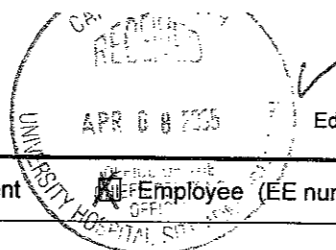




Payment Requisition



Accounting Services
1100 Harley Road
10045-111 St.
Edmonton, Alberta T5K 2M5

APPLICANT COPY

I PAYEE INFORMATION (Check one only) Vendor Patient Employee (EE number [redacted])

Invoice Date (DD-MMM-YY) Invoice Number

Vendor Number (or S.I.N.) Section 17(1) Payee Name **Deb Gordon** s.17(1), 17(4)(g)(i)

Address [redacted] City [redacted]

Province/State [redacted] Postal Code [redacted] Country [redacted]

II PAYMENT DETAILS

Reason for payment **Expenses 01Jan05-31Mar05** PO #

Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No

If this is a contract payment, what is the contract date? Number

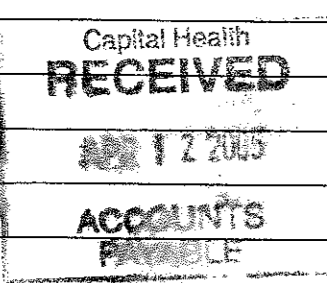
Have goods / services been received? Yes, When? No

Are original attachments to be mailed with cheque? (Note 2) Yes No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
	201-0001-7111-0101-008		62410000	10.00		10.00 w
			41090000	9.37		9.37 w
			61030000	30.00		30.00 -
			69500000	390.00		390.00 (w)
			TOTAL	439.37		439.37

Canadian U.S. Other



IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name) **Lisa Losole** Phone # **407 8009**
(Signature) *[Signature]* Date **5-Apr-05**

Approved by (Print name) **Deb Gordon** Phone # **407 8009**
(Signature) *[Signature]* Date **5-APR-05**

Approved by (Print name) **Sheila Weatherill** Phone # **407 8008**
(Signature) *[Signature]* Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
 1) All employee payments will be made electronically based on payroll banking information.
 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
 3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
 4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Course Confirmation



Healthier people in healthier communities

Education Services

March 01, 2005

Deb Gordon
University of Alberta / Stollery Children's Hospital
WMC 1F1, 8440 112 Street
Edmonton, AB
Canada T6G 2B7

#0601, 10230-111 Avenue
Edmonton, AB
Canada T5K 2L9
Tel: (780) 471-7912
Fax: (780) 471-7924

Your registration is confirmed for:

Leading in a Changing Workplace

17-May-2005 7:00 AM to 17-May-2005 8:20 AM

Fantasyland Hotel, 17700 - 87 Avenue, Edmonton, AB (Bordeaux Room - #9)

We are pleased to confirm that we have received and processed your registration for the above event.

If you have any questions or require additional information, please do not hesitate to contact me. Thank you and we look forward to seeing you there!

Tracy Niehaus
Education Services

Tel: 735-7999 ext. 2189
Fax: 735-7924
email: tracyniehaus@cha.ab.ca

Continental Breakfast will be served.



RECEIPT

Payment Date: 01-Mar-2005

Number: 2067
Received from: Deb Gordon
The sum of: \$30.00
On account of: Leading in a Changing Workplace
Payment by: VISA

3138

CHILD HEALTH PROGRAM

APPLICANT COPY



Clothing Order Form

March 15/05

Date: University of Alberta / Stollery Children's
 Company Name: Hospital - Site Admin
 Address: 1FL WMC - 8440 112 Street
 Phone: 407-8009 Fax: 407-7419
 Wear Your Bear Coordinator: Lisa Cosole
 City, Province: Edmonton, AB Postal Code:
 Email: lcosole@cha.ab.ca

PRODUCT	COLOUR	SIZE						TOTAL ITEMS	PRICE PER Includes GST	TOTAL
		3T	S	M	L	XL	XXL			
Adult T-Shirt	Green		2	8	8	6	1	25	\$10.00	250.00
Adult T-Shirt	Violet			8	3	3		14	\$10.00	140.00
Youth T-Shirt	Lime								\$14.00	
Youth T-Shirt	Pink								\$14.00	
Toddler T-Shirt	Yellow								\$14.00	
Infant Romper	White	3/6M: 12/18M:			6/12M: 18/24M:				\$16.00	
Ladies Crew Neck	Pink								\$25.00	
Men's Mock Neck	Navy								\$45.00	
Adult and Youth Ball Cap	Navy	Youth:			Adult:				\$15.00	
Canvas Tote Bag	Black			14 x 14 x 13"					\$11.00	
Keychain	Pewter								\$5.00	

STAPLES Business Depot
Store # 119
350 390 Baseline Rd. Sherwood Pk.
Sherwood Park, AB T8H1X1
780-417-7510

Sale 00017 8 006 07305
0119 02/13/05 11:32

1 *5X8 FIGURING PAD
065800661899 8.76G
Subtotal 8.76
GST 7.00% 0.61
Total \$9.37
Cash 20.37
Cash Change 11.00

Thank you for shopping at
STAPLES Business Depot!
We will not be undersold!

FOR CUSTOMER SERVICE CALL 1-866-STAPLES
OR EMAIL TO customer_service@busdep.com

INTERESTED IN EXPLORING A CAREER WITH US?
VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 126152586



AMOUNT PAID \$2.00
UNIVERSITY OF ALBERTA
CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE
AUTHORITY ENDANGERS TO PROTECT THE PROPERTY OF
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE



University of Alberta
RECEIPT



LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE 02/13/05 12:00 PM
EXPIRATION TIME 12:00 PM
AMOUNT PAID \$2.00

DETACH RECEIPT FROM TICKET
DATE ISSUED 02/13/05
TIME ISSUED 06:00 PM
AMOUNT PAID \$2.00
CREDIT CARD NUMBER

AMOUNT PAID \$8.00
UNIVERSITY OF ALBERTA
CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE
AUTHORITY ENDANGERS TO PROTECT THE PROPERTY OF
ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE



University of Alberta
RECEIPT



LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE 02/13/05 10:13 AM
EXPIRATION TIME 10:13 AM
AMOUNT PAID \$8.00

DETACH RECEIPT FROM TICKET
DATE ISSUED 02/13/05
TIME ISSUED 07:13 AM
AMOUNT PAID \$8.00
CREDIT CARD NUMBER

45424 workshop #2

EXP-19-APR-2005-002

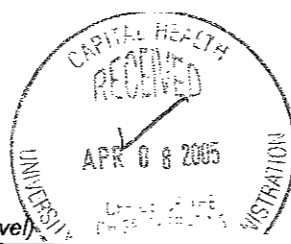
APPLICANT COPY



Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)



(Please Print or Type)

Name Deb Gordon Employee Number [REDACTED] Section 17(1)

Position COO, UAH/Stollery Cost Centre 201-0001-7111-0101-008

Department Site Admin Bus. Phone 407-8009

Period from 01 Apr 05 to 01 Apr 05

Expenses Paid (Please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			13.75	✓	
Registration Fees					
Transportation (including parking)			69.85	✓	
Other					
Mileage					
TOTAL			\$ 83.60		\$
Less Cash Advance					
NET			\$ 83.60		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature [Signature] Date 5 Apr 05

Approved by
Print Name Sheila Weatherill Title President/CEO

Signature [Signature] Date _____

Print Name _____ Title _____

Signature _____ Date _____

- NOTE:**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Please ensure that the expense claim is properly authorized.
 - For all employees on the payroll system, expense cheques will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
 - See the other side of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
 - Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Total Q.S.T.	0.00
Net credit card billing	*298.34

Total amount due	0.00

THE EDMONTON BTC CAN BE REACHED DURING REGULAR BUSINESS HOURS TOLL FREE 1-800-222-5187 OR 780 429 3355
 SPECIAL PURCHASE TICKET - VALID ONLY ON AIR CANADA.
 CHANGES PERMITTED BASED ON AVAILABILITY.
 THIS TICKET IS NON-REFUNDABLE.
 CHANGES TO FLIGHT AC 8129 MUST BE MADE 10 DAYS PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.
 CHANGES TO FLIGHT AC 8142 MUST BE MADE 1 DAY PRIOR TO ORIGINAL FLIGHT SUBJECT TO A CHANGE FEE OF 30.00 PLUS TAXES AND APPLICABLE FARE INCREASES.
 TICKET IS NON-TRANSFERABLE TO OTHER CARRIERS/PASSENGERS.
 OTHER RESTRICTIONS MAY APPLY. CONTACT AMERICAN EXPRESS FOR DETAILS.
 TICKET MUST BE USED ON/BEFORE THE DEPARTURE OF EACH FLIGHT SEGMENT.
 CHANGES MUST BE MADE PRIOR TO DEPARTURE OF SCHEDULED FLIGHT.
 ONCE TICKETED FLIGHT HAS DEPARTED, THIS TICKET HAS NO VALUE.
 PROOF OF IDENTIFICATION INCLUDING PHOTO IS REQUIRED.
 PLEASE CHECK-IN 60 MINUTES PRIOR FOR DOMESTIC FLIGHTS.
 LATE CHECK-IN MAY RESULT IN DENIED BOARDING.
 THE CHECK-IN TIMES INDICATED ARE GUIDELINES ONLY. AIRPORT AND AIRLINE CHECK-IN REQUIREMENTS ARE CHANGING FREQUENTLY AND WE RECOMMEND YOU RECONFIRM SPECIFIC REQUIREMENTS BEFORE GOING TO THE AIRPORT.
 FULL FARE 509.68 FARE PAID 298.34 LOW FARE 298.34/14MAR05
 ...YOUR ACCESS CODE IS...S-CP00/EPQGSR
 FOR EMERGENCY TRAVEL SERVICE CALL 1-800-434-2941 WITHIN CANADA/USA. OUTSIDE THESE AREAS CALL COLLECT 1-613-237-3263
 AMEX CANADA INC. GST NO.134194620RT0001
 -VT-T-A1@
 CAR/HOTEL RESERVATIONS WERE OFFERED BUT DECLINED.

Your travel arranger provides the information contained in this document to you. Sabre®
 Virtually There® is not responsible for the content of this document. Please contact your travel arranger should you have any questions.

Copyright and Trademark Notices



STATION ADDRESS
BY: 88888888
VALET PARKING
THANK YOU!
HAVE A NICE DAY

& & 405 & &
***** Starbucks *****
GST# 888551878RT
518 ERICA

5914 APR01'05 8:33AM
2 SH TEA 3.10
1 TL LATTE 3.10
1 TL MOCHA 3.35
1 add syr 0.35
1 MINT TIN 2.95
Sub-Total: 12.85
Tax 0.90
Total: 13.75
CASH 13.75
-----518 CLOSED APPROX 8:35AM-----

DATE OF SERVICE
ISSUED
SHIFT ID
A
RAC
PRIME
CASH
TOTAL

056062

Took 4 staff
travelling 2
me for coffee

Section 17(1),(4)(e.i)

ACC: [REDACTED]

NAME OF ACCOUNT: DEBORAH GORDON

TAXI FROM: AMERICAN EXPRESS VISA MasterCard OTHER

TO: Air Port

DATE: 1-APR-05 DRIVER NAME & CAR NO: [Signature] 2022

SIGNATURE: In writing [Signature]

METER CHARGE G.S.T. INCLUDED
LESS 10%
(\$2.50 Per Trip)
Passenger Pays

GRATUITY

TOTAL - Subsidy
(Payable by A.C.E.)

056062 CUSTOMER'S COPY



Payment Requisition

KMT-05-APR
 RECEIVED
 JUN 03 2005
 OFFICE OF THE
 CHIEF OF FINANCE
 UNIVERSITY OF ALBERTA
 ACCOUNTING SERVICES
 10th Floor, North Tower
 10030-107 St.
 Edmonton, Alberta T5J 3E4

APPLICANT COPY

I PAYEE INFORMATION (Check one only) Vendor Patient Employee (EE number) [REDACTED]

Invoice Date (DD-MMM-YY) Invoice Number Section 17(1)
 Vendor Number (or S.I.N.) Payee Name Deb Gordon
 Address s.17(1), 17(4)(g)(i) City
 Province/State Postal Code Country

II PAYMENT DETAILS

Reason for payment Expenses PO #
 Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No
 If this is a contract payment, what is the contract date? Number
 Have goods / services been received? Yes, When? No
 Are original attachments to be mailed with cheque? (Note 2) Yes No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
	201-0001-7111-0101-008		41090000	121.00		121.00
			69500000	677.76		677.76
				TOTAL		798.76

Capital Health
 RECEIVED
 JUN 20 2005
 ACCOUNTS
 PAYABLE

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name) Lisa Losole Phone # 407-8009
 (Signature) [Signature] Date 27-May-05
 Approved by (Print name) Deb Gordon Phone # 407-8009
 (Signature) [Signature] Date 30 May 05
 Approved by (Print name) Sheila Weatherill Phone # 407 8008
 (Signature) [Signature] Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
 All employee payments will be made electronically based on payroll banking information.
 All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
 Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
 Incomplete/improperly authorized payment requisitions will be returned without processing

COOKIES BY GEORGE™

#8 EDMONTON CITY CENTRE EAST

EDMONTON, AB T5J 2Y7

PH: (780)426-5709 FAX: (780)423-0100

EMAIL: INFO@COOKIESBYGEORGE.COM

FAX TRANSMISSION

TO: Atta Lisa FROM: Jenn
 COMPANY: _____ DATE: May 31/05
 FAX NUMBER: _____ TOTAL NO. OF PAGES INCLUDING COVER: ①
 PHONE NUMBER: 407-7418 SENDER'S REFERENCE NUMBER: _____
 RE: Receipts Room order YOUR REFERENCE NUMBER: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

COOKIES BY GEORGE
 #8 EDMONTON CENTRE
 EDMONTON AB

Section 17(1),(4)(e.i)

COOKIES
 BY
 GEORGE
 EDMONTON CENTRE

CARD NUMBER [REDACTED]
 EXPIRY DATE [REDACTED]
 CARD TYPE VISA 8896
 DATE/TIME 2005/05/10 07:59:23
 RECEIPT NUMBER 10021449-156097
 PURCHASE _____
 TOTAL AMOUNT 31.45

05/10/05 6:04AM 02
 001449 #2139

FLOR 925.75
 DELIVERY 99.00
 M/C 634.95

01 APPROVED 027 05/10
 THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
 TO CARD ISSUER ACCORDING TO CARDHOLDER
 AGREEMENT.

Room order
 CARDHOLDER SIGNATURE

ES BY GEORGE INC.™

Deb's Expenses - May 31st/05

Date	Expense	Amount
14.97	✓ 26-May-05 Dinner with Gerry Latham	136.97
22.00	n ✓ 30-May-05 Cookies by George - Charlie Fleet and Team	39.45
n	n ✓ 13-May-05 Cookies by George - Peter Milne	34.45
w	✓ 9-May-05 Applegates - Charlotte van Gelder	64.20
w	✓ 15-Apr-05 Parking - Faculty Club - Nancy Reynolds	5.00
w	✓ 14-Apr-05 Parking - SCHF	2.50
w	✓ 2-May-05 Applegates - UNA Annual Meeting - Emery	64.20
n	✓ 7-May-05 UofA - Faculty of Nursing - Dean Gray	100.00
n	✓ 7-May-05 UofA - Faculty of Med & Dent - [REDACTED]	100.00
14.49	w ✓ 26-Apr-05 Dinner with Dr. Jindal	130.99
w	✓ 30-Jan-05 Staples - Office Supplies Section 17(1)	121.00
TOTAL		798.76

$$69600 = \begin{matrix} \underline{w} & \underline{n} \\ 114.97 & 22.00 \\ 114.49 & 16.50 \end{matrix}$$

$$69500 = \begin{matrix} \underline{w} & \underline{n} \\ 39.45 & 34.45 \\ 64.20 & \\ 64.20 & \\ & 100.00 \\ & 100.00 \end{matrix}$$

$$\begin{matrix} \underline{w} & \underline{n} \\ 62410 & 5.00 \\ & 2.50 \end{matrix}$$

$$\underline{41090000}$$

$$w = 121.00$$

Gordon, Debbie

From: Brian Holroyd [bholroyd@ualberta.ca]
Sent: Friday, May 06, 2005 9:55 PM
To: Brian Holroyd
Subject: Update re [redacted] service and trust

I am sending this email at [redacted] request to update everyone.

[redacted] and [redacted] family have decided to have [redacted] funeral service as a very small, private event this Saturday. They are requesting that no flowers or gifts be sent.

[redacted] has advised me that donations can be made in [redacted] memory through the Faculty of Medicine & Dentistry, payable to the University of Alberta (Fund Development & Alumni Affairs, 2J1.02 W.C. Mackenzie Centre, Edmonton, Alberta, T6G 2R7). Please ensure that donations are specifically marked as a contribution to the [redacted] Memorial Medical Scholarship.

s.17(1)

[redacted] expressed [redacted] appreciation for everyone's concern and support.

Thanks

Brian

DEBORAH BURKE

Section 17(1)

040

DATE May 7 2005
FACULTY OF MEDICINE & DENTISTRY
UNIVERSITY OF ALBERTA (FUND DEVT)
PAY TO THE ORDER OF ALUMNI AFFAIRS \$ 100.00

One hundred dollars — 100 DOLLARS

Security features included. Details on back.

ROYAL BANK OF CANADA
2008 SHERWOOD DRIVE BRANCH
SHERWOOD PARK, ALBERTA T8A 0Z1

MEMO FOR THE [redacted] MEMORIAL MEDICAL SCHOLARSHIP

[Handwritten Signature]

Section 17(1),(4)(e.i)

DEBORAH BURKE

042

Section 17(1)

DATE *July 7, 2005*

PAY TO THE ORDER OF

UofA - Faculty of Nursing

\$ *100.00*

One hundred dollars

100 DOLLARS

Security features included. Details on back.



ROYAL BANK OF CANADA
2008 SHERWOOD DRIVE BRANCH
SHERWOOD PARK, ALBERTA T8A 0Z1

MEMO

Sh.D Award - 6/6/05

[Signature]

Section 17(1),(4)(e.i)

Please join us for a celebration dinner in honour of Dean Genevieve Gray.

On Tuesday the 14th day of June 2005

University of Alberta

Faculty Club - Stewart Winspear Room

Located at 11435 Saskatchewan Drive

Edmonton, Alberta

Reception 1700h

Dinner 1800h

Further of gifts, donations gratefully accepted to establish a Sh.D Award for clinically-based research in Genevieve's name.

*Please RSVP by Monday, June 6th
via svp@ualberta.ca
or call 492-5804.*

Please advise us of any dietary requirements.

By invitation only.

APPLICANT COPY

PLEASE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

15/04/01:30 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

14/04/05 11:53 AM \$ 5.00

CREDIT CARD NUMBER

60183



University of Alberta RECEIPT



COOKIES BY GEORGE EDMONTON CENTRE

05/30/05 6:11AM

001449 #7032

MEDGERSE

REBDEL

U194

\$39.4

AMOUNT PAID

\$ 5.00 19740000 11:53 AM

CHARGES ARE FOR USE OF PARKING SPACE ONLY. THE AUTHORITY ENDORSEMENTS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS. NON TRANSFERABLE

APPLEGATE'S BASKETS
11838-168 ST. W. EDMONTON AB

ID#: 44685269
STORE: 4685269 2179

SALE 407-800? 25

SIGNATURE: Debra Gordon
Section 17(1),(4)(e.i)

VISA

SEC# 776001001004 AUTH# 053772 ISO00

APPROVED
DATE May 02 2005 TIME 1:49 PM

Debra Gordon

EXTEND TOWER
GST# 123845679 RT 0018
04-14-2005 THU #0
EVENING MAX 2.50
CASH 2.50
ITEM 1
IDL 3296 20:21TM

APPLEGATE'S GIFT BASKETS
(780) 413-8362
GST# 990010945

Trans #37781 HCR 1
Mon May 02 2005, 1:56pm SHEREE

1) GIFT BASKETS 50.00 GST
2) DELIVERY 10.00 GST
Sub Total 60.00 ST
GST 4.20 GST
TOTAL 64.20 TL

VISA 64.20 Tnd
Change 0.00
Item Count: 2

THANK YOU FOR COMING
PLEASE RETAIN RECEIPT FOR CREDIT
OR EXCHANGE -- NO REFUNDS
NO EXCHANGE ON FOOD ITEMS AFTER 7 DAYS

Section 17(1),(4)(e.i)

STAPLES Business Depot
Store # 119
350-390 Baseline Rd, Sherwood Pk.
Sherwood Park, AB, T8H1X1
780-417-7510
00094 9 006 03199
0119 01/30/05 04:03
Sale

1 MIGHTY SORTER 5.96g
1 4X4 NEON 6PK SSLND 12.91g
1 QUICK TAX STANDARD 34.99g
1 PENNIES WRAP 1.19g
1 QUARTERS WRAP 1.19g
1 DIMES WRAP 1.19g
1 COIN MASTER SORTER 1.19g
1 774394000051 15.50g
1 DOLLAR WRAP 1.19g
1 NICKELS COIN WRAP 1.19g
1 623122110367 1.19g
1 PHD ULTRA MECHANIC 9.84g
1 071641463950 9.34g
1 POSTIT 3X3 6PK LND 3.65g
1 021200691891 14.94g
1 MESH BUS CARD HOLD 119.08
1 030402222519 7.92
1 MESH DRAWER ORGANI 121.00
Subtotal 121.00
GST 7.00
Total 128.00

Debit 121.00
Debit 7.00
Debit 128.00
Authorization Number 0010019050 3199
01/30/05 16:00:12
APPROVED - THANK YOU

CULINA
9914 89TH AVENUE NORTH WE
EDMONTON AB

CULINA
A Restaurant By Brad Lazarenko
9914-89 Ave Edmonton 437 5588
SUNDAY IS ALWAYS FAMILY NIGHT
G.S.T. # R123456789

