOTAL KMS (from frent) 220 ×		94.40	36,80/ Li
			TOTAL EXPENSI	· · · · · · · · · · · · · · · · · · ·	4/15	16,80/ Lij 1680/ Lij
		O)	MUNERATION - effective April 1, 2008			
		1630	Bit for up to end including four hours in any day 15 for over four frours and up to and including alght hours in any day 2 for over eight hours in any day			
		ME 813	MSCR 5 for Up to and Including four hours in sevidev			
		WIT	# for ever four hours and up to and including eight hours in any day 0 for over eight hours in any day EAGE			
		1400	km 424			



Capital Health BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

DATE (specify meeting)	STAR TIME	*********************	# OF HOUR!	****	IOUNT AIMED	KMS
July	tid San the second seco			etakataki erokumininin bilancia (kumanan kumunean		
						11 Subject American Control of Co
CHMHAC-recognition						60
July Paling Review						60
						1. spansonelle
						en za kazanije en
						AND AND THE PARTY OF THE PARTY
July Dround Breaking 35-07 Ladie Leniors						100
			Tools and the second		and the second s	
			· · · · · · · · · · · · · · · · · · ·			
certify that this claim is for Capital Health business.	<u>[</u>	Non-Respo	onsive			220
	ТО	TAL HONO	RARIA	\$		TOTAL KMS
NAME (print): SEWELL, GEORGE	T	OTAL EXP	ENSES	\$ 9	U 20	HJ HJ
SIGNATURE Segunde	Code:	201 9000 7111				LH oxt
DATE: Sept 26-07		TOTAL	CLAIM	\$		· •
Povioused by 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s		Non-Res	ponsive	
Reviewed by: Authorized By:				Date:		
evised: May 1, 2006				Date:		NA ANDRONA
	125					

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		3
·		

TOTAL KMS (from front) 220 x45 94 9680 L4

TOTAL EXPENSES \$ 94 85 10

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN \$181 for up to and including four hours in any day \$309 for over four hours and up to and including eight hours in any day \$492 for over eight hours in any day MEMBER \$135 for up to and including four hours in any day

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

\$350 for over eight hours in any day

MILEAGE 43¢ km



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health

Non-Responsive

ACTIVITY DATE (specify meeting)		OF AMOUNT URS CLAIMED	KMS
Sept 29-07 Consultation			55
Oct 01-07 Edmon ton Clinic Strund Breeking.			60
			AND AND A COLUMN TO THE ADDRESS OF T
Oct 03-01 CHMHAC			55
Oct 10-01 Policy Lash Force			60
Oct 11-07 Romolony CHE			170
Oct 12.07 Lash Fine			60
Oct 12.07 Rash Force West Country Hearth Oct 13-07 Official Opening			40
Oct 17-07 SP+P			60
Reach Awards			53
Oct 19-07 Poliny Fash Force			60
l certify that this claim is for Capital Health business.	Non-Responsive	IA \$	675 TOTAL KMS
NAME (print): SEWELL, GEORGE	de: 201 9000 7110300000 6850(TOTAL EXPENSE (from reve	S \$ 397,00.	transfer to back
SIGNATURE:	Code: 201 9000 711103000		
DATE: 1/20 07-07 s.17(1), 17(4)	1	Non-Responsive	JOY _
Reviewed by:		Date:	
Authorized By: Susell Man Theorized May 1, 2006 Theorized May 1, 2006 Theorized May 1, 2006	PECENTRAL NO.	Date: 09/11/07 Non-Responsive in a	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

	NT ED
	, , ,
l l	PINOL

TOTAL KMS (from front) 675

<u>75</u> x43

3983

297.00

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

128



Capital BOARD MEMBER HONORARIA AND EXPENSE CLAIM Health Non-Responsive

Non-Responsive

DATE	ACTIVITY (specify meeting)	START TIME	END TIME	# OF HOUR		AMOUNT NAIMED	l _{KMS}
Ot 26-07	Stratherno Hospita Breaking						60
0+29-07	Special Staf						60
Det 30-07	Jour Stalley Hospital						60
			· · · · · · · · · · · · · · · · · · ·				
		1,				77, mg 2 mg	
			V/240-E4				
				N.C. STORY			
certify that this o	claim is for Capital Health business.		AL HONG		\$		180 TOTAL KMS
IAME (print):	SEWELL, COEDAGE		TAL EXP	ENSES	\$ 79	7.20	transfer to back
IGNATURE:	W 07-07	The control of the co		CLAIM	\$		Šw.
eviewed by:		00000	0V + 4 20	The second secon	Non-R Date:	esponsive	
uthorized By:	Judy Benselle	- 129		de en obrebbildos e transcriptos de la companya del companya de la companya de la companya del companya de la companya del la companya de la	Date:	9/11/0	7

