

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: Dr. Ruth Collins-Nakai (For Board Office Use Only) A/P Vendor ID#: _____
 7(1), 17(4)(g)(i)
 Phone #: _____ Travel Period Month: March/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				
<u>28/03/11</u>	<u>Meeting - Chris Eade</u>				Non-Responsive		<u>7.00</u> ✓ <u>pk</u>		
<u>12/04/11</u>	<u>AHS orientation</u>						<u>21.00</u> ✓ <u>pk</u>		
<u>13/04/11</u>	<u>AHS Cmte. of whole</u>					<u>108.99</u>	<u>50.00</u> ✓		
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		<u>AD</u>	<u>108.99</u>	<u>78.00</u>	<u>pk</u>				

RECEIVED
 MAY 20 2011
 FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<u>214.99</u>
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		<u>214.99</u>

<u>R Collins-Nakai</u> CLAIMANT SIGNATURE <u>April 20, 2011</u> DATE SUBMITTED	<u>[Signature]</u> APPROVAL SIGNATURE <u>May 17/11</u> 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: Lou DeCoste

REMUNERATION AND EXPENSE CLAIM CONTINUATION SHEET

APPLICANT COPY

THIS FORM IS TO BE USED ONLY AS A SUPPLEMENT TO A COMPLETED PERSONAL EXPENSE CLAIM. DO NOT USE ALONE.

NAME: Dr. Ruth Collins - Takai Non-Responsive

Carry forward subtotals from previous claim sheet, where applicable.	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
	B	L	D	Amount				
	A				B	C	D	E
	Non-Responsive							
15/04/11				Becoming the Beat #2		14.00	✓	
24/02/11				" # 1		14.00	✓	
	Non-Responsive							
TOTAL KMS								
APPLICABLE MILEAGE RATE @								50.5¢
TOTAL (Record Grand Total to Personal Expense Claim Form)				A	B	C	D	E
					108.99	106.00		



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 #: 320206 Description: standard folio

Mail To: Nakai-collins Ruth

Res.#: 278912

Arrive: 13/04/2011 06:16pm

Depart: 14/04/2011 12:29am

Room: JCSN 419

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

Group: Alberta Health Services Board

Guest: Nakai-collins Ruth

Bill To: Ruth

Date	Description	Voucher	Amount
13/04/2011	Room Revenue	GP -419	99.00
13/04/2011	Destination Marketing Fee	GP -419	.99
13/04/2011	GST	GP -419	5.00
13/04/2011	Provincial Tourism Levy	GP -419	4.00
14/04/2011	Visa	THANK YOU	-108.99
Balance:			.00

Bill To: Ruth

Total GST

5.00

GST Registration # R-121767065

Signature



MANULIFEPLACE PARKADE
OPERATED BY:
STANDARD PARKING

PAID

Terminal#: 1 Cashier#: 2
28/03/11 10:25
28/03/11 11:43 - 01:18
41022379 / #091272
RATE-1 : \$ 7.00
TOTAL : \$ 7.00
CASH : \$ 8.00
CHANGE : \$ 1.00

3ST INCLUDED
3ST # R119580395
HAVE A NICE DAY

SANDMAN HOTELS #1-42
5805-100 ST
GRAND PRAIRIE AB
S.17(1), 17(4)(e.1)
WELCOME TO
M.C.A.

PLEASE KEEP THIS TICKET
WITH YOU

Entered/Override:
2011/04/12 08:57

Ticket/Billet#: 42918053
Dur/Duree: 6:29:00

Paid On/PAge Le:
2011/04/12 15:26

Paid/Page: \$ 21.00
Original Fee: \$ 21.00
Change: \$ 0.00

SC: \$ 0.00
Merchant ID:

parking

CARD TYPE: VISA
DATE: 2011/04/14
TIME: 22:11 07:08:41
RECEIPT NUMBER: C30615642-001-073-004-0
PRE-AUTH COMPLETION
TOTAL: **\$108.99**

APPROVED

AUTH# 010163 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST# R128599776

Edmonton Airports

Can-T5J 212 Edmonton
Tax CodeCAS%

Exit #1 Cat14/04/2011 3:49
Cashier 14
Receipt 076166

Short-term parking tkt
DL - No. 044879
13/04/2011 7:31 -
14/04/2011 3:49 -
Period 1d8h19'
(Tax) \$50.00