Linda
26/05/05
GST - R100179530 (7.00%)
Subtotal \$ 107.45
Total \$ 114.97

PACKRAT LOUIE Kitchen & Bar

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 0393
DATE/TIME 2005/04/26 20:48:44
CLERK NUMBER 3
RECEIPT NUMBER S47150263-001-117
AUTHORIZATION AMOUNT \$114.49
TIP 16.50
TOTAL AMOUNT 130.99
01 APPROVED-027 AUTH. # 087396
THANK YOU

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

BILL 1059
TABLE 6
1x WINE BOTTLE 48.00 48.00
1x CHEESE HOTPOT 10.00 10.00
1x CALAMARI 9.00 9.00
1x DINNER SALMON 22.00 22.00
1x BEEF SIRLOIN 18.00 18.00
SUBTOTAL 107.00
TAXABLE 107.00
G.S.T. 7.49

SUBTOTAL 114.49

CARDHOLDER COPY

COPIED BY [REDACTED]
43 BRIMONTON CENTRE
EDMONTON
Section 17(1), (4)(e.1)
CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 0669
DATE/TIME 2005/05/26 20:27:16
RECEIPT NUMBER S47150263-001-117
PURCHASE AMOUNT \$114.49
TOTAL AMOUNT \$130.99
01 APPROVED 027 AUTH. # 014982
THANK YOU
CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.
D. Gordon
CARDHOLDER SIGNATURE

PACKRAT LOUIE
10595 89 AVENUE
EDMONTON AB
CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 1993
DATE/TIME 2005/05/26 22:09:59
CLERK NUMBER 7
RECEIPT NUMBER S50136049-B14-075
AUTHORIZATION AMOUNT \$114.97
TIP 22.00
TOTAL AMOUNT 136.97
01 APPROVED 027 AUTH. # 080564
THANK YOU
CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.
Deborah Gordon
DEBORAH GORDON

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

Super Lisa Lasker

APPELEGATE'S GIFT BASKETS
11838-168 ST. N.W. EDMONTON AB

ID: 4685269
STORE: 4685269 SLIP #: 2283

SALE *407-0008* \$64.20

SIGNATURE X *phora*
Section 17(1),(4)(e.1)

VISA [REDACTED] H

SEC 783001001004 AUTH 884893 15000-001
APPROVED
DATE May 09 2005 TIME 2:55 PM

Debra Gordon

APPELEGATE'S
GIFT
BASKETS
(780) 413-6362
SLIP 890010945
Trans #28462 XCH 1
App. Day 09 2005, 2:50pm SHEREE

40 GIFT BASKETS	30.00	GST
BY DELIVERY	10.00	GST

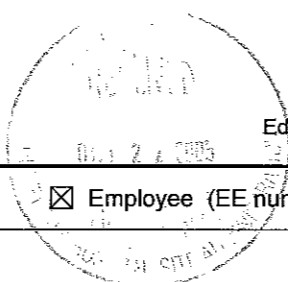
Sub Total	60.00	ST
GST	4.20	GST
TOTAL	64.20	TL

VISA	64.20	TRD
Change	0.00	
Star Count: 1		

THANK YOU FOR COMING
PLEASE RETURN RECEIPT FOR CREDIT
OR EXCHANGE -- NO REFUNDS
NO EXCHANGE ON FOOD ITEMS AFTER 7 DAYS



Payment Requisition



Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

APPLICANT COPY

I PAYEE INFORMATION (Check one only) Vendor Patient Employee (EE number [redacted] Section 17(1))

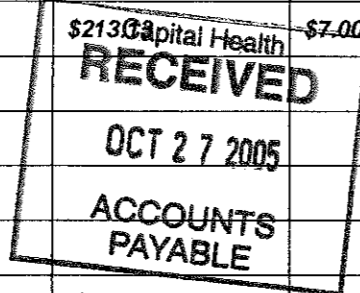
Invoice Date 10-Aug-05 (DD-MMM-YY)	Invoice Number
Vendor Number (or S.I.N.)	Payee Name DEB GORDON
Address	City SHERWOOD PARK
Province/State AB <i>Aug - Sep 23/05</i>	Postal Code
	Country CANADA

II PAYMENT DETAILS *Stationery / Civic Recognition / Eleanor Grant Dinner*

Reason for payment REIMBURSEMENT OF EXPENSES (DETAILS BELOW)	PO #
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input checked="" type="checkbox"/> No	
Are original attachments to be mailed with cheque? (Note 2) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	62410000	\$4.25	\$0.00	\$4.25 W
201	0001	71110101008	41090000	\$65.13	\$4.56	\$69.69 W
201	0001	71110101008	69500000	\$213.00	\$7.00	\$220.13 <i>170.13 50.00</i>
				TOTAL		\$282.51
					\$11.56	\$294.07



IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name) Deb Gordon, Chief Operating Officer, Uah And Stollery	Phone # 407-8009
(Signature) <i>[Signature]</i>	Date 19-Oct-05
Approved by (Print name) Michele Lahey, Senior Vice President, Health Services	Phone # 407-1671
(Signature) <i>[Signature]</i>	Date OCT 21 2005
Approved by (Print name)	Phone # -
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

- Notes:
- All employee payments will be made electronically based on payroll banking information.
 - All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
 - Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
 - Incomplete/improperly authorized payment requisitions will be returned without processing

DEBORAH BURKE

049 APPLICANT COPY

Section 17(1)

DATE Aug 17, 2005

PAY TO THE ORDER OF

CAPITAL HEALTH

\$ 50.00



ROYAL BANK OF CANADA
2008 SHERWOOD DRIVE BRANCH
SHERWOOD PARK, ALBERTA T8A 0Z1

Section 17(1)

MEMO

RETIREMENT DINNER

⑈0000005000⑈

Section 17(1),(4)(e.i)

STAPLES Business Depot
Store # 47
4122 Calgary Trail
Edmonton, AB T6J6Y6
780-433-4554

Sale 00092 2 004 04079
0047 09/11/05 01:48

\$3.43

9 INDX:PLAIN TAB 3PK 2.66 23.94G
064501110552
1 3X5 YLW LND 5PK 10.23G
021200707360
1 5 BLK HVY D BINDER 30.96G
067933799968
Subtotal 65.13
GST 7.00% 4.56
Total \$69.69

Debit Section 17(1),(4)(e.i) 69.69
Purchase
Debit Swiped Chequing
Authorization Number 003831
0010014270 4079 66060644
92 09/11/05 13:49:43
00/001 APPROVED - THANK YOU

CAROL'S QUALITY SWEETS LTD
12519 102 AVENUE
EDMONTON AB

Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD-TYPE VISA 1987
DATE/TIME 2005/09/23 12:40:5
RECEIPT NUMBER M47146919-695-002
PURCHASE
TOTAL AMOUNT \$107.00

YOUR RECEIPT
THANK YOU
CALL AGAIN

REG 2005 12:37
0003-00000
BASKETS 11 \$100.00
TAX-AMT 1 \$100.00
TAX 1 \$7.00
CASH \$107.00

01 APPROVED-027 AUTH. # 046886
THANK YOU

CARDHOLDER COPY

RECEIPT CARITAS HEALTH GROUP
NON TRANSFERABLE
CREDIT CARD NUMBER 425 16530000 10:05
AMOUNT PAID 425
DATE ISSUED 15/09/05 10:05 \$ 4.25
EXPIRATION DATE 15/09/05 11:41
DETACH RECEIPT FROM TICKET
LEAVE ON DASH - THIS SIDE UP



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON, [REDACTED]
STATEMENT FROM SEP 08 TO OCT 07, 2005

Section 17(1),(4)(e.i)

Great savings with RBC Visa cards

Save up to 30% when using your RBC Royal Bank Visa card on selected purchases at National Car and Truck Rental, Alamo, Cyclepath, Aqua and La Vie en Rose. For a list of discounts visit www.rbcroyalbank.com/cards/rbcwards/discount/savings.



1 OF 1

DATE ACTIVITY DESCRIPTION AMOUNT (\$)

Section 17(1),(4)(e.i)

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
SEP 09	DEBORAH A GORDON - [REDACTED]	
SEP 09	AIR CANADA 0142238432204WINNIPEG MB	\$160.50 (claimed)
SEP 16	BALLOONS BEARS & BOUQU EDMONTON AB	\$63.13 (phone order)
SEP 20	[REDACTED]	-\$3,584.57
SEP 23	CAROL'S QUALITY SWEETS LTEDMONTON AB	\$107.00 (receipt attached)

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
Duetto Dollars information 1-800-782-7282
Starbucks Web site www.starbucks.com/card

DUETTO DOLLARS EARNED*

DEBORAH A GORDON

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

Valuable tips to avoid risk

Do not lend out your card. Use caution when giving account numbers out to unknown vendors and to try and keep the card in your view during transactions. A PIN is never to be stored in the same location as your card. Never give out your credit card number or personal information over the phone unless you initiated the call.

PAYMENT INFORMATION

Minimum payment
Payment due date
Credit limit
Available credit
Annual interest rate

Non Responsive

CALCULATING YOUR BALANCE

Previous statement balance
Payments & credits
Purchases & debits
Cash advances
Fees
Interest

New balance

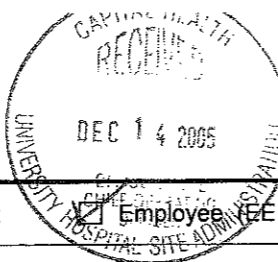


RB0150080.2813851.003.4436
HRI-00-1-1-D-2379-D

APPLICANT COPY



Payment Requisition



Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

APPLICANT COPY

I PAYEE INFORMATION (Check one only) Vendor Patient Employee PEE number [redacted]

Invoice Date 07-December-05 Invoice Number s.17(1), 17(4)(g)(i)

Vendor Number (or S.I.N.) [redacted] Payee Name Deb Gordon

Address [redacted] Section 17(1) City [redacted]

Province/State [redacted] Postal Code [redacted] Country [redacted]

II PAYMENT DETAILS

Reason for payment Reimbursement of Expenses PO # [redacted]

Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No

If this is a contract payment, what is the contract date? [redacted] Number [redacted]

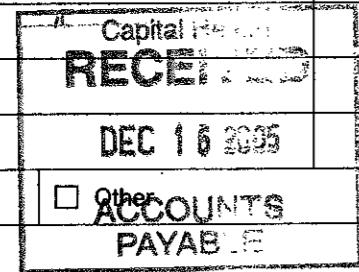
Have goods / services been received? Yes, When? [redacted] No

Are original attachments to be mailed with cheque? (Note 2) Yes No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
<u>201</u>	<u>0001</u>	<u>71110101008</u>	<u>62410000</u>	<u>7.00 (Parking)</u>		<u>7.00</u>
"	"	"	<u>41020000</u>	<u>209.83 (Paper Cards)</u>		<u>209.83</u>
"	"	"	<u>69500000</u>	<u>2500.00 (Snowflake Gala)</u>		<u>2500.00</u>
"	"	"	<u>69600000</u>	<u>582.36 (Berlin Heart)</u>		<u>582.36</u>
"	"	"	"	<u>465.14 (Christmas Function)</u>		<u>465.14</u>
				TOTAL	3764.33	3764.33

Canadian U.S. Other



IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name) Laura Lee Clarke, Executive Assistant Phone # 407-8009
(Signature) Laura Lee Clarke Date 1-Dec-05

Approved by (Print name) D. Gordon, COO, UAH+Stollery Phone # 407-8009
(Signature) [Signature] Date 07-Dec-05

Approved by (Print name) M. LAHEY, EXECUTIVE VP+ COO, HEALTH SERVICES Phone # 407-1671
(Signature) Michele Cuhey Date 12-Dec-05

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
 1) All employee payments will be made electronically based on payroll banking information.
 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
 3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
 4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

WIP, NOV 11

Deb Gordon
7, 8440-112 Street POSTAL CODE: T6G 2B3
PHONE (BUS.): 407-8009

APPLICANT COPY

PHONE (RES.): _____

SPECIAL REQUIREMENTS: HIGHCHAIR BOOSTER SEAT WHEELCHAIR

SPECIAL MEAL REQUIREMENTS:

VEGETARIAN _____

ALLERGIES _____

OTHER _____

	PRICE	SUBTOTAL (\$)
ADULTS	\$250.00 x 10	2500.00
TEENS (13-17)		
BOYS _____ GIRLS _____	\$100.00 x _____	
CHILDREN (12 AND UNDER)		
BOYS _____ GIRLS _____	\$ 50.00 x _____	2500.00
		TOTAL (\$)

NOTE: GST included in ticket price. Tables seat 10 people. Please list guest information on reverse.

PAYMENT DETAILS: (PLEASE CHECK ONE) **Section 17(1),(4)(e.i)**

CHEQUE MASTERCARD VISA

CREDIT CARD NO. _____

EXPIRY DATE _____ NAME ON CREDIT CARD Deb Gordon

SIGNATURE _____

NOTE: payment must be received to reserve tickets

Unfortunately we are unable to attend, however would like to support the important work of the Stollery Children's Hospital Foundation. Enclosed is our donation of \$ _____

PLEASE MAIL TICKETS TO (IF DIFFERENT FROM ABOVE):

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE (RES.): _____ PHONE (BUS.): _____

Thank you for supporting the Stollery Children's Hospital Foundation.



Please reserve table adjacent to Michele Lahey
Thank you.

Dec 12/05

Void
 30.79 ea Mult 3 / 86.37
 3000 LIGHT 007691 30.79-6

VOID
 2.40 DEP.
 37.56 ea Mult 4 / 37.56
 3756 BEER 37.56-6
 2.40 ea Unit Price
 2.40 DEP 2.40
 30.01 30.01
 465.14

VOID
 2.40 DEP.
 37.56 ea Mult 4 / 37.56
 3756 BEER 37.56-6
 2.40 ea Unit Price
 2.40 DEP 2.40
 30.01 30.01
 465.14

VOID
 2.40 DEP.
 37.56 ea Mult 4 / 37.56
 3756 BEER 37.56-6
 2.40 ea Unit Price
 2.40 DEP 2.40
 30.01 30.01
 465.14

30370 IGY SQUARES 9.89 6
 823579 CPN/SQUARES 2.00-
 66 21 0 1

28 8 82

501902 BASKET WHP 6.49 6
 12902 CURTIE 4.79 6
 775309 OLAY EY 39.99 6
 105134 ZIP SAN 4X 11.79 6
 252769 KS CASHMS 12.99 6
 11743 MAG CHA EL 3.59 6
 803299 T.H. PANI 28.99 6
 816499 BK:RROKE 6.69 6
 602019 SUEDED S TRI 24.99 6

MEMBER
 Section 17(1)
 T6N-1N2
 Edmonton, AB
 2616 91st Street NW
 WAREHOUSE #258

COSTCO WHOLESALE



APPLICANT COPY

IMPARK

10:58 AM MON
 AVE 29 05

TICKET VOID IF RE-SOLD

MICHAELS STORE #3908 (780)430-1299

DEBIT CARD TRANSACTION RECORD

MICHAELS OF CANADA
1930 99TH ST NW
EDMONTON, AB M3908003

1930 99TH ST. NW
EDMONTON, AB T6N 1J2

FOR MORE IDEAS, INFORMATION, AND
INSPIRATION CLICK ON WWW.MICHAELS.COM

PURCHASE CHEQUING
DATE: 05/10/29 TIME: 09:54:50
SER: 719001001009 AUTHOR.: 008675
AMOUNT \$7.99
00/001 APPROVED

159 SALE 0366 3908 040

PPR 8.5X11 ALBST / 018852600668
1 @ 1 for 7.49 NDS 7.49
PPR 8.5X11 ALBST / 018852600668
1 @ 1 for 7.49 NDS 7.49
PPR 8.5X11 ALBST / 018852600668
1 @ 1 for 7.49 NDS 7.49
PPR 8.5X11 ALBST / 018852600668
1 @ 1 for 7.49 NDS 7.49
SUBTOTAL 29.96
GST 7% #R135299063 2.10
PST 0% .00
TOTAL 32.06

AUTHOR: 007013 Section 17(1),(4)(e.i)
ACCOUNT NUMBER [REDACTED]
VISA CARD 32.06
SEE BACK OF RECEIPT FOR REFUND POLICY.

JOIN US FOR MICHAELS 5 HOUR YARN EVENT
SUNDAY, NOV. 13 NOON TO 5PM
EXCITING DEMOS, PRIZES, AND ACTIVITIES

THANK YOU FOR SHOPPING AT MICHAELS
10/29/05 9:40

AUTHOR: 008675
ACCOUNT NUMBER [REDACTED]
DEBIT 7.99
SEE BACK OF RECEIPT FOR REFUND POLICY
JOIN US FOR MICHAELS 5 HOUR YARN EVENT
SUNDAY, NOV. 13 NOON TO 5PM
EXCITING DEMOS, PRIZES, AND ACTIVITIES
THANK YOU FOR SHOPPING AT MICHAELS
10/29/05 9:55

TRIM 1/8 RED BRA / 610120750831
1 @ 1 for 2.49 NDS 2.49
RBN 1/8" NHR RD LU / 096207308469
1 @ 1 for 2.49 NDS 2.49
TRIM 9" RED/WHI / 016318212868
1 @ 1 for 2.49 NDS 2.49
SUBTOTAL 7.47
GST 7% #R135299063 .52
PST 0% .00
TOTAL 7.99

105 SALE 7589 3908 00:
MICHAELS STORE #3908 (780)430-1299
1930 99TH ST. NW
EDMONTON, AB T6N 1J2
FOR MORE IDEAS, INFORMATION, AND
INSPIRATION CLICK ON WWW.MICHAELS.COM

If you're not satisfied with your purchase,
return it in its original condition with a sales
receipt within 60 days of purchase. Returns
after 60 days of purchase will be issued a
merchandise credit. For returns with a check,
there is a 10-day waiting period. Without a

THANK YOU FOR SHOPPING AT MICHAELS
10/26/05 21:00
JOIN US FOR MICHAELS 5 HOUR YARN EVENT
SUNDAY, NOV. 13 NOON TO 5PM
EXCITING DEMOS, PRIZES, AND ACTIVITIES
SEE BACK OF RECEIPT FOR REFUND POLICY
VISA CARD 59.07
ACCOUNT NUMBER [REDACTED]
AUTHOR: 007814
Section 17(1),(4)(e.i) 35.03

SUBTOTAL 55.21
GST 7% #R135299063 3.86
PST 0% .00
TOTAL 59.07

PPR 8.5 X11 CLMNS / 018852600729
1 @ 1 for 7.49 NDS 7.49
PPR 8.5 X11 CLMNS / 018852600729
1 @ 1 for 7.49 NDS 7.49
PPR 8.5 X11 CLMNS / 018852600729
1 @ 1 for 7.49 NDS 7.49
PPR 8.5 X11 CLMNS / 018852600729
1 @ 1 for 7.49 NDS 7.49

PPR 8.5X11 RUBY / 018852207126
1 @ 1 for 0.89 NDS .89
PPR 8.5X11 RUBY / 018852207126
1 @ 1 for 0.89 NDS .89
PPR 8.5X11 RUBY / 018852207126
1 @ 1 for 0.89 NDS .89
PPR 8.5X11 RUBY / 018852207126
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PPR 8.5X11 RUBY / 018852207126
1 @ 1 for 0.89 NDS .89
PPR 8.5X11 RUBY / 018852207126
1 @ 1 for 0.89 NDS .89
PPR 8.5X11 RUBY / 018852207126
1 @ 1 for 0.89 NDS .89

MURRIETA'S EDMONTON
 10612 82nd Ave.
 Tel: 780-438-4100
 Check: 13382

Server: Marleke D. Date: 11/2005
 Table: 31 Time: 4:23

Section 17(1),(4)(e.i)

VISA

GORDON/DEBORAH
 AUTH 093759
 MERCHANT# 9999

UNI INE

SUBTOTAL \$ 515.36

TIP \$ 67.00

TOTAL \$ 582.36

*** CUSTOMER COPY ***

GST#8573756R10001

Happy holidays from the Staff of
 Murrieta's Bar & Grill.

MURRIETA'S EDMONTON
 10612 82nd Ave.
 Tel: 780-438-4100
 Check #: 13382

Duplicate

Server: Marleke D. Date: 12/01/2005
 Table: 31 Time: 21:21
 Client: 8

2	20oz Stella	14.02
2	gls Mt. Kiley PN	18.98
2	gls Calona PinotGris	13.48
1	Bombay Sapphire	4.67
1	Soft Drinks	2.57
1	Trigly scallops	23.77
2	Crab Cake	22.16
1	Angel Hair	19.82
1	Tomato Salad	9.97
1	Bouillabasse	24.01
1	Beef Coffee	2.54
1	Jumbo Prawns	11.01
2	12oz Ribeye	53.80
1	Sm Pellegrino	2.94
1	Capuccino	3.47
1	Spinach Salad	6.23
1	Bowl of Soup	5.23
2	6oz Tenderloin	59.80
1	Tuna Tacos	13.23
1	Romaine Leaves	7.21
1	Seared Duck	26.63
1	Decaf Latte	3.47
1	Salmon	21.42
1	Calona PinotGris	26.96
1	FreiRanch Zinfandel	69.13
2	Tea	5.14
1	Lg Pellegrino	7

SUB-TOTAL: 481.64
 GST: 33.72

Il Portico Restaurant

Invoice

Date: Dec 21 05

For: <u>Donna</u>	
Food & Beverages:	\$ <u>676.00</u>
G.S.T.:	\$ <u>47.32</u>
Room Charge:	\$ <u>00.00</u>
15% gratuity:	\$ <u>108.45</u>
Screen Rental:	\$ <u> </u>
 Grand Total	 \$ <u>891.77</u>

G.S.T. # R128503554

Thank you for choosing il Portico for your special event. We look forward to seeing you again in the future.

