

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: January 2009

NAME: Teri Lynn Bougie

ADDRESS: _____

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

TOWN: _____

POSTAL CODE: _____

PHONE #: _____

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Jan/09									✓	
Jan 12 2009	2:00pm	Travel to Airport	44							
Jan 14 2009	6:00pm	Travel from Airport	46							
Jan 12-14 2009		Parking - Airport						33.00		
Jan 12 2009		Flight delayed - lunch at Airport		✓			26.08			
Non-Responsive										
Jan 21-13 2009		Westin Calgary					460.16			
FINAL TOTALS			90 ✓				26.08 ^B	460.16 ^C	33.00 ^D	

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	90	^A 45.45 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000 ^D	564.69 ✓
			OTHER (F)		
TOTAL AMOUNT					51901.414100000

CLAIMANT SIGNATURE: Teri Lynn Bougie
 APPROVAL SIGNATURE: [Signature]
 DATE SUBMITTED: Jan 15, 2009
 DATE APPROVED: Jan 21/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

APPLICANT COPY

HMSHOST
MOUNTAIN LODGE
EDMONTON INTERNATIONAL AIRPORT
CHECK: 4620
TABLE: 104/1
SERVER: 20093 CATHY
DATE: JAN12'09 2:16PM
CARD TYPE: CC-Visa
ACCT #: XXXXXXXXXXXXX
EXP DATE: XX/XX
AUTH CODE: 065882
TERI BOUGIE
s.17(1), 17(4)(e.1)

TOTAL: 23.08
TAX: 3.00
TOTAL: 26.08

X I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.

HOST INTERNATIONAL OF CANADA LTD

HMSHOST
MOUNTAIN LODGE
EDMONTON INTERNATIONAL AIRPORT

20093 CATHY
104/1 4620 GST 1
JAN12'09 1:27PM

***** 1 *****
1 DFT20 RICK WHT 6.99
SIDE SHOT NO
1 BURG CHD BAC 1/3 14.99
BEEF

SUBTOTAL 21.98
21.98 G.S.T. 5% 217101 1.10
AMOUNT \$23.08

SUBTOTAL 21.98
21.98 G.S.T. 5% 217101 1.10
AMOUNT \$23.08

GST # 137512901
HMSHost is now hiring for all
positions. Please call
7808904446 for more details.

GST# R129599776

Edmonton Airports

Can-Edmonton
Tax Code: A5%

Exit #1 Ca 14/01/09 20:38
Cashier 7
Receipt 046299

Short-term parking tkt
WP. No. 052720
12/01/09 12:47 -
14/01/09 20:38 -
Period 2d7h52'
(Tax) \$33.00

Total \$33.00

Payment Received \$33.00
VISA

XXXXXXXXXX
Merch: 98983380015
Auth: 053643
Type: Keyed

Sub Total \$31.43
Tax 5% 1.57

Deliv. Date=Receipt Date

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

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, alberta T2P 2S6 canada
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

guest 810 travel agent/charge to
 Teri Lyn Bougie
 room 209.00
 rate 1
 no. pers. 407276 A
 folio 1
 page 12-JAN-09 19:45
 arrive 14-JAN-09 07:43
 depart VI
 payment
 AHA12M

DATE	ROOM	Room Charge	Other	Total
12-JAN-09	RT810	Good And Services Tax		10.55
12-JAN-09	RT810	Destination Marketing Fee		2.09
12-JAN-09	RT810	Tourism Levy		8.44
13-JAN-09	RT810	Room Charge		209.00
13-JAN-09	RT810	Good And Services Tax		10.55
13-JAN-09	RT810	Destination Marketing Fee		2.09
13-JAN-09	RT810	Tourism Levy		8.44
14-JAN-09	VI	Visa		460.16-
Balance Due				0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
12-JAN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
13-JAN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
14-JAN-09	0.00	0.00	0.00	0.00	0.00	0.00	460.16-
Total	460.16	0.00	0.00	0.00	0.00	460.16	460.16-

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

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

Teri Lyn Bougie
 FOLIO 407276 12 JAN 09

signature _____

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, alberta T2P 2S6 canada
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

810
 209.00
 1
 407276 A
 2
 12-JAN-09 19:45
 14-JAN-09 07:43

guest

AHA12M

room VI

rate
 no. pers.

GST Summary

Room
 Food & Beverage
 Telephone

folio
 page
 arrive 21.10
 depart 0.00
 payment 0.00

travel agent/charge to

date	description	amount	debit/credit
	Total	21.10	

Vendor Number 861336493RT0004

As a Starwood Preferred Guest, you could have earned 0 Starpoints for this visit. Please provide your member number or enroll today.

Teri Lyn Bougie
 FOLIO 407276 12-JAN-09

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 _____

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: February 2009

NAME: Jeri Lynn Bougie

ADDRESS: _____

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

TOWN: _____

POSTAL COD _____

PHONE #: _____

Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
February 2009										
Feb 24 2009		Travel Edmonton to Camrose	98							
Feb 25 2009		Travel Camrose to Edmonton	98							
			Non-Responsive							
Feb 24 2009		The Norsemen Inn Camrose					108.90			
			Non-Responsive							10
FINAL TOTALS			196 km				108.90			

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	196	^A 98.98 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	207.88 ✓
			OTHER (F)		

TOTAL AMOUNT 51901.414100000

CLAIMANT SIGNATURE: Jeri Lynn Bougie
 APPROVAL SIGNATURE: [Signature]
 DATE SUBMITTED: February 26, 2009
 DATE APPROVED: Mar 5 / 09

Non-Responsive	
meals	breakfast \$9.20
	lunch \$11.60
	dinner \$20.75
Lodging per night	\$20.15
Per diem 24-hour	\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW
 Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...



NORSEMEN INN

APPLICANT COPY

Highway 13 West, Camrose Phone 672-9171

Toll Free 1-877-477-9171 www.norsemeninn.com

Teri Lyn Bougie

Lou Vecoste 403-943-1122

Alberta Health Services

Invoice #: 194585

Room #: 209

Arrival Date: 02/24/2009

Departure Date: 02/25/2009

GST Number: R121513840

DATE	DESCRIPTION	REFERENCE	CHARGE	CREDIT	TOTAL
02/24/2009	Room Charge		99.00		99.00 ¹²³
02/25/2009	Visa			-108.90	-9.90
				Room Tax	3.96
				GST	4.95
				Tourism Levy	0.99
				Total	0.00

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

SIGNATURE: X _____

Taxes Legend: 1 Room Tax, 2 GST, 3 Tourism Levy

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

1929641

FOR MONTH OF: JANUARY 2010

NAME: TERI LYNN BOUGIE

ADDRESS: _____

TOWN: _____ s.17(1), 17(4)(g)(i)

POSTAL CO _____ PHONE #: _____ Non-Responsive

DATE	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
			Non-Responsive						/
Jan 20 2010	Hotel: Westin in Calgary for Board meetings					214.68 ✓			/
Jan 14 2010	Parking at Airport, Grande Prairie QEII Job Shadow					2.75 ✓			
Jan 20 & 21 2010	Parking at Airport, Calgary Board Meetings					22.00 ✓			
						214.68			

RECEIVED
MAR 11 2010
FINANCE

ENTERED MAR 2 2010

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL (A+B+C+D)	49011.711103000.6220000	239.43
			OTHER (F)		
TOTAL AMOUNT					Non-Responsive

RECEIVED
MAR 11 2010
FINANCE

Teri Lynn Bougie
CLAIMANT SIGNATURE
February 12, 2010
DATE SUBMITTED

[Signature]
APPROVAL SIGNATURE
March 5 10
DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier

Honoraria over...