Total \$50.00
Payment Received \$50.00
Cash

Sub Total \$47.62
Tax 5% 2.38

150901

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Dr. Ruth Collins-Dakai
17(1), 17(4)(g)(i)
Phone #:

(For Board Office Use Only) AIP Vendor ID#:
Travel Period Month: March 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)	MILEAG (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
		Non-Responsive							
		Non-Responsive							
<u>28/03/11</u>	<u>Meeting - Chris Eagle</u>						<u>7.00</u>	<u>OK</u>	
		Non-Responsive							
<u>12/04/11</u>	<u>AHS orientation</u>						<u>21.00</u>	<u>OK</u>	
<u>13/04/11</u>	<u>AHS Cmte. of Whole</u>				<u>108.99</u>		<u>50.00</u>	<u>OK</u>	
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		<u>AB</u>	<u>Hotel</u>	<u>108.99</u>	<u>78.00</u>	<u>OK</u>			

RECEIVED
MAY 20 2011
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<u>214.99</u>
OTHER (D)	01.71110300002.41090000	<u>28.00</u>
GRAND TOTAL		<u>242.99</u>

R Collins-Dakai
CLAIMANT SIGNATURE
April 20, 2011
DATE SUBMITTED

[Signature]
APPROVAL SIGNATURE
May 17/11
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.
Room 3N2, Attention: Lou DeCoste

APPLICANT COPY

*PHS
Receiving
Per*

11APR15 16:56 000 002
ENCLYR19 \$607.380
TOTAL \$14.00
CASH \$14.00
CHANGE \$20.00
\$6.00

FOR MONTHLY PARKING
PHONE 8779096199
GST INCLUDED

11FEB24 17:23 001 000
ENCLYR19 \$598.709
TOTAL \$14.00
CASH \$14.00
CHANGE \$20.00
\$6.00

FOR MONTHLY PARKING
PHONE 8779096199
GST INCLUDED

PHS

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

293725

Name: Dr. R. Collins - Dakai (For Board Office Use Only) A/P Vendor ID#
 Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: June 2011

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)	MILEAG (KM)
		B	L	D	AMOUNT				
8/06/11	to Calgary South Health Campus					interact parking			
9/06/11	AFC / Cmte of Whole					565.94 643.66	77.70		
10/06/11	CDW / Board mtg								
11/06/11	HAC Provincial mtg								
	car								
11/05/11	Parking AHS						12.00	635	
8/06/11	gas						62.04		
Non-Responsive									
SUB-TOTAL (carry forward to continuation sheet, where applicable)						APPLICABLE MILEAGE RATE @		50.5¢	
						TOTAL KMS		320.68	
						ENTERED AUG 2 2011			
						151.74			
						74.04			

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1038.38 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		1038.38

R Collins - Dakai
 CLAIMANT SIGNATURE
June 28 / 11
 DATE SUBMITTED

[Signature]
 APPROVAL SIGNATURE
July 17 / 2011
 DATE APPROVED

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

If payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 Attention: Lou DeCoste

Honoraria over

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

Dr. Ruth Collins-Nakai

935
 ROOM / CHAMBRE 239.00
 RATE / TARIF 1
 # PERS / N° PERS. 895255 EX-A
 FOLIO / DOSSIER 1
 PAGE / PAGE 08-JUN-11 16:53
 ARRIVE / ARRIVÉE 10-JUN-11
 DEPART / DÉPART VI
 PAYMENT / PAIEMENT

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

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CRÉDITS / FRAIS / CRÉDIT
08-JUN-11	RT935	Group Government	239.00
08-JUN-11	RT935	DMF	7.17
08-JUN-11	RT935	Alberta Tourism Levy (4%)	9.85
08-JUN-11	RT935	GST (5%)	12.31
		s.17(1), 17(4)(g)(i)	38.85
08-JUN-11	1	In-room <u>Internet</u>	14.65
09-JUN-11	RT935	Group Government	239.00
09-JUN-11	RT935	DMF	7.17
09-JUN-11	RT935	Alberta Tourism Levy (4%)	9.85
09-JUN-11	RT935	GST (5%)	12.31
		s.17(1), 17(4)(g)(i)	38.85
09-JUN-11	1	In-room <u>Internet</u>	14.65
10-JUN-11	VI	Visa	643.66-
		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.