APPLEGATE'S
GIFT
BASKETS
(780) 413-6362
GST# 890010945

Trans #39966 MCH 1
Mon Dec 19 2005, 7:37pm SUSAN

D) GIFT BASKETS	35.00	GST
D) FOOD GST	15.00	GST
D) MATERIALS	7.50	GST
D) DELIVERY	5.00	GST
D) DELIVERY	10.00	GST

Sub Total	72.50	ST
G S T	5.08	GST
TOTAL	77.58	TL

VISA	77.58	Tnd
Change	0.00	
Item Count:	5	

THANK YOU FOR COMING
PLEASE RETAIN RECEIPT FOR CREDIT
OR EXCHANGE -- NO REFUNDS
NO EXCHANGE ON FOOD ITEMS AFTER 7 DAYS

LEADER WILL PAY TOTAL AMOUNT SHOWN
ON ISSUER ACCORDING TO CARDHOLDER
CENT.
CARDHOLDER SIGNATURE

01 APPROVED-027 AUTH. # 060602
THANK YOU

TOTAL AMOUNT

TIP

AMOUNT \$891.77

RECEIPT NUMBER 547131088-764-048

DATE/TIME 2005/12/21 17:05:06

CARD TYPE VISA 5304

EXPIRY DATE

CARD NUMBER

IL PORTICO RESTAURANT
10012 107 ST
EDMONTON AB

Section 17(1),(4)(e.i)

2 MEET RM

TBL 75/1 QTY 403 GST

2 OPEN RED WINE	104.00
4 PINOT GRIS BLUE	212.00
12 *OPEN FOOD	350.00
SUBTOTAL	676.00
G.S.T.	47.32
TOTAL DUE	723.32

PLEASE PAY SERVE

gradually 108.45
from cheap. WD.00
891.77
Thank - you.

407-8-20-11
APPLEGATE'S GIFT BASKETS
11838-166 ST. H.W. EDMONTON AB
ID: A4685269
STORE: 4685269 SLIP #: 2808
SALE \$ 77.58
SIGNATURE X *[Signature]*
VISA [REDACTED]
SEC 888001001043 AUTH 061221 15300-001
APPROVED
DATE Dec 19 2005 TIME 7:35 PM
Deb Gordon

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

18/01 09:29 AM

AMOUNT PAID

\$ 5.00 151200000007:29 AM

UNIVERSITY OF ALBERTA

HSALG Operations
DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

18/01 07:29 AM \$ 5.00

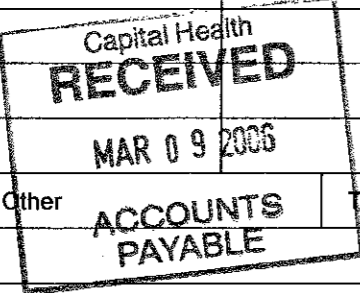
CREDIT CARD NUMBER

UNIVERSITY OF ALBERTA

APPLICANT COPY



Payment Requisition

I PAYEE INFORMATION (Check one only) <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <input type="checkbox"/> Employee (EE number [redacted])						
Invoice Date 28-Feb-06 (DD-MMM-YY)		Invoice Number s.17(1), 17(4)(g)(i)				
Vendor Number (or S.I.N.)		Payee Name Deb Gordon				
Address [redacted] Section 17(1)				City [redacted]		
Province/State [redacted]		Postal Code [redacted]		Country [redacted]		
II PAYMENT DETAILS						
Reason for payment Reimbursement of January 2006 Expenses				PO #		
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No						
If this is a contract payment, what is the contract date?				Number		
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input type="checkbox"/> No						
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	62410000	\$40.13	\$0.00	\$40.13
201	0001	71110101008	69500000	65.00	4.55	69.55
201	0001	71110101008	41090000	43.34	0.00	43.34
201	0001	71110101008	69600000	93.85	6.57	100.42
						
<input checked="" type="checkbox"/> Canadian		<input type="checkbox"/> U.S.		<input type="checkbox"/> Other		
ACCOUNTS PAYABLE			TOTAL	\$242.32	\$11.12	\$253.44
IV AUTHORIZATION						
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.						
Requisitioned by (Print name) Laura Lee Clarke, Executive Assistant				Phone # 407-8009		
(Signature) <i>Laura Lee Clarke</i>				Date 28-Feb-06		
Approved by (Print name) Deb Gordon, VP And COO, University Of AB Hospital And Stollery Children's Hospit				Phone # 407-8009		
(Signature) <i>Deb Gordon</i>				Date 28-Feb-06		
Approved by (Print name) Michele Lahey, Executive VP And COO, Health Services				Phone # 407-1671		
(Signature) <i>Michele Lahey</i>				Date MAR 02 2006		
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. 4) Incomplete/improperly authorized payment requisitions will be returned without processing						



VISA Platinum Avion

DEBORAH GORDON [REDACTED]

STATEMENT FROM DEC 23, 2005 TO JAN 20, 2006

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	DEBORAH GORDON - [REDACTED] Non Responsive	[REDACTED]
JAN 04	MONTBLANC ONLINE REFIL 800-995-4810 PA Foreign Currency-USD 36.38 Exchange rate-1.191313	[REDACTED]
JAN 20	[REDACTED]	[REDACTED]

RBC Registered® Rewards

Use your RBC Rewards points to help build your future. Redeem your points for RBC Registered Rewards vouchers and then deposit them into a RBC RRSP and/or an RBC RESP. Visit www.rbc rewards.com to redeem today.

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2512
Direct Outside North America	(416) 974-7780
RBC Rewards Travel Redemption	1-877-636-2870
Merchandise Redemption	1-800-769-2512
Web site	www.rbc rewards.com

RBC REWARDS POINTS

Previous Points balance	[REDACTED]
Points earned this statement	[REDACTED]
New points balance	[REDACTED]

PAYMENT INFORMATION

Minimum payment	[REDACTED]
Payment due date	[REDACTED]
Credit limit	[REDACTED]
Available credit	Non Responsive
Past due amount	[REDACTED]
Annual interest rate	[REDACTED]

CALCULATING YOUR BALANCE

Previous statement balance	[REDACTED]
Payments & credits	[REDACTED]
Purchases & debits	[REDACTED]
Cash advances	[REDACTED]
Fees	[REDACTED]
Interest	[REDACTED]

New balance

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

PLEASE NOTE:

As of this statement you have missed either 3 payments in the last 12 months or 2 consecutive payments. Under the terms of the RBC Visa Cardholder Agreement your Annual Interest Rate is to be increased by 5%. However, taking into consideration your account and credit history we have waived that increase in this instance but may not the next time a payment is missed. Please ensure to make your payments by the Payment Due Date as shown on your statement to avoid a rate increase in the future. For information on convenient payment options provided by RBC Royal Bank please call 1-800-ROYAL*1-2.

Win a trip for two!

Spend \$500 or more on purchases using a Visa card, issued by RBC Royal Bank, before Feb. 28/06 and be automatically entered to win an ultimate trip for 2 to the Beijing 2008 Olympic Games. For full contest details visit www.rbc.com/wintergames.



HRI - 00 - 1 - 1 - 1 - T - 7 - D

gift basket
for Joana P.



COMMERCE PLACE
201 - 10150 Jasper Ave
(Tel. 426-3791)

#002-006 01/18/2006 07:38:11 Peter
Inv#:00041581 Trs#:041729
***** DUPLICATE *****

Catering Food Sales \$85.00 GST

Net Sales \$85.00
GST [\$85.00] \$4.55
TOTAL SALES \$89.55

SUB TOTAL \$89.55
Visa \$89.55
[redacted] Section 17(1),(4)(e.i)

Item count 1
Points in this sale 70
New point balance 70

Term. Id: SQF002C8 Section 17(1),(4)(e.i)
Card type: Visa
Card: [redacted] Exp: *** M
Transaction Type: PURCHASE

Amount: \$ 69.55

Auth No: 083576 2006-01-18 07:36
Sequence: 051001001004

Code: 00-001
Result: APPROVED 083576

Thank you for shopping at Sunterra
Visit us online at: www.sunterramarket.com
GST# R892593856

UP ON DASH DISPLAY FACE UP ON DASH

Edmonton Parking
 Lot 0002-0004
 Exp 05:06pm
 FEB 12, 2006
 TICKET# 10073818 LOT# 0002-0004
 Park 3 hours \$9.00

Section 17(1),(4)(e.i)

01/24/06 5:17PM
 000H6780 B
 SHIFT B
 #0000000000853106
 VALET T4 \$12.00
 PARKING T4 \$13.59
 MOSE ST \$25.59
 G.S.T. \$1.79
 ***TOTAL \$27.38
 CASH \$26.00
 CHANGE \$0.62

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

DATE ISSUED TIME ISSUED AMOUNT PAID
 21/02/06 08:55 AM \$ 3.75

EXPIRATION DATE AMOUNT PAID
 21/02/06 08:55 AM \$ 3.75

CREDIT CARD NUMBER

AMOUNT PAID

APPLICANT COPY

UNIVERSITY OF ALBERTA

UNIVERSITY OF ALBERTA

NON TRANSFERABLE

GST #857375/BR10001
 Happy Holidays from the Staff of
 Murrieta's Bar & Grill!

TOTAL: 100.42

SUB-TOTAL: 93.85
 GST: 6.57

- 1 gls Y. Merlot 8.66
- 1 Crab Cake 11.53
- 1 Arctic Char 24.97
- 1 Westcoast Caesar 6.12
- maine leaves 7.73
- rack of lamb 37.18
- Soft Drinks 2.00

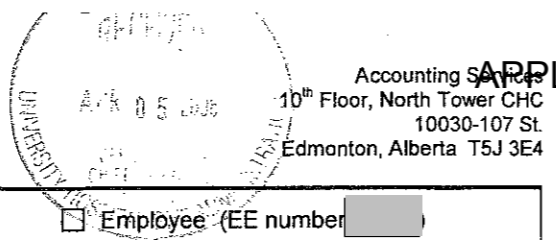
Server: Derrina Date: 01/25/2006
 Table: 61 Lines: 20:41
 Client: 2

MURRIETA'S EDMONTON
 10612 82nd Ave.
 Tel: 780-438-4100
 Check #: 18721

External Revenue
 Surgery



Payment Requisition



Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

APPLICANT COPY

I PAYEE INFORMATION (Check one only) <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Employee (EE number [redacted])						
Invoice Date 27-Mar-06 (DD-MMM-YY)		Invoice Number s.17(1), 17(4)(g)(i)				
Vendor Number (or S.I.N.)		Payee Name Deb Gordon				
Address [redacted] Section 17(1)			City [redacted]			
Province/State [redacted]		Postal Code [redacted]		Country [redacted]		
II PAYMENT DETAILS						
Reason for payment Reimbursement of February 2006 Expenses					PO #	
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No						
If this is a contract payment, what is the contract date?					Number	
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input type="checkbox"/> No						
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	69600000	\$160.73	\$0.00	160.73
				132.73w		
				28.00 w		
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Capital Health RECEIVED APR 10 2006 ACCOUNTS PAYABLE</p> </div>						
<input checked="" type="checkbox"/> Canadian		<input type="checkbox"/> U.S.		<input type="checkbox"/> Other		
			TOTAL	\$160.73		\$160.73
IV AUTHORIZATION						
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.						
Requisitioned by (Print name) Laura Lee Clarke, Executive Assistant				Phone # 407-8009		
(Signature) <i>Laura Lee Clarke</i>				Date 28-Mar-06		
Approved by (Print name) Deb Gordon, VP And COO, UAH And Stollery Children's Hospitals				Phone # 407-8009		
(Signature) <i>Deb Gordon</i>				Date 28-Mar-06		
Approved by (Print name) Michele Lahey, Executive VP And COO, Health Services				Phone # 407-1671		
(Signature) <i>Michele Lahey</i>				Date Apr 5/06		
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. 4) Incomplete/improperly authorized payment requisitions will be returned without processing						

8

PACKRAT LOUIE KITCHEN & BAR
10335 83RD AVENUE UNIT 10
LEMONON AB

Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
CARD TYPE VISA
DATE TIME 04/17/25 14:14
RECEIPT NUMBER 00000000000000000000
PREVIOUS AMOUNT \$10.00

TIP

22.00

TOTAL

160.73

Best Copy Possible

PACKRAT LOUIE KITCHEN & BAR
10335 83RD AVENUE UNIT 10
LEMONON AB



Payment Requisition

I PAYEE INFORMATION (Check one only) Vendor Patient Employee (EE number [redacted])

Invoice Date **2-Jun-06** (DD-MMM-YY) Invoice Number s.17(1), 17(4)(g)(i)

Vendor Number (or S.I.N.) Payee Name **Deb Gordon**

Address [redacted] **Section 17(1)** City [redacted]

Province/State [redacted] Postal Code [redacted] Country [redacted]

II PAYMENT DETAILS

Reason for payment **Reimbursement of April/May 2006 Expenses** PQ #

Is this a contract payment? Yes (Attach copy of contract if not previously forwarded) No

If this is a contract payment, what is the contract date? **JUN 08 2006** Number

Have goods / services been received? Yes, When? No

Are original attachments to be mailed with cheque? (Note 2) Yes No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	62410000	\$69.16 (Parking)		\$69.16 ✓
201	0001	71110101008	61030000	650.00 (CCHSE Registration)		650.00 ✓
201	0001	71110101008	69500000	400.00 (Advanced Ed. Tickets)		400.00 ✓
201	0001	71110101008	67500000	695.00 (Staff Appreciation Wear Your Bear)		695.00 ✓
201	0001	71110101008	69500000	80.25 (Gift Basket UHF)		80.25 ✓
201	0001	71110101008	66020000	398.00 (CCHSE Membership)		398.00 ✓
201	0001	71110101008	69500000	42.69 (Gift Basket SHF Bld Member)		42.69 ✓
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other				TOTAL	\$2,335.10	\$2,335.10

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by (Print name) **Laura Lee Clarke, Executive Assistant** Phone # **407-8009**

(Signature) *Laura Lee Clarke* Date **3-Jun-06**

Approved by (Print name) **Deb Gordon, VP And COO, UAH And Stollery Children's Hospitals** Phone # **407-8009**

(Signature) *Deb Gordon* Date **05-June-06**

Approved by (Print name) **Michele Lahey, Executive VP And COO, Health Services** Phone # **407-1671**

(Signature) *Michele Lahey* Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:

- 1) All employee payments will be made electronically based on payroll banking information.
- 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
- 4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

EDMONTON AIRPORTS
GST # R12859776
VALET PARKING
THANK YOU
HAVE A NICE DAY

REPORT AUTH
L..AIRP
AB

02/25/06 12:16AM
000#9549 A
SHIFT #
UING 9285
/02/24 23:33:12
#2267-128-012

VALET 14\$14.00,78
PARKING 14\$23.18
MOSE ST \$37.18
G.S.T. \$2.60 H. # 006955

CARD CH. #32 - 78 } COPY

*trip to Ottawa
(original receipt sent to
National Child + Youth
Coalition)*





Section 17(1),(4)(e.i)

Section 17(1),(4)(e.i)

aircanada.com check-in

Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

ELECTRONIC TICKET		AIR CANADA 	
Class Classe HOSPITALITY/E TANGO PLUS			
Flight & Date Vol et date	Gate Porte	Seat Place	
AC 8169 24APR	49	ET 06C	
Where not prohibited by law Sauf où la loi l'interdit  			
Boarding time Heure d'embarquement	07:25		
From De	To Destination		
EDMONTON-YEG	CALGARY Section 17(1)		
Name Nom	Check-in Enregistrement	Airline use À usage interne	
GORDON AP	AIRCANADA.COM	0001	
Boarding Pass Carte d'accès à bord			Remarks Observations AC*A

Important

Please have the following items ready for presentation. Without the documents you may not be allowed to board your flight:

- photo identification
- printed boarding pass

E-ticket customers must be aware of the conditions of contract. Copies are available at the Air Canada counter.

Please also remember:

- You must be present at your departure gate at least 35 minutes prior to departure as indicated on your boarding pass
- Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed
- We recommend that you allow extra time for airport processing such as security clearance
- When you have baggage to check-in, please proceed to the **Baggage Drop-off** position or the Air Canada check-in counter. Please allow 1 hour for baggage acceptance on flights within Canada and at least 90 minutes for all other flights.
- If the print quality of boarding pass is poor, or should you lose your printed boarding pass, you may re-print the boarding pass at a *Self-service check-in* kiosk (where available).
- In the event you are unable to travel, please call Air Canada at 1 888 247-2262 to rebook the flight, **after flight departure time**. Regular change fees will apply. Failure to call Air Canada may result in your ticket being forfeited.

EDMONTON REGIONAL AIRPORT AUTH
MAIN STATION INT'L AIRP
EDMONTON AB

CARD NUMBER [REDACTED]
ACCOUNT TYPE CHEQUING 1220
DATE/TIME 2006/04/24 15:14:23
RECEIPT NUMBER 580582267-245-003
PURCHASE -----
TOTAL AMOUNT \$27.38

Section 17(1),(4)(e.i)

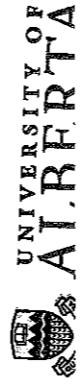
00 APPROVED 001 AUTH. # 002895
THANK YOU

CARDHOLDER COPY

DETACH RECEIPT FROM TICKET

DATE ISSUED 07/06 PM 2:00
TIME ISSUED 07/06 PM 2:00
AMOUNT PAID \$ 2.00

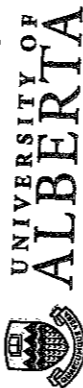
CREDIT CARD NUMBER



DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 03/05 11:59 PM
EXPIRATION TIME 03/05 11:59 PM
AMOUNT PAID \$ 2.00

CREDIT CARD NUMBER 4000000000000000



APPLICANT COPY

ELECTRONIC AIR CANADA
Class / Classe **TICKET**
AC JAZZ HOSPITALITY / HOSPITALITE

Flight & Date / Vol et date **AC 8146 24APR** Gate / Porte **A16** Seat / Place **ET 10C**
Boarding time **13:55** Frequent flyer / Voyageur assidu **AC [REDACTED]**
From / De **CALGARY** To / Destination **EDMONTON-YEG**
Name / Nom **GORDON AP** Airline use / A usage interne **0010 KYYC431**



Boarding Pass | Carte d'accès à bord

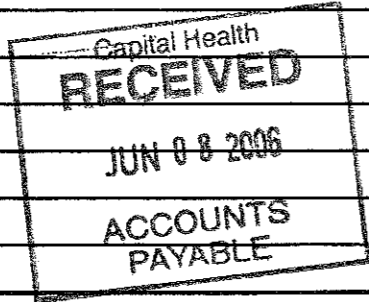


Travel Approval Form / Request for Advance

APPLICANT COPY

A. TRAVEL PARTICULARS Complete this section and forward to your Travel Coordinator		
Name: Deb Gordon	Signature: <i>[Signature]</i>	Employee #: [Redacted] Section 17(1)
Department: Site Administration	Office Location: UAH	Business Phone #: -4078009
Program:	Oracle Cost Centre: 201 001 71110101008	
Destination: Calgary		
Dates: From (day/month) 24/April (year) 2006 to (day/month) 23/April (year)		
Purpose of Trip: AB Provincial Stroke Strategy Meeting		
Travel Coordinator's Name: Laura Lee Clarke		Business Phone #: -4078009
APPROVALS:		
Supervisor (please print):		Title:
Signature: <i>[Signature]</i>	Date: MAY 1/2006	
Vice President/Chief Operating Officer Signature: <i>[Signature]</i> (for Out of Province Travel) Executive VP and COO, Health Services		Date: 26-Apr-06

B. ESTIMATE OF EXPENSES (Canadian Dollars) Complete this section if your Supervisor needs to know total costs before approving travel		
1. Accommodation Charge	# Nights at	
2. Meals		\$0.00
3. Registration		
4. Airfare or Other Travel Costs		\$280.00
5. Other Expenses (please specify)		
Parking		\$30.00
Total Estimated Travel Costs		\$310.00



C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Requested:	Date Required:

D. TICKET/TRAVEL INFORMATION TO BE COMPLETED BY TRAVEL COORDINATOR		
Date:	Invoice Number:	Amount:
Date Information Sent to Traveler:		
Date information Received from Traveler:	Date Notified Travel Agent:	

- > Travel coordinators shall work with the Capital Health approved Travel Agency.
- > The travel coordinators will forward this form with required approvals to the Travel Agency at the time of booking by faxing it to:
 - Attention: Marlin Thomas Cook Travel – Capital Health Corporate Account
 - Fax: (780) 426-5759
- > If an advance is being requested the original Travel Approval Form should also be forwarded to:
 - Accounts Payable
Capital Health Centre
North Tower – 10th Floor, 10030-107 Street
Edmonton, AB T5J 3E4
- > All out of Province travel requires VP/COO approval as depicted in SECTION A.



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON

Section 17(1),(4)(e.i)

STATEMENT FROM APR 08 TO MAY 05, 2006

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$722.58
	DEBORAH A GORDON	
APR 07	CDN COLLEGE OF HEALTH OTTAWA ON	\$398.00
APR 10	CDN COLLEGE OF HEALTH OTTAWA ON	-\$398.00
APR 18	CDN COLLEGE OF HEALTH OTTAWA ON (TO BE DELETED)	\$20.00
APR 27	CDN. HEALTHCARE ASSOC. OTTAWA ON	\$650.00
MAY 01	U OF A DEPT, ADVANCEMENT SEDMONTON AB	\$400.00
MAY 03	STOLLERY CHILDREN'S HOSP EDMONTON AB	\$695.00
MAY 03	APPLGATE'S GIFT BASKE EDMONTON AB	\$80.25
MAY 05	PURCHASE INTEREST	\$22.51
	TOTAL NEW BALANCE	

Your payment for last month was not received. Your payment has been sent, we thank you and ask for your prompt payment.

PLEASE NOTE:

As of this statement you have missed either 3 months or 2 consecutive payments. Under the Cardholder Agreement your Annual Interest Rate will increase to 19.99%. However, taking into consideration your account history, we have waived that increase in this instance but if your payment is missed. Please ensure to make your payment by the Due Date as shown on your statement to avoid further increases. For information on convenient payment options, please call 1-800-ROYAL*1-2.

