

COPY 47580

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: David Tuer

FOR THE MONTH OF: August 2004 s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: \$ 32.19 69500000

PARKING: \$

TAXIS: \$

OTHER (please describe):

\$

\$

MILEAGE: km at .38¢ /km \$

TOTAL EXPENSES: 2 \$ 32.19

Landry

CREDIT CARD VOUCHER

THE WESTIN, CALGARY

MERCH NUM: 903350031
 TABLE ID : 165/1
 SERV/KEY: 11755/89
 TIME/DATE: 08:29 8/17/04
 CHECK NUM: 1207454
 APPR CODE: 40113
 PAY TYPE: VISA
 ACCOUNT:
 EXP DATE:
 ENTRY MOD: SWIPED
 REFERENCE: 81741207454

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

VOUCHER TOTAL:	28.19
TIP:	<u>4.00</u>
GRAND TOTAL:	<u>32.19</u>

Sindhu (breakfast mtg with)

X _____
SIGNATURE

I AGREE TO PAY TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

COPY

51529

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: David Tuer

FOR THE MONTH OF: January 2005 s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE: \$

CAR RENTAL: \$

ACCOMMODATION: \$

MEALS: \$

PARKING: \$14.00

62210000

TAXIS: \$

OTHER (please describe):

\$

\$

MILEAGE: km at .38¢ /km \$

TOTAL EXPENSES: \$14.00

P. Welton RB

APPLICANT COPY

RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 01/17/05 17:17
OUT: 01/17/05 20:34
DURATION: 0 03: 17
PAID: \$ 14.00
CREDITCARD

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

AUTH. CODE 086139
REF. 13
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

53711

44558580

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: David Tuer

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

FOR THE MONTH OF: September 2005

EXPENSES

01-7111030002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: (Lunch allowance Sept 28) 2 \$ 10.00 62210000

PARKING: \$ _____

TAXIS: R \$ 11.00 62210000

OTHER (please describe): _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: _____ km at .40.5¢ /km \$ _____
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: \$ 21.00

H. W. Coste

APPLICANT COPY

YELLOW

ADMIN: 465-8500
FAX: 462-2722



10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456

THANK YOU/MERCI

Date: 15/09/05 Amount/Montant \$ 11 Car/Voiture # 714

Driver/Chauffeur: [Signature] GST# _____

From/De: _____ To/A: _____



59769

CALGARY HEALTH REGION

BOARD EXPENSE FORM

NAME: David Tuer

FOR THE MONTH OF: October 2005 s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE: \$ _____

CAR RENTAL: \$ _____

ACCOMMODATION: \$ _____

MEALS: \$ _____

PARKING: \$5.00 _____ 62210000

TAXIS: \$ _____

OTHER (please describe):

_____ \$ _____

_____ \$ _____

_____ \$ _____

MILEAGE: _____ km at .40.5¢ /km \$ _____
(Attach Local Travel Expense Claim form)

TOTAL EXPENSES: R \$5.00 _____

ENTERED NOV 10 2005

RB.

L. DeCoste

RECEIVED
OCT 17 2005
CALGARY HEALTH REGION

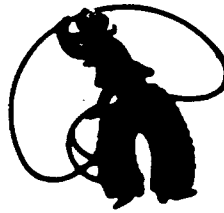
CALGARY EXHIBITION & STAMPEDE

6
13
01
01
00
01

**MAXIMUM 24 hrs PARKING
GOOD FOR ONE ENTRY ONLY**

**PLEASE RETAIN AND
DISPLAY ON DASH
PRICE AS POSTED**

G.S.T. INCLUDED #R118823467





60598

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date December 1, 2005		Requested By (Please Print) Lou DeCoste	
Department Board Office		Site Southport	Phone No (in full) 943-1122
MAKE CHEQUE PAYABLE TO: David Tuer			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail: Department		Board Office	
Site		Southport	
Purpose of Request		Reimbursement for meeting expenses at the Calgary Golf and Country Club	
<input checked="" type="checkbox"/> Enclose attached documents (originals) with cheque <input type="checkbox"/> CHR E-Mail Address (If payment to employee only) _____			