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
1 1 1 1		
	·	
The second control of	eregen in de la filosofia de la composition de la composition de la composition de la composition de la compos Notation de la composition della composition	
		And the second s
<u> </u>	ii dha	79.20

TOTAL KMS (from front) 180

80 x 430

43

\$

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

130

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA

Non-Responsive

DATE	ACTIVITY (specify meeting)		TART END		AMOUNT	KMS
VrV 20 -		Andrew Control of the				INNIG
NA 21	There to Banf					
2007	mental Health Con	*				-
Nov 22 2007	mental health Confr	Carrier Carlot				
1223 2007	mental Health Con	freme				
	Travel Home	9				
		-			AAA MARKA AAAA AAAA AAAA AAAA AAAA AAAA	1105 KW
			1			
certify that this c	laim is for Capital Health business.		Non-Re	esponsive	f and a second s	552
Account.		Code: 20	TOTAL HON 01 9000 71103000		\$	TOTAL KMS transfer to back
ان (AME (print)	Eveth, George		TOTAL EX	(from reverse)	\$ 99784/	NOVER
SIGNATURE:	fryg Semil		ode: 201 9000 7		727.	
DATE: Va	v 36-07	s.17(1), 1	TOTA 7(4)(g)(i)	L CLAIM	\$	<i>,</i>
eviewed by:				- 200 November 200	Non-Responsive	
uthorized By:			d from	24	Date:	
vised: May 1, 2006		134	itcan	Non	Date:	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
/^ 2 6 -23	Remoch Hotel	s 631.44°
	Romroch Hotel Park Pass	\$ 631.44 53.40
٠.		

TOTAL KMS (from front) 552

<u>62</u> x4

243,

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective April 1, 2006

CHAIRMAN

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

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

\$492 for over eight hours in any day

MEMBER

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

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

\$350 for over eight hours in any day

MILEAGE

43¢ km

132

(342.88)

PARC NATIONAL BANEF NATIONAL PARK 11/20/2007

Valid/Valide - 16h: 11/23/2007

3.00 x 17.80
DY .AD GR/JR:GR ADULTE

1 O t a 1
GST/TPS
GST/TPS
Cash/Comptant
5:23 PM K.M.
GATE/BARGITT Maket

GC 14/No de TPS:R121491807



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

MOUNTAIN AVENUE POST OFFICE BOX 1110

SEWELL, M/M GEORGE &

BANFF, ALBERTA, CANADA T1L 1J2 ÉLÉPHONE: (403) 762-3356 • FAX: (403) 762-4132

BUKSA CONF MGMT

G.S.T. NO. / Nº T.P.S. R121509582

1J2 WALTER C MACKENZIE CENTRE

EDMONTON, AB T6G 2B7 CA

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

Room Number: 715

Daily Rate: 174.00 Room Type: QQP

No. of Guests: 2 / 0

11/20/200	7 11/23/2007		CONF	CONF	11110189086
DATE		DESCRIPTION	REFERENCE		AMOUNT
11/20/2007	715	Special Control Contro	Signal Andrew St. Bergeleich Bergeleiche Bergeleiche Bergeleich und der St. der St.	karamen etysintiit, lahtita saa oo saka tilita saa termiya eefi liin eeki timoon <u>sa mara assa mara s</u>	\$83.00
1/20/2007	715				\$38.00
11/20/2007	715				\$10.74
11/20/2007	715				\$7.26
11/20/2007	715	VALET PARKING CHARGES	\$18.00 VALET PARKING	- 17(1) 17(4)(-)	\$18.00
1/20/2007	715	GST	GST	s.17(1), 17(4)(g)	\$1.08 \$1.08
11/20/2007	715	ROOM CHARGES	#715 SEWELL, M/M GEORG	GE&	\$174.00
1/20/2007	715	ROOM GST	ROOM GST		\$10.44
11/20/2007	715	ROOM TOURISM LEVY	ROOM TOURISM LEVY		\$6.96
1/21/2007	715	VALET PARKING CHARGES	\$18.00 VALET PARKING		\$18.00
1/21/2007	715	GST	GST		\$1.08
1/21/2007	715	ROOM CHARGES	#715 SEWELL, M/M GEORG	GE & ·	\$174.00
1/21/2007	715	ROOM GST	ROOM GST		\$10.44
1/21/2007	715	ROOM TOURISM LEVY	ROOM TOURISM LEVY		\$6.96
1/22/2007	715	VALET PARKING CHARGES	\$18.00 VALET PARKING		\$18.00
1/22/2007	715	GST	GST		\$1.08
1/22/2007	715	ROOM CHARGES	#715 SEWELL, M/M GEORG	GE &	\$174.00
1/22/2007	715	ROOM GST	ROOM GST	s.17(1), 17(4)(g)(i)	\$10.44
1/22/2007	715	ROOM TOURISM LEVY	ROOM TOURISM LEVY	(-/, - · (-/,8/(-/	\$6.96
1/23/2007	715	VISA	VISA	·	~ (\$? 70.44)

1105 Khm -2 = 552

TOTAL DUE:

\$0.00

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 or the full amount of these charges.