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

T - 403 266 7200
 F - 403 266 1300

APPLICANT COPY



GUEST / CLIENT
 GUEST / CLIENT

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

Dr. Ruth Collins-Nakai

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

935
 ROOM / CHAMBRE 239.00
 RATE / TARIF 1
 # PERS. / N° PERS. 895255 EX-A
 FOLIO / DOSSIER 2
 PAGE / PAGE 08-JUN-11 16:53
 ARRIVE / ARRIVÉE 10-JUN-11
 DEPART / DÉPART VI
 PAYMENT / PAIEMENT

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

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
08-JUN-11	261.16	0.00	0.00	60.67	321.83	0.00
09-JUN-11	261.16	0.00	0.00	60.67	321.83	0.00
Total	522.32	0.00	0.00	121.34	643.66	0.00

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

GST Summary

GST Room Revenue	24.62
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	1.40
Total GST	26.02

846543619 RT0002

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

Handwritten calculations:
 38.85 x 2 = 77.70
 643.66 - 77.70 = 565.96

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.

Dr. Ruth Collins-Nakai ROOM DEPART AGENT
 FOLIO 895255 08-JUN-11 935

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE 11/05/11 09:10 PM
EXPIRATION TIME 11/05/11 05:44 PM
DATE ISSUED
TIME ISSUED
AMOUNT PAID

11/05/11 09:10 PM
11/05/11 05:44 PM
\$ 12.00

AMOUNT PAID

\$ 12.00 76530000 05:44 PM NETP

PKB CREDIT CARD NUMBER
NETP DRILLY

1177886
Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA HEALTH SERVICES ENDORSERS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS
NON TRANSFERABLE

1177886
Alberta Health Services

Alberta Health Services
RECEIPT

ESSO EXPRESS PAY

Site #: 88004361
2011/06/08 20:05
VISA

Auth# 016721-F
Inv # 11044291
Credit
Pump#01 REGLR
Litres 53.073
@ \$1.169/LIT
Fuel \$62.04

IL/MOTEX \$62.04
Total \$62.04
GST In Fuel \$2.95

AERO. MILES IN
SALE:
AEROPLAN #:

IMPORTANT - please
this copy for
records

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

454990

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

Name: DR RUTH COLLINS NAKAI (For Board Office Use Only) A/P Vendor ID#
 Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: Sept - 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)	MILEAG (KM)
		B	L	D	AMOUNT				
1/09/11	AHS 5yr plan update						3.50 ✓		
						Non-Responsive			
13/09/11	AHS - COW mtg				153.93 ✓	42.00 ✓			
						Non-Responsive			
22/9/11	AHS - AAF emde + HAC Edmonton					18.00 ✓			
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
			153	93	63	50			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	217.43
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		217.43

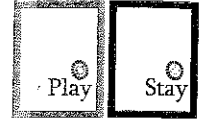
CLAIMANT SIGNATURE <u>R Collins Nakai</u>	APPROVAL SIGNATURE <u>[Signature]</u>	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
DATE SUBMITTED <u>Sept 30/11</u>	DATE APPROVED <u>Oct 20/11</u>	Lodging per night	\$20.15	
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste		Per diem 24-hour	\$7.35	

Honoraria over...



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK



Ruth Collins-Nakai

**Calgary, AB
Ab Health Services**

Page # 1
Res. # 488917
Checked in Wed Sep 14/11 - 5:57 pm
Departing Thu Sep 15/11
Nights 1
Room Rate 139.00
Room 279

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



AMS

UNIVERSITY OF ALBERTA
83 AVENUE, PARKADE

TR R124072513

Report# 11068

06/01/11 10:43 1# 2 A 1 1001 2224

09/01/11 08:31 0# 09/07/1 11 001

PLR 09:39

Fee 1 \$ 3.50

Local Fee \$ 3.50

PERMIT \$ 3.50

Card Reader \$ 20.00

Change Date \$ 18.50

INCLUDED IN PRICE

Calendars - email us :

Official (air@uofa.ca)

Official (air@uofa.ca)

FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON DASH FACE UP PLACE ON

(SAME DAY 18h00)
Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES
22 SEP
18:00 PAID \$18.00C

*AMS
AARC*

ENTRY TIME 22 SEP 11 08:43

306
TABLEAU
TE VISIBLE

PLACER SUR LE TABLEAU
DE BORD CE COTE VISIBLE

PLACER SUR LE TABLEAU
DE BORD CE COTE VISIBLE

01111307
PLACER SUR LE TABLEAU
DE BORD CE COTE VISIBLE

PLACER SI
DE BORD C

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

GST# R128599776

Edmonton Airports

Can-TSJ 212 Edmonton
Tax CodeCA5%

POF 2nd Fl 15/09/11 18:50
Receipt 003020

Short-term parking tkt
DL No: 065327
14/09/11 07:04
16/09/11 07:03
Period 2d0h0'

(Tax)
Total \$42.00

\$42.00

Payment Received
VISA \$42.00

Auth:045441 s.17(1), 17(4)(e.1)
Type: Swiped

Sub Total \$40.00
Tax 5% 2.00

0158CC21

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

52352

Name: DR. RUTH COLLINS-NAKAI (For Board Office Use Only) A/P Vendor ID#:
 Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: October 2011

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)	MILEA (KM)			
		B	L	D	AMOUNT							
12/10/11	Board retreat				412.02	✓	63.00	✓				
13 th /10/11	Committee of the Whole											
Non-Responsive												
ENTERED NOV 28 2011												
								TOTAL KMS				
SUB-TOTAL (carry forward to continuation sheet, where applicable)								APPLICABLE MILEAGE RATE @	50.5¢			
								A	B	C	D	E
								412.02	63.00			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	475.02
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		475.02

R Collins-Nakai
 CLAIMANT SIGNATURE
 Oct 27 / 11
 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.
 NW 3N2, Attention: Lou DeCoste



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

COLLINS-NAKAI RUTH

ALBERTA HEALTH SERVICES
Room # 1305 Invoice # 20776

Table with columns: DATE, CLERK, DEPARTMENT, DESCRIPTION, AMOUNT. Rows include accommodation charges, room 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

APPLICANT COPY

We are Pleased to serve you

Date: Oct 12, 11 Amount: \$ 63.00
From: Home
To: Airport
Unit: _____ Driver: Salpe

Thank you Please call again
780-914-4002
GST 882 12-7012

AMS

CHATEAU NOVA
FORT MCMURRAY
MOD 3, COMP 9, RR 1
FORT MCMURRAY, AB T9H5B5
99149965727

TERM ID: N9914996 BATCH#: 019
EMPLOYEE ID: 1 SHIFT#: 001

Completion

INV#: 000000466
VISA Chip
SEQ#: 019001001010

Application Label: VISA
AID: A0000000031010
IVR:00 00 00 00 00
TST:FR 00

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

Total: CAD\$ 412.02

APPROVED 016957
000/00

14-Oct -11 07:18:20

CUSTOMER COPY
THANK YOU
(780) 791-6682

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

Name: DR. RUTH COLLINS - NAKAI
 s.17(1), 17(4)(g)(i)
 Phone #:

Travel Period Month: JANUARY 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)	AMOUNT
							Non-Responsive
	FEB 23 2012 FINANCE						
18/1/12	AHS QSC telecon & Edm. Clinic Opening	parking Non-Responsive		14.00 ✓			
23/1/12	AHS Bd mtg Edm. Clinic			7.05 ✓			
23/1/12	AHS - HAC St. Edm.			18.00 ✓			
19/1/12	parking AHS			39.05 ✓			
23/1/12	parking						
TOTAL KMS							
APPLICABLE MILEAGE RATE @						50.5¢	
SUB-TOTAL							39.05
(carry forward to continuation sheet, where applicable)							

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	
OTHER (D)	01.71110300002.41090000	39.05
GRAND TOTAL		39.05

R Collins - Nakai
 CLAIMANT SIGNATURE

Calvin Paey
 APPROVAL SIGNATURE

Jan 31 /12
 DATE SUBMITTED

Feb. 20 /2012.
 DATE APPROVED

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

payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 V3N2, Attention: Lou DeCoste