The Westin Calgary
 320 Fourth Ave SW
 Calgary, AB T2P 2S6
 403-266-1611 / 403-233-7471
 http://www.starwood.com/

APPLICANT COPY



Bougie, Teri Lynn Page Number 1 Invoice Nbr 1000036606
 80 CHIPPEWA RD SUITE Guest Number 506793 Arrive Date 01-20-2010
 200
 SHERWOOD PARK, AB T8A Folio ID A Depart Date 01-21-2010
 4W6
 No. Of Guest 1
 Room Number 529
 Club Account s.17(1), 17(4)(g)(i)
 Time 01-21-2010 12:20

Invoice

Date	Reference	Description	Charges	Credits
01-20-2010	RT529	Room Charge	\$195.00	
01-20-2010	RT529	Good And Services Tax	\$9.85	
01-20-2010	RT529	Destination Marketing Fee	\$1.95	
01-20-2010	RT529	Tourism Levy	\$7.88	
01-21-2010	VI	Visa		\$-214.68
		** Total	\$214.68	\$-214.68
		** Balance	\$-0.00	

GST Summary

	0.00
	0.00
Telephone	0.00
	0.00
	0.00

G.S.T. # RT 861336493RT0004

GST# R128599776

Edmonton Airports

Can- Edmonton
 Tax CodeCA5%

POF 1st Fl 14/01/10 17:52
 Receipt 021506

Short-term parking tkt

HL - No. 093494
 14/01/10 17:27 -
 14/01/10 17:52 -
 Period 0d0h26'
 (Tax) \$2.75

Total \$2.75

Payment Received

VISA \$2.75
 XXXXXXXXXXXX
 Merch:98983580015 s.17(1), 17(4)(e.1)
 Auth:064474
 Type: Swiped

Sub Total \$2.62
 Tax 5% 0.13

Continued on the next page

GST# R128599776

Edmonton Airports

Can- Edmonton
 Tax CodeCA5%

Exit Lane 21/01/10 20:12
 Receipt 046354

Short-term parking tkt

VP - No. 004352
 20/01/10 07:06 -
 21/01/10 20:12 -
 Period 1d13h7'
 (Tax) \$22.00

Total \$22.00

Payment Received

VISA \$22.00
 XXXXXXXXXXXX
 Merch:98983580015
 Auth:099117
 Type: Keyed s.17(1), 17(4)(e.1)

Sub Total \$20.95
 Tax 5% 1.05

The Westin Calgary
320 Fourth Ave SW
Calgary, AB T2P 2S6
403-266-1611 / 403-233-7471
<http://www.starwood.com/>

APPLICANT COPY



HOTELS & RESORTS

Bougie, Teri Lynn	Page Number	2	Invoice Nbr	1000036606
80 CHIPPEWA RD SUITE 200 SHERWOOD PARK, AB T8A 4W6	Guest Number	506793	Arrive Date	01-20-2010
	Folio ID	A	Depart Date	01-21-2010
	No. Of Guest	1		
	Room Number	529		
	Club Account			s.17(1), 17(4)(g)(i)
	Time	01-21-2010 12:20		

Invoice

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

Your SPG Account earned at least 390 Starpoints. Get
10,000 more with the SPG Credit Card. spg.com/axpcard

Thank you for choosing the Westin Calgary! If you have any
comments, please contact our general manager at ross.meredith@westin.com

Signature _____

The Westin Calgary
320 Fourth Ave SW
Calgary, AB T2P 2S6
403-266-1611 / 403-233-7471
<http://www.starwood.com/>

APPLICANT COPY



Bougie, Teri Lynn Page Number 3 Invoice Nbr 1000036606
80 CHIPPEWA RD SUITE Guest Number 506793 Arrive Date 01-20-2010
200
SHERWOOD PARK, AB T8A Folio ID A Depart Date 01-21-2010
4W6

No. Of Guest 1
Room Number 529
Club Account SPG -
Time 01-21-2010 12:20

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

Invoice

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Food & Bev	Parking	Telephone	Room & Tax	Other	Total	Payment
01-20-2010	\$0.00	\$0.00	\$0.00	\$214.68	\$0.00	\$214.68	\$0.00
01-21-2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-214.68
Total	\$0.00	\$0.00	\$0.00	\$214.68	\$0.00	\$214.68	\$-214.68

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

1929650

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: February 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
February 17, 2010	Meeting with the Health Advisory Council at the Hilton in Edmonton					\$10.00			
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
				\$10.00					

ENTERED MAR 12 2010

RECEIVED
 MAR 11 2010
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	\$10.00
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	Non-Responsive	\$10.00

<p><i>Teri Lynn Bougie</i> CLAIMANT SIGNATURE</p> <p><i>February 23, 2010</i> DATE SUBMITTED</p>	<p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p><i>March 5 110</i> DATE APPROVED</p>
--	--

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

TICKET VOID IF RE-SOLD


 IMPERIAL PARKING
 PH: 420-1978

Evening Parker
impark
 TIME: 5:17P FEB 17
 CAT: *****
 EXP: 12/14
 EXPIRE:

PLACE THIS SIDE UP ON DASH

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

VOID IF RE-SOLD

8:00AM THU
 FEB 18 10
 PLACED THIS SIDE UP ON DASH
 NO. 101603811

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

1957195

APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: March 2010


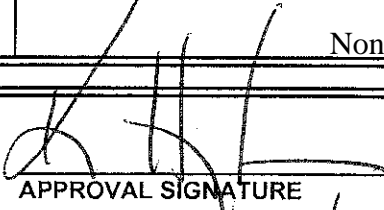
Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
March 25, 2010	Parking at the Edmonton Airport					2	5.50		
March 24, 2010	Committee of the Whole meeting in Lethbridge					115.44			
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
		2	115.44	5.50					

ENTERED APR 16 2010

RECEIVED
APR 15 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62210000	120.94
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	Non-Responsive	120.94

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align:center;">meals</td> <td style="width:10%;">breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
March 31, 2010 DATE SUBMITTED	April 13 / 10 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

Date 03/25/10
 Time 12:09
 Page 1

LETHBRIDGE LODGE HOTEL
 320 SCENIC DRIVE
 LETHBRIDGE, ALBERTA T1J 4B4
 PHONE: 403-328-1123
 1-800-661-1232

Acct# P36226-05
 Room# 136
 Rate Code
 Group ABHS
 Room Type DNQQ
 Room Rate .00

Arrive MAR 24 10 10:09
 Depart MAR 25 10 07:20 JY

BOUGIE TERI LYNN

ALBERTA HEALTH SERVICES
 1912 147 AVE NW
 EDMONTON AB T5Y 1T1

ALBERTA HEALTH SERVICES
 10101 SOUTHPORT ROAD SW
 CALGARY AB T2W 3N9

Payment VI XXXX XXXX XXXX

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

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE			.00	
MAR 25	TRANSFER DEBIT AMT	TRANSFER		115.44	
	Transfer From Acct	P36226-24, Item 7			
MAR 25	VISA	PAID			115.44
=====G.S.T.=subtotal:		.00			
ROOM T subtotal:		.00	Balance Due:	.00	

I agree that my liability for this bill is not waived.
 G.S.T. #878714963
 Authorized Signature : _____

GSI# R128599776

Edmonton Airports

Can- Edmonton
 Tax CodeCA5%

POF 1st Fl 25/03/10 18:40
 Receipt 087019

Short-term parking tkt
 HL - No. 056059
 25/03/10 17:44 -
 25/03/10 18:40 -
 Period 0d0h57'
 (Tax) \$5.50

 Total \$5.50

Payment Received
 VISA \$5.50
 XXXXXXXXX)
 Merch:98983380015
 Auth:092379
 Type: Keyed

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

Sub Total \$5.24
 Tax 5% 0.26

00ALC040 - 1/1

1701120

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: April 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
ENTERED MAY 14 2010									
Non-Responsive									
April 28/29, 2010	Sandman Hotel in Grande Prairie					108.99			
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B 108.99	C	D	E

RECEIVED
MAY 13 2010
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	104.99
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	4.00
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	Non-Responsive	108.99

<p style="font-size: 1.5em; font-family: cursive;">Teri Lynn Bougie</p> <p>CLAIMANT SIGNATURE</p>	<p style="font-size: 1.5em; font-family: cursive;">K. H. H.</p> <p>APPROVAL SIGNATURE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">meals</td> <td style="width: 10%;">breakfast</td> <td style="width: 80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<p>May 3, 2010</p> <p>DATE SUBMITTED</p>	<p>May 7, 2010</p> <p>DATE APPROVED</p>														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY



SANDMAN HOTEL GRANDE PRAIRIE
9805 - 100th Street
Grande Prairie, AB T8V 6X3
Tel:780.513.5555
Fax:780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626
Website:www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 302203 Description: standard folio

Page: 1

Mail To: Teri Lynn Bougie

Res.#: 262721

Arrive: 28/04/2010 07:34pm

Depart: 29/04/2010 12:29am

Room: JCSN 402

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

Group: Alberta Health Services

Guest: Teri Lynn Bougie

Bill To: Bougie

Date	Description	Voucher	Amount
28/04/2010	Room Revenue	GP -402	99.00
28/04/2010	Destination Marketing Fee	GP -402	.99
28/04/2010	GST	GP -402	5.00
28/04/2010	Provincial Tourism Levy	GP -402	4.00
29/04/2010	Visa	THANK YOU	-108.99
Balance:			.00

Bill To: Bougie

Total GST

5.00

GST Registration # R-121767065



Signature

Sandman Hotels, Inns & Suites, Limited | A Northland Company

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

INVOICED APR 28 2010 16
www.sandmanhotels.com

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

1986990

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: May 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
May 28, 2010	Edmonton to Fort Saskatchewan return							44 km	
TOTAL KMS								44	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	22.22		

RECEIVED
 JUN 16 2010
 FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000 <i>R</i>	22.22
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		22.22

Teri Lynn Bougie
 CLAIMANT SIGNATURE

June 8, 2010
 DATE SUBMITTED

[Signature]
 APPROVAL SIGNATURE

June 15/10
 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

2011381

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: **Teri Lynn Bougie** (For Board Office Use Only) A/P Vendor ID#: s.17(1), 17(4)(g)(i)

Phone #: s.17(1), 17(4)(g)(i) Travel Period Month: June 2010

JUL 26 2010
FINANCE

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
June 28-29, 2010	Westin Hotel in Calgary for Board Meetings								
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			

ENTERED JUL 27 2010
\$214.68

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	\$214.68
OTHER (D)	01.71110300002.41090000	204.85 9.83
GRAND TOTAL	Non-Responsive	<u>214.68</u>

<p><i>Teri Lynn Bougie</i> CLAIMANT SIGNATURE</p> <p>June 30, 2010 DATE SUBMITTED</p>	<p><i>Calvin Reason</i> APPROVAL SIGNATURE</p> <p>July 21, 2010 DATE APPROVED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td style="text-align: center;">breakfast</td> <td style="text-align: center;">\$9.20</td> </tr> <tr> <td style="text-align: center;">lunch</td> <td style="text-align: center;">\$11.60</td> </tr> <tr> <td style="text-align: center;">dinner</td> <td style="text-align: center;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lodging per night</td> <td style="text-align: center;">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align: center;">Per diem 24-hour</td> <td style="text-align: center;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, ab T2P2S6
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

guest			travel agent/charge to
Ms. Teri Lynn Bougie	room 527		
	rate 195.00		
	no. pers. 1		
80 CHIPPEWA RD SUITE 200	folio 555729	EX-A	
SHERWOOD PAR, AB T8A 4W6	page 1		
	arrive 28-JUN-10	18:24	
	depart 29-JUN-10		
AHF28M	payment VI		

28-JUN-10	RT527	Room Charge	195.00
28-JUN-10	RT527	Good And Services Tax	9.85
28-JUN-10	RT527	Destination Marketing Fee	1.95
28-JUN-10	RT527	Tourism Levy	7.88
29-JUN-10	VI	Visa	214.68-
Balance Due			0.00

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

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
28-JUN-10	214.68	0.00	0.00	0.00	0.00	214.68	0.00
Total	214.68	0.00	0.00	0.00	0.00	214.68	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

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

signature _____

Ms. Teri Lynn Bougie
 FOLIO 555729 28-JUN-10

APPLICANT COPY

the westin calgary
320 4th avenue s.w. calgary, ab T2P2S6
phone 403.266.1611 fax 403.233.7471
www.westin.com/calgary

guest				travel agent/charge to
Ms. Teri Lynn Bougie	room	527		
	rate	195.00		
	no. pers.	1		
80 CHIPPEWA RD SUITE 200	folio	555729	EX-A	
SHERWOOD PAR, AB T8A 4W6	page	2		
	arrive	28-JUN-10	18:24	
	depart	29-JUN-10		
AHF28M	payment	VI		

GST Summary

Room	9.85
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	9.85

Vendor Number 861336493RT0004

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

signature _____

As a Starwood Preferred Guest you have earned at least 390 Starpoints for this visit s.17(1), 17(4)(g)(i)

Ms. Teri Lynn Bougie
FOLIO 555729 28-JUN-10

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

2653209

Name: <u>Teri Lynn Bougie</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: <u>s.17(1), 17(4)(g)(i)</u>	Travel Period Month: August 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
August 25-26, 2010	Medicine Hat Lodge					\$109.59 ✓			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Alberta Health Services Board Rec'd SEP 22 2010 Copy to: _____ File Name: _____ </div>									
						TOTAL KMS			
						APPLICABLE MILEAGE RATE @		50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
			109.59						

ENTERED SEP 30 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	109.59
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		109.59

Non-Responsive

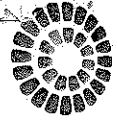
<p><i>Teri Lynn Bougie</i> CLAIMANT SIGNATURE</p> <p><u>September 7, 2010</u> DATE SUBMITTED</p>	<p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p><u>Sept 27/10</u> DATE APPROVED</p>
--	---

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

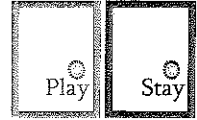
10395
5.104

Honoraria over...



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK



Teri-Lynn Boughie
10101 South Port Road SW
Calgary, AB
AB Health Services
T2W 3N2

Page # 1
Res. # 432998
Checked in Wed Aug 25/10 - 6:00 pm
Checked out Thu Aug 26/10 - 7:32 am
Nights 1
Room Rate 99.00
Room 203

Group: AB Health Services

Date	Description	Reference	Charges	Credits
Aug25	GOVERNMENT RATE		99.00	
Aug25	GST		4.95	
Aug25	Room Tax		3.76	
Aug25	Destination Marketing Fee		1.88	
Aug26	PAID BY VISA - Thank you			109.59
			0.00	109.59

*Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.*

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 4.95
Room Tax 3.76



ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

2099265

APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone # s.17(1), 17(4)(g)(i)	Travel Period Month: October 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
Oct 13-15, 2010	Hotel - The Coast Lethbridge Hotel & Conference Centre					\$211.48 ✓			
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
			\$211.48						

ENTERED 2010 11 4 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	211.48
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		211.48

Teri Lynn Bougie
 CLAIMANT SIGNATURE

[Signature]
 APPROVAL SIGNATURE

November 17, 2010
 DATE SUBMITTED

Dec 10/10
 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



**The Coast Lethbridge
Hotel & Conference Centre**

real people.

APPLICANT COPY

Invoice

526 Mayor Magrath Drive South
Lethbridge, AB T1J 3M2
Tel: (403) 327-5701 Fax: (403) 327-5075

Bougie, Teri Lynn

Receipt

Invoice date 10/15/2010
Our reference CLH-FC11646 /A
GST Number GST # 848475554RP0001

Guest **Bougie, Teri Lynn** Arrival **10/13/2010** Departure **10/15/2010** Room **110**

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
10/13/2010	Room Charge		1	95.00	95.00
10/13/2010	GST Taxes		1	5.04	5.04
10/13/2010	Levy Taxes		1	3.80	3.80
10/13/2010	Marketing Fee		1	1.90	1.90
10/14/2010	Room Charge		1	95.00	95.00
10/14/2010	GST Taxes		1	5.04	5.04
10/14/2010	Levy Taxes		1	3.80	3.80
10/14/2010	Marketing Fee		1	1.90	1.90

Total invoice 211.48

10/15/2010 VS Auth: 064536

-211.48

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

Total Paid -211.48

Total Due 0.00

Total GST 10.08

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X

For reservations: www.coasthotels.com or 1-800-663-1144

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

2117931

APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: November 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
November 23, 2010	Special Meeting at the Metterra Hotel					\$7.00 ✓			
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C \$7.00	D	E