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	GL DESCRIPTION
0 1	7 1 1 1 0 3 0 0 0 0 1	6 9 6 0 0 0 0 0 0	1,417.40	Meeting Expenses
TOTAL AMOUNT OF CHEQUE:			1,417.40	x CDN p US p Other
Expenditure Officer Authorization 			Print Name Patti Grier	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)			Authorizer Phone # (in full) 943-1122	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	



Facsimile Transmittal Sheet

To: *Patti Brier*
Company: *CHR*
Fax No: *943-1124*
Phone No:
Your Ref #:
Re: *CHILL Invoice*

From: *Jane Johnson*
Date: *Dec 1/05*
Tot. Pages: *1*
CC:
Our Ref #:

- Urgent
- For Review
- Please Comment
- Please Reply
- Per Your Request

*Patti,
David inadvertently paid this invoice. Can you reimburse him?
Thanks
Jane*

Calgary Golf and Country Club

CALGARY HEALTH

MEMBER: *25 OCT 05*
DATE: *25 OCT 05*
MIXED GRILL DINING ROOM MEN'S GRILL

FOOD	AMOUNT
REGION.	
MUFFINS, BAGEL	
FRUIT, CHEESE	
YOGURT	
COFFEE-TEA	
JUICE	
<i>28 x 21⁰⁰</i>	<i>588 00</i>
LUNCHEON	
SANDWICHES	
SALAD, FRUIT	
SQUARES	
COFFEE-TEA	
<i>28 x 21⁰⁰</i>	<i>588 00</i>
TOTAL	<i>1176 00</i>
<i>15⁰⁰ VC</i>	<i>176 40</i>
SUBTOTAL	<i>65 00</i>
TOTAL	<i>1417 40</i>

TABLES	SERVICES	NO. PERSONS

APPLICANT COPY

~~Calgary Golf & Country Club~~
~~Member Inquiry as of Nov 30/05~~

- David Tuer
Calgary Health Region Function

Phone :
Alt. No:
Status : FUNCTION
Unspent Min: 0.00

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

Date	Ty	Ch/Inv/Jrn	Description	Charges TX/SV/GR		Amount	DueDate
	BF		Balance Forward			1,417.40	
Nov23	CH	SJ1266	Special Function	927.50	64.93	992.43	Nov23
Nov23	CH	000002/66	Special Function	69.81	4.89	74.70	Nov23
Nov23	CH	000003/66	Special Function	267.90	18.75	286.65	Nov23
Nov23	CH	000004/66	Special Function	5.70	0.40	6.10	Nov23
Nov23	CH	000005/66	Special Function	9.00	0.63	9.63	Nov23
Nov23	CH	000007/66	Flowers	130.00	9.10	139.10	Nov23
Nov23	CH	000001/66	Service Charge Fo	139.12	9.74	148.86	Nov23
Nov23	CH	000006/66	Service Charge Ba	52.86	3.70	56.56	Nov23
Nov30	CH	Nov23/92	GST Adjustment	-112.14	0.00	-112.14	Nov30
			<u>Payment Received</u>			<u>-1,417.40x</u>	
Total						1,601.89	

Current	1 Mths	2 Mths	3 Mths	Over 4 Mths
1,601.89	0.00	0.00	0.00	0.00

==== End of Report =====

61603

CALGARY HEALTH REGION

BOARD EXPENSE FORM

17(1) 2005

NAME: David Tuer

FOR THE MONTH OF: December 2005 s.17(1), 17(4)(g)(i)

EXPENSES

01-71110300002

AIRFARE:	\$ _____	_____
CAR RENTAL:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
MEALS:	25.36 5.00 \$33.36	<u>62210000</u>
PARKING:	\$ _____	_____
TAXIS:	\$ _____	_____
OTHER (please describe):		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
MILEAGE: _____ km at .40.5¢ /km (Attach Local Travel Expense Claim form)	\$ _____	_____
TOTAL EXPENSES:	\$33.36	_____