*- CCWSE Registration
- Rich Man Beer Man Tickets (100x4 tickets)
- Wear Your Bear + shirts (Ops Committee)
- Fruit basket (Hyma + Jack)*

Akeelah and the Bee APPLICANT COPY

Change the world, one word at a time. Starbucks is proud to support "Akeelah and the Bee", a heart-warming film about courage and inspiration, in theatres April 28. To learn more, visit your neighbourhood Starbucks or go online at www.starbucks.com/akeelah.

IMPORTANT INFORMATION Section 17(1),(4)(e.i) DUETTO DOLLARS EARNED*

* Represents dollars earned for this statement balance visit www.starbucks.com/card

CONTACT US Customer Service / Lost & Stolen Collect Outside North America Duetto Dollars information Starbucks Web site www.starbucks.com

PAYMENT INFORMATION

Minimum Payment

Non Responsive

YOUR BALANCE

Current Balance
Credits
Debits

MINIMUM PAYMENT



HRI-00-1-1-U-47-D

2006 NHLHC
2006 National Healthcare Leadership Conference

May 9, 2006

GORDON, Ms. Deb
 VP and COO
 University of Alberta Hospital
 1F1.16, 8440-112 Street
 Edmonton AB T6G 2B7

Dear Ms. Gordon,

Thank you for registering for the 2006 National Healthcare Leadership Conference. We have received and processed your registration. The details are as follows:

PIN: 400

Registration Details	Amount Due	Amount Paid	Amount Owing
Early Registration (\$650)	\$650.00		
Total	\$650.00	\$650.00	\$0.00

We look forward to seeing you in Victoria.

Sincerely,

National Healthcare Leadership Conference Secretariat

APPLEGATE'S

GIFT

BASKETS

(760) 413-6362

557# 890010945

7787# 441201

445 May 03 2006, 10:20am

SUSAN

1) GIFT BASKETS 65.00 GST

2) DELIVERY 10.00 GST

Sub Total 75.00 GST

0.00 GST

TOTAL 80.25 TL

VISA

Change 80.25 Tnd

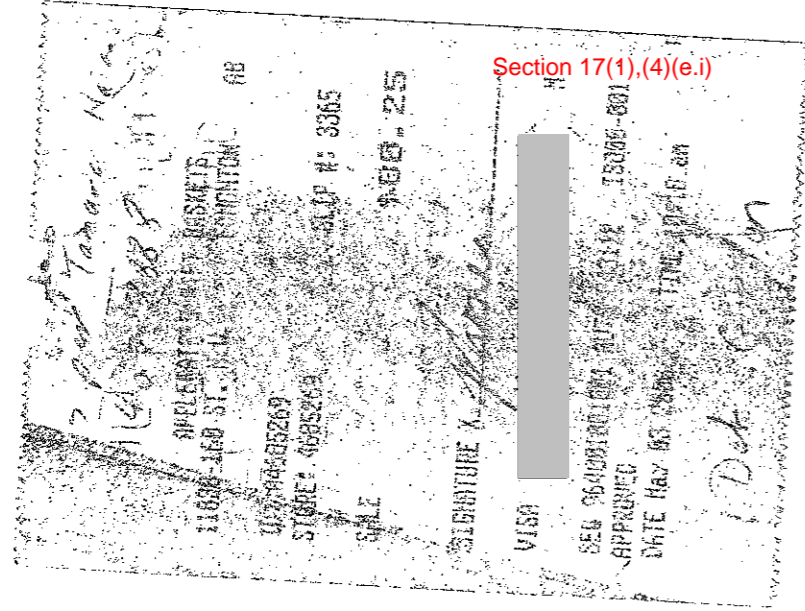
Item Count: 2 0.00

THANK YOU FOR COMING

PLEASE RETAIN RECEIPT FOR CREDIT

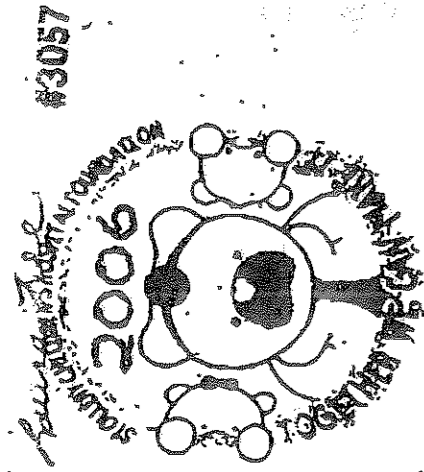
OR EXCHANGE -- NO REFUNDS

NO EXCHANGE ON FOOD ITEMS AFTER 7 DAYS



APPLICANT COPY

STOLLERY CHILDREN'S HOSPITAL



Attention: Autism #3057

Date: May 03/06
 Name: MJ de Guzman
 Title: Wear Your Bear Coordinator
 Location: Edmonton
 City, Province: Edmonton, Alberta
 Email: mj.deguzman@stolleryhosp.ca

Company Name: Stollery Children's Hospital
 Address: 1F-8440 112 street
 Phone: 780-407-2798 Fax: 780-407-7418
 Postal Code: T6G 2B7

PRODUCT	COLOUR	SIZE (FILL IN QUANTITY)				QTY	PRICE PER Includes GST	TOTAL
		S	M	L	XL			
Adult T-Shirt	Charcoal	1	2	3	3	14	\$10.00	\$140.00
Youth T-Shirt	Black	5	5	5	5	10	\$14.00	\$140.00
Youth T-Shirt	Sapphire						\$14.00	
Youth T-Shirt	Yellow						\$14.00	
Youth T-Shirt	Red						\$14.00	
Youth T-Shirt	White						\$16.00	
Adult Hooded Sweatshirt	Apple Green	3	2	5	10	20	\$25.00	\$500.00
Adult Hooded Sweatshirt	Black/Gray	20	20	1	41	41	\$45.00	\$1845.00
Adult Hooded Sweatshirt	Navy						\$15.00	
Canvas Tote Bag	Black						\$11.00	
MyChain	Pepper						\$5.00	
Zipper Pen	Pepper						\$3.00	
Machine	Pepper						\$7.00	
Magnat	Pepper						\$5.00	
Doc Patch-Up Plush Bear	Purple/White						\$15.00	
Essential Lined Pn	Uniq Purple						\$4.00	
Lanyard	White						\$5.00	
Snapless Steel Towel Mug	Purple						\$17.00	
Orb Beaded	White						\$11.00	
Phone Blanket	White						\$8.00	
Carded White Pen	Purple						\$37.00	
White Beaded	Black Ink						\$3.00	
Bevery Heart Necklace	Purple						\$2.00	
	Beaded						\$25.80	
SUB TOTAL							695.00	
SHIPPING								695.00
TOTAL								695.00

DELIVERY
 * Delivery outside the City of Edmonton, participating companies will be charged 7% Can. tax Postal Insurance & Day Service
PRICE
 To all businesses in Edmonton City limits
 Within 15 miles of Edm. City limits Up to 100kg \$6.00
 Within 15 miles radius of Edm. City limits Over 100kg \$11.00
 Outside 15 mile radius of Edm. City limits Up to 100kg \$11.00
 Outside 15 mile radius of Edm. City limits Over 100kg \$16.00

PAYMENT TERMS
 Cheque Money order
 Mastercard Visa
 Credit Card # 4514 0101 0001 2115
 Exp. Date 12/06
 Please send no cash payment to:
STOLLERY CHILDREN'S HOSPITAL
 112 Street, Edmonton, Alberta T6G 2B7
 Tel: 780-407-2798 Fax: 780-407-7418

STOLLERY
 For supporting the Stollery Children's Hospital Wear Your Bear program, we have developed this T-shirt.

NEED TO BUY A T-SHIRT?
 Please send in your request for a T-shirt to:
STOLLERY CHILDREN'S HOSPITAL
 112 Street, Edmonton, Alberta T6G 2B7
 Tel: 780-407-2798 Fax: 780-407-7418

APPLICANT COPY

Merchandise is available year round
 Credits for shipping orders for
 Wear Your Bear Day is May 19, 2006

PLEASE FAX ORDERS TO 780-431-1078
VISIT US AT www.stollerykids.com

mom + dad present
Jennifer Woods
+ Jake Burlet



COMMERCE PLACE
201 - 10150 Jasper Ave
(Tel. 426-3791)

#002-004 03/29/2006 13:14:10 Joan
Inv#:00144294 Trs#:144491

2 @ \$12.95 each
Catering Food Sales \$25.90 GST
Catering Food Sales \$14.00 GST

Net Sales \$39.90
GST [\$39.90] \$2.79
TOTAL SALES \$42.69

SUB TOTAL \$42.69
Visa \$42.69
[redacted] Section 17(1),(4)(e.i)

Item count 3
Points in this sale 43
New point balance 43

Term. Id: SQF002C4
Card type: Visa
Card: [redacted] Section 17(1),(4)(e.i)
Transaction Type: PURCHASE

Amount: \$ 42.69

Auth No: 034309 2006-03-29 13:14
Sequence: 096001001005

Code: 00-001
Result: APPROVED 034309

Thank you for shopping at Sunterra
Visit us online at: www.sunterramarket.com
GST# R892593856



Canadian College of
Health Service Executives
Collège canadien des
directeurs de services de santé

APPLICANT COPY

RECEIPT REÇU

May 12, 2006

Received from / reçu de :

Customer Number:

Debbie Gordon, CHE

Section 17(1)

Section 17(1)

Date	Invoice / Facture	Description	Amount / Montant
29-Mar-2006	2006-018074	CCHSE Member Fees	\$398.00

TOTAL RECEIVED / TOTAL REÇU : \$398.00



MERCI
—
THANK
YOU

292 rue Somerset Street West
Ottawa, ON K2P 0J6
(613) 235-7218
G.S.T. / T.P.S. # 106844442



May 15, 2006

Debbie Gordon, CHE

Section 17(1)

Dear Ms. Gordon,

Enclosed you will find your 2006 Membership Dues Receipt and Sticker.

We sincerely thank you for your support of the Canadian College of Health Service Executives. As a member, you are invited to become an active volunteer in the association, providing the College with leadership, ideas and suggestions on policy, programming and member services. The College's products and services focus on strong integrative skills and the management of change in complex organizations. Membership gives you:

BENEFITS:

1. Communication & Networking
 - 1.a. Regional Chapters
 - 1.b. Chapter programs & events at the local level
 - 1.c. Develop professional contacts
2. Professional Development
 - 2.a. Opportunities to enhance your leadership skills
 - 2.b. Professional certification
 - 2.c. Discount on National & Local conferences
 - 2.d. Reduced registrations fees for PD Events, publications and services
3. Publications and Information (*Print and/or Electronic*)
 - 3.a. College website: www.cchse.org
 - 3.b. CCHSE Website 'Members Only'
 - 3.c. HSU
 - 3.d. Healthcare Management FORUM (quarterly)
 - 3.e. Electronic Newsletter – COMMUNIQUÉ (10 times/year)
4. Awards programs recognizing outstanding leadership & management
5. Standards of Ethical Conduct
6. Collective Voice and Advocate for the Profession

The College is also committed to creating and sustaining a learning community by encouraging career development and by providing opportunities for members to improve their knowledge, management skills, and leadership capabilities. We look forward to continuing to serve you and invite you to take advantage of these opportunities in the coming months and years ahead.

Sincerely,

Dominique Racine-Dickie
Director, Membership Services



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

APPLICANT COPY

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President and Chief Operating Officer	Department: UAH and Stollery, Site Administration	
Business Phone: 407-8009	Period From: 01-Dec-06 to 31-Dec-06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62410001			\$220.00	<input checked="" type="checkbox"/>
201	0001	71110101008	62410000			6.00	<input checked="" type="checkbox"/>
201	0001	71110101008	66020000			412.00	<input checked="" type="checkbox"/>
201	0001	71110101008	69500000			118.72	<input checked="" type="checkbox"/>
201	0001	71110101008					<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$756.72	<input type="checkbox"/>

180
40.00

Capital Health
RECEIVED
FEB 02 2007
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: 22-Jan-06

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive VP and COO, Health Services	Phone # 407-1671
		Date 23-Jan-06
Approved By: <small>(Print name)</small>	Title:	Phone #
<small>(Signature)</small>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON
STATEMENT FROM DEC 08, 2006 TO JAN 05, 2007

Section 17(1),(4)(e.i)

* claimed in December 06

1 OF 1

RRSP Deadline is Fast Approaching

Have you made your RRSP contribution for 2006? Ask us how we can help you maximize your contribution today and help you achieve your investment goals. Call us at 1-800 ROYAL® 1-1 to discuss your investment goals today.

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
PREVIOUS STATEMENT BALANCE		
	DEBORAH A GORDON -	Non Responsive
DEC 09	YELLOW CAB EDMONTON AB	\$166.00*
DEC 11	OTTAWA TRANSPORTATION OTTAWA ON	\$35.00*
DEC 13	YELLOW CAB EDMONTON AB	\$88.00*
DEC 17	YELLOW CAB EDMONTON AB	\$150.00*
DEC 19	YELLOW CAB EDMONTON AB	\$88.00*
DEC 19	CANADIAN COLLEGE OF HEALTOTTAWA ON	\$412.00 ✓ attached
DEC 23	YELLOW CAB EDMONTON AB	\$75.00 ✓ attached
DEC 24	YELLOW CAB EDMONTON AB	\$145.00
DEC 29	PAYMENT - THANK YOU / PAIEMENT - MERCI	
TOTAL NEW BALANCE		

Non Responsive

Take a Break this month

Because you are a valued cardholder, we would like to offer you an RBC Royal Bank® Visa® payment holiday by waiving your minimum payment this January. Of course you may still make a payment if you wish. Standard monthly interest charges will continue to accrue and the minimum payment on your next monthly statement will be calculated in the usual way. To be eligible for this offer your account must be in good standing.

IMPORTANT INFORMATION

Section 17(1),(4)(e.i)

DUETTO DOLLARS EARNED*

* Represents dollars earned for this statement balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen
Collect Outside North America
Duetto Dollars information
Starbucks Web site www

PAYMENT INFORMATION

Minimum payment
Payment due date
Credit limit Non Responsive
Available credit
Annual interest rate

CALCULATING YOUR BALANCE

Previous Statement Balance
Payments & credits
Purchases & debits
Cash advances
Interest
Fees

NEW BALANCE

Clarke, LauraLee

From: Gordon, Debbie
Sent: Tuesday, December 19, 2006 4:58 PM
To: Clarke, LauraLee
Subject: FW: Purchase Receipt - Membership Renewal 2007

-----Original Message-----

From: Canadian College of Health Service Executives [mailto:cchse@cchse.org]
Sent: Tuesday, December 19, 2006 4:10 PM
To: Gordon, Debbie
Subject: Purchase Receipt - Membership Renewal 2007

INTERNET PURCHASE RECEIPT - Membership Renewal 2007

Order Date: 12/19/2006 6:10:04 PM
Order Number: 2007-021001
Bank Auth Number: 001063
Order Total: 412.00

Name on Card: Debbie Gordon
Email Address: dgordon@cha.ab.ca

BILL TO:

Name: Debbie Gordon, CHE
Address Line 1: [REDACTED]
Address Line 2:
City: [REDACTED]
State/Province: [REDACTED]
Zip/Postal Code: [REDACTED] Section 17(1)
Country: [REDACTED]
Phone Number: [REDACTED]

MERCHANT INFO:

Merchant Name: Canadian College of Health Service Executives
Address: 292 Somerset Street West
City: Ottawa
Province: ON
Postal Code: K2P 0J6
Country: CA
Phone Number: 613-235-7218

PLACE THIS SID
 MID IF RE-SOLD

PLACE THIS SIDE UP ON DASH
 TICKET VOID IF RE-SOLD

CHARGE TO: [Redacted] ACCOUNT NO. [Redacted]

DEBORAH A GORDON

YELLOW CAR (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YR.
	11	12 06

G.S.T.#

FROM Residence

TO Shaw (2x)

PRINT NAME

CUSTOMER'S SIGNATURE *[Signature]*

2526467

FARE	120
INTL	
GRATUITY	25
TOTAL	145

VISA
 AMERICAN EXPRESS

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

ON DASH
 TICKET

[Faded receipt with signature]

Signature: *[Signature]*

VISA: [Redacted]

DATE: Dec 09 2006

Deb Gordon

CHARGE TO: [Redacted] ACCOUNT NO. [Redacted]

DEBORAH A GORDON

YELLOW CAR (780) 462-3456
PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	Keel	829
TIME	DAY	MO. YR.
	11	12 06

G.S.T.#

FROM Shaw

TO Residence

PRINT NAME

CUSTOMER'S SIGNATURE *[Signature]*

2526466

FARE	60
INTL	
GRATUITY	15
TOTAL	75

VISA
 AMERICAN EXPRESS

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

Section 17(1),(4)(e.i)

APPLICATE'S
 GIFT
 BASKETS

100.00 NET
 12.00 NET
 118.72 TL

118.72 TL
 1.00



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

APPLICANT COPY

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name: [REDACTED]
Position: Vice President and Chief Operating Officer	Department: UAH and Stollery, Site Administration	
Business Phone: 407-8009	Period From: 01-Feb-07 to 15-Mar-07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0001	71110101008					<input checked="" type="checkbox"/>	
201	0001	71110101008	62410000			26.00	<input checked="" type="checkbox"/>	
201	0001	71110101008	62410000 696000			520.49	<input checked="" type="checkbox"/>	
201	0001	71110101008	69500000			917.46	<input checked="" type="checkbox"/>	
201	0001	71110101008					<input type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total							\$1,463.95	<input type="checkbox"/>

✓
433.46
87.00
17.46
900.00

RECEIVED
MAR 23 2007
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: 14-Mar-07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive VP and COO, Health Services	Phone # 407-1671
 <small>(Signature)</small>		Date 15-Mar-07
Approved By: <small>(Print name)</small>	Title:	Phone #
<small>(Signature)</small>		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

Recommended Coding							
<ul style="list-style-type: none"> Local Travel – Staff - 62410000 Staff Local Travel – Taxi – 62410001 Staff Travel – UNA – 62410002 Staff Provincial Travel – 62412000 (all expenses) Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> Catering – 69600000 Meals - 62410000 Mileage – 62410000 Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
27-Feb	Parking				✓ \$10.00	✓	
10-Mar	Parking				✓ 15.00	✓	
10-Mar	Parking				✓ 1.00	✓	
10-Mar	Carlton Cards					✓ 17.46	W
10-Mar	Mountain Equipment Co-op					✓ 900.00	D
11-Mar	Fairmont Hotel		123.76	101.76	22.00		
13-Feb	Blue Plate Dinner (Jan McG.)		58.76	48.76	10.00		
24-Jan	Characters (Louise B./Leslie Southwick-Trask)		200.81	168.81	32.00		
15-Jan	Earls (Jane D.)		70.30	58.30	12.00		
26-Jan	Packrat Louie (Gayle S-G)		66.86	55.86	11.00		
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals			\$520.49		\$26.00	917.46	

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON [REDACTED]
STATEMENT FROM JAN 06 TO FEB 07, 2007

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE Section 124(45)(a)	[REDACTED]
	DEBORAH A GORDON - [REDACTED]	
JAN 16	EARL'S CAMPUS EDMONTON AB	✓ 70.30
JAN 25	CHARACTERS RESTAURANT EDMONTON AB Non Responsive	✓ 200.81
JAN 26	PACKRAT LOUIE KITCHEN & EDMONTON AB	✓ 66.86
	TOTAL NEW BALANCE	[REDACTED] 2

Reminder:

Sign your card on the signature panel as soon as you receive it. If your unsigned Visa* card falls into the wrong hands anyone can sign the card and use your account. For more information on protecting your account from fraud, visit www.visa.ca/securewithvisa.

2006 RRSP Deadline March 1st

Have you made your RRSP contribution for 2006? The March 1st deadline for 2006 contributions is quickly approaching. Ask us how we can help you maximize your contribution and help you achieve your investment goals. Call us at 1-800 ROYAL® 1-1.

Protect yourself when travelling

Protect your RBC Royal Bank® Visa* card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be traveling abroad. We will help to ensure your trip purchases are hassle free.

Introducing NEW Tazo Tea Lattes

Starbucks is proud to offer the Tazo Black and Red Tea Lattes. Each Tea Latte begins with a Tazo signature blend of premium tea, then lightly sweetened, combined with creamy steamed milk and topped with velvety foam. It's a latte with a captivating tea twist.