RECEIVED JAN 14 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	7.00
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		7.00

RECEIVED JAN 17 2010

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%;">meals</td> <td style="width:10%;">breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
DATE SUBMITTED December 8, 2010	DATE APPROVED Jan 7/11														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

TICKET VOID IF RE-SOLD

IMPARK

PHONE: 780-420-1976

EVENING PARKER

Enter: LOT 211

Time: 5:38P NOV 23

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

Price: \$ 7.00

Card: *****

Exp.: 200

Expires:

6:00A WED

Nonparko

INSTRUCTIONS ON BACK

GST NO 887315638RT0001

PLA THIS SIDE UP ON DASH

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

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

4041

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone # s.17(1), 17(4)(g)(i)	Travel Period Month: January 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
26/01/2011	Westin Calgary				212.19	✓			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 15 2011 FINANCE </div>									
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E
						212.19	✓		

AB Hotel

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E) <i>101,000.5,</i> <i>71110300004</i>	01.71110300002.62210000	212.19
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		<i>212.19</i>

Non-Responsive

Teri Lynn Bougie
 CLAIMANT SIGNATURE

[Signature]
 APPROVAL SIGNATURE

February 3, 2011
 DATE SUBMITTED

Feb 15 / 11
 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, ab T2P2S6
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

guest		1026	travel agent/charge to
Ms. Teri Lynn Bougie	room	189.00	
	rate	1	
80 CHIPPEWA RD SUITE 200	no. pers.	617781	EX-A
SHERWOOD PAR, AB T8A 4W6	folio	1	
	page	26-JAN-11	18:02
	arrive	27-JAN-11	
	depart	VI	
	payment		

26-JAN-11	RT1026	Room Charge	189.00
26-JAN-11	RT1026	Good And Services Tax	9.73
26-JAN-11	RT1026	Destination Marketing Fee	5.67
26-JAN-11	RT1026	Tourism Levy	7.79
27-JAN-11	VI	Visa	212.19-
Balance Due			0.00

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

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
26-JAN-11	212.19	0.00	0.00	0.00	0.00	212.19	0.00
Total	212.19	0.00	0.00	0.00	0.00	212.19	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

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

signature _____

Ms. Teri Lynn Bougie
 FOLIO 617781 26-JAN-11

APPLICANT COPY

the westin calgary
320 4th avenue s.w. calgary, ab T2P2S6
phone 403.266.1611 fax 403.233.7471
www.westin.com/calgary

guest				travel agent/charge to
Ms. Teri Lynn Bougie	room	1026		
	rate	189.00		
		1		
80 CHIPPEWA RD SUITE 200	no. pers.	617781	EX-A	
SHERWOOD PAR, AB T8A 4W6	folio	2		
	page	26-JAN-11	18:02	
	arrive	27-JAN-11		
	depart	VI		
	payment			

GST Summary

Room	9.73
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	9.73

Vendor Number 861336493RT0004

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

signature _____

As a Starwood Preferred Guest you have earned at least 367 Starpoints for this visit s.17(1), 17(4)(g)(i)

Ms. Teri Lynn Bougie
FOLIO 617781 26-JAN-11

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: April 2009

NAME: Teri Lynn Bougie

ADDRESS: _____

TOWN: _____

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

POSTAL CODE: _____

PHONE #: _____

Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
April									
April 28, 2009	Travel from Home to Airport	48							
April 29, 2009	Travel from Airport to Home	48							
April 28, 2009	Sandman Hotels Lethbridge, AB					\$98.95 ✓			
						\$98.95			

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	96 ✓	A \$48.48 ✓	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103000.6220000	147.43 ✓
			OTHER (F)		
TOTAL AMOUNT <u>51901.414100000</u> <u>1210.467</u> Net: <u>4353.63</u>					

Teri Lynn Bougie
 CLAIMANT SIGNATURE
May 5, 2009
 DATE SUBMITTED

K E H
 APPROVAL SIGNATURE
May 21/09
 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Patti Grier

APPLICANT COPY



Accommodating good sense.

Sandman Hotel Lethbridge
 421 Mayor Magrath Drive S.
 Lethbridge Alberta T1J 3L8
 Tel:403.328.1111
 www.sandmanhotels.com

PROPERTY: 01-036 Invoice #: 160744 Description: guest folio

Page: 1

Mail To: Bougie

Res. No. : 134526
 Arrive: 28/04/2009 10:15am
 Depart: 29/04/2009 11:00am
 Room: jcsn 905
 Rate: 89.00

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

Group: Alberta Health Services
 Guest: Teri Lyn Bougie
 Bill To: Bougie

Date	Description	Voucher	Amount
28/04/2009	Room Revenue	lth-905	89.00
28/04/2009	Goods & Services Tax	lth-905	4.54
28/04/2009	Provincial Tourism Levy	lth-905	3.63
28/04/2009	Destination Marketing Fee	lth-905	1.78
29/04/2009	Visa	thank you	-98.95

Balance: .00

Bill To: Bougie

Total Goods & Services Tax 4.54
 GST Registration # R-121767065

SIGNATURE

APPLICANT COPY

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: May 2009

NAME: Teri Lynn Bougie

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

TOWN: _____

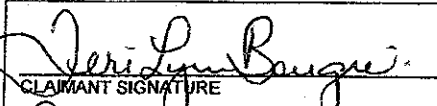
POSTAL CODE: _____ PHONE #: (780) 432-2436


Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
MAY									
	Non-Responsive								
May 27, 2009	Travel from Home to Airport	48							
May 28, 2009	Travel from Airport to Home	48							
May 27 & 28, 2009	Parking at the Airport in Edmonton						22.00	✓	
May 27, 2009	Pomeroy Inn & Suites Grande Prairie					186.01		✓	
TOTAL									
					B	C	D		
						186.01	22.00	✓ ✓	

KILOMETRES CLAIM			Description	Codina	Non-Responsive
RATE	KM	AMOUNT			Amount
50.5¢	96 ✓	A \$48.48 ✓	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103000.6220000	256.49 ✓
			OTHER (F)		

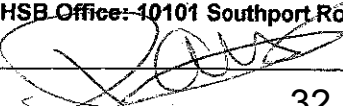
TOTAL AMOUNT 51901.414100000 / 1139.46 / Net: 4292.69


 CLAIMANT SIGNATURE
June 9, 2009
 DATE SUBMITTED


 APPROVAL SIGNATURE
June 9, 2009
 DATE APPROVED

meals*	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier



Honoraria over...

APPLICANT COPY

GST# R128599776

Edmonton Airports

Can- Edmonton
Tax CodeCA5%

Exit #1 Ca 28/05/09 16:36
Cashier 42
Receipt 003806

Short-term parking tkt
VP - No. 081731
27/05/09 06:56 -
28/05/09 16:36 -
Period 1d9h41'
(Tax) \$22.00

Total \$22.00

Payment Received
VISA \$22.00

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

merch:98983380015
Auth.030517
Type: Keyed

Sub Total \$20.95
Tax 5% 1.05

Deliv. Date=Receipt Date

POMEROY INN & SUITES Grande Prairie

www.pomeroygrandeprairie.com

11710-102 St

Grande Prairie, AB T8V7S7

Telephone: (780)831-2999 Fax: (780)513-1146

May 28, 2009

8:18 am

TERI LYNN BOUGIE
10101 SOUTHPORT ROAD SW
Calgary, AB T2W 3N2

Account #: 79872
Room Number: 229
Rate: \$170.65
Pay Method: VI1430

Arrival Date: Wednesday, May 27, 2009
Departure Date: Thursday, May 28, 2009

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
5/27/2009	ROOM CHARGE	Auto Posted		229	\$170.65	
5/27/2009	HOTEL TAX	Auto Posted		229	\$6.83	
5/27/2009	GST TAX	Auto Posted		229	\$8.53	
5/28/2009	VISA	CHECKED-OUTVI s.17(1), 17(4)(e.1)		229		\$186.01

G.S.T. REGISTRATION #: 858317167RT0020
HOLLOWAY LODGING L.P.
DBA GRANDE PRAIRIE
POMEROY INN & SUITES

Tax Summary	
HOTEL TAX	\$6.83
GST TAX	\$8.53
Balance:	\$0.00

Please refer to the Pomeroy Inn & Suites Privacy Policy for a complete statement of our policies and practices with respect to the handling of your personal information. You can request a copy of the Pomeroy Inn & Suites Privacy Policy at the hotel front desk.