L. Deloste

APPLICANT COPY

BACKUP PRINTER
prt01078ter03 B

The Westin Calgary
The Terrace

210 JOHN H

TBL 103/1 CHK 1267 GST 2
DEC01'05 6:54AM

1 2 EGGS	11.00
1 FRUIT SALAD	5.00
2 JUICE ORANGE @ 3.75	7.50
1 COFFEE	3.00

Subtotal 26.50
GST #R861336493 1.86
Total Due .. **\$28.36**

** Gratuity Not Included **

GRATUITY 00

TOTAL 33.36

ROOM # _____

PRINT NAME _____

SIGNATURE _____

NOT A CREDIT CARD VOUCHER

Neil



APPLICANT COPY
RECEIVED
FEB 1 2006
FINANCE
Requested By (Please Print)

62200

INSTRUCTIONS:

- A Cheque Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

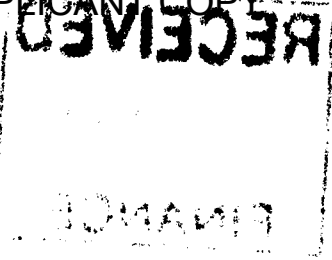
Date January 30, 2006		Requested By (Please Print) Karen Gertner	
Department Office of EVP & CCO		Site Southport	Phone No (in full) 943-1469
MAKE CHEQUE PAYABLE TO: David Tuer			Employee/Supplier #
MAILING ADDRESS (for forwarding of cheque)			
Canada Post: _____			
City _____		Province _____	Postal Code _____
Interoffice Mail:	Department c/o Board Office (Attention Karyn Ericson)		
	Site SPT		
Purpose of Request	Reimbursement re. EVP/CCO Christmas Celebration December 21, 2006 – Calgary Golf & Country Club (paid for by Mr. Tuer on his membership)		
<input type="checkbox"/> Enclose attached documents (originals) with cheque <input type="checkbox"/> CRHA E-Mail Address (If payment to employee only) _____			

CODING & AUTHORIZATION

FINANCIAL CODE				AMOUNT	GL DESCRIPTION
ORG	FUNCTIONAL CENTRE	ACCOUNT			
0 1	7 1 1 1 0 1 0 1 0 0 1	4 9 5 1 0 0 0 1	1756.27		Reimbursement re. EVP/CCO Christmas Celebration – Calgary Golf & Country Club (paid for by Mr. Tuer on his membership)
					GST \$
TOTAL AMOUNT OF CHEQUE:				\$1,756.27	p CDN p US p Other
Expenditure Officer Authorization 				Print Name Dr. Chris Eagle	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)				Authorizer Phone # (in full) 943-14684	

ACCOUNTS PAYABLE ONLY

Invoice # _____	Comments:
Supplier # _____	
Recurring Payment:	
Start Date _____	
End Date _____	
# of Payments _____	
Cycle _____	



Calgary Golf and Country Club
CALGARY
 HEALTH REGION



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

MEMBER DATE 21 DEC ACCT NO 20 05
 MIXED GRILL DINING ROOM MEN'S GRILL

BAR	AMOUNT
Rye and	
Gin and	
1 VIRG. CAESAR.	3 15
Rum and	
12 RUP x \$ 2 ²⁵	27 00
Scotch and	
Vodka and	
Beer	
Wine	
TOTAL	30 15
Martini	15% SIC
TOTAL	4 52
Cigarettes	
Cigars	
TOTAL	34 67

USC 03865

TABLE	SERVER	NO PERSONS
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Calgary Golf and Country Club
CALGARY
 HEALTH REGION



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

MEMBER DATE 21 DEC ACCT NO 20 05
 MIXED GRILL DINING ROOM MEN'S GRILL

FOOD	AMOUNT
COLD CANAPES	
HOT WORS D'OEUVRES	
115 x \$ 9 ³²	1071 80
VEGETABLE AND RITA	
25 x \$ 2 ⁹⁵	73 75
CHEESE PLATTER	
25 x \$ 6 ²⁵	156 25
FRUIT PLATTER	
25 x \$ 4 ⁹⁵	123 75
COFFEE-TEA	
28 x \$ 1 ⁷⁵	49 00
TUILES	
9 x \$ 2 ⁵⁰	22 50
TOTAL	1497 05
TOTAL	15% SIC
TOTAL	224 55
TOTAL	1721 60

USC 03865

TABLE	SERVER	NO PERSONS
-------	--------	------------

USC 03865