APPLICANT COPY

IMPORTANT INFORMATION

DUETTO DOLLARS EARNED*

[REDACTED]
* Represents dollars earned for this statement balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen
Collect Outside North America
Duetto Dollars information
Starbucks Web site www.starbucks.com

PAYMENT INFORMATION

Minimum payment
Payment due date
Credit limit
Available credit
Annual interest rate

CALCULATING YOUR BALANCE

Previous Statement Balance
Payments & credits
Purchases & debits
Cash advances
Interest
Fees

NEW BALANCE



RBC0150080_6724189_003_1828
HRI-00-1-1-5-37-D

Mountain Equipment Co-op
Edmonton Store 780-488-6614
12328 - 102 Avenue N Edmonton AB T5N 0L9

Carifon Cards #5207
Sherwood Park, AB
780-416 2001

Non Responsive

QTY	ITEM	PRICE	TOTAL
-----	------	-------	-------

	Gift Card Activation:	\$300.00	
--	-----------------------	----------	--

Gift Card: [REDACTED]

Section 17(1),(4)(e.i) Auth: 703649

	Gift Card Activation:	\$300.00	
--	-----------------------	----------	--

Gift Card: [REDACTED]

Section 17(1),(4)(e.i) Auth: 703655

	Gift Card Activation:	\$300.00	
--	-----------------------	----------	--

Gift Card: [REDACTED]

Section 17(1),(4)(e.i) Auth: 703661

No Bas	\$0.05 Donation		
1	219425	\$0.00	\$0.00

Sub Total:	\$900.00
------------	----------

Tax Total:	\$0.00
------------	--------

Total:	\$900.00
---------------	-----------------

Credit Card:	\$900.00
--------------	----------

TRANSACTION RECORD

Section 17(1),(4)(e.i)

Card Number : [REDACTED]

Card Entry : [REDACTED] SWIPED

Card Type : VISA

Trans Type : PURCHASE

Amount : \$900.00

Non Responsive

Auth # : 048538

Reference # : 0010017290

Terminal # : 66014286

Date : 03/10/07

Time : 10:21:52

01/027 APPROVED - THANK YOU

Non Responsive

Thank you for shopping
Carifon Cards

99 Tax
1741

3
V00/BLOCK/RELIANCE W/DC HAND

[REDACTED]

APPLICANT COPY

** Visit us at www.carifoncards.com
**Rendez-vous sur www.carifoncards.com

Cardholder Signature

GST Registration #: R103778312

651 REG R10081-7471

Fairmont Hotel Macdonald
The Confederation Lounge

127 RENEE

11/11 CHK 5875
MARIO 07 11:01PM

4 MACALLAN 12 32.00
2 1/2 PIN GRIS KING 64.00

LUNCH 32.00
WINE 64.00
96.00 GST 5.76
Total Due \$101.76

ACCOUNT NO: 00000000000000000000
001 20244250

CASH

TOTAL

ROOM #

PRINT NAME

SIGNATURE

NOT A CREDIT CARD VOUCHER
PLEASE PAY OUR SERVER

Best copy available

5875
11/11
22.00
103.76
[Signature]

BLUE PLATE DINER
10145 104TH ST
EDMONTON AB

Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
CARD TYPE VISA 0282
DATE/TIME 2007/02/13 19:41:28
RECEIPT NUMBER 847116231-206-097
AUTHORIZATION [REDACTED]
AMOUNT \$48.76

TIP 10.00
TOTAL AMOUNT 58.76

01 APPROVED-027 AUTH. # 038398
THANK YOU

CARDHOLDER COPY

BLUE PLATE DINER
10145 - 104 STREET
EDMONTON, ALTA
G.S.T.# 872662309 RT0001

67 Rima
Check: 6824 Guests: 2
Table: 2-1
02/13/2007 06:07PM

2 Castle Rck GL 18.00
1 Dinner Spec/MEAT 14.50
No Choice
1 Macaroni 11.00
House Sal
1 *Tea 2.50
SUBTOTAL 46.00
G.S.T. 2.76
TOTAL DUE \$48.76

*****PLEASE PAY SERVER*****

CHARACTERS REST
10257 - 105 STREET
EDMONTON, AB.
T5J 1E3
780-421-4100
GST# 89206-4429
Jan24/07 08:53PM
Date: Jan24/07 08:53PM
Card Type: [REDACTED]
Acct #: [REDACTED]
Exp Date: [REDACTED]
Auth Code: 062176
Cmp #: 6503
Table: 7/1
Server: BARSON B
GREGORIAN GORDON

Section 17(1),(4)(e.i)

Subtotal: 168.81
GRAVITY 32.00
TOTAL 200.81
SIGNATURE [Signature]
** Customer Copy **

2 @ 10.50 21.00
181. CHAT MATSONB 8.00
1 ROMAINE SALAD 9.00
1 SEAFOOD SOUP 7.00
1 SQUASH (HONEY) 70.00
1 LAMB @ 35.00 36.00
1 BEEF TENDERLN 2.75
1 COFFEE 5.50
2 TEA @ 2.75
Subtotal 159.25
GST 9.56
08:53 Amount Du 168.81
WELCOME TO CHARACTERS!
& HAVE A GREAT DAY!!

168 BARSON B
T5J 1E3
Jan24/07 07:09PM
GST 3
CHARACTERS REST
10257 - 105 Street
EDMONTON, AB.
T5J 1E3
(780) 421-4100
GST# 89206-4429

PACKRAT LOUIE KITCHEN & BAR
 10335 83RD AVENUE UNIT 10
 EDMONTON AB
 Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
 CARD TYPE VISA 6367
 DATE/TIME 2007/01/26 13:56:23
 RECEIPT NUMBER 578001305-001-018-015
 PRE AUTHORIZATION
 AMOUNT \$55.86

TIP 11.00
 TOTAL AMOUNT 66.86

01 APPROVED - 027 AUTH. # 086959
 THANK YOU

CARDHOLDER COPY

Packrat Louie

FRI JANUARY 26, 2007
 CHECK #120529-1
 TABLE #44

1 LEMON PIZZA \$11.00
 1 COFFEE \$2.25
 2 TEA \$4.50
 1 ICED TEA \$2.95
 2 FRESH CATCH \$32.00
 SUB-TOTAL \$52.70
 GST \$3.16
TOTAL \$55.86

Monday, Monday...
 Starting in February,
 Packrat Louie Open for
 Lunch and Dinner Every
 Monday. Join Us!
 Time: 13:38 3 CUSTOMERS

GST# RT0001810812149

YOU HAVE BEEN SERVED
 BY : Trina

Thanks Lad

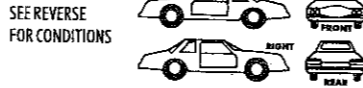
APPLICANT COPY

TO ORDER YOUR VEHICLE 

Please Dial 6918
 (allow 15 minutes advance notice to have your vehicle waiting)

\$15.00 Mar. 10/07

78683 VEHICLE#



SEE REVERSE FOR CONDITIONS
 Damage area indicated by X

406585

Impark
 your parking authority

VOID IF NOT PLACED OTHER SIDE UP WITH NUMBER VISIBLE

WARNING
 This Contract Limits Our Liability - Read It

We accept no responsibility for loss of or damage to car or contents. We do not take custody of car but only rent space.

NON TRANSFERABLE

406585

PRINTED IN CANADA FOR IMPERIAL PARKING CANADA CORPORATION

VALID FOR DATE PURCHASED ONLY

NO IN OR OUT PRIVILEGES

406585

406585

ON DASH DISPLAY FACE UP ON DASH

Impark Lot 052-256
 EDMONTON, AB, T7B 0A1
 428-1922 Location 804
 www.ImparkWireless.com

Early Bird \$10.00
 pay from your cell phone.
 428-1922 Location 804
 www.ImparkWireless.com

TICKET# 0034264 LOT# 00020256
 0034264 00020256

Section 17(1),(4)(e.i)

EXPIRY DATE AND TIME
 FEB 27, 2007 06:00pm

5:45 06:00pm
 5:30 27 2007

01# 00020256
 406585 001
 1/27/2007
 5:52am
 Purchase Time

ON DASH DISPLAY FACE UP ON DASH

earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

37 ANDREA

Tbl 42/1 Cnk 9551 Gst 2
15 Jan '07 05:45PM

1 HF DWN UN WHF 19.00
1 SALMON FILET 21.00
1 THAI SAL/CHX 15.00

Subtotal 55.00
GST Tax 3.30
07:09 Total 58.30

All Week Long
Campus Earls
NFL Bud Mondays \$3.50 Bottles
Bellini Tuesday \$3.50 Bellinis
Wing Wednesday \$5.50 Wings
Lo-ball Thursday's \$3.50
Weekends \$1 off all Martini's
Visit us on line at
www.earls.ca
Head Chef Dustin Dewan
General Manager Colin Corbett
GST# 10154 1191 RT0001

earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 15Jan'07 07:17PM

Card Type: Visa

Acct #: [REDACTED]

Exp Date: [REDACTED]

Auth Code: 024841

Check: 9551 Section 17(1),(4)(e.i)

Table: 42/1

Server: 37 ANDREA

Ref Number: 001168913868

Subtotal: 58.30

Tip: 2.00

Total: 70.30

I agree to pay above total
according to my card issuer
agreement.

*****Customer Copy*****



Payment Requisition

I PAYEE INFORMATION (Check one only) <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Employee (EE number [redacted])						
Invoice Date 2-Jun-06 (DD-MMM-YY)		Invoice Number s.17(1), 17(4)(g)(i)				
Vendor Number (or S.I.N.)		Payee Name Deb Gordon				
Address [redacted] Section 17(1)		City [redacted]				
Province/State [redacted]		Postal Code [redacted]		Country [redacted]		
II PAYMENT DETAILS						
Reason for payment Reimbursement of June 2006 Expenses				PO #		
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No						
If this is a contract payment, what is the contract date?				Number		
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input type="checkbox"/> No						
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	62410000 6950000	\$100.00		\$100.00
201	0001	71110101008	69500000	174.44		174.44
Capital Health RECEIVED						
JUL 04 2006						
ACCOUNTS PAYABLE						
<input checked="" type="checkbox"/> Canadian		<input type="checkbox"/> U.S.		<input type="checkbox"/> Other		
TOTAL				\$274.44		\$274.44
IV AUTHORIZATION						
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.						
Requisitioned by (Print name) Laura Lee Clarke, Executive Assistant				Phone # 407-8009		
(Signature) <i>Laura Lee Clarke</i>				Date 23-Jun-06		
Approved by (Print name) Deb Gordon, VP And COO, UAH And Stollery Children's Hospitals				Phone # 407-8009		
(Signature) <i>Deb Gordon</i>				Date 23-JUN-06		
Approved by (Print name) Michele Lahey, Executive VP And COO, Health Services				Phone # 407-1671		
(Signature) <i>Michele Lahey</i>				Date June 27 2006		
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. 4) Incomplete/improperly authorized payment requisitions will be returned without processing						

**Capital Health
RECEIVED
JUL 04 2006
ACCOUNTS
PAYABLE**



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON [REDACTED] Section 17(1),(4)(e.i)

STATEMENT FROM MAY 06 TO JUN 07, 2006

1 OF 1

Protect yourself when traveling APPLICANT COPY

Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)	IMPORTANT INFORMATION
	PREVIOUS STATEMENT BALANCE Section 17(1),(4)(e.i) DEBORAH A GORDON - [REDACTED] 5		DUETTO DOLLARS EARNED*
MAY 07	[REDACTED]		
MAY 11	SUNTERRA LENDRUM MARKE EDMONTON AB <i>MM</i>	\$75.46	- Dr. Meddings food basket
MAY 19	[REDACTED]		Non-Responsive
MAY 28	PAYMENT - THANK YOU / PAIEMENT - MERCI <i>MM</i>	\$845.25	
JUN 02	DELTA EDMONTON SOUTH - ABEDMONTON AB <i>MM</i>	\$42.27	- Welcome basket - Louise B
JUN 03	2243710 MS SOCIETY CANAD 1888-955-5455BC <i>MM</i>	\$100.00	- receipt attached (dr. Mullen)
JUN 07	[REDACTED]		Non-Responsive

Travelling within Canada?

Download hundreds of offers at visaperks.ca for top Canadian travel destinations today!

MM
Please call us at 1-800-361-0152
for more info
@

Cash advances
Interest
Fees **Non Responsive**

NEW BALANCE

RBC0150080_4655694_0104_1740
HRI - 00 - 1 - 1 - K - 458A - D



RONA MS Bike Tour

Multiple Sclerosis Society of Canada

Gear up for the c

Saturday, June 03, 2006

Online Donation

RONA MS Bike Tour - Hinton 2006 - John Mullen

Login

Register Now!

Find a Cyclist

Deb, thank you for your donation.

Your receipt has been sent to LauraLeeClarke@cha.ab.ca



Transaction Results:

Ms Deb Gordon
1F1.16 Wmc, 8440-112 Street
Edmonton, AB T6G 2B7
lauraleeclarke@cha.ab.ca

Donation: RONA MS Bike Tour - Hinton 2006 (John Mullen)

Donation Amount: \$100.00
Credit Card Type: VISA
Card Number: [REDACTED]
Card Holder: Deb Gordon
Expiry Date: [REDACTED] Section 17(1),(4)(e.i)

Transaction Code: OK: 14800548

[Continue](#)

© 2006 - MS Society of Canada





JOHN C. MULLEN, MD, MSc, FRCSC, FACS, FCCP, FACC, FAHA
Cardiovascular & Thoracic Surgery
Clinical Professor, Department of Surgery
PROFESSIONAL CORPORATION

APPLICANT COPY

2D2.18 WMC, University of Alberta Hospital, 8440 - 112 Street, Edmonton, Alberta, Canada T6G 2B7
Telephone: (780) 407-6327 Fax: (780) 407-6752; Email: jmullen@ualberta.ca

May 1, 2006

Deb Gordon
1F1 WMC
Edmonton AB



Dear Deb:

I'm riding in the MS Mountain Bike Tour again this year on September 10th and 11th. Multiple sclerosis is a devastating disease and the MS Society is an excellent charity. This will be my 8th MS Tour and my fourth Mountain Bike Tour.

The fund raising event is a two day journey out of Hinton at the base of the Rocky Mountains. It covers 90 km with a vertical climb of several thousand feet (it's not easy)! Last year it was a grueling ordeal as it was pouring rain, 7°C, and the puddles were unavoidable. We were covered in mud, soaked, frozen, and exhausted by the time we reached the summit on the Saturday. Thankfully the sun came out for the return trip on the Sunday so we came home with a smile.

Thanks to the help of many supporters last year, I was the top fundraiser, having raised \$33,273.00. All 243 cyclists raised over \$236,000.00. This year I've again upped the ante, and hope to raise \$40,000.00. To achieve this, I really need your help!

Should you be interested, please fill out the form, keep the yellow copy for yourself and send me the white and blue copies. There are several methods of payment identified on the form -- if you choose payment by cheque, please attach it. You will in due course receive an official tax receipt from the MS Society. You can also pledge online and receive an instant tax receipt. The site is: <http://www.mssociety.ca/alberta/biketour.htm>. Choose "Pledge a cyclist", then enter "John Mullen" and it will guide you through the rest.

Thanks for helping me in our efforts in battling a very tough disease and giving new hope to those brave individuals coping with MS!

Best regards.

Yours sincerely,

John C. Mullen, MD, MSc, FRCSC

JM/la
Enclosure

Clarke, LauraLee

From: e-receipt@mssociety.ca
Sent: Saturday, June 03, 2006 10:44 AM
To: Clarke, LauraLee
Subject: MS Society of Canada - Your Online Donation
Importance: High
Attachments: eReceipt-E-200663-2243710.pdf

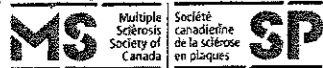
Dear Deb,

Thank you for supporting the Multiple Sclerosis Society of Canada. Your confidential, secure electronic tax receipt is attached. It cannot be duplicated, modified or changed in any way and is accepted by Canada Revenue Agency.

The attached electronic tax receipt has been created as a PDF (Portable Document Format) document, and can be read using Adobe Acrobat Reader version 4 or later. If you do not have Adobe Acrobat Reader, it is available free of charge from <http://www.adobe.com>.

Thank you for your support in the fight against MS!

Sincerely,
MS Society of Canada



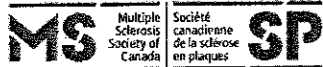
MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

Thank you for sponsoring a participant in a Multiple Sclerosis Society of Canada fund raising event. Your contribution helps the MS Society achieve its mission of being a leader in finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

If you would like to learn more about multiple sclerosis, participate in one of our fund raising events, or make a donation, visit www.mssociety.ca or call 1-800-268-7582.

You make our mission possible.

Lou Maroun
Chairman



MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

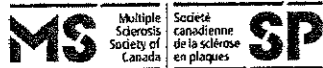
Tax Receipt # E-200663-2243710
Issue Date 6/3/2006
Issued At Toronto, ON
Donation Date 6/3/2006
Donation Amount \$100.00
Donor ID [REDACTED]

Section 17(1)

Ms Deb Gordon
1F1.16 Wmc, 8440-112 Street
Edmonton, AB T6G 2B7

Daniel Larouche
National Treasurer

Registered Charitable Organization #107746174RR0001
Official Receipt for Income Tax Purposes - Copy 1
Canada Revenue Agency - www.cra-arc.gc.ca/charities



MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

Tax Receipt # E-200663-2243710
Issue Date 6/3/2006
Issued At Toronto, ON
Donation Date 6/3/2006
Donation Amount \$100.00
Donor ID [REDACTED]

Section 17(1)

Ms Deb Gordon
1F1.16 Wmc, 8440-112 Street
Edmonton, AB T6G 2B7

Daniel Larouche
National Treasurer

Registered Charitable Organization #107746174RR0001
Official Receipt for Income Tax Purposes - Copy 2
Canada Revenue Agency - www.cra-arc.gc.ca/charities

Sunterra Marketplace,
Lendrum Shopping Centre
5728-111 Street
Edmonton, AB
T6H 3G1
Phone: (403) 434-2610
Fax: (403) 434-0657
SUNTERRA CATERING PHONE: (403) 426-3791
VISIT OUR WEBSITE AT: www.sunterramarket.com



Fax

5728-111 STREET (Tel. 434-2610)

To: _____ **From:** #005-003 06/07/2006 11:55:13 Maylene
Inv#:00297786 Trs#:899948

Company: _____ **Date:** _____

Fax: 407-7418 **Pages:** Gift Basket each \$45.00 G*
Home Delivery Charge \$8.00 G*

Phone: _____ **Re:** Net Sales \$53.00
Tax 1 [\$53.00] \$3.71
TOTAL SALES \$56.71

Urgent For Review Please Comment Please Re:

Comments: If you do not receive all pages of this fax, please call (403) 434-2610

Visa \$56.71
[REDACTED] Section 17(1),(4)(e.i)

Item count	2
Points in this sale	57
New point balance	57

Isabel Henderson
(gift basket)

Term. Id: SQF005C3 Section 17(1),(4)(e.i)
Card type: Visa
Card: [REDACTED]
Transaction type: PURCHASE

Amount: \$ 56.71

Auth No: 061312 2006-06-07 11:51
Sequence: 219001001008

Code: 00-001
Result: APPROVED 061312

Thank you for shopping at Sunterra
Visit us online at: www.sunterramarket.com
GST# R892593856



Travel & Employee Expense Claim Form

(In Canadian Dollars)

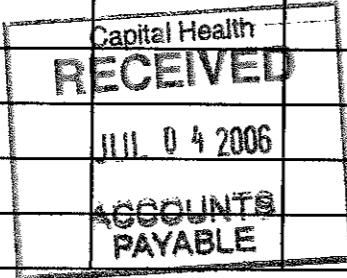
APPLICANT COPY

Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: VP and COO	Department: Site Administration	
Business Phone: 407-8009	Period From: June 11/06 to June 14/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62414000			\$794.61	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						734.91 59.70	\$794.61 <input type="checkbox"/>



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: 23-JUNE-06

Approved By: Michele Lahey (Print name)	Title: Executive VP and COO, Health Services	Phone # 407-1671
(Signature)		Date 23-June-06
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

APPLICANT COPY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 12	Point-no-Point (1 night)t	\$232.83	212.93 19.96				
June 10	National Car Rental (2 days)		212.93		96.12	✓	
June 12	Hotel Grand Pacific (2 nights)	465.66					
		425.86					
		39.86					
Total km							
(or alternate rate as outlined in Section 2 – Travel below) @							\$0.43
Totals		\$698.49			\$96.12		\$794.61

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
- Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



HOTEL GRAND PACIFIC

APPLICANT COPY

463 Belleville Street, Victoria, BC, Canada V8V 1X3 Tel: (250) 386-0450 Guest Fax: (250) 380-4473

Reservations 1-800-663-7550
Member of Preferred Hotels® & Resorts Worldwide

Ms. Deb Gordon



Section 17(1)

Group: Canadian Healthcare Associatio

Arrival 06/12/06
Departure 06/15/06

Room 0450
Cashier 51
Page 1
Time 10:32:45
Conf.# 307976
Invoice# 188501

Hotel Grand Pacific, Victoria, 06/15/06

Guest: Gordon

Date	Description	DEBIT	CREDIT
06/12/06	Pacific Lounge	41.79	-No
06/12/06	#450 : CHECK #1976		
06/12/06	Room Charge	269.00	-199.00
06/12/06	Valet Parking	16.00	
06/12/06	Room Tax *Room Charge	26.90	-19.90
06/12/06	GST Room Tax *Room Charge	18.83	-13.93
06/12/06	GST *Valet Parking	1.12	
06/13/06	Room Charge	269.00	-199.00
06/13/06	Valet Parking	16.00	
06/13/06	Room Tax *Room Charge	26.90	-19.90
06/13/06	GST Room Tax *Room Charge	18.83	-13.93
06/13/06	GST *Valet Parking	1.12	
06/14/06	Pacific Restaurant	38.10	-No
06/14/06	#450 : CHECK #2519		
06/14/06	Pacific Lounge	74.24	-No
06/14/06	#450 : CHECK #2691		
06/14/06	Room Charge	269.00	-No
06/14/06	Valet Parking	16.00	-No
06/14/06	Room Tax *Room Charge	26.90	-No
06/14/06	GST Room Tax *Room Charge	18.83	-No
06/14/06	GST *Valet Parking	1.12	-No
06/15/06	Visa Card		1 149.68
06/15/06			

Section 17(1),(4)(e.i)

Balance: \$0.00

*\$465.66
to be reimbursed
consistent to
conference
rate of room.*





HOTEL GRAND PACIFIC

APPLICANT COPY

463 Belleville Street, Victoria, BC, Canada V8V 1X3 Tel: (250) 386-0450 Guest Fax: (250) 380-4473

Reservations 1-800-663-7550
Member of Preferred Hotels® & Resorts Worldwide

Ms. Deb Gordon



Section 17(1)

Group: Canadian Healthcare Associatio
Arrival 06/12/06
Departure 06/15/06

Room 0450
Cashier 51
Page 2
Time 10:32:45
Conf.# 307976
Invoice# 188501

Hotel Grand Pacific, Victoria, 06/15/06

Guest: Gordon

Date	Description	DEBIT	CREDIT
------	-------------	-------	--------

Total Room GST - \$56.49
Total Other GST - \$3.36
GST # 122212624

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.
I have accepted delivery of the Globe and Mail. If refused, a \$.50 (Mon to Fri) and a \$1.25 (Sat) credit will be applied to my account.

Signature: _____



Galileo ViewTrip

Your personal travel web site that displays up to the minute itinerary information.