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

Non-Responsive

DATE (specify meeting)	START END #OF	AMOUNT CLAIMED	KMS
December Jash Force Police			60
			i secondo
06-07 Board Christman Function			50
07-07 Som Royal Allen			50
05-07 CHMHAE Royal Alen			50
12-07 50+0			60
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18-07 Pash Force Sustem Measure			60
certify that this claim is for Capital Health business.	Non-Responsive	\$	330
NAME (print): <u>Sewell, George</u>	e: 201 9000 7110300000 6850000 TOTAL EXPENSES (from reverse)	\$	ransfer to back
SIGNATURE of going to will	(from reverse) Gode: 201 9000 71110300000 TOTAL CLAIM	145.20	
DATE: December 21-07	TOTAL GLAIR	<u> </u>	n
Reviewed by Jaila Shurry	.HON	Date: <u>Dog 18</u>	707
evised: Oct 19, 2007	MIS 145.20- 0726 135 Dee21/07	——————————————————————————————————————	
	135 Dee 21/07	?	

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
		
		· · · · · · · · · · · · · · · · · · ·
		- Sir - Sir
*		
<u></u>	TOTAL KMS (from front) X 44¢	
	TOTAL EXPENSES (transfer to front)	3
Ŕ	EMUNERATION - effective October 15, 2007	

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

Capital Health

:vised: Oct 19, 2007

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

EDMONTON AREA Non-Responsive	HONORARIA	
DATE (specify meeting)	START END #OF AMOUNT TIME TIME HOURS CLAIMED	KMS
November Devon Foundation Jundrois		50
05-07 CHMHAL	· ÷	50
07-07 A.H.E. Immedation		50
	· ·	60
09-07 Special 31-19	<u>-</u>	60
15-07 Joint School Boards	-	50
20-07 Devon Hospital Foundation	*.	50
f V	· ·	
26-07 Board Mtg.	· -	60
29-09 Am A meeting		60
30-07 Finance		60
\$		
certify that this claim is for Capital Health business.	Non-Responsive TOTAL HONORARIA \$	H90 TOTAL KMS
NAME (print): SEWELL, GEORGE	ode: 201 9000 7110300000 6850000	transfer to back
SIGNATURE Douge Smill	(from reverse) 215.60 Code: 201 9000 71110300000	Oec 13/07
DATE: Sec. 12 - 07	17(4)(g)(i) TOTAL CLAIM \$,
Reviewed by: Leclar Sture	Non-Responsive	107
uthorized By:	Date:	

137

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM		AMOUNT CLAIMED
	EALEROL II, EIII		VAUNIT
i di salah s			
	*		
		- :::::::::::::::::::::::::::::::::::::	Tanan ya 1991 (1991)
		<u> </u>	
-			
			Village (1) 10 10 10 10 10 10 10 10 10 10 10 10 10
	,	<u> </u>	<u> </u>
Note that the second second		<u> </u>	Dispussion No. 1997 and Property Construction of the Construction
<u> </u>			
<u></u>			
in the second	TOTAL KMS (from front) 490 X 44¢		215.60 25.60
	TOTAL EXPENSES	\$	25.60
× .	(transfer to front)		
Ž	REMUNERATION - effective October 15, 2007		
•	CHAIRMAN \$200 for up to and including four hours in any day	·	
	\$350 for over four hours and up to and including eight hours in any day	1	

\$550 for over eight hours in any day

MEMBER

\$150 for up to and including four hours in any day

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

\$390 for over eight hours in any day

MILEAGE

44¢ km

138

Capital Health

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

DATE	ACTIVITY (specify meeting)	START TIME	END -	# OF HOURS	AMOUNT CLAIMED	KMS
08-0B	CHMHAE					50
TAN 09-08	CHMHAC Bus Laimch				•	40
IAN 15-08.	Down Foundation CHMHAE Tom 108 At SP-+P	 ad			•	55
	CHMHAE Tom 108 st	t. ≓				55
23-08	5P+P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				60
		*			:	
					· · ·	
certify that this c	laim is for Capital Health business.		Non-F	Responsiv		260
	· · · · · · · · · · · · · · · · · · ·	ode: 201 9000	TAL HONO 711030000		4.	TOTAL KMS transfer to back
NAME (print): 5	EWELL GIE DAGE Non-Respo	nsive To	OTAL EXP	ENSES	114,40	
SIGNATURE:	longe Lewill	Code: 2	01 9000 711		7 7 70	g.
DATE 2	ebruary 12-08		TOTAL	CLAIM		L
Reviewed by:	Lelas	Mue	1		Non-Responsive Date: Feb 814/	08
\uthorized By:	s.17(1), 17(4)(g)(i)				Date:	
evised: Oct 19, 2007		HON:	< 114	407	1801 IL	\/