APPLICANT COPY

Best Copy Possible

01-14-2011 14:00
 01-14-2011 14:00
 14.00
 14.00

PARKING SERVICES
 1111
 1111

AAS

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

23/01/12 08:35 PM

23/01/12 06:34 PM \$ 7.05

AMOUNT PAID

\$ 7.05 96640000 06:34 PM

CREDIT CARD NUMBER

PRECISE
PARKLINK™

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION

PRECISE
PARKLINK™

*John Edm
HAC.*

NON TRANSFERABLE 3774124

RECEIPT 3774124

FACE UP

(SAME DAY 18:00)

PLACE ON DASH FACE UP

Standard Parking 107 Street
 Machine Web ID = LOT 107

EXPIRES

19 JAN
 18:00 PAID \$18.00C

*AAS
AFC*

ENTRY TIME 19 JAN 12 08:45
 07126

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

DU BORD
E

PLACER SUR LE TABLEAU DU BORD
 CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
 CE CÔTÉ VISIBLE

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

75728

Name: Dr. Ruth Collins - Dakai
 7(1), 17(4)(g)(i)
 Phone #:

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				
23/01/12	parking					9.00 18.00			
Non-Responsive									
RECEIVED MAR 26 2012									
15+16/02/12	parking					18.00 ✓			
24/02/12	Brd mtg @ John Cowell					18.00 ✓			
24/02/12	parking					18.00 ✓			
SUB-TOTAL (carry forward to continuation sheet, where applicable)						TOTAL KMS			
						APPLICABLE MILEAGE RATE @		50.5¢	
						63.00			

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	
OTHER (D)	01.71110300002.41090000	63.00
TOTAL		63.00

Ruth Collins - Dakai
 CLAIMANT SIGNATURE

Cathy Taylor
 APPROVAL SIGNATURE

March 1/12
 DATE SUBMITTED

March 23/2012
 DATE APPROVED

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

Payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 Attention: Lou DeCoste

PLACE ON DASH FACE UP

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

23 JAN
18:00 PAID \$ 9.00C

ENTRY TIME 23 JAN 12 16:54
07281 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

3RD

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

ENTRY TIME 15 FEB 12 16:05
08274 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

PLACE ON DASH FACE UP

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

15 FEB
18:00 PAID \$18.00C

ENTRY TIME 15 FEB 12 16:05
08274 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

MHS

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

23 JAN
18:00 PAID \$ 9.00C

ENTRY TIME 23 JAN 12 16:54
07281 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

3RD

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

ENTRY TIME 15 FEB 12 16:05
08274 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

PLACE ON DASH FACE UP

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

15 FEB
18:00 PAID \$18.00C

ENTRY TIME 15 FEB 12 16:05
08274 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

APPLICANT COPY

FACE UP

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107 B

EXPIRES

24 FEB
11:50 PAID \$18.00C

ENTRY TIME 24 FEB 12 08:50
09632 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

PLACE ON DASH FACE UP

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

24 FEB
11:50 PAID \$18.00C

ENTRY TIME 24 FEB 12 08:50
09632 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

16 FEB
18:00 PAID \$18.00C

ENTRY TIME 16 FEB 12 08:47
08303 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

Valid for 3 Hours

Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

16 FEB
18:00 PAID \$18.00C

ENTRY TIME 16 FEB 12 08:47
08303 S.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

FACE UP

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

757295

Name: Dr. Ruth Collins - Dakai
s.17(1), 17(4)(g)(i)
Phone #:

Travel Period Month: February 2012

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							
29/02/12	parking for OSC						28.00 ✓		
29/02/12	parking for President Speaker Series						14.00 ✓		

RECEIVED MAR 26 2012

SUB-TOTAL (carry forward to continuation sheet, where applicable)	A	B	C	D	E
			40.00		
TOTAL KMS					
APPLICABLE MILEAGE RATE @					50.5¢

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000 <i>pkc</i>	40.00
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		40.00

R Collins - Dakai
CLAIMANT SIGNATURE
March 1/12
DATE SUBMITTED

Colleen Rieger
APPROVAL SIGNATURE
March 22/2012
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.
N 3N2, Attention: Lou DeCoste