Itinerary Information

 **Today's Date:** 3 Jun 2006
Reservation ID: LHX56U


Agency Information

 **MARLIN**
Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-MORGAN

Passenger


 **Gordon, Deborah Ms**

Flight - WestJet (WS) - 213**Sat 10 Jun 2006**

 **Flight 213** Non-stop
Status: Confirmed (GK)
Class of Service: Economy (Y)
Depart: 3:00 PM **Arrive:** 3:40 PM
 Sat 10 Jun 2006 Sat 10 Jun 2006


Edmonton Intl Arpt (YEG) Victoria Intl Arpt (YYJ)
 Terminal Not Available Terminal Not Available

[Flight Service Information +](#)**Hotel - Hotel Grand Pacific - Victoria****11 Jun 2006 - 18 Jun 2006**

 **PH - Preferred Hotels** 7 Nights
 YYJ - Victoria
Status: Confirmed
Confirmation Number: 307976
Check In: Sun 11 Jun 2006 **Check Out:** Sun 18 Jun 2006


Hotel Grand Pacific
 463 Belleville Street
 Victoria
 Bc Canada
 V8V1X3
 250 386 0450
 Rt-Cad179.00-D/lfb-A1K1

[Hotel Information +](#)**Flight - WestJet (WS) - 54****Sat 17 Jun 2006**

 **Flight 54** Non-stop
Status: Confirmed (GK)
Class of Service: Economy (Y)
Depart: 10:00 AM **Arrive:** 12:29 PM
 Sat 17 Jun 2006 Sat 17 Jun 2006

Victoria Intl Arpt (YYJ) Edmonton Intl Arpt (YEG)
 Terminal Not Available Terminal Not Available

[Flight Service Information +](#)**Remarks**

 AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS
 FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL4756
 UNDERWRITTEN BY AXA INSURANCE CANADA

24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834

Weather Forecast

Weather Search

Sorry, no weather forecasts or averages available.


ViewTrip.com is a means of displaying your reservation via the Internet.
Please contact your Travel Provider for changes or reservation information.
Thank you.

Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference.
These conditions may be obtained from the issuing carrier.

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POWERED BY GALILEO ™



RA # 157320368 Invoice # 1500447517

Renter Name: [REDACTED]

Section 17(1)

557/161 1162251432

Rental Location
VICTORIA INTERNATIONAL ARPT
1440 ELECTRA BLVD SUITE 134
H&L HOLDINGS LTD.
VICTORIA BC V8W 2E4

11-JUN-2006 03:24 PM

Return Location
VICTORIA INTERNATIONAL ARPT

17-JUN-2006 04:24 AM

Vehicle # YJTE902
Model FORESTER
Class Driven IFAR
Class Charged IFAR
Licenses 12CFAR
State/Province BRITISH COLUMBIA
M/Kms Driven 440
M/Kms Out 47
M/Kms In 447

Charges	No	Unit	Price/Unit	Amount
TIME & DISTANCE	5	Days	34.50	172.50 *
EXTRA - TIME & DISTANCE	5	Days	34.50	172.50 *
UNLIMITED MILES/HR - TIME & DIST.		N/Sec	0.00	0.00 *
EXCESSION RECORD FEE 11.75 PCT			255.86	255.86 *
PASSENGER VEH RNTL TAX 1.50 CAD/HR	7	Days	1.50	10.50 *
VEH LIC FEE RECOVERY 1.40/HR	7	Days	1.40	9.80 *
37,000 \$			255.86	255.86 *
CA BUS & SUBS 17.75 \$/DAY X			255.86	255.86 *

Rate Info

*2 days @ 48.05
= \$96.12
to be
reimbursed
consistent to
2 days of rental
only*

Messages

* Taxable Items
Subject to Audit

Total Charges: CAD 336.41

Payments
Visa 7014 AUTH: 064468 10-JUN-2006 336.41 Payment -336.41

Customer service number 1-800-468-3334

Amount Due: CAD 0.00

Clarke, LauraLee

From: finance@cha.ca
Sent: Thursday, April 27, 2006 11:22 AM
To: Clarke, LauraLee
Subject: Order Confirmation

Merchant: Canadian Healthcare Association Order ID: VDMN1CC6229F Order Placed: Thursday, April 27, 2006 10:21:49 AM PDT Amount of Transaction: CAD650.00 Payment Type: Visa
CustID: NHLConf

BILL TO

Deb Gordon
1Fl.16, 8440-112 Street
Edmonton
AB
T6G 2B7
Canada
780-407-8009
lauraleeclarke@cha.ab.ca

ORDER DESCRIPTION:

Conference Registration: Early Registration (\$650)

Thank you for your business

Point-no-Point

DATE: June 12/06

RECEIVED FROM:

200000- Burke
ROOMS: 400- -199
DEPOSIT: 230-

TOTAL ROOMS:

TOTAL FOOD:

TOTAL LIQUOR:

TOTAL SUNDRIES:

GST: 4288 - 13.93

ROOM TAX: 32 - -19.90

PST: 6.60

SST: 81.48

TOTAL TAX: 463.98

PLEASE PAY: 446.91 at =

Visa/MC/Amex/cheque/cash
Thank You! 509.98

Point-No-Point

1505 West Coast Road, Sooke, BC, Canada V0S 1N0

Phone: 250.646.2020 Fax: 250.646.2294

GST#: 104254784

19785

*on night
232.03
per coffee
12.50*

POINT NO POINT
1505 WEST CST RD
PH# 649-2020
GST# 104254784

06-12-06 11:17AM

2 PC
0200.00/ 1 PC
ROOMS 400.00
BERTN -230.00

2 PC
013.00/ 1 PC
CRAB 26.00

2 PC
026.00/ 1 PC
CHICKEN 52.00

2 PC
026.00/ 1 PC
HALIBUT 52.00

2 PC
06.50/ 1 PC
DESSERT 13.00

2 PC
033.00/ 1 PC
WINE 66.00

2 PC
01.75/ 1 PC
COFFEE 3.50

SUB TTL 463.98
GST TAX 42.88

ROOM TAX 32.00
SST TAX 6.60

TAX TTL 81.48
TOTAL 463.98
VISA# 463.98

PURCHASE 14
A 0K9688

APPLICANT COPY

POINT NO POINT RESTAURANT
1505 WEST COAST ROAD
SUITE 100
SOOKE BC V0S 1N0
Tel: 250.649.2020
Fax: 250.646.2294

Section 17(1),(4)(e.i)

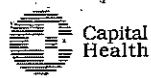
VISA
104254784
06/12/06 11:17 AM
06/12/06 11:17 AM
06/12/06 11:17 AM

509.98

463.98

463.98

463.98



Payment Requisition

I PAYEE INFORMATION (Check one only) <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <input type="checkbox"/> Employee (EE number [redacted])						
Invoice Date 10-Aug-06 (DD-MMM-YY)		Invoice Number Section 17(1)				
Vendor Number (or S.I.N.)		Payee Name Deb Gordon				
Address s.17(1), 17(4)(g)(i)				City		
Province/State		Postal Code		Country		
II PAYMENT DETAILS						
Reason for payment Reimbursement of July 2006 Expenses					PO #	
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No						
If this is a contract payment, what is the contract date?					Number	
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input type="checkbox"/> No						
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	62410000 6341	\$283.66		\$283.66
201	0001	71110101008	69500000	95.40		\$95.40
				TOTAL		\$379.06
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other						
IV AUTHORIZATION						
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.						
Requisitioned by (Print name) Laura Lee Clarke, Executive Assistant					Phone # 407-8009	
(Signature) <i>Laura Lee Clarke</i>					Date 10-Aug-06	
Approved by (Print name) Deb Gordon, VP And COO, UAH And Stollery Children's Hospitals					Phone # 407-8009	
(Signature) <i>Deb Gordon</i>					Date 10-Aug-06	
Approved by (Print name) Michele Lahey, Executive VP And COO, Health Services					Phone # 407-1671	
(Signature) <i>Michele Lahey</i>					Date 14-Aug-06	
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. 4) Incomplete/improperly authorized payment requisitions will be returned without processing						

Capital Health
RECEIVED
AUG 16 2006
ACCOUNTS
PAYABLE



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON

Section 17(1),(4)(e.i)

STATEMENT FROM JUN 08 TO JUL 07, 2006

1 OF 1

Did you know...

...you could check your Duetto Dollar account balance online? For more information visit www.starbucks.com/card or call 1-800-STARBUCC.

APPLICANT COPY

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	
	DEBORAH A GORDON -	
JUN 06	CDN COLLEGE OF HEALTH OTTAWA ON	-\$20.00
JUN 07	SUNTERRA LENDRUM MARKE EDMONTON AB	-\$56.71
JUN 25	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$355.12
JUN 29	APPLEGATE'S GIFT BASKE EDMONTON AB	-\$95.40
	Foreign Currency-USD 910.00 Exchange rate-1.142428	
	Foreign Currency-USD 226.20 Exchange rate-1.141202	
	Foreign Currency-USD 31.20 Exchange rate-1.141346	
JUL 05	FLAVOURS MODERN BISTRO EDMONTON AB	\$283.66
JUL 07	PURCHASE INTEREST	
	TOTAL NEW BALANCE	

IMPORTANT INFORMATION Duetto DOLLARS EARNED*

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
Duetto Dollars information 1-800-782-7282
Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION

Minimum payment
Payment due date JUL 28, 2006
Credit limit
Available credit
Annual interest rate

CALCULATING YOUR BALANCE

Previous Statement Balance
Payments & credits
Purchases & debits
Cash advances
Interest
Fees Non Responsive

NEW BALANCE

PLEASE NOTE:

As one of our most valued customers, we are pleased to increase your credit limit to the amount shown on the right-hand column under "Credit Limit". If you do not wish to take advantage of this new limit, please call 1-800-769-2512.

RBC0150080_4896714_008_1978
HRI - 00 - 1 - 1 - 5 - 48 - D

APPLGATE'S GIFT BASKETS
 Gift Baskets • All Reasons • All Seasons
 11838 - 160 Street
 EDMONTON, ALBERTA T5V 1C9
 (780) 413-6362 Fax (780) 413-6365
 BN #89001 0945 RT

*Paid by
C/C*

ASAD

tamaramejia@cha.ab.ca

*AMID
C/C*

CUSTOMER ORDER NUMBER TAMARA MEJIA	TELEPHONE 407-8888	FAX 407-7418	DATE JUNE 29/06					
NAME WMC SITE ADMINISTRATION								
ADDRESS 1FI 840-112 ST								
CITY Edmonton AB		POSTAL CODE T6G 2B7						
SOLD BY	CASH	CHEQUE	CHARGE	DEBIT CARD	C.O.D.	ON ACCT.	MOSE. RETD.	PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<i>2 people</i>	<i>TV - basket (chocolates, fruit, choc. covered cookies)</i>		<i>30-</i>
	<i>→ TOM & FINANCE TEAM</i>		<i>10-</i>
	<i>8440-112ST CLINICAL SCIENCE BLDG, FLOOR 7 (ROOM 7-112) 407-1497</i>		

SPECIAL INSTRUCTIONS: <i>- I REALLY APPRECIATE ALL YOUR HELP IN PREPARING FOR THE ROLL "FORWARD" BUDGET.</i>	SUBTOTAL	<i>40-</i>
	GST @	<i>5.40630</i>
	PST	
	TOTAL	<i>95.40</i>

APPLICANT COPY

APPLICANT NAME: **DEBIE GORDON**

APPLICANT ADDRESS: **6951 [REDACTED]**

APPLICANT PHONE: **7804136365**

APPLICANT SIGNATURE: **DEBIE GORDON**

DATE: **JUN 29 2006 12:36 PM P1**

THANK YOU

607-8888
 APPLEGATE'S GIFT BASKET
 ORDER FOR STATION
 ORDER NO. 100
 THE ADDRESS
 CONTACT ADDRESS
 PHONE NO. 607-8888
 FAX NO. 607-410

APPLEGATE'S
 GIFT
 BASKETS
 (781) 413-6542
 687A 890018745
 TERMS SALES TAX
 PAY JUN 29 2006. 7:53AM

Signature: *Debbie Gordon*
 NAME: [REDACTED]
 TO: 607-8888888888888888
 APPROVED
 DATE: JUN 29 2006 TIME: 5:30 AM
 Signature: *Debbie Gordon*

QTY GIFT BASKETS 20.00 SET
 QTY DELIVERY 10.00 SET
 SUB TOTAL 90.00 SET
 TAX 5.40 SET
 TOTAL 95.40 TL
 VISA 95.40 TND
 Change 0.00
 Item Count: 2

THANK YOU FOR COMING
 PLEASE RETAIN RECEIPT FOR CREDIT
 OF EXCHANGE -- NO REFUNDS
 NO EXCHANGE ON FOOD ITEMS AFTER 7 DAYS

APPLICANT COPY

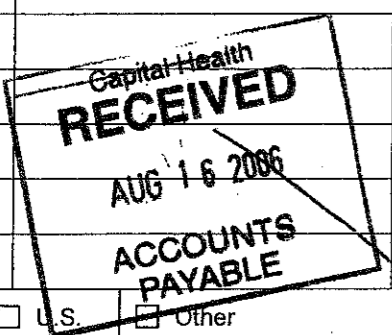


Diggins was given to Mark
Palko Aug 17 2006

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

APPLICANT COPY

Payment Requisition

I PAYEE INFORMATION (Check one only) <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <input type="checkbox"/> Employee (EE number [redacted])						
Invoice Date 10-Aug-06 (DD-MMM-YY)		Invoice Number Section 17(1)				
Vendor Number (or S.I.N.)		Payee Name Deb Gordon				
Address s.17(1), 17(4)(g)(i)			City			
Province/State		Postal Code		Country		
II PAYMENT DETAILS						
Reason for payment Reimbursement of July 2006 Expenses					PO #	
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No						
If this is a contract payment, what is the contract date?					Number	
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input type="checkbox"/> No						
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	62410000 6341	\$283.66		\$283.66
201	0001	71110101008	69500000	95.40		\$95.40
						
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other		TOTAL		\$379.06		\$379.06
IV AUTHORIZATION						
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.						
Requisitioned by (Print name) Laura Lee Clarke, Executive Assistant					Phone # 407-8009	
(Signature) <i>Laura Lee Clarke</i>					Date 10-Aug-06	
Approved by (Print name) Deb Gordon, VP And COO, UAH And Stollery Children's Hospitals					Phone # 407-8009	
(Signature) <i>Deb Gordon</i>					Date 11-Aug-06	
Approved by (Print name) Michele Lahey, Executive VP And COO, Health Services					Phone # 407-1671	
(Signature) <i>Michele Lahey</i>					Date 14 Aug 06	
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. 4) Incomplete/improperly authorized payment requisitions will be returned without processing						



Did you know...

...you could check your Duetto Dollar account balance online? For more information visit www.starbucks.com/card or call 1-800-STARBUC.

STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON [REDACTED] Section 17(1),(4)(e.i)

STATEMENT FROM JUN 08 TO JUL 07, 2006

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
PREVIOUS STATEMENT BALANCE		
Section 17(1),(4)(e.i) DEBORAH A GORDON - [REDACTED] Non-Responsive		
JUN 06	CDN COLLEGE OF HEALTH OTTAWA ON	-\$20.00
JUN 07	SUNTERRA LENDRUM MARKE EDMONTON AB	\$56.71 <i>Expensed label Henderson 1st June</i>
[REDACTED]		
JUN 25	PAYMENT - THANK YOU / PAIEMENT - MERCI	-\$355.12
JUN 29	APPLEGATE'S GIFT BASKE EDMONTON AB	\$95.40 <i>Tom Andrew + Finance team</i>
[REDACTED]		
Foreign Currency-USD 910.00		Exchange rate-1.142428
Foreign Currency-USD 226.20		Exchange rate-1.141202
Foreign Currency-USD 31.20		Exchange rate-1.141346
JUL 05	FLAVOURS MODERN BISTRO EDMONTON AB	\$283.66 <i>LUNCH</i>
JUL 07	PURCHASE INTEREST	[REDACTED]
TOTAL NEW BALANCE		[REDACTED]

IMPORTANT INFORMATION
Section 17(1),(4)(e.i) Duetto DOLLARS EARNED* Non-Responsive

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US
Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
Duetto Dollars information 1-800-782-7282
Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION
Minimum payment [REDACTED]
Payment due date JUL 28, 2006
Credit limit [REDACTED]
Available credit [REDACTED]
Annual interest rate [REDACTED]

CALCULATING YOUR BALANCE
Previous Statement Balance [REDACTED]
Payments & credits [REDACTED]
Purchases & debits [REDACTED]
Cash advances [REDACTED]
Interest [REDACTED]
Fees **Non Responsive**

NEW BALANCE [REDACTED]

PLEASE NOTE:

As one of our most valued customers, we are pleased to increase your credit limit to the amount shown on the right-hand column under "Credit Limit". If you do not wish to take advantage of this new limit, please call 1-800-769-2512.

APPLEGATE'S GIFT BASKETS
Gift Baskets • All Reasons • All Seasons
11838 - 160 Street
EDMONTON, ALBERTA T5V 1C9
(780) 413-6362 Fax (780) 412-6265

Hand by [unclear] 7/10



• OFFICIAL TAX RECEIPT •

4th Floor Aberhart Centre, 11402 University Avenue, Edmonton, Alberta T6G 2J3
Phone (780) 433-KIDS (5437) • Fax (780) 431-1076

Thank you for supporting the Row For Kids Fundraiser.

THE SUM OF One Hundred

RECEIVED FROM
Deb Gordon
1F1 - 8440 112 Street
Edmonton AB T6G 2B7

APPLICANT COPY

RECEIPT 77719

Federal Income Tax Business No. 12207 9158 RR0001

Aug 25, 2006

DATE P066953 77719

Issued at:

DOLLARS 00 /100 \$ 100.00

Date Rec'd: Aug 25, 2006

Thank you for Making Miracles Happen

K. D. Young
President / CEO

Canada Revenue Agency
www.cra-arc.ca/charities



LD SHERWOOD PARK 780 944 4520
LOOKING FOR WORK? www.londondrugs.com

SNAP CASE 8.99 G
CD ULTRA OUSTER 12.99 G
209.99 ALL.SOP MOUSEPAD 19.98 G
*** TAX 2.52 HAL 41.48
VF Debit Card 44.48
AUTH: 002277

CHANGE .00
(P)ST .00
(G)ST 2.52

08/12/06 16:34 0020 080 0041 31375
** THANK YOU **
LONDON DRUGS LTD. G.S.T #R103578972

DIRECT PAYMENT TRANSACTION RECORD

LONDON DRUGS 20
999 FIR STREET
SHERWOOD PARK, AB
T8A 4N5

ROYAL BANK: 0030400799098
CASH REG.: 080 EMPLOYEE: 31375

NO.:

AMOUNT

DEBIT CARD PURCHASE
CHEQUING

\$44.48

08/12/06 16:30:10 AUTH: 002277
REFERENCE: 66009659 0011340320

00 APPROVED -- THANK YOU 001

0020 080 31375 0041

Section 17(1),(4)(e.i)

SORRENTINO'S DONUTCHIN
10162-100 STREET
EDMONTON, AB
T5J 0P5
(780) 479-2115

Thank you
very much!
THANK YOU FOR JOINING US
AT SORRENTINO'S
O.S.T. #68954232

11 TOBY
TBL 70/1 CHK 722 GST 9
SEP12'06 06:43PM

2 .PELIGRINO LG	17.25
1 ICED TEA	2.50
3 #51-OAVE SPRINGS	144.00
1 #111-PINO.CEEDER	36.00
1 CAESAR SALAD	9.00
3 MF MUSH RAGU	30.00
1 MF SPINACH	11.00
1 BAKED SCAMPI	14.00
2 MF RISOTTO	34.00
1 MACARONI	16.00
1 MF MACARONI	16.00
1 LINGUINE DI MARE	17.00
1 ORECCHIETTE	16.00
1 TAGLIATELLE	16.00
1 CANNELLONI	16.00
1 CAFFUCCINO	3.95
1 TEA	2.50
15 %	
15 GRATUITY	60.18
SUBTOTAL	401.20
G S T	27.68
	60.18
TOTAL DUE	489.06

PLEASE PAY SERVER
THANK - YOU

Merchant ID: 4652053 Batch#: 010
Term ID: 04652053 Shift#: 001
Employee ID: 11

Pre-Auth

VISA
Inv #: 0060000434 Serial: 010001001005

Section 17(1),(4)(e.i) \$ 489.06

Tip: \$ 3000

Total: \$ 519.06

001/ APPROVED 095336

12-Sep-06 21:16:30

Customer Copy

APPLICANT COPY

earls
GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 11Sep'06 07:52PM
Card Type: Visa
Acct #: [REDACTED]
Exp Date: [REDACTED]
Auth Code: 078544
Check: 4890 Section 17(1),(4)(e.i)
Table: 43/1
Server: 15 ERIN
Ref Number: 001158025974
DEBORAH GORDON

Subtotal: 38.68
Tip: 6.00
Total: 44.68

I agree to pay above total
according to my card issuer
agreement.