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM.	AMOUNT CLAIMED
		\$
<u> </u>		
Andrew Market Control of the Control		
1 		and the second of the second
national designation and		
	TOTAL KARO (C	114 45

TOTAL KMS (from front) 260 X 449

114.40

TOTAL EXPENSES

\$ 114.40

(transfer to front)

REMUNERATION - effective October 15, 2007

CHAIRMAN

\$200 for up to and including four hours in any day

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

\$550 for over eight hours in any day

MEMBER

\$150 for up to and including four hours in any day

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

\$390 for over eight hours in any day

MILEAGE

44¢ km

140

APPLICANT COPY Keyed PP0708

Formal April 01, 2008

Capital Health

SVCE S

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA Flynny s.17(1), 17(4)(g)(i)ertify that this claim is for Capital Health business. Non-Responsive Non-Responsive HON-TOTAL HONORARIA 9000 7110300000 8850000 TOTAL EXPENSES Jode: 201 9000 71110300000 TAX SNATUR Non-Responsive TOTAL CLAIM ITE: Non-Responsive viewed by: nonzed By: Date: ed: Oct 19, 2007

141

SISSACE

Capital Health

Board member honoraria and expense claim

EDMONTON AREA Non-Responsive

HONORARIA

			To the second of
05-08 CHMHAC			áz.
			and graphy and property of the state of the
214 08 B1 4P			
07-08 People in Progress			And the second second second second
08-08	The second section of the section of		
12-08 Primary lave	manufacture - Manufacture		and investigate the manage of the state of t
13 - BB W My My			
			ing nagatarang ang manganang ang nagatarang ang nagatarang ang manganang ang manganang ang manganang ang manga Panganang ang manganang ang
			Table 1979 many or company company
20-08 50-0			& C
-26-08 Edwarter III	THI-MAN, AMEN'OF MECTOR PROS.		SMECHANISM PROPERTY SECUREDA
citify that this cleim is for Capital Health business.	and to distribute the second s	Annah met Addresse man op 18 mil met Verlag av 18 mil met 18 Mersey ov	50
ME (print) 5 EWELL, CEMPS	TOTAL HONORARIA Code: 201 9000 7110300000 8850000	The state of the s	TOTAL HMS
NATURE 2	TOTAL EXPENSES (from reverse) Code: 201 9000 71 110300000	A STATE OF THE STA	A CONTRACTOR OF THE PROPERTY O
Appendix many distribution of many distributions and the majority of the control	TOTAL CLAIM	The second secon	MAY 4 TAX SERVICE STATES OF THE SERVICE STAT
ewed by		The state of the s	The state of the s
orized By:	The second secon	Date.	Dersign of Colon ma
7: Oct 19, 2007	Andrew Manager and	Date	The American Section 1985 and
	142		

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Capital Health Board Member Expense Claim

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circumperparentials discusses a massiving parallel		The state of the s
i indicata securita securita se contra s	THE THE PROPERTY OF THE PROPER	Anna Paragraphic Committee of the Commit
रे राज्यक्ष क्यों क्षांच्या राज्यक्ष्मकार प्रेरं ने तेत्र क्षाःच्या काल्यक स्थापन स्थापन स्थापन	AND PROPERTY OF THE PROPERTY O	AT THE ANGIOGRAPHICAL PROPERTY AND A SECTION ASSECTION ASSECTION ASSECTI
- MESS X भारत थान स्थानक को निहर महिन्दाई के अन्तर्राहर स्थानक	Some and the second of the sec	and the second s
CONTRACT TO THE BOOK OF THE STATE OF THE STA		and the second control of the second
Marie de la companya		表情がなからない。 では、大きないというないというながら、これでは、これでは、これでは、これでは、これでは、これでいいとなった。
and the second control of the contro	The state of the s	ония в дестанда (на пасанативной факур). Одина на том о судены также пуска
Mary spile grape, on, that \$4, or some sometime of any		"我们的"大概要的"对"我会"""你会,这个你的"概则"的话,他也 是 是他们,他们还是这些人的证明了什么的好人们。
obstance is the control of the contr		estratura applicativo de desentrata mandrato se esperántame e tratificações estraturadas de la que e
TOTAL COLUMN TO THE COLUMN TO	THE STATE OF THE S	antaguri - diskulut damoire etakkilut e bakkilut (* 1. 44°, "bil i = 1 éspék tar i
CONTRACT METEORISMS (See See Astron. V. See Under See See See	Separate and the second control of the secon	العداد المعاولية المنافر المعاولية ا
	TOTAL KMS (from front) (SEX) X 446	State of the state