I agree I am liable for any damages that have occurred in my room.

Signature _____

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: JUNE 2009

NAME: Teri Lynn Bougie

ADDRESS: _____

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

POSTAL CODE: _____ PHONE #: Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
Non-Responsive									
June 29, 2009	Travel to the Airport from home.	48							
June 29 & 30, 2009	Parking at the Airport in Edmonton						\$22.00		
June 29, 2009	Hotel in Calgary (Westin).					\$230.08			
Non-Responsive									
June 30, 2009	Travel from the Airport to home.	48							
		96 ✓				C \$230.08 ✓	D \$22.00 ✓		

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	96	A \$48.48 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	\$ 300.56 ✓
			OTHER (F)		
TOTAL AMOUNT 51901.414100000 <1290.46> Net: 4676.76					

CLAIMANT SIGNATURE: Teri Lynn Bougie
 DATE SUBMITTED: July 2, 2009

APPROVAL SIGNATURE: [Signature]
 DATE APPROVED: August 5/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Patti Grier

APPLICANT COPY

GST# R128599776

Edmonton Airports

Can- Edmonton
Tax CodeCA5%

Exit #2 Ca 30/06/09 16:32
Cashier 38
Receipt 030379

Short-term parking tkt
VP - No. 067800
29/06/09 07:56 -
30/06/09 16:32 -
Period 1d8h37'
(Tax) \$22.00

Total \$22.00

Payment Received
VISA \$22.00

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

Merch:98983380015
Auth:017917
Type: Swiped

Sub Total \$20.95
Tax 5% 1.05

Deliv. Date=Receipt Date

APPLICANT COPY

the westin calgary
 320 4th avenue s.w. calgary, alberta T2P 2S6 canada
 phone 403.266.1611 fax 403.233.7471
 www.westin.com/calgary

quest			travel agent/charge to
Teri Lynn Bougie	room	717	
	rate	209.00	
	no. pers.	1	
	folio	449151	A
	page	1	
s.17(1), 17(4)(g)(i)	arrive	29-JUN-09	17:43
AHJ29M	depart	30-JUN-09	08:04
	payment	VI	

29-JUN-09	RT717	Room Charge	209.00
29-JUN-09	RT717	Good And Services Tax	10.55
29-JUN-09	RT717	Destination Marketing Fee	2.09
29-JUN-09	RT717	Tourism Levy	8.44
30-JUN-09	VI	Visa	230.08-
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
29-JUN-09	230.08	0.00	0.00	0.00	0.00	230.08	0.00
30-JUN-09	0.00	0.00	0.00	0.00	0.00	0.00	230.08-
Total	230.08	0.00	0.00	0.00	0.00	230.08	230.08-

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

GST Summary

Room	10.55
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
Total	10.55

Vendor Number 861336493RT0004

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

signature _____

As a Starwood Preferred Guest you have earned at least 398 Starpoints for this visit

Teri Lynn Bougie
 FOLIO 449151 29-JUN-09
 s.17(1), 17(4)(g)(i)

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

FOR MONTH OF: September 2009

NAME: Teri Lynn Bougie

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____

PHONE #: _____

Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
Sept 17, 2009	Glenrose Courage Awards		Non-Responsive					7.00 ✓	
			Non-Responsive						
Sept 23, 2009	Hotel: Sawridge Inn, Fort McMurray					184.21 ✓			
	Non-Responsive								
					B	C 184.21 ✓	D 7.00 ✓	F	

KILOMETRES CLAIM			Description	Codina	Amount
RATE	KM	AMOUNT			
50.5¢		A	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103000.6220000	191.21 ✓
			OTHER (F)		5857.87 ✓ m
TOTAL AMOUNT			51901.414100000 <1290.46> Net: 4567.41		

Non-Responsive

CLAIMANT SIGNATURE: Teri Lynn Bougie
 DATE SUBMITTED: October 14, 2009

APPROVAL SIGNATURE: [Signature]
 DATE APPROVED: Oct 16/09

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Patti Grier

APPLICANT COPY

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

17/09/09

07:31 PM

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

17/09/09 05:31 PM \$ 7.00

AMOUNT PAID

\$ 7.00 37780000 GRH 05:31 PM

CREDIT CARD NUMBER

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

Alberta Health Services



Alberta Health Services

NON TRANSFERABLE

302133



Alberta Health Services

RECEIPT 302133

APPLICANT COPY



SAWRIDGE INN
AND CONFERENCE CENTRE

Sawridge Inn and Conference Centre
530 MacKenzie Boulevard
Fort McMurray, Alberta T9H 4C8
Tel: 780-791-7900 Fax: 780-743-4654

Teri Lynn Bougie	Page Number : 1	Invoice Nbr: 132282
Alberta Health Services	Guest Number: 125145	23-SEP-09
	Folio ID : EX-A	24-SEP-09
	1	
AHI22A - Alberta Health Servic	242	
	AERO -	

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

Information Invoice

Tax ID: 10473 3720 RT0004
Sawridge Ft McMurray 24-SEP-09 01:48 BOBFRA

Date	Reference	Description	Charges	Credits
23-SEP-09	RT242	Corp. Group	169.00	
23-SEP-09	RT242	Room Gst	8.45	
23-SEP-09	RT242	Tourism Levy	6.76	
24-SEP-09	VI	Visa	-184.21	
		** Total	184.21	-184.21
		*** Balance	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.

GST Summary	Amount CAD
GST Room Revenue	8.45
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	8.45

Continued on the next page

Please visit our other locations:

Sawridge Inn and Conference Centre
2 Connaught Drive, Box 2080
Edmonton, Alberta T0E 1E0
Tel: 780-852-5111 Fax: 780-852-5942

Sawridge Inn and Conference Centre
1200 Main Street South, Box 879
Slave Lake, Alberta T0G 2A0
Tel: 780-849-4101 Fax: 780-849-3426

Sawridge Inn and Conference Centre
9510 - 100 Street
Peace River, Alberta T8S 1S9
Tel: 780-624-3521 Fax: 780-624-4855

Sawridge Inn
4235 Gateway Blvd.
Edmonton, Alberta T6J 5H2
Tel: 780-438-1222 Fax: 780-438-0906

www.sawridge.com

APPLICANT COPY



SAWRIDGE INN
AND CONFERENCE CENTRE

Sawridge Inn and Conference Centre
530 MacKenzie Boulevard
Fort McMurray, Alberta T9H 4C8
Tel: 780-791-7900 Fax: 780-743-4654

Teri Lynn Bougie
Alberta Health Services

Page Number : 2 Invoice Nbr: 132282
Guest Number: 125145 23-SEP-09
Folio ID : EX-A 24-SEP-09
1
242
AERO -

AHI22A - Alberta Health Servic

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

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
23-SEP-09	8.45	175.76	184.21	0.00
Total	8.45	175.76	184.21	0.00

Please visit our other locations:

Sawridge Inn and Conference Centre
2 Connaught Drive, Box 2080
Peace River, Alberta T0E 1E0
Tel: 780-852-5111 Fax: 780-852-5942

Sawridge Inn and Conference Centre
1200 Main Street South, Box 879
Slave Lake, Alberta T0G 2A0
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Tel: 780-624-3521 Fax: 780-624-4855

Sawridge Inn
4235 Gateway Blvd.
Edmonton, Alberta T6J 5H2
Tel: 780-438-1222 Fax: 780-438-0906

www.sawridge.com

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

FOR MONTH OF: October 2009

NAME: Teri Lynn Bougie

ADDRESS: _____

TOWN: _____ s.17(1), 17(4)(g)(i)

POSTAL CODE: _____ PHONE #: _____ Non-Responsive

DATE	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
			B	L	D	AMOUNT			
			Non-Responsive						
October 27, 2009	Travel	(176 km)							
October 27 & 28, 2009	Hotel (Red Deer Lodge) 2 nights					205.92			
			Non-Responsive						
October 29, 2009	Travel	(176 km)							
		352 ✓				205.92 ✓			