*****Customer Copy*****

15 ERIN
Tbl 43/1 Chk 4890 Gst 2
11Sep'06 06:21PM
Subtotal 36.49
GST Tax 2.19
07:50 Total 38.68
2 @ 6.50
GL DWN UN WHT 13.00
1 TENDER & FRITES 9.99
1 TUSCAN SHMP SAL 13.50
A11 Week Long
Campus Earls
Mang Monday 2.99 Margaritas
Bellini Tuesday 2.99 Bellinis
Wing Wednesday 4.50 Wings
Thursday 2.99 Highballs
Weekends 5.50 Martinis
Visit us on line at
www.earls.ca
Head Chef Andrew Fiebigler
General Manager Colin Corbett
GST# 10154 1191 RT0001

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8
GREAT FOOD GREAT PEOPLE
earls



Payment Requisition

I PAYEE INFORMATION (Check one only) <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <input type="checkbox"/> Employee (EE number [redacted])						
Invoice Date 10-Aug-06 ^{23-Oct} (DD-MMM-YY)		Invoice Number Section 17(1)				
Vendor Number (or S.I.N.)		Payee Name Deb Gordon				
Address 30 Charlton Road				City Sherwood Park		
Province/State AB		Postal Code T8H 1P9		Country Canada		
II PAYMENT DETAILS						
Reason for payment Reimbursement of September 2006 Expenses					PO #	
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No						
If this is a contract payment, what is the contract date?					Number	
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? <input type="checkbox"/> No						
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0001	71110101008	61030000	\$503.50	CAPIC REGISTRATION	\$503.50
201	0001	71110101008	69500000	3,000.00	SNOWFLAKE GALA STOLLERY FOUN.	3,000.00
						
<input checked="" type="checkbox"/> Canadian		<input type="checkbox"/> U.S.		<input type="checkbox"/> Other		
TOTAL			\$3,503.50			\$3,503.50
IV AUTHORIZATION						
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.						
Requisitioned by (Print name) Laura Lee Clarke, Executive Assistant					Phone # 407-8009	
(Signature) <i>Laura Lee Clarke</i>					Date 23-Oct-06	
Approved by (Print name) Deb Gordon, VP And COO, UAH And Stollery Children's Hospitals					Phone # 407-8009	
(Signature) <i>Deb Gordon</i>					Date 23-Oct-06	
Approved by (Print name) Michele Lahey, Executive VP And COO, Health Services					Phone # 407-1671	
(Signature) <i>Michele Lahey</i>					Date	
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes: 1) All employee payments will be made electronically based on payroll banking information. 2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing. 3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week. 4) Incomplete/improperly authorized payment requisitions will be returned without processing						



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON [REDACTED]
STATEMENT FROM SEP 08 TO OCT 06, 2006

1 OF 1

Falling for Flavour

The delicious match of smooth espresso, maple and perfectly steamed milk is now being created just for you at your neighbourhood Starbucks. Celebrate Fall with our Maple Macchiato: it is a welcomed respite from raking the leaves in the yard.

Table with columns: DATE, ACTIVITY DESCRIPTION, AMOUNT (\$). Rows include: PREVIOUS STATEMENT BALANCE, DEBORAH A GORDON, SEP 09 PROREG REGISTRATION S NANAIMO BC, SEP 12 SORRENTINO'S DOWNTOWN EDMONTON AB, SEP 12 EARL'S CAMPUS EDMONTON AB, SEP 17 PAYMENT - THANK YOU / PAIEMENT - MERCI, SEP 29 STOLLERY CHILDREN'S HOSP EDMONTON AB, TOTAL NEW BALANCE.

IMPORTANT INFORMATION
Non-Responsive
Duetto DOLLARS EARNED* Non-Responsive

Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US
Customer Service / Lost & Stolen 1-800-769-2512
Outside North America (416) 974-7780
Duetto Dollars information 1-800-782-7282
Starbucks Web site www.starbucks.com/card

With RBC Insurance®, you make one call - we do the rest.

In the event of a home or auto emergency, we get your life back on track - fast - offering you all the support you need. Call for a competitive quote at 1-866-303-3308 or visit www.rbcinsurance.com/solution.

Planning to travel soon?

Wherever you go, we're a phone call away. If you're planning a trip out of the country, simply call us before you leave at 1-800-361-0152 to ensure that your purchases are virtually hassle free while you're away.

PAYMENT INFORMATION

Minimum payment [REDACTED]
Payment due date OCT 27, 2006
Credit limit [REDACTED]
Available credit [REDACTED]
Annual interest rate 19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance [REDACTED]
Payments & credits [REDACTED]
Purchases & debits [REDACTED]
Cash advances [REDACTED]
Interest [REDACTED]
Fees Non Responsive

NEW BALANCE [REDACTED]



CANADIAN ASSOCIATION OF PEDIATRIC HEALTH CENTRES (CAPHC)
ASSOCIATION CANADIENNE DES CENTRES DE SANTE PEDIATRIQUES (ACCSP)

CAPHC 2006 Annual Meeting
"Building Blocks for the Future - Improving the Health of Canada's Children and Youth"
October 15-18, 2006
Fairmont Hotel Vancouver
Vancouver, British Columbia

RECEIPT

Deb Gordon
University of Alberta & Stollery Children's Hosp.
1F1.17 WMC, 8440-112 Street
Edmonton, AB T6G 2B7
Canada

780 407-8009
780 407-7418
LauraLeeClarke@cha.ab.ca

Thank you for registering for CAPHC/ACCSP 2006 Annual Meeting. Your registration number is **36684**. Please refer to this number for all registration inquiries.

This document is confirmation of your registration in this event. If paid by credit card, a charge by **ProReg Registration Solutions, Nanaimo, BC** will appear on your next credit card statement.

		September 7, 2006	
Quantity	Description	Unit Cost	Total
1	Full Conference Registration	\$ 475.00	\$ 475.00
1	National Child and Youth Health Coalition Symposium (NYCHC)		
1	Hospital Tours- Come visit the BC Children's and Women's HealthCentre		
1	Meeting the Needs of Our Children and Youth - Using Our Canadian Data to Determine Capacity - Tuesday, October 17th		
		SubTotal	\$ 475.00
		GST	\$ 28.50
		Total	\$ 503.50
		Paid	\$ 503.50
		Balance	

If you experience any technical difficulties when using this form, or if you have registration questions, changes or cancellations please contact ProReg at (250) 740-2511, or at caphc2006@ProReg.ca.

For all other enquires, contact Shelley Callaghan at purpledog@sympatico.ca.



Travel & Employee Expense Claim Form
(In Canadian Dollars)

APPLICANT COPY

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President and Chief Operating Officer	Department: UAH and Stollery, Site Administration	
Business Phone: 407-8009	Period From: 01-Nov-06 to 30-Nov-06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62410001			316.00 \$358.40	<input checked="" type="checkbox"/>
201	0001	71110101008	62410000 69600			179.02	<input checked="" type="checkbox"/>
201	0001	71110101008	49010000			47.65	<input checked="" type="checkbox"/>
201	0001	71110101008	69500000			567.87	<input checked="" type="checkbox"/>
			62410			42.40	<input checked="" type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,152.94	<input type="checkbox"/>

256.00
60.00
154.02
25.00
✓
✓
✓

Capital Health RECEIVED
DEC 19 2006
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: 07-Dec-06

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey (Print name)	Title: Executive VP and COO, Health Services	Phone # 407-1671
(Signature)		Date 08-Dec-06
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

Recommended Coding							
<ul style="list-style-type: none"> Local Travel – Staff - 62410000 Staff Local Travel – Taxi – 62410001 Staff Travel – UNA – 62410002 Staff Provincial Travel – 62412000 (all expenses) Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> Catering – 69600000 Meals - 62410000 Mileage – 62410000 Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
29-Nov	Festival of Trees Gala Dinner				\$150.00		
22-Nov	Trip to Airport (Ft. McMurray)			154.02	166.00		
20-Nov	Dinner with Dr. Kyriakides		179.02	25.00			
23-Nov	Book Purchase					47.65	
10-Nov	Purdys Chocolates - Rx Staff Appreciation					131.12	
14-Nov	Rudy Giuliani - Appreciation tickets for staff					436.75	
25-Oct-06	Cancellation Fee - Personal trip cancelled due to business					42.40	
							Total km
							Rate as outlined in Section 2 – Travel below @
Totals			\$179.02		\$316.00	657.92	

EXPENSE LIMITS

- Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

 - Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
 - Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
- Travel**
 - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
 - Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
 - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - Monthly travel in excess of 340 kilometers; or
 - Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
 - If union contract rate differs from \$0.43 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
- Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.

LA SPIGA RISTORANTE IT
10133-125TH STREET 15K157
EDMONTON AB
774 30

1111 07 15 15:45:00

11 20
Acct # [REDACTED]
Exp # [REDACTED]
Name UEGORAN

Section 17(1),(4)(e.i)

Inv # 1634
T2247564
Auth # 09434

P. Auth Purc
Tip 25.00
Total 179.02

CUSTOMER

THANK-YOU FOR JOINING US AT
LA SPIGA
GIFT CERTIFICATES AVAILABLE
PLEASE PAY YOUR SERVER
OUR GST NUMBER IS R120718895

SUBTOTAL 145.30
TAX 8.72
TOTAL 154.02

ITEMS ORDERED AMOUNT
1 INSA BOCCONCINI 13.00
2 SCALOPINE VITEL 66.00
1 FRITTI DI MARE 16.00
2 COFFEE/TEA 4.30
1 COL CRES MERLOT 46.00

DINING : SIMON

CHECK # 7764 DATE 11/20/06
TABLE # 9 TIME 20:38

DUPLICATE CHECK *****

229601
75

AUDREYS BOOKS LTD.
10702 Jasper Ave.
EDMONTON AB T5J 3J5
(780) 423-3487 fax (780) 425-8446
toll free 1-800-661-3649

Nov-23-06 5:22 pm
229601 2 CASH REG02

GSTREG0 100337849RT

No. of items: 1

ISBN TITLE / QTY UNIT# TOTAL\$
0974386014 IF DISNEY KAN YOUR H
1 44.95= 44.95

SUBTOTAL: 44.95
GST: 2.70
TOTAL: 47.65
PAID BY VISA: 47.65

THANK YOU

SAVE RECEIPT FOR REFUND OR EXCHANGE

* HAVE YOU JOINED THE CLUB? *
* REMEMBER YOU SAVE 25% ON ALL *
* THE GLOBE @ MAIL BESTSELLERS *

AUDREYS BOOKS
10702 JASPER AVE T5J3J5
EDMONTON AB 22931686

Name: [REDACTED]
Acct # [REDACTED]

Date 06/11/23 Time 17 26 15
Exp Date [REDACTED] Auth # 089056
Card Type VI Tran Code 00
#22931686002 001957048

Subtotal
Tax
Total \$47.65

Signature X phone prep ay
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

APPLICANT COPY

Section 17(1),(4)(e.i)

DEBORAH A. GORDON

WELLER (800) 462-3456
 PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 462-4444

DATE: 1/16

FROM: 884 896 578
 TO: 144P
 PRINT NAME: 144P - 56 Parille
 CUSTOMER'S SIGNATURE: [Signature]

EST. NO. []
 AUTH. NO. []
 TIME []

DRIVER: [] UNIT NO. []
 PAY: [] MO. [] YES [] NO []

FARE	130.
INT'L	
GRATUITY	30.
TOTAL	160.

3222201

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

DEBORAH A. GORDON

WELLER (800) 462-3456
 PRESTIGE (780) 462-4444
 ADMINISTRATION (780) 462-4444

DATE: 1/16

FROM: 884 896 578
 TO: 144P
 PRINT NAME: 144P - 56 Parille
 CUSTOMER'S SIGNATURE: [Signature]

EST. NO. []
 AUTH. NO. []
 TIME []

DRIVER: [] UNIT NO. []
 PAY: [] MO. [] YES [] NO []

FARE	120.00
INT'L	20.00
GRATUITY	20.00
TOTAL	150.00

3222703

CUSTOMER COPY

Section 17(1),(4)(e.i)

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

Pharmacy - appreciation

Purdy's Chocolates

11/10/2006 11:55:26 AM DW-#98348
 Trans:2328 Terminal:030000012-608001

GST# R104423884
 VISIT: WWW.PURDYS.COM

====Transaction Receipt====
 Purdys Chocolates Store 608
 Southgate
 Edmonton, Alberta

10/2006 11:55:26 AM DW-#98:

TYPE: PURCHASE/ACHAT

kg Milk & Dark Assorted \$113.75 ACCOUNT/COMPT: \$ 131.12
 Very \$9.95 VISA

TOTAL \$123.70 CARD/CART: [REDACTED]
 \$7.42 DATE-TIME/ 06/11/10 11:55:41
 \$0.00 HEURE: REFERENCE #/ 66095058 0010011750 M

Account: 2 \$131.12 # REFERENCE: 063399
 Terminal:030000012-6080 AUTHR/AUTOR.: 01 APPROVED - THANK YOU 027

FOR HEALTH & SAFETY REASONS
 PURDY'S CANNOT ACCEPT
 REFUNDS OR EXCHANGES

THANK YOU & COME BACK SOON!

Section 17(1),(4)(e.i)



CHOCOLATES

VANCOUVER, B.C.
 CANADA V5R 5H7
 PHONE (604) 454-2777
 E-Mail chokitf@purdys.com

SEND TO: Payton Adam
 1st Floor, 12221
 Burgess Hlwy, Surrey, BC

305490
 KEEP FROM HEAT
 CONTENTS (SIZE)
 STORE NUMBER
 SHIP ON DATE

SENDER: LOON = CART

DATE OF ORDER	SHIP ON	STORE & CLERK	TELEPHONE
NOV 10 20 06	NOV 10 20 06	608 97	4078009

NO. OF BOXES	SIZE	DESCRIPTION	PRICE	AMOUNT
1	510	MILK ASSORT	113.75	113.75

OTHER INSTRUCTIONS

ENCLOSE CARD YES NO

SURFACE AIR

CANDY TOTAL	113.75
POSTAGE /DELIVERY	9.95
PACKING & INSURANCE	9.95
TOTAL	133.65
PAID ON A/C	
BALANCE DUE	

Staff appreciation

Gordon, Debbie

From: support@reply.ticketmaster.ca
Sent: Wednesday, November 08, 2006 9:48 AM
To: Gordon, Debbie
Subject: Your Ticket Order Confirmation

Thank you for purchasing tickets on Ticketmaster and choosing TicketFast(tm) as your delivery option.

*TicketFast delivers your tickets via email, you print them out! For a tutorial on how TicketFast(tm) works, click [here](#).

Your order number for this purchase is 21-23476/VAN.

This email cannot be used for entry.

*** YOU WILL RECEIVE A SEPARATE EMAIL WITH YOUR TICKETS ATTACHED ***.

If you have any other questions about your Ticketmaster purchase, we're here to help. Please [click here](#) to find out how to contact us by phone or email. If you do not receive another email with your tickets attached within 24 hours, please contact [Customer Care](#).

You purchased 5 tickets to:

Global Leadership Forum: Guest Rudy Giuliani
Shaw Conference Centre, Edmonton, AB
Tue, Nov 14, 2006 12:00 PM

Seat location: section TABLE, row 109, seats 1-5
Total Charge: CA \$436.75

Thanks again for using Ticketmaster.

Show complete [order detail](#).

Return to [Ticketmaster home](#).

You can always check your order and manage your preferences in [My Account](#).

By purchasing a ticket to an event, you indicate that you affirmatively and expressly consent to Ticketmaster sharing your email address and other information with those who bring you the event (e.g., venues, teams, artists, promoters and leagues), and that you affirmatively and expressly consent to those who bring you the event using your information to contact you by email or other means to send you marketing or other messages or using or disclosing your information in other ways. Please contact them directly to learn about their policies.

This email confirms your ticket order, so print/save it for future reference. All purchases are subject to credit card approval and billing address verification. We make every effort to be accurate, but we cannot be responsible for changes, cancellations, or postponements announced after this email is sent.

To update your information or to unsubscribe from Ticketmaster offers, [click here](#).

Note: This email was sent from an address that cannot accept incoming email. Please do not reply to this message. If you have any questions please visit our [Help Section](#).

> security and at their departure gate 30 minutes prior to the scheduled
> departure of their flight. Guests arriving at the gate
> less than 10 minutes prior to departure risk losing their reserved seat.
> * All security restrictions are subject to change. For up to date
> information on these or other Government of Canada security
> requirements please visit www.tc.gc.ca or www.catsa-acsta.gc.ca or phone
> 1-888-294-2202.
> * Check in early and choose your own seat. Use WestJet's Web check-in
> service from 24 hours to 1 hour before you fly and print
> your boarding pass before you even get to the airport. Find out more at
> www.westjet.com.
> * Check yourself in at selected airports using our Self-serve check-in
> kiosks. Select your seat, print your boarding pass and
> drop off your bag. Simply bring your confirmation number (at the top of
> this itinerary) or a card with your name on it
> (e.g. a credit card) to speed up your check-in experience. Visit
> www.westjet.com for a full list of kiosk-equipped airports.
> * To check the status of your flight and receive up-to-date flight
> information, please use our Flight Tracker at www.westjet.com.
> * In Toronto, you'll find WestJet at Terminal 3 at Pearson International
> Airport.
> * Changes: WestJet flights can be changed up until two hours prior to
> flight departure. Changes are subject to any upgrade
> in fare, and based on the type of fare being changed, may be subject to
> a fee of \$40 CAD per person.
> * Cancellations: WestJet flights can be cancelled up until two hours prior
> to flight departure. All monies paid to WestJet in
> the form of fares, fees, surcharges and taxes are non-refundable, but
> may be placed into a fully transferable WestJet Credit
> File (CF) valid for one year from the date of cancellation. Guests who
> cancel on the same day they book, can
> choose to have the full amount of their fare (plus fees, surcharges and
> taxes) placed into a WestJet CF, or request a refund
> to their credit card minus a \$20 plus tax per booking cancellation fee.
> Guests who cancel after the original date of
> booking, will be charged a fee of \$40 plus tax per person, with the
> remainder placed in a WestJet CF.
> * Credit files are not accepted as a form of payment for travel on WestJet
> Vacations bookings or any WestJet flight connecting
> to a WestJet Vacations bookings.
> * Some promotional fares may have additional fare rules specified at time
> of booking; for example, WestJet and Mosaik(R)
> Mastercard(R)* Companion flights can not be changed or cancelled.
> * Failure to show up for a flight will result in all fares, fees, charges,
> surcharges, and taxes being forfeited.
> * WestJet charges \$1 for basic or \$3 for premium headsets on all of our
> flights offering live satellite television. You can also
> bring your own headset as most are compatible with our system. If you
> decide to purchase a WestJet headset, please take them home
> for your own personal use, and remember to bring them with you on your
> next WestJet flight. Not all of WestJet's aircraft are
> currently equipped with live seatback television.
> * Complimentary snacks and beverages will be served on all flights by our
> friendly flight attendants. Guests are able to buy food
> items for \$2 on all flights over 1 hour and 40 minutes, and on flights
> over 2 hours and 30 minutes a selection of sandwiches is
> also available for \$5. Guests are also welcome to bring their own food
> onboard.
> * WestJet's baggage allowance is two checked bags (max wt 32kg/70lb per
> bag with total length+width+height 155cm /62") plus two
> pieces of carry-on baggage which must fit into each of the sizing
> devices (1 item at 55cmX23cmX40cm / 21.5"X9"X15.5" and 1 item
> a 43cmX16cmX33cm /16.5"X6"X13"; max wt 10kg/ 22lb per piece) per person.
> * In the carriage of baggage, the liability of WestJet in the case of
> destruction, loss or damage is limited to \$250.00 CAD per
> ticket per incident. WestJet assumes no liability for fragile, valuable
> or perishable articles, including money, jewellery,

> camera, video and electronic equipment, silverware, negotiable
> instruments, business documents, samples, paintings, antiques,
> furs, manuscripts or similar items contained in checked or unchecked
> baggage, or if damage results from the inherent defect,
> quality or vice of the baggage. Guests may be asked to complete a
> Limited Liability Release Form upon checking such items in.
> WestJet does not compensate for zippers, scuffs, scratches, nicks,
> dents, missing straps, feet, clips and wheels, exterior tube
> handles, or similar damage attributable to normal wear and tear. Damage
> resulting from a suitcase being over-packed or overweight
> is not covered. Please inform us of any loss or damage to luggage within
> 1 hour of your arrival.
> * Carriage is subject to the applicable tariffs, conditions of carriage
> and related regulations available at the office of the
> carrier. Carriage hereunder is subject to the rules and limitations
> relating to liability established by the Warsaw Convention.
> * AIF - Airport Improvement Fees are generally collected by WestJet at the
> time of booking. The Moncton AIF is collected at the
> airport upon departure.
> * GST/HST/QST - Where applicable, these taxes are collected on
> flights/services provided in Canada.
> * A Security Tax (Air Traveller's Security Charge) of \$4.67 CAD (plus GST
> or HST), per chargeable emplanement, is collected on
> all flights.
> * Nav Canada/Insurance Surcharge - collected on all flights.
> * Earn AIR MILES reward miles on your flight when you book online at
> westjet.com. Your reward miles are credited 2-4 weeks after
> your travel is completed. Contact AIR MILES at 1-888-AIR-MILES
> (1-888-247-6453) or visit them at www.airmiles.ca for details
> about your collector account.
> * WestJet's preferred partners offer a variety of services. Contact them
> for services across North America.
> Alamo Car Rental 1-877-603-0622
> Budget Car & Truck Rental 1-800-220-0485
> National Car Rental 1-888-354-2322
> RBC Travel Insurance Company* 1-866-812-3935 (*WestJet is not
> offering insurance or acting as the agent of RBC Insurance)
>



Travel & Employee Expense Claim Form

(In Canadian Dollars)

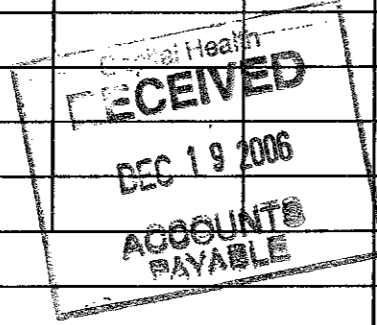
Section 17(1)

APPLICANT COPY

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President and Chief Operating Officer	Department: UAH and Stollery, Site Administration	
Business Phone: 407-8009	Period From: 04-Dec-06 to 05-Dec-06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
							<input checked="" type="checkbox"/>
201	0001	71110101008	62412000			267.24	<input checked="" type="checkbox"/>
		351.02 w					<input type="checkbox"/>
		56.22 n					<input type="checkbox"/>
						24	<input type="checkbox"/>
						367.00	<input type="checkbox"/>
Less Cash Advance						407.24	<input type="checkbox"/>
Total						\$367.24	<input type="checkbox"/>



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *[Signature]* Date: 07-Dec-06

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive VP and COO, Health Services	Phone # 407-1671
<i>[Signature]</i>		Date 08-Dec-06
Approved By: <small>(Print name)</small>	Title:	Phone #
<small>(Signature)</small>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

Recommended Coding							
<ul style="list-style-type: none"> Local Travel – Staff - 62410000 Staff Local Travel – Taxi – 62410001 Staff Travel – UNA – 62410002 Staff Provincial Travel – 62412000 (all expenses) Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> Catering – 69600000 Meals - 62410000 Mileage – 62410000 Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
04-Dec	Taxi trip to Airport				\$68.00	68.00	
04-Dec	Taxi trip from Airport to Hotel		180.02		35.00		
04-Dec	Hotel Accomodations Ottawa	196.24	16.22				
05-Dec	Taxi trip from Airport - Home				88.00	68.00	
							Total km
Rate as outlined in Section 2 – Travel below @							
Totals		\$196.24			\$171.00		

*As per Charles,
Laura Lee
Do not claim
taxi tips for TRD trip*

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

*211.00
171.00*



Travel Approval Form / Request for Advance

APPLICANT COPY

A. TRAVEL PARTICULARS Complete this section and forward to your Travel Coordinator		
Name: Deb Gordon	Signature: <i>[Signature]</i>	Employee #: [Redacted] Section 17(1)
Department: Site Administration	Office Location: UAH/Stollery	Business Phone #: -4078009
Program:	Oracle Cost Centre: 201 001 71110101008	
Destination: Ottawa		
Dates: From (day/month) 04/Dec (year) 2006 to (day/month) 05/Dec (year) 2006		
Purpose of Trip: CCDT Council Meeting (Ex-Officio)		
Travel Coordinator's Name: Laura Lee Clarke		Business Phone #: 4078009
APPROVALS:		
Supervisor (please print): Michele Lahey		Title: Executive VP and COO, Health Services
Signature: <i>[Signature]</i>	Date: 27-NOVEMBER-06	
Vice President/Chief Operating Officer Signature (for Out of Province Travel)		Date: NOV 27 2006

B. ESTIMATE OF EXPENSES (Canadian Dollars) Complete this section if your Supervisor needs to know total costs before approving travel		
1. Accommodation Charge	# 1 Nights at 375	\$375.00
2. Meals		\$50.00
3. Registration		
4. Airfare or Other Travel Costs		\$2,875.00
5. Other Expenses (please specify)		
Transportation		\$100.00
Total Estimated Travel Costs		\$3,400.00

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Requested:	Date Required:

D. TICKET/TRAVEL INFORMATION TO BE COMPLETED BY TRAVEL COORDINATOR		
Date:	Invoice Number:	Amount:
Date Information Sent to Traveler:		
Date information Received from Traveler:	Date Notified Travel Agent:	

- > Travel coordinators shall work with the Capital Health approved Travel Agency.
- > The travel coordinators will forward this form with required approvals to the Travel Agency at the time of booking by faxing it to:
 - Attention: Marlin Thomas Cook Travel – Capital Health Corporate Account
 - Fax: (780) 426-5759
- > If an advance is being requested the original Travel Approval Form should also be forwarded to:
 - Accounts Payable
Capital Health Centre
North Tower – 10th Floor, 10030-107 Street
Edmonton, AB T5J 3E4
- > All out of Province travel requires VP/COO approval as depicted in SECTION A.