TOTAL EXPENSES

(transfer to front)

REMUNERATION - effective October 15, 2007

GHAIRMAN

\$200 for up to and including four hours in any day

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

\$550 for over eight hours in any day

WEMBER

\$150 for up to and including four hours in any day

\$266 for over four hours and up to and including eight hours in any day

\$390 for over eight hours in any day

MILEAGE

44¢ km

FACE 3

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CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

12-08 Tarbing	20
Jacking	and and it considerates and the same of th
broady Westin	191.33
DISPLAY THIS SIDE UP ON DASHBOARD DETACH RECEIPT LOOM TICKEN	
AMOUNT PAID AMOUNT PAID CREDIT CARD NUMBER 44000	
NON TRANSFERABLE PARKING A65852 RECEIPT PARKING 465852	MANAGARAN DAYAN BALAN BARANTIN AN INI AADAMATIK AN INI AADAMATIK AN INI AADAMATIK AN INI
NAME SEWELL 6 ROOM OR ACC, NO	Standard and all all and overland transmission when the standard the standard and administration and the standard and administration when the standard and admi
EXPLANATION Non Registrist AMOUNT	man (graph and annual to approximately and an artifact of the property of the contract of the
Valet Charge (ruest 28)	
\$265 for over four hours in any day MILEAGE SIGNATURE SIGNATURE SIGNATURE AND TO THE TO SHARE THE SIGNATURE TO THE SIGNATURE THE SIGNATURE THE SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND THE SIGNATURE SIGNATURE	
American in the control of the contr	

the westin edmonton 10135 100th street ledmonton, alberta TSU ON7 licensity phone 780, 426, 3636, jax 780, 428, 1454 west-in com/entineation



secost

Mr. George Sewell Capital Health 8440-112 Street Edmonton, AB T6G 2B7 Canada

804 149.00 argingers 243961

EX-A

26-FEB-03 12:35 27-FEB-08

depart payment

100gm

وبالزا

pade

01114C

		Constitution of the contract o	
26-FEB-08	RT804	1367	
26-FEB-08	RT804	TAME	2.52
26-FEB-08	RT804	Tourism Levy	1.49
26-FEB-08	RT804	Parking Valet	6 02
26-FEB-08	RT804	Tax GST	26 00
27-FEB-08	VI	Visa	I .30
		く rib Au ひ。	191.33~

Balance Due

0.00

For your convenience, we have prepared this zero-balance folio indicating a so 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 26-FEB-08 Total	Room 149.00 149.00	GST 7.52 7.52	Tour Lavy 6.02 6.02	Food\Bev 0.00 0.00	Phone 0.00 0.00	Other 28,79 28,79	Total 191.33 191.32
Date	Fayment		;				

0.00 Total 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 hable for the payment or this account if the corporation or other third party billed fails to pay part or all of these charges

Mr. George Sewell

FOLIO 243961 26-FEB-08

EDMONTON AREA Non-Responsive

BOARD MEMBER HONORARIA AND EXPENSE CLAIM

HONORARIA

DATE	ACTIVITY (specify meeting)	START END	# OF HOURS	- AMOUNT CLAIMED	KMS
February 27-08	CH Board rule				60
28-08	CH Board My member CHMHAC- recruitment AHF. Foundation July				
28-08	AHE. Foundation meter				60 50
			in the same		
	·				
				7	
		Non Po	esponsive		ALCONOMIC TO THE PROPERTY OF T
certify that this cl	aim is for Capital Health business.	TOTAL HONO de: 201 9000 7110300000	RARIA	\$	550 TOTAL KMS
IAME (print):	EWELL GEORGE	TOTAL EXPE	ENSES m reverse)	\$	transfer to back
GNATUR E:		Code: 201 9000 71110	ľ	460.33	Apr 01/01
ATE:		TOTAL			
eviewed by:				Non-Responsive Date:	
uthorized By:	260	-	I	Date:	

:vised: Oct 19, 2007

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE	EXPENSE ITEM	AMOUNT CLAIMED
		\$
-		
	TOTAL KMS (from front) 550 X 44¢	242.00
	TOTAL EXPENSES	\$ 218.33
, F	(transfer to front) REMUNERATION - effective October 15, 2007	
-	CHAIRMAN	

\$200 for up to and including four hours in any day
\$350 for over four hours and up to and including eight hours in any day
\$550 for over eight hours in any day
MEMBER
\$150 for up to and including four hours in any day

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

\$390 for over eight hours in any day

MILEAGE

.