KILOMETRES CLAIM			Description	Coding	Non-Responsive
RATE	KM	AMOUNT			Amount
50.5¢	352	A 177.76 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103000.6220000	383.68 ✓
			OTHER (F)		
TOTAL AMOUNT 51901.4141000000 <1370.46> Net: 4929.88					

Teri Lynn Bougie
CLAIMANT SIGNATURE

[Signature]
APPROVAL SIGNATURE

November 6, 2009
DATE SUBMITTED

Nov 25/09
DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Patti Grier

APPLICANT COPY

Date 10/29/09
 Time 08:23
 Page 1

RED DEER LODGE
 4311 49 AVE
 RED DEER, ALBERTA T4N 5Y7
 1-800-661-1657
 (403) 346-8841

Acct# P33614-00
 Room# 125

Rate Code
 Group AHS
 Room Type FNQ
 Room Rate 99.00

Arrive OCT 27 09 20:15
 Depart OCT 29 09

BOUGIE, TERI LYN

ALBERTA HEALTH SERVICES
 10101 SOUTH PORT ROAD SW
 CALGARY AB T2W 3N9

Payment VI s.17(1), 17(4)(g)(i) Exp:

Date	Description	Reference	Room	Charges	Credits
OCT 27	ROOM CHARGE			99.00	
OCT 27	TOURISM LEVY			3.96	
OCT 28	ROOM CHARGE			99.00	
OCT 28	TOURISM LEVY			3.96	
OCT 29	VISA	THANK YOU			205.92
=====G.S.T.=subtotal:		.00	=====		
TOURIS subtotal:		7.92	Balance Due:	.00	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full.
 Privacy Policy: you may opt-out of having certain personal information collected.
 G.S.T. #865650352 Direct Bill Signature: _____

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

48797


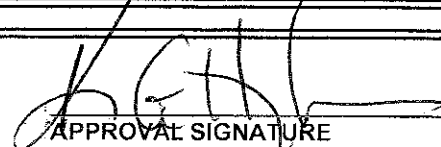
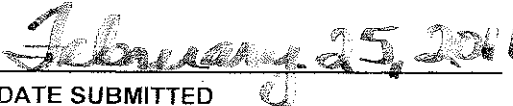
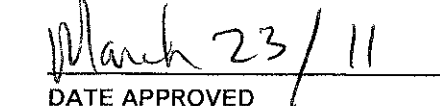
APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: February 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
03/02/11	Parking for A & F Meeting						15.00 ✓		
		Non-Responsive							
ENTERED APR 06 2011									
RECEIVED APR - 5 2011 FINANCE									
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	15.00 ✓		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	15.00
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	PK	\$15.00

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%;">meals</td> <td style="width:10%;">breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
 DATE SUBMITTED	 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

STABLE SURFACE LTD
GST# R75040710RT0001
THANK YOU

02-03-2011 THU NO

DAILY MAX 15.00
CASH 15.00

ITEM 1
ICL 2966 13'14TH

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

89433

APPLICANT COPY


Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: March 2011

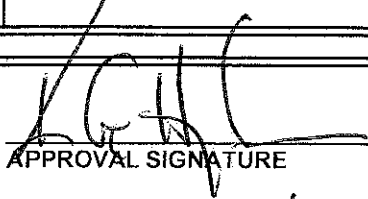
Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
09/03/2011	Attendance at meetings in Red Deer – Black Knight Inn					107.91 ✓			
10/03/2011	Mileage Edmonton To Red Deer and return to Edmonton							375.5	
		Non-Responsive							
25/03/2011	Meeting with Leanne Dohy on community engagement					10.00 ✓			
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)									189.63 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	711110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.711110300002.62214000	307.54 ✓
OTHER (D)	01.711110300002.41090000	
GRAND TOTAL	Non-Responsive 307.54	


 CLAIMANT SIGNATURE


 APPROVAL SIGNATURE

April 1, 2011
 DATE SUBMITTED

April 21/2011
 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



Black Knight Inn

Guest Folio APPLICANT COPY

2929 - 50 Avenue
Red Deer, AB T4R 1H1

Phone: 403-343-6666
Fax: 403-340-8970

www.blackknightinn.ca
frontoffice@blackknightinn.ca

Print Date 3/10/2011
Print Time 6:50:06AM

Reservation 28941 - 0

Guest Teri Lynn Bougie
Agent: General Groups
Reference: Alberta Health Services

From	to	Nights	Adults	Children
3/9/2011	3/10/2011	1	1	0

Room	Date	Reference and Description	Amount with tax	
215	3/9/2011	Non smoking, two queen beds	99.00	107.91
215	3/10/2011	Visa		-107.91
		s.17(1), 17(4)(e.1)		
		Tourism Levy	3.96	
		GST	4.95	
Balance			\$0.00	

STRIPE SERVICE LOG
STN 1220 1491R0003
11:30 AM

01-2011 REC 00

2 HOUR 10.00
ASH 10.00

TEM
ICL 01/10 10-2011

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

134886

APPLICANT COPY



Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: April 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
12/04/11	Parking						15.00 ✓		
		Non-Responsive							
14/04/11	Parking						26.00 ✓		
14/04/11	Hotel – Sandman Grande Prairie				108.99 ✓				
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		108.99 ✓	41.00 ✓						

RECEIVED
MAY 20 2011
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	149.99
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		Non-Responsive 149.99

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$735</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$735
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$735													
April 27, 2011 DATE SUBMITTED	May 17/11 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

APPLICANT COPY



HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE
 9805 - 100th Street
 Grande Prairie, AB T8V 6X3
 Tel: 780.513.5555
 Fax: 780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website: www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 320221 Description: standard folio

Page: 1

Mail To: Teri Lynn Bougie

Res.#: 278927

Arrive: 13/04/2011 06:08pm

Depart: 14/04/2011 12:29am

Room: JCSN 412

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

Group: Alberta Health Services Board

Guest: Teri Lynn Bougie

Bill To: Bougie

Date	Description	Voucher	Amount
13/04/2011	Room Revenue	GP -412	99.00
13/04/2011	Destination Marketing Fee	GP -412	.99
13/04/2011	GST	GP -412	5.00
13/04/2011	Provincial Tourism Levy	GP -412	4.00
14/04/2011	Visa	THANK YOU	-108.99
Balance:			.00

Bill To: Bougie

Total GST

5.00

GST Registration # R-121767065

Signature



Sandman Hotels, Inns & Suites, Limited | A Northland Company

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

49
 www.sandmanhotels.com

APPLICANT COPY

GST# R128599776

Edmonton Airports

Can-15J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 14/04/11 15:51
Receipt 076176

Short-term parking tkt
VP No. 044876
13/04/11 07:25
14/04/11 15:51
Period 1d8h27
(Tax) \$26.00

Total \$26.00

Payment Received \$26.00
VISA
XXXX S.17(1), 17(4)(e.1)
Merch:82005340013

Auth:0544274
Type: Swiped

Sub Total \$24.76
Tax 5% 1.24

06C89780

14 APR 2011 10:05
GST# R128599776

Best Copy Possible

15.00
15.00

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

224229

APPLICANT COPY

Name: Teri Lynn Bougie s.17(1), 17(4)(g)(i)	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: May 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
10/05/11	Sherwood Park to Fort Saskatchewan and return								49 ✓
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 4 2011 FINANCE </div>									
TOTAL KMS								49 ✓	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	24.74 ✓		

ENTERED JUL 0

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005 01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	R 24.74 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		24.74 ✓

<p><i>Teri Lynn Bougie</i> CLAIMANT SIGNATURE</p> <p>_____ DATE SUBMITTED</p> <p>May 31, 2011</p>	<p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p>_____ DATE APPROVED</p> <p>June 24/11</p>
---	---

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

293844

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: JUNE 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
09/06/11	Sheraton Suites Calgary for Board Meeting					268.33			
		Non-Responsive							
ENTERED AUG 02 2011									
TOTAL KMS									
APPLICABLE MILEAGE RATE @ 50.5¢									
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B 268.33 ✓	C	D	E