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP
(SAME DAY 18:00)
Standard Parking 107 Street
Machine Web ID = LOT 107 B
EXPIRES

29 FEB PAID \$26.00C
18:00
ENTRY 29 FEB 12 09:55
09891

PLACER SUR LE TABLEAU DU BORD
DE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
DE CÔTÉ VISIBLE S.17(1), 17(4)(e.1)

DU BORD

LIVE 2
PARKING SERVICES
0510 21010281

01-29-2012 MON 18:22

14:00	16.00
GST	0.67
CASH	14.00

ITEM 1
101 15:17 14:00PM

815208

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>DR RUTH COLLINS - NAKAI</u> s.17(1), 17(4)(g)(i) Phone #:	(For Board Office Use Only) A/P Vendor ID#: _____ Travel Period Month: <u>MARCH 2012</u>
--	---

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							
<u>15/03/12</u>	<u>taxi</u>						<u>67.00</u>	<u>taxi</u>	
<u>16/03/12</u>	<u>hotel</u>						<u>99.92</u>	<u>AP Hotel</u>	
		Non-Responsive							
ENTERED APR 24 2012									
TOTAL KMS									
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	<u>166.92</u>		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<u>166.92</u>
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		<u>166.92</u>

FILED
 APR 24 2012
 11:30 AM
 1100

<u>R Collins - Nakai</u> CLAIMANT SIGNATURE	<u>Calley Page T</u> 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													
<u>April 3/12</u> DATE SUBMITTED	<u>April 13/2012</u> DATE APPROVED														

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

Ruth Collins-Nakai
 Canada

Room No. : 237
 Arrival : 03-14-12
 Departure : 03-15-12
 Page No. : 1 of 1
 Folio No. : 1068337
 Conf. No. : 1108012
 Cashier No. : 115

INVOICE

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

03-15-12 07:50:27 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

We are Pleased to serve you

Date: 14/03/12 Amount: \$67.00
 From: Home
 To: Airport
 Unit: _____ Driver: Satpal

Thank you Please call again
780-914-4002
 GST 882 12-7012

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

878184

5/2

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Dr. Ruth Collins - Dakai
s.17(1), 17(4)(g)(i)
Phone #:

Travel Period Month: April 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				
12/04/12	parking (Pres. talk)						6.00 ✓		
19/04/12	parking						18.00 ✓		
26/04/12	parking						12.00 ✓		
		Non-Responsive							

RECEIVED
MAY 3 2012
ALBERTA HEALTH SERVICES

ENTERED MAY 25 2012

SUB-TOTAL

(carry forward to continuation sheet, where applicable)

APPLICABLE MILEAGE RATE @

TOTAL KMS

50.5¢

36.00

Description	Coding	Amount
TRAVEL EXPENSE (B+C+E)	01.71110300002.45000000	
OTHER (D)	01.71110300002.62212000	
TOTAL	01.71110300002.41090000	36.00

CLAIMANT SIGNATURE

[Signature]
APPROVAL SIGNATURE

DATE SUBMITTED

May 23/2012
DATE APPROVED

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

Payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
N2, Attention: Lou DeCoste

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

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: *Dr. Ruth Collins - Dakai*

Phone #: *s.17(1), 17(4)(g)(i)*

Travel Period Month: *April*

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (TAXI, ETC.)	MILEAGE (KMS)
		B	L	D	AND LINT				
12/04/12	parking (Pres. talk)								
19/04/12	parking						6.00		
26/04/12	parking						18.00		
							12.00		
Non-Responsive									

SUB-TOTAL (carry forward to continuation sheet, where applicable)	APPLICABLE MILEAGE RATE @ 80.5¢				TOTAL KMS
A	B	C	D	E	

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	
LODGING (D)	01.71110300002.41000000	
TOTAL		

R Collins - Dakai
APPLICANT SIGNATURE
April 30/2012
DATE

Calvin Payne
APPROVAL SIGNATURE
May 23, 2012
DATE APPROVED

meals	breakfast	\$0.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

Next please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
Attention: Lou DeCoste