Capital Health EDMONTON AREA

BOARD MEMBER HONORARIA AND EXPENSE CLAIM Non-Responsive

HONORARIA

DATE (specify meeting)		OF AMOUNT URS CLAIMED	KMS
February	i en		
05-08 CHMHAC			60
	under some		
07-08 8179	·		60
07-08 People in Progress	in the state of th		50
08-08 4 4			50
12-08 Primary lare	···		**************************************
13-08 " "			50
processors and compressors as a second s			
20-08 50-00			60
25-26-08 Edwanton III			50
I certify that this claim is for Capital Health business.	TOTAL HONORAF	RIA \$	TOTAL KMS
NAME (print): 5 EWELL, CEORSE	TOTAL EXPENS (from rev	ES \$ erse)	transfer to back
SIGNATURE	Code: 201 9000 71110300		
DATE:			
Reviewed by:	·	Date:	
Authorized By:		Date:	

revised: Oct 19, 2007

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE EXPENSE ITEM	AMOUNT CLAIMED
February Parking	\$ 20 =
Parking	7. 5
February Westin	191.33
DISPLAY THIS SIDE UP ON DASHBOARD DETACH RECEIPT FROM TICKET	
EXPIRATION DATE EXPIRATION TIME DATE ISSUED TIME ISSUED AMOUNT PAID	
AMOUNT PAID CREDIT CARD NUMBER	
\$ 7.00 38220000 14:55 44000	
Capital Capital NON TRANSFERABLE PARKING RECEIPT PARKING 465852 465852	
THE WESTIN	
EDMONTON	
NAME SEWELL & ROOM OR ACC. NO.	
Non Registered Guest 28	<u> </u>
Valet Charge	\$
SIGNATURE	
\$265 for over four hours and up to and including eight hours in any day \$390 for over eight hours in any day	-
MILEAGE 44¢ km	

the westin edmonton 10135 100th street edmonton, alberta T5J ON7 canada phone 780.426.3636 fax 780.428.1454 westin.com/edmonton

guest		804		travel agent/charge to
Mr. George Sewell	room	149.00		: :
Capital Health	rate	1		:
8440-112 Street	no. pers.	243961	EX-A	:
Edmonton, AB T6G 2B7	folio	1		
Canada	page	26-FEB-08	12:35	:
•	arrive	27-FEB-08		
· :	depart	VI		$\sim 10^{-1}$
	navment			$I \cap I = I$

	piggang)	Woodpie Sharpe	<u> </u>
26-FEB-08	RT804	GST	7,52
26-FEB-08	RT804	DMF	1.49
26-FEB-08	RT804	Tourism Levy	6.02
26-FEB-08	RT804	Parking Valet	26.00
26-FEB-08	RT804	Tax GST	1.30
27-FEB-08	VI	Visa	191.33-

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	GST	Tour Levy	Food\Bev	Phone	Other	Total
26-FEB-08	149.00	7.52	6.02	0.00	0.00	28.79	1,91.33
Total	149.00	7.52	6.02	0.00	0.00	28.79	191.33
							•
Date	Payment						-
26-FEB-08	0.00						
Total	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		
signatur c	 ··	

Mr. George: Sewell

FOLIO 243961 26-FEB-08



the westin edmonton 10135 100th street edmonton, alberta T5J ON7 canada phone 780.426.3636 fax 780.428.1454 westin.com/edmonton

guest travel agent/charge to-804 room Mr. George Sewell 149.00 rate Capital Health no. pers. 8440-112 Street 243961 EX-A folio Edmonton, AB T6G 2B7 2 page Canada 26-FEB-08 12:35 arrive 27-FEB-08 depart VI payment

GST Summary:

GST Room Revenue: 7.52
GST Food and Beverage: 0.00
GST Telephone Revenue: 0.00
GST Other: 0.00
7.52

861336493RT0005

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

signature_____

As a Starwood Preferred Guest, you could have earned 298 Starpoints for this visit. Please provide your member number or enroll today.

Mr. George: Sewell

FOLIO 243961 26-FEB-08



APPLICATIFEOPY0809

pital Health

ad: Oct 19, 2007

BOARD MEMBER HONORARIA AND EXPENSE CLAIM OMONTON AREA Non-Responsive HONORARIA ACTIVITY START END DATE # OF AMOUNT (specify meeting) MARCH **KMS** 50 18-08 Devon Hospital Foundation 50 60 60 50 28-08 60 $s.17(1) \stackrel{?}{\downarrow} 17(4)(g)(i)$ certify that this claim is for Capital Health business. Non-Responsive TOTAL HONORARIA Code: 201 9000 7110300000 6850000 ME (print): SEWELL, GEORGE TOTAL KMS **TOTAL EXPENSES** Non-Responsive Hou. (from reverse) ie: 201 9000 71110300000 m/5-2435.33/TOTAL CLAIM April 20-08 TE: riewed by: Non-Responsive norized By Date:

152.