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	268.33 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	Non-Responsive	268.33

<p><i>Teri Lynn Bougie</i> CLAIMANT SIGNATURE</p> <p><i>June 30, 2011</i> DATE SUBMITTED</p>	<p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p><i>July 17, 2011</i> DATE APPROVED</p>
--	--

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

SHERATON SUITES CALGARY EAU CLAIRE
 255 Barclay Parade S.W.
 Calgary, Alberta T2P 5C2 Canada

T - 403 266 7200
 F - 403 266 1300



GUEST / CLIENT
 GUEST / CLIENT

TRAVEL AGENT / CHARGE TO
 AGENT DE VOYAGES / PORTER AU COMPTE DE

Teri Lynn Bougie

725
 ROOM / CHAMBRE 239.00
 RATE / TARIF 1
 # PERS. / N° PERS. 895254 A
 FOLIO / DOSSIER 1
 PAGE / PAGE 09-JUN-11 20:32
 ARRIVE / ARRIVÉE 10-JUN-11
 DEPART / DÉPART VI 07:32
 PAYMENT / PAIEMENT

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

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CRÉDIT
09-JUN-11	RT725	Group Government	239.00
09-JUN-11	RT725	DMF	7.17
09-JUN-11	RT725	Alberta Tourism Levy (4%)	9.85
09-JUN-11	RT725	GST (5%)	12.31
10-JUN-11	VI	Visa	268.33-
For Authorization Purposes Only			
s.17(1), 17(4)(e.1)			
Auth Date	Code	Authorized	
09-JUN-11	092190	322.65	
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
09-JUN-11	261.16	0.00	0.00	7.17	268.33	0.00
10-JUN-11	0.00	0.00	0.00	0.00	0.00	268.33-
Total	261.16	0.00	0.00	7.17	268.33	268.33-

We would certainly appreciate any feedback that you may have. Please send to Gord Minor at gminor@sheratonsuites.com

** continued on the next page **

SIGNATURE 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 Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

Teri Lynn Bougie ROOM DEPART AGENT
 FOLIO 895254 09-JUN-11 725 10-JUN-11 GR

APPLICANT COPY

SHERATON SUITES CALGARY EAU CLAIRE
 255 Barclay Parade S.W.
 Calgary, Alberta T2P 5C2 Canada

T - 403 266 7200
 F - 403 266 1300



GUEST / CLIENT
 GUEST / CLIENT

TRAVEL AGENT / CHARGE TO
 AGENT DE VOYAGES / PORTER AU COMPTE DE

		725	
	ROOM / CHAMBRE	239.00	
Teri Lynn Bougie	RATE / TARIF	1	
	# PERS. / N° PERS.	895254	A
	FOLIO / DOSSIER	2	
	PAGE / PAGE	09-JUN-11	20:32
	ARRIVE / ARRIVÉE	10-JUN-11	
AHSBOD s.17(1), 17(4)(g)(i)	DEPART / DÉPART	VI	07:32
	PAYMENT / PAIEMENT		

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS/FRAIS / CRÉDIT
-------------	-----------------------	---------------------------	----------------------------------

GST Summary	
GST Room Revenue	12.31
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	12.31

846543619 RT0002

SIGNATURE 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 Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

As a Starwood Preferred Guest you have earned at least 39
 Starpoints for this visit s.17(1), 17(4)(g)(i)

Teri Lynn Bougie	ROOM	DEPART	AGENT
FOLIO 895254 09-JUN-11	725	10-JUN-11	GR

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM


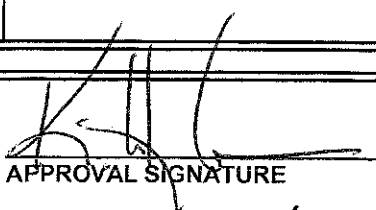
45502c

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: September 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
		Non-Responsive								
14- 15/09/2011	Parking at the Edmonton Airport						26.00 ✓			
14- 15/09/2011	Medicine Hat Lodge					153.93 ✓				
		Non-Responsive								
22/09/2011	Travel to St. Paul and return								440	
TOTAL KMS									440	
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)						A	B <i>AD total</i> 153.93 ✓	C <i>park</i> 26.00 ✓	D	<i>mile</i> 222.20 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	402.13 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		402.13 ✓

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align:center;">meals</td> <td style="text-align:center;">breakfast</td> <td style="text-align:right;">\$9.20</td> </tr> <tr> <td style="text-align:center;">lunch</td> <td style="text-align:right;">\$11.60</td> </tr> <tr> <td style="text-align:center;">dinner</td> <td style="text-align:right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align:center;">Lodging per night</td> <td style="text-align:right;">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align:center;">Per diem 24-hour</td> <td style="text-align:right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
September 30, 2011 DATE SUBMITTED	Oct 20 / 11 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Patti Grier



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK



Teri Lyn Bougie

Page # 1
Res. # 488916
Checked in Wed Sep 14/11 - 6:00 pm
Departing Thu Sep 15/11
Nights 1
Room Rate 139.00
Room 270

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

Group: Ab Health Services

Date	Description	Reference	Charges	Credits
Sep14	GOVERNMENT RATE		139.00	
Sep14	GST		6.95	
Sep14	Room Tax		5.32	
Sep14	Destination Marketing Fee		2.66	
			-----	-----
			153.93	0.00

*Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.*

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	6.95
Room Tax	5.32



APPLICANT COPY

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 15/09/11 19:05
Receipt 003124

Short-term parking tkt

VP - No. 065265

14/09/11 06:52 -

16/09/11 06:51 -

Period 2d0h0'

(Tax) \$26.00

Total \$26.00

Payment Received
VISA \$26.00

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

Merch:82005340013

Auth:095402

Type: Swiped

Sub Total \$24.76

Tax 5% 1.24

8095885 - 1/1

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

523578

APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: October 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
12/10/2011 - 14/10/2011	Hotel in Fort McMurray				412.02 ✓				
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B	C	D	E
						412.02 ✓			

ENTERED NOV 28 2011

RECEIVED
11/28/11
LEARNANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	AS Hotel 412.02 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		412.02 ✓

Teri Lynn Bougie
 CLAIMANT SIGNATURE

October 26, 2011
 DATE SUBMITTED

[Signature]
 APPROVAL SIGNATURE

Nov 25 /11
 DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



APPLICANT COPY

NOVA HOTELS

Chateau Nova Hotel
Mod 3, Comp 9, RR 1
Fort McMurray Airport
Fort McMurray, AB T9H 5B5
P:780-791-6682 F:780-743-0560
Toll Free 1-866-924-6682
Arrive 10/12/11 Depart 10/14/11

BOUGIE TERI-LYNN

ALBERTA HEALTH SERVICES
Room # 2115 Invoice # 20774

Table with columns: DATE, CLERK, DEPARTMENT, DESCRIPTION, AMOUNT. Rows include accommodation charges, taxes, and GST.

BILLING INSTRUCTIONS

BALANCE 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 part or the full amount of these charges.

SIGNATURE

X

"Where Comfort and Service are at their best!"