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

AHS Pres clerk
DETACH RECEIPT FROM TICKET

EXPIRATION DATE 12/04/12
EXPIRATION TIME 12:23 PM

DATE ISSUED 12/04/12
TIME ISSUED 10:53 AM
AMOUNT PAID \$ 6.00

AMOUNT PAID \$ 6.00
84970000 10:53 AM
UNIVERSITY OF ALBERTA

CREDIT CARD NUMBER
LOT JUBHCE CO
UNIVERSITY OF ALBERTA

0528254

NON TRANSFERABLE

0528254 RECEIPT GST # R108102831

PLACE ON DASH FACE UP
(SAME DAY 18h00)
Standard Parking 107 Street
Machine Web ID = LOT 107
EXPIRES
19 APR
18:00 PAID \$18.00C
ENTRY TIME 19 APR 12 08:13
10664
PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE
PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE
AHS

PLACE ON DASH FACE UP
Valid for 2 Hours
Standard Parking 107 Street
Machine Web ID = LOT 107
EXPIRES
26 APR
10:41 PAID \$12.00C
ENTRY TIME 26 APR 12 08:41
10965
PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE
PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE
AHS CHIEF

93266

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

Name: R Collins-Dakai
 s:17(1), 17(4)(5)(1)
 Phone #: _____ Travel Period Month: May 2012

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (TELEPHONE)	MILEAGE (KM)			
		B	L	D	AMOUNT							
02					Non-Responsive							
03-04	hotel					147.29						
03/05/12	taxi to airport				Non-Responsive		58.00					
24/05/12	parking				Non-Responsive		18.00					
ENTERED JUN 25 2012												
SUB-TOTAL (carry forward to continuation sheet, where applicable)								TOTAL KMS	APPLICABLE MILEAGE RATE @ 50.5¢			
								A	B 147.29	C 58.00	D	E

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	205.29
OTHER (D)	01.71110300002.41090000	
RAND TOTAL		205.29

RECEIVED
 JUN 25 2012
FINANCE

R Collins-Dakai
 CLAIMANT SIGNATURE

Colby Rayner
 APPROVAL SIGNATURE

May 25, 2012
 DATE SUBMITTED

June 18/2012
 DATE APPROVED

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

payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 3N2, Attention: Lou DeCoste



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

Ruth Collins-Nakai

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

AB Health Services

Page #	1
Res. #	522273
Checked in	Wed May 2/12 - 6:28 pm
Checked out	Thu May 3/12 - 7:36 am
Nights	1
Room Rate	139.00
Room	379

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
				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



STAGWEST *hospitality*
SINCE 1944



APPLICANT COPY

MEDICINE HAT LODGE
1851 ROSS GLEN DR SE
MEDICINE HAT, AB T1B3T8
4035020170

Merchant ID: 87212730014
Term ID: 003

Ref #: 061

Pre-Auth Compl

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

VISA

Entry Method: Manual

05/03/12

07:29:40

Inv #: 000024

Appr Code: 000050

Apprvd

Batch#: 000422

Original Pre-Auth Amount: \$ 200.00

Total: \$ 147.29

Customer Copy

We are pleased to serve you

Date: 3/15/17 Amount: 58.00
From: _____ s.17(1), 17(4)(g)(i)
To: Y. F. G.
Unit: _____ Driver: John

Thank you. Please call again
780-914-4002
GST 882 12-7012

98320

APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Dr. Ruth Collins - Nakai
 s.17(1), 17(4)(g)(1)
 Phone #:

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)	MILEA- (KMS)
		B	L	D	AMOUNT				
					Non-Responsive				
					ENTERED JUL 24 2012				
6/6/12	taxi					68.00 ✓			
24/5/12	parking AFC					18.00 ✓			
5/6/12	parking HRC					18.00 ✓			
6/6/12	hotel CoW				279.55 ✓				
					Non-Responsive				
11/6/12	AHS AFC								
21/6/12	HAC - Lakeland								
21/6/12	parking AFC							323	
						18.00 ✓	TOTAL KMS		
SUB-TOTAL (carry forward to continuation sheet, where applicable)						APPLICABLE MILEAGE RATE @		50.5¢	
						A	B	C	
						279	122 ⁰⁰	163 ¹²	

Description	Coding	Amount
MEAL (A)		
TRAVEL EXPENSE (B+C+E)	01.71110300002.45000000 101.0005.71110300004	
OTHER (D)	01.71110300002.62212000	572.67 R
GRAND TOTAL	01.71110300002.41090000	572.67

R Collins Nakai
 CLAIMANT SIGNATURE

Calvin R... ..
 APPROVAL SIGNATURE

June 27, 2012
 DATE SUBMITTED

July 09/2012
 DATE APPROVED

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

Payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
 2012, Attention: Lou DeCoste

REMUNERATION AND EXPENSE CLAIM CONTINUATION SHEET

APPLICANT COPY

THIS FORM IS TO BE USED ONLY AS A SUPPLEMENT TO A COMPLETED PERSONAL EXPENSE CLAIM. DO NOT USE ALONE.