CAPITAL HEALTH BOARD MEMBER EXPENSE CLAIM

DATE		EXPENSE I	e/portografia	AMOUNT CLAIMED
Tebruary 124	108 Sunch			\$ 20213
	j	Impark		20.
	Parking			8.0
Ist 13/08	8	1		20.
	Parking	H.B.A.		20.
1 / 1		H.BA		20.
	· · · · · · · · · · · · · · · · · · ·			
	and a specific responsible respective and the second specific respective and the secon			·

TOTAL KMS (from front) 330 X 44¢

___/

TOTAL EXPENSES

(transfer to front)

\$ 435.³³

REMUNERATION - effective October 15, 2007

CHAIRMAN

\$200 for up to and including four hours in any day

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

\$550 for over eight hours in any day

MEMBER

\$150 for up to and including four hours in any day

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

\$390 for over eight hours in any day

MILEAGE

44¢ km

153

THE WESTIN

THE WESTIN EDMONTON
Pradera Cafe & Lounge
GST# 861336493RT0005

6 Eddie 1141 1/1 12FEB'08 5:34PM 2 G1 Pen Thom @ 14.00 28.00 2 Squash Soup @ 8.50 17.00 0.00 2 ********* 13.50 1 Crab Cakes 1 Arugula Salad 18.00 M CAESAR 1 Open Food 10.00 14.00 1 Quesadilla 2 @ 6.00 12.00 San Pellegrino 2 @ 40.00 80.00 Fillet Of Beef WINE Tax 2.13 Total D Gratuity: Total : Name Print Signature_

NAME Sewell		OOM OR ACC. NO.	/c //E
EXPLANATION Non Regis Valet Chi	tered fuest	TRN#	AMO 2.6
	SIGNATURE		

MISC CASH

524 2(108TM

THE WESTIN EDMONTON				
NAME Sewell	DATE APT 1'	5. 26	· -	
NAME 264611	ROOM OR ACC. NO.	. (C 0%	-	
EXPLANATION	TRN#	AMOUNT	<u>.</u>	
Hotel Valet Parking.		20 00		**
Health Goards			· • • • • • • • • • • • • • • • • • • •	2 2 2
11 carry ours			1/1 004	•
SIGNATURE AN	1/2		IMPARK COMONT	
THE THE PROPERTY OF THE PROPER	ber Thermywormspan demand distribusion statistische des des des des des des des des demandes (primer, contra voix	dacio propinciale ancre de sejante y appropriate noma estat mediatrialistic	Transaction: 125	5222 5000401 G
THE WESTIN EDMONTON			ig.a., IMPeti Sten an Eara:	2222 2000401 PO ON BASE
	DATE April 1	6,2008	Varid until s.1	7(1), 17(4)(e.1 2008
NAME George Sewall	ROOM OR ACC. NO.		5:00P	PLACE THIS
EXPLANATION Parking	TRN#	AMOUNT 20 06	••	To the second se
<u> </u>			<u> </u>	
134			. 	
	m1111		 	
	Mala francisco de la companio della	and the standard of the standa	N-months (#	

ital Health

BOARAREMBENTONORARIA AND EXPENSE CLAIM

Non-Responsive

HONORARIA

	ACLIMITY ACTION TO STATE OF THE	HONORARIA		
JATE	(specify meeting)	START END ## C		KMS
pool	0 , 0 , ,		The American Marchael	A BOOK NIND AND
12-08	Board Retreat			50
	3			,see
24-08				50
28-08	Jour Mazenhowsk Heart	·		60
29-08	Finance Committee			60
	Stolley of aget awards			60
29-08	CH MHAC Meeting			55
30-08	SP+P meeting			60
	<i>\$</i>			
certify that this c	aim is for Capital Health business.	Non-Responsive		
	,	TOTAL HONORARIA Code: 201 9000 7110300000 6850000	į.	TOTAL KMS ransfer to back
AME (print):	EWELL, GEORGE	TOTAL EXPENSES	\$	anorer to Dack
GNATURE:	Lymnau,	(from reverse) Code: 201 9000 71110300000	661-7-	en North ent
TE:		TOTAL CLAIM	(A)	***
	7 81	7(1), 17(4)(g)(i)	Non-Responsive	
viewed by: <u></u>	Shine O/A/		Date: May (//	
thorized By:		4.1		- ()
sed: April 10, 2008			Date: Non-Responsive	***************************************
;,		mis-185020)		
		TAX-	Non-Responsiv	ve
		450		