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta - Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray
Saskatchewan - Kindersley
NWT & Nunavut Inuvik, Iqaluit

634526

ALBERTA HEALTH SERVICES
 APPLICANT COPY
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: December 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
07/12/2011	Parking at the Matrix Hotel for the Report to the Community Event						5.25 ✓		
		Non-Responsive							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 27 2012 FINANCE </div>									
ENTERED 1/13/12									
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	5.25		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101-0005, 7110300004 01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	pk 5.25 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		

<u>Teri Lynn Bougie</u> CLAIMANT SIGNATURE	<u>Calvin Perry</u> APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%;">meals</td> <td style="width: 10%;">breakfast</td> <td style="width: 80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>January 3, 2012</u> DATE SUBMITTED	<u>Jan. 26 / 2012</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

Passerby Account
 Canada

Room Number: 9600
 Arrival Date: 10-01-11
 Departure Date: 12-31-11
 Page No: 1 of 1

INFORMATION INVOICE

Folio No: 98781

12-07-11

Date	Description	Charges	Credits
12-07-11	Parking Pass	0	
12-07-11	Cash		5.25
Total		5.25	5.25
Balance		0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	0.00
Tourism Levy - 4 %	0.00
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

757273





Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: February 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
24/02/2012	Parking at Meeting above					17.00 ✓			
		Non-Responsive							
29/02/2012	Parking at Meeting above					26.00 ✓			
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
				43.00 ✓					

RECEIVED MAR 26 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	43.00 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	Non-Responsive	43.00

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align:center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
 DATE SUBMITTED	 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

H FACE UP
 PLACE ON DASH FACE UP
 (SAME DAY 18h00)
 Standard Parking 106 Street
 Machine Web ID = LOT 106A
24 FEB
18:00
 PAID \$17.00C
 ENTRY TIME 24 FEB 12 08:58
 14997
 KEAV DU BORD
 ISIBLE
 PL
 CE COTE VISIBLE
 CENTRE TABLEAU DU BORD
 CE COTE VISIBLE
 PL
 CE COTE VISIBLE
 CENTRE TABLEAU DU BORD
 CE COTE VISIBLE
 PL
 CE COTE VISIBLE
 CENTRE TABLEAU DU BORD
 CE COTE VISIBLE

TICKET VOID IF RE-SOLD
 Price: \$17.00
 Card: 17315381000
 Exp: 12/31/12
 6:00PM WED
FEB 29K 12
Impark
 CSI NO. 17315381000
 INSTRUCTIONS ON BACK
 PLACE THIS SIDE UP ON DASH
 s.17(1), 17(4)(e.1)

TICKET VOID IF RE-SOLD
 IMPARK
Impark
 76
 DAILY RATE
 Lot 106A
 9:15A 11:3 29
 s.17(1), 17(4)(e.1)
 PLACE THIS SIDE UP ON DASH

8/5214

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: March 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
15/03/2012	Hotel in Canmore - Radisson				99.92				
		Non-Responsive							
ENTERED APP 24 2012									
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B <i>Hotel</i> 99.92	C	D	E

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	99.92
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	Non-Responsive	

RECEIVED
 APR 13 2012
 MAIL ROOM

<u>Teri Lynn Bougie</u> CLAIMANT SIGNATURE	<u>Calvin Payne</u> APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align:center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>March 30, 2012</u> DATE SUBMITTED	<u>7th April 13/2012</u> DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY
Radisson

Teri Lynn Bougie
Canada

Room No. : 333
Arrival : 03-14-12
Departure : 03-15-12
Page No. : 1 of 1
Folio No. : 1068336
Conf. No. : 1108011
Cashier No. : 115

INVOICE

Membership No. :
A/R Number :
Group Code : 1201ALBHEA
Company Name : Alberta Health Services

03-15-12 07:47:14 AM EST

Date	Text		Charges	Credits
03-14-12	Room Charge		89.00	
03-14-12	Destination Marketing Fee		2.67	
03-14-12	Alberta Tourism Levy %4		3.67	
03-14-12	Room %5 GST		4.58	
03-15-12	Visa	s.17(1), 17(4)(e.1)		99.92
		XX/XX		
Room GST	4.58	Other PST 6.34	Other GST	0.00
Net Amount	89.00	CAD		
Total			99.92	99.92
Balance				0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____
GST# 865543425

Radisson Hotel & Conference Center
511 Bow Valley Trail
Canmore, Alberta T1W 1N7
Telephone: (403) 678-3625 Fax: (403) 678-5534

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

93267

APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: May 2012



Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
03/05/2012	Medicine Hat Lodge					147.29 ✓			
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
			147.29						

ENTERED JUN 25 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62214000	147.29
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		147.29

RECEIVED
 JUN 25 2012
FINANCE

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:15%;">meals</td> <td style="width:15%;">breakfast</td> <td style="width:70%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
DATE SUBMITTED <u>May 31, 2012</u>	DATE APPROVED <u>June 18 / 2012</u>														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford



Medicine Hat Lodge

APPLICANT COPY

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Teri Lynn Bougie

Page # 1
 Res. # 522272
 Checked in Wed May 2/12 - 6:31 pm
 Checked out Thu May 3/12 - 7:24 am
 Nights 1
 Room Rate 139.00
 Room 279

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

Group: AB Health Services

Date	Description	Reference	Charges	Credits
May02	Hospital Rate		139.25	
May02	Room Tax		5.36	
May02	Destination Marketing Fee		2.68	
May03	PAID BY VISA - Thank you			147.29
			0.00	147.29

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 0.25
 Room Tax 5.36

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST Hospitality
SINCE 1944



ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

983190





APPLICANT COPY

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: June 2012 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
07/06/2012	Calgary Board Meetings -- Sheraton Hotel				279.55 ✓				
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B 279.55 ✓	C	D	E

ENTERED JUL 24 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005 4 62212 01.71110300002.62214000	279.55
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		279.55 R

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align:center">meals</td> <td style="text-align:center">breakfast</td> <td style="text-align:right">\$9.20</td> </tr> <tr> <td style="text-align:center">lunch</td> <td style="text-align:right">\$11.60</td> </tr> <tr> <td style="text-align:center">dinner</td> <td style="text-align:right">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align:center">Lodging per night</td> <td style="text-align:right">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align:center">Per diem 24-hour</td> <td style="text-align:right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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 DATE SUBMITTED	 DATE APPROVED														
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford															

APPLICANT COPY

Sheraton Suites Calgary Eau Claire
 255 Barclay Parade SW
 Calgary, AB T2P 5C2
 Canada
 Tel: 403 266 7200 Fax: 403 266 1300



Ms Teri Lvnn Boucic

Page Number : 1 Invoice Nbr : 28125218
 Guest Number : 966039
 Folio ID : EX-A
 Arrive Date : 06-JUN-12 21:00
 Depart Date : 07-JUN-12
 No. Of Guest : 1
 Room Number : 827
 Room Rate : 249.00
 Club Account : SPG -

Email :
 AHSBMJ - Ab Health Svcs
 Brd Mtg (rooms s.17(1), 17(4)(g)(i))

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

Tax ID : 846543619 RT0002

Sheraton Eau Claire 07-JUN-12 02:42 NAT

Date	Reference	Description	Charges	Credits
06-JUN-12	RT827	Group Government	249.00	
06-JUN-12	RT827	DMF	7.47	
06-JUN-12	RT827	Alberta Tourism Le	10.26	
06-JUN-12	RT827	GST (5%)	12.82	
07-JUN-12	VI	Visa	-279.55	
		** Total	279.55	-279.55
		*** Balance	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

APPLICANT COPY

Sheraton Suites Calgary Eau Claire
255 Barclay Parade SW
Calgary, AB T2P 5C2
Canada
Tel: 403 266 7200 Fax: 403 266 1300



Ms Teri Lynn Bougie
Page Number : 2 Invoice Nbr : 28125218
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Email :
AHSBMJ - Ab Health Svcs
Brd Mtg (rooms s.17(1), 17(4)(g)(i)

Information Invoice s.17(1), 17(4)(g)(i)
Amount CAD

GST Summary

GST Room Revenue	12.82
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	12.82

As a Starwood Preferred Guest you have earned at least 41 Starpoints for this visit

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

Signature _____

APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

SEP 26/12

23840

Name: Teri Lynn Bougie	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: August 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
9/08/2012	Parking						17.00 ✓		
		Non-Responsive							
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	17.00 ✓		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	101 0005 7110300004 -01.71110300002.62214000	17.00
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		17.00

 CLAIMANT SIGNATURE September 4, 2012 DATE SUBMITTED	 APPROVAL SIGNATURE 09/18/2012 DATE APPROVED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center;">meals</td> <td style="width: 10%;">breakfast</td> <td style="width: 80%; text-align: right;">\$9.20</td> </tr> <tr> <td>lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td>dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
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For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 T2W 3N2, Attention: Lynn Redford

APPLICANT COPY

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

(-SAME DAY 18h00)
Standard Parking 106 Street
Machine Web ID = LOT 106B
EXPIRES

09 AUG

18:00 PAID \$17.00C

ENTRY TIME 09 AUG 12 08:36

10426

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

ACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACI

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