NAME: Dr. Ruth Collins - Nakai

Non-Responsive

	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
	B	L	D	Amount					
Carry forward subtotals from previous claim sheet, where applicable.					A	B	C	D	E
					279 ⁵⁵	122 ⁰⁰		163 ¹²	
<i>June 25 Governance interview</i>									
<i>" parking for "</i>						8.00			
					<i>June 25 - meter parking (no receipt) as underground parking FULL</i>				
					<p style="text-align: right;">TOTAL KMS</p> <p style="text-align: right;">APPLICABLE MILEAGE RATE @ 50.5¢</p>				
TOTAL <i>(Record Grand Total to Personal Expense Claim Form)</i>					A	B	C	D	E
						279 ⁵⁵	130 ⁰⁰		163 ¹²

APPLICANT COPY

We are pleased to serve you

Date: 06/06/12 Amount: 68.00
From: Home
To: Airport
Unit: Driver: Satpal

Thank you. Please call again
780-914-4002
GST 882 12-7012

UP

PLACE ON DASH FACE UP (SAME DAY 18:00) PLACE ON DASH FACE UP
Standard Parking 107 Street
Machine Web ID = LOT 107
EXPIRES
24 MAY
18:00 PAID \$18.00C
ENTRY TIME 24 MAY 12 08:33
12116 s.17(1), 17(4)(e.1)

J BORD

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

IN FACE UP

PLACE ON DASH FACE UP PLACE ON DASH FACE UP
Valid for 3 Hours
Standard Parking 107 Street
Machine Web ID = LOT 107 B
EXPIRES
05 JUN *AHS*
16:20 PAID \$18.00C
ENTRY TIME 05 JUN 12 13:20
15480 s.17(1), 17(4)(e.1)

TABLEAU DU BORD
VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

ON DASH FACE UP

PLACE ON DASH FACE UP PLACE ON DASH FACE UP
(SAME DAY 18:00)
Standard Parking 107 Street
Machine Web ID = LOT 107
EXPIRES
21 JUN *AFC AHS*
18:00 PAID \$18.00C
ENTRY TIME 21 JUN 12 08:33
13331 s.17(1), 17(4)(e.1)

R LE TABLEAU DU BORD
CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

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 Ruth Collins-Nakai	Page Number : 1	Invoice Nbr : 28125224	
	Guest Number : 966040		
	Folio ID : EX-A		
	Arrive Date : 06-JUN-12	21:00	
	Depart Date : 07-JUN-12		
	No. Of Guest : 1		
	Room Number : 831		
	Room Rate : 249.00		
	Club Account :		

Email : Has Not Been
 Asked For Email
 AHSBMJ - Ab Health Svcs
 Brd Mtg (rooms

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

Tax ID : 846543619 RT0002
 Sheraton Eau Claire 07-JUN-12 02:42 NAT

Date	Reference	Description	Charges	Credits
06-JUN-12	RT831	Group Government	249.00	
06-JUN-12	RT831	DMF	7.47	
06-JUN-12	RT831	Alberta Tourism Le	10.26	
06-JUN-12	RT831	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 Ruth Collins-Nakai

Page Number : 2 Invoice Nbr : 28125224
Guest Number : 966040
Folio ID : EX-A
Arrive Date : 06-JUN-12 21:00
Depart Date : 07-JUN-12
No. Of Guest : 1
Room Number : 831
Room Rate : 249.00
Club Account :

Email : Has Not Been
Asked For Email
AHSBMJ - Ab Health Svcs
Brd Mtg (rooms

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

GST Summary

Amount CAD

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 61 Starpoints for this visit

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

Signature _____