CAPITAL HEALTH BORNE GRANTER OF CLAIM

## 12 - 08 Parking M/H Frankling 1 - 12 - 08 Phi 420-1976 Phi 420-1976 Phi 420-1976 Phi 420-1976 Phi 420-1976 Phi 420-1976 Phi 520-1976	DATE	EXPENSEMEN	AMOUNT CLAIMED
IMPERIAL PARKING PH: 420-1976 dourly Parking Meter: LIOT 237 MITTAINS: 13:45P PR 24 MPrice: \$12 LOR	April 24-08	Parking My Foundation	s 12.~~
IMPERIAL PARKING PH: 420-1976 PH: 420-1976 Governing Tourist Parking Tourist Parking Tourist Philosophy Philo	13/14-08	HBA Hotel	475. 20-
		IMPERIAL PARKING PH:420-1976 PH:420-1976 dourly Parking Month of the parking to the parking t)(e.1)

TOTAL KMS (from front) 395

TOTAL EXPENSES

(transfer to front)

REMORERATION - effective April 1, 2008
CHAIRMAN
\$210 for up to and including four hours in any day
\$367 for over four hours and up to and including eight hours in any day
\$576 for over eight hours in any day
MEMBER
\$157 for up to and including four hours in any day
\$278 for over four hours and up to and including eight hours in any day
\$3409 for over eight hours in any day
MILEAGE
44¢ km

Mr. GEORGE Sewell	Room Nümber	:	1208
MI. GLORGE Sewen	Arrival Date	:	04-13-08
	Departure Date	:	04-15-08
	Page	:	1 of 1
s.17(1), 17(4)(g)(i)	Folio Number	:	88718
INVOICE	Confirmation	:	9916204
	Cashier	:	351

GST No.: R135760569

04-15-08

Date	Description			Charges	Credits
04-13-08	Room Charge			195.00	
04-13-08	Room Alberta Tourism Levy			7.80	
04-13-08	Room D.M.F.			1.95	
04-13-08	Room GST			9.75	
04-13-08	Room D.M.F. GST			0.10	
04-13-08	Daily Parking Valet			23,00	
04-14-08	Room Charge	•		195.00	
04-14-08	Room Alberta Tourism Levy			7.80	
04-14-08	Room D.M.F.			1.95	
04-14-08	Room GST			9.75	
04-14-08	Room D.M.F. GST	s.17(1), 17(4)(e.1)		0.10	
04-14-08	Daily Parking Valet			23.00	
04-15-08	Visa		XX/XX		475.20
(Total		475.20	475.20
		Balance		0.00	CAD
Room GST	19.50				
F&B GST	0.00				
Misc GST	2.40				
Total	21.90				

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature:

A MEMBER OF THE SUTTON PLACE GRANDE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

MONTON AREA

ital Health BOARDAREMBERNTORRARIA AND EXPENSE CLAIM

	Non-Responsive	HONORARIA		
JATE 7.	ACTIVITY (specify meeting)	START END #0F	AMOUNT:	KMS
108-08	CHMHAE Interviews	-		60
09-08	CHIMHAE Interviews	_		60
10-08	Evensburg CHC meeting			
	The Community CHE	_		and the second s
13-08	HBA Registration	_		
14-08	HBA Education	_		52
15-08	1+BA Education			50
	Filipino Reception			50
17-08	Policy Josh Force			60
	CHC Interviews			50
21-08	CHE Interviews			50
certify that this c	laim is for Capital Health business.	Non-Responsive	69	430
IAME (print):	EWELL GEORGE	ode: 201 9000 7110300000 6850000 TOTAL EXPENSES		TOTAL KMS ransfer to back
IGNATURE:		(from reverse) Code: 201 9000 71110300000	189.20	LA April 20/03
ATE:		TOTAL CLAIM s.17(1), 17(4)(g)(i)	\$	
eviewed by:	ella Shweif A	No.	Non-Responsive Date:	<u> </u>
uthorized By:		Mis-	ate:	ndrawa-manaan
vised: April 10, 2008		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		

CAPITAL HEALTH BAPARIO CHAMBEGOERY ENSE CLAIM

DATE	EXPENSEITEM	AMOUNT CLAIMED
HIT THE COLOR OF T		
		S
47-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-		
		The second secon
- 00 to		
		Addition
	TOTAL KMS (from front) 430 X 44¢	189.20
	TOTAL EXPENSES	189.20 \$ 189.20
	(transfer to front)	

REMUNERATION - effective April 1, 2008

CHAIRMAN

\$210 for up to and including four hours in any day

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

\$576 for over eight hours in any day

MEMBER

\$157 for up to and including four hours in any day

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

\$3409 for over eight hours in any day

MILEAGE

44d km