1 RIDEAU STREET
OTTAWA, ON K1N 8S7
T 613 241 1414 F 613 562 7030
G.S.T. Registration #139445290

Room/Chambre : 0409
Folio # :
Cashier/Cassier # : 329
Page # : 1 of 1

Group Name/Groupe Canadian Council for Donation and Tr

Canadian Council for Donation and Transplantation
Deb Gordon

Arrival/Arrivée : 12-04-06
Departure/Départ : 12-05-06

CA

Date	Description	Additional Information/Supplémentaire	Charges	Credits
12-04-06	Room Charge		138.00	
12-04-06	Room P.S.T. (5%)		6.90	
12-04-06	Room G.S.T. (6%)		8.28	
12-04-06	Destination Marketing Fee		3.91	
12-04-06	DMF - G.S.T. (6%)		0.23	
12-05-06	In Room Dining	#0409 : CHECK #5621	38.92	
Total			196.24	0.00
Balance Due/Solde			196.24	

GST Summary / Sommaire

Room/Chambre	8.51
F&B/Restauration	1.68
Other/Autres	0.00
Total	10.19

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

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balances subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18,00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50\$ par jour (du Lundi au Vendredi) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

Clarke, LauraLee

From: Gordon, Debbie
Sent: Monday, November 27, 2006 6:45 PM
To: Clarke, LauraLee
Subject: FW: Itinerary for Deb Gordon 04dec06

PP and bring home so I can take to Calgary and Ottawa.
Thanks
Deb

-----Original Message-----

From: Clarke, LauraLee
Sent: Monday, November 27, 2006 6:08 PM
To: Gordon, Debbie s.17(1), 17(4)(g)(i)
Subject: FW: Itinerary for Deb Gordon 04dec06

Attached is the revised itinerary.

Laura Lee

-----Original Message-----

From: Peterson, Marg [mailto:Marg.peterson@marlintravel.ca]
Sent: Monday, November 27, 2006 2:20 PM
To: Clarke, LauraLee
Subject: RE: Itinerary for Deb Gordon 04dec06

Here is your new itinerary,

Marg

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN FLOOR
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611 FAX: (780) 426-5759
BRANCH N61107 GST REG NO. 885101915

DATE: 27 NOV 2006
AGENT: MARG
PNR LOC: SWB79Q

TO: CAPITAL HEALTH FOR: GORDON/DEBORAH MS
SUITE 800 NORTH TOWER 201000171110101008
10030 - 107 STREET
EDMONTON AB
T5J 3E4

--ITINERARY--

FROM TO CARRIER FLT/CL DATE DEP ARR ST

EDMONTON/INTL CALGARY AIR CANADA 8135 A 04 DEC 06 800A 855A OK
NONSTOP
EQUIPMENT-DH3 TRAVELLING TIME - :55
OPERATED BY-AIR CANADA JAZZ
FREQUENT FLYER NUMBER - AC [REDACTED] Section 17(1)
AIR CANADA BOOKING REFERENCE LGMKEA
AIR CANADA TICKET NUMBER 0142140637541
SEAT 3D

CALGARY OTTAWA AIR CANADA 124 J 04 DEC 06 600P 1150P OK
NONSTOP MEAL
EQUIPMENT-AIRBUS A319 JET TRAVELLING TIME - 3:50
FREQUENT FLYER NUMBER - AC [REDACTED] Section 17(1)
AIR CANADA BOOKING REFERENCE LGMKEA
AIR CANADA TICKET NUMBER 0142140637541
SEAT 4D

OTTAWA EDMONTON/INTL AIR CANADA 143 J 05 DEC 06 755P 1020P OK
NONSTOP MEAL
EQUIPMENT-AIRBUS A319 JET TRAVELLING TIME - 4:25
FREQUENT FLYER NUMBER - AC [REDACTED] Section 17(1)
AIR CANADA BOOKING REFERENCE LGMKEA
AIR CANADA TICKET NUMBER 0142140637541
SEAT 1F

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL4756
UNDERWRITTEN BY AXA INSURANCE CANADA

24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834

*****IMPORTANT REMINDER*****

AS OF JANUARY 2007 YOU WILL BE REQUIRED
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES

TICKET IS NON REFUNDABLE AND NON TRANSFERABLE
CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME
CHANGE FEE 40.00 PER FLIGHT SEGMENT PLUS ANY
AIRFARE DIFFERENCE IF APPLICABLE.
24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM
TO CHECK IN AND PRINT YOUR BOARDING PASS.

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR
BRANCH COLLECT AT 780 425-8611 OR LOCAL THOMAS COOK/MARLIN TRVL OFFICE.WHEN CALLING OUR
AFTER HOURS EMERGENCY TRVL CTRE - PLS QUOTE ACCESS CODE 2EC

-----Original Message-----

From: Clarke, LauraLee [mailto:LauraLeeClarke@cha.ab.ca]
Sent: Monday, November 27, 2006 11:15 AM
To: Peterson, Marg
Subject: RE: Itinerary for Deb Gordon 04dec06

Hi Marg,
Let's proceed with the change below.

Laura Lee

-----Original Message-----

From: Peterson, Marg [mailto:Marg.peterson@marlintravel.ca]
Sent: Monday, November 27, 2006 10:27 AM
To: Clarke, LauraLee
Subject: RE: Itinerary for Deb Gordon 04dec06

Hi Laura Lee

The additional we would collect would be \$1083.00.

Let me know if you would like to go ahead with this

Marg

-----Original Message-----

From: Clarke, LauraLee [mailto:LauraLeeClarke@cha.ab.ca]
Sent: Monday, November 27, 2006 10:22 AM
To: Peterson, Marg
Subject: RE: Itinerary for Deb Gordon 04dec06
Importance: High

Hi Marg,
We are now looking at upgrading the Calgary to Ottawa flight to executive class. Could you please advise what the additional cost would be? Thanks very much!

Laura Lee

-----Original Message-----

From: Peterson, Marg [mailto:Marg.peterson@marlintravel.ca]
Sent: Friday, November 24, 2006 1:33 PM
To: Clarke, LauraLee
Subject: Itinerary for Deb Gordon 04dec06

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN FLOOR
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611 FAX: (780) 426-5759
BRANCH N61107 GST REG NO. 885101915
DATE: 24 NOV 2006
AGENT: MARG
PNR LOC: SWB79Q

TO: CAPITAL HEALTH
SUITE 800 NORTH TOWER
10030 - 107 STREET
EDMONTON AB
T5J 3E4
FOR: GORDON/DEBORAH MS
201000171110101008

--ITINERARY--

FROM TO CARRIER FLT/CL DATE DEP ARR ST

EDMONTON/INTL CALGARY AIR CANADA 8135 A 04 DEC 06 800A 855A OK
NONSTOP
EQUIPMENT-DH3 TRAVELLING TIME - :55
OPERATED BY-AIR CANADA JAZZ
FREQUENT FLYER NUMBER - AC [REDACTED] Section 17(1)
AIR CANADA BOOKING REFERENCE LGMKEA
AIR CANADA TICKET NUMBER 0142140565653
SEAT 3D

CALGARY OTTAWA AIR CANADA 124 A 04 DEC 06 600P 1150P OK
NONSTOP FOOD TO PURCHASE
EQUIPMENT-AIRBUS A319 JET TRAVELLING TIME - 3:50
FREQUENT FLYER NUMBER - AC [REDACTED] Section 17(1)
AIR CANADA TICKET NUMBER 0142140565653
AIR CANADA BOOKING REFERENCE LGMKEA
SEAT 23C

OTTAWA EDMONTON/INTL AIR CANADA 143 J 05 DEC 06 755P 1020P OK
NONSTOP MEAL
EQUIPMENT-AIRBUS A319 JET TRAVELLING TIME - 4:25
FREQUENT FLYER NUMBER - AC [REDACTED] Section 17(1)
AIR CANADA BOOKING REFERENCE LGMKEA
AIR CANADA TICKET NUMBER 0142140565653

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS
FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL4756
UNDERWRITTEN BY AXA INSURANCE CANADA
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OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834

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CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME
CHANGE FEE 40.00 PER FLIGHT SEGMENT PLUS ANY
AIRFARE DIFFERENCE IF APPLICABLE.
24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM
TO CHECK IN AND PRINT YOUR BOARDING PASS.
AIR CANADA BOOKING REFERENCE LGMKEA
AIR CANADA TICKET NUMBER 0142140565653

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR
BRANCH COLLECT AT 780 425-8611 OR LOCAL THOMAS COOK/MARLIN TRVL OFFICE.WHEN CALLING OUR
AFTER HOURS EMERGENCY TRVL CTRE - PLS QUOTE ACCESS CODE 2EC0.



This e-mail may contain confidential information and any rights to privilege have not been waived.
Le présent courriel peut contenir de l'information confidentielle et aucune renonciation aux droits découlant du secret
professionnel ne doit en être inféré.

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Le présent courriel peut contenir de l'information confidentielle et aucune renonciation aux droits découlant du secret
professionnel ne doit en être inféré.

This e-mail may contain confidential information and any rights to privilege have not been waived.
Le présent courriel peut contenir de l'information confidentielle et aucune renonciation aux droits découlant du secret
professionnel ne doit en être inféré.

Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

GORDON DEBORAH		Frequent Flyer / Voyageur assidu		
EXECUTIVE CLASS/CLASSE AFFAIRES				
ETKTD142140637541				
Flight / Vol AC 0124 04DEC		From / De CALGARY	Section 17(1) Destination OTTAWA	
Boarding time / Heure d'embarquement 17:25		Gate / Porte B22	Seat / Place 04D	
Departure Time / Heure de départ 18:00		Remarks / Observations		
Airline use / À usage interne 0002 WCI00034				
Boarding Pass Carte d'accès à bord			 A STAR ALLIANCE MEMBER MEMBRE DU RÉSEAU STAR ALLIANCE	

Important

IMPORTANT SECURITY MEASURE

Please ensure you are aware of any recent security changes regarding some personal effects now prohibited as carry-on items. For full details, please consult www.aircanada.com/security.

Please have the following items ready for presentation. Without the documents you may not be allowed to board your flight:

- photo identification
- printed boarding passes
- **Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed**


E-ticket customers must be aware of the conditions of contract. Copies are available at the Air Canada counter.

Please also remember:

- You must be present at your departure gate at least 35 minutes prior to departure as indicated on your boarding pass
- We recommend that you allow extra time for airport processing such as security clearance
- When you have baggage to check-in, please proceed to the **Baggage Drop-off** position or the Air Canada check-in counter. Checked baggage will be accepted up to 4 hours prior to departure. Please allow 1 hour for baggage acceptance on flights within Canada and at least 90 minutes for all other flights.
- If the print quality of boarding pass is poor, or should you lose your printed boarding pass, you may re-print the boarding pass at a **Self-service check-in** kiosk (where available).
- In the event you are unable to travel, please go to aircanada.com and **Check-in** option, you will be offered the **Cancel** check-in option. This option is available under some rules and restrictions.




AIR CANADA 

GORDON AC 1A
 YOW 11 18 LP
 TO OTTAWA

AC 124 YOW

 0014 AC216218

Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

GORDON DEBORAH		Frequent Flyer / Voyageur assidu		
ECONOMY/E TANGO PLUS				
ETKT0142140637541				
Flight / Vol AC 8135 04DEC	From / De EDMONTON-YEG	Section 17(1) Destination CALGARY		
Boarding time / Heure d'embarquement 07:25		Gate / Porte 49	Seat / Place 03D AISLE/COULOIR	
Departure Time / Heure de départ 08:00		Remarks / Observations		
Airline use / À usage interne 0009 WCI00034				
AIR CANADA 				
<small>A STAR ALLIANCE MEMBER MEMBRE DU RÉSEAU STAR ALLIANCE</small> 				
Boarding Pass Carte d'accès à bord				

Important

IMPORTANT SECURITY MEASURE

Please ensure you are aware of any recent security changes regarding some personal effects now prohibited as carry-on items. For full details, please consult www.aircanada.com/security.

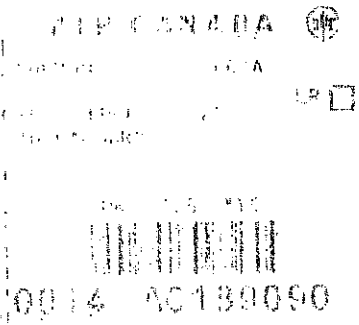
Please have the following items ready for presentation. Without the documents you may not be allowed to board your flight:

- photo identification
- printed boarding passes
- **Check the departure screens at the airport. The departure time has not changed**

E-ticket customers must be aware of the departure time

Please also remember:

- You must be present at your departure gate
- We recommend that you allow extra time for check-in
- When you have baggage to check-in, please go to the baggage check-in counter. Checked baggage will be accepted on flights within Canada and the United States
- If the print quality of boarding pass is poor, you may re-print your boarding pass at a *Self-service check-in* kiosk
- In the event you are unable to travel, please go to aircanada.com and **Check-in** option, you will be offered the **Cancel check-in** option. This option is available under some rules and restrictions.



ted on your boarding pass

the Air Canada counter.

s indicated on your boarding pass

rance

tion or the Air Canada check-in

allow 1 hour for baggage

pass, you may re-print the

2105
DEBORAH A GORDON

Section 17(1),(4)(e.i)

G.S.T.#

FROM *Residence*

TO *Harbour*

PRINT NAME

CUSTOMER'S SIGNATURE *[Signature]*

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL COVERING THE USE OF SUCH CARD. SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT

WELLS FARGO (780) 462-3456
PROVINCIAL (780) 462-4444
 ADMINISTRATION (780) 466-4600

DRIVER UNIT NO.
 AUTH. NO. *127*

DAY MO YR.
 TIME *08/19/02*

FARE	<i>65.00</i>
INT'L	
GRATUITY	
TOTAL	<i>65.00</i>

3180989

CUSTOMER COPY

Section 17(1),(4)(e.i)

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE *[Signature]*

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL COVERING THE USE OF SUCH CARD. SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT

WELLS FARGO (780) 462-3456
PROVINCIAL (780) 462-4444
 ADMINISTRATION (780) 466-4600

DRIVER UNIT NO.
 AUTH. NO. *127*

DAY MO YR.
 TIME *08/19/02*

FARE	<i>68.00</i>
INT'L	<i>2.00</i>
GRATUITY	
TOTAL	<i>70.00</i>

3297500

CUSTOMER COPY

Section 17(1),(4)(e.i)

DEBORAH A GORDON

SALES DRAFT - FACTURE

DEPT - RAYON *120406*

5731399

DESCRIPTION	AMOUNT-MONTANT
<i>12</i>	<i>26.45</i>
<i>300</i>	<i>300</i>

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE *[Signature]*

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.
 LE TITULAIRE S'ENGAGE À REMBOURSER L'ÉMETTEUR DE LA CARTE DU MONTANT TOTAL ARGUMENTÉ SUR CETTE FACTURE, CONFORMÉMENT À LA CONVENTION PRÉVOYANT L'UTILISATION DE LA CARTE.

VISA MasterCard

TOTAL \$ CDN CAN *326.45*

ESSUS DE CETTE LIGNE
 AUTHORIZATION NUMBER / NO. D'AUTORISATION

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION / CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

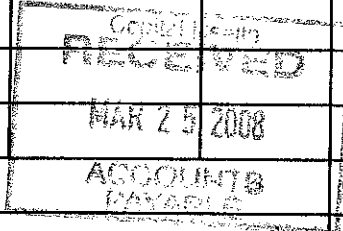
CUSTOMER COPY / COPIE DU CLIENT

APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)
Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: UAH, Stollery, and MAHI
Business Phone: 1407-8009	Period From: July 1/07 to July 31/07	


Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	69500000			\$250.00	<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
Less Cash Advance							<input checked="" type="checkbox"/>
Total						\$250.00	<input type="checkbox"/>


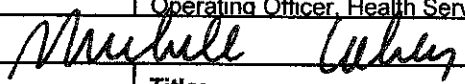


The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:  **Date:** March 13, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
<i>(Signature)</i> 		Date 17-MAR-08 MAR 19 2008
Approved By: <i>(Print name)</i>	Title:	Phone #
<i>(Signature)</i>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
July 4/07	Corporate Donation					\$250.00	
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals						250.00	

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 340 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

Corporate
donation



UNIVERSITY OF
ALBERTA

Section 17(1)

The [redacted] Memorial Scholarship



The terms of the scholarship have not been finalized by the family, however, it is anticipated that the [redacted] Memorial Scholarship will be awarded to a student with excellence in academics with a strong commitment to the arts and theatre.

Donations in memory of [redacted] can be sent to:

Chris Scott
Office of the Dean
Faculty of Medicine & Dentistry
2J1.00 W C Mackenzie Health Science Centre
Edmonton, AB T6G 2R7
(780) 492-9051

Emma Bailey Memorial Scholarship

Name (please print) DEB GORDON Enclosed method of payment

Address [redacted] cheque (made payable to the University of Alberta)

Visa Mastercard

____/____/____ Expiry date ____/____

I wish to make a gift of
 \$250 \$500 \$1000 Other \$ _____

Signature _____

Please make cheques out to the University of Alberta with the name of the Scholarship on the memo line.
Thank you for your kind support! This gift is eligible for Tax Credits and a tax receipt will be sent to you



APPLICANT COPY

DATE 04 07 2007
D D M M Y Y Y Y

Section 17(1)

PAY TO THE
ORDER OF

University of Alberta

\$ 250.00

Two hundred and fifty 00/100

100 DOLLARS

Security features
Included.
Details on back.



ROYAL BANK OF CANADA
SHERWOOD PARK BRANCH
#160, 390 BASELINE ROAD
SHERWOOD PARK, AB T8H 1X1

Section 17(1)

MEMO

[Redacted memo text]

[Handwritten signature]

RF

[Redacted area]

Section 17(1),(4)(e.i)

Travel & Employee Expense Claim Form

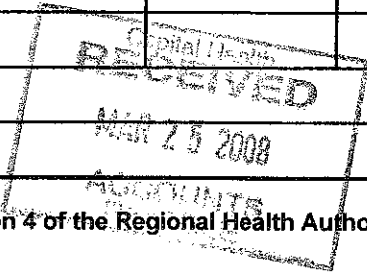
(In Canadian Dollars)
 Section 17(1)

Name: Deb Gordon	Employee Number: 	Union Name:
Position: Vice President & Chief Operating Officer	Department: UAH, Stollery, and MAHI	
Business Phone: 1407-8009	Period From: Sept 1/07	to Sep 30/07 <i>Ottawa</i>

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0001	71110101008	62300000	34.78 w 2.62 n		\$37.40	<input checked="" type="checkbox"/>	
201	0001	71110101008	62314000			56.00	<input checked="" type="checkbox"/>	
201	0001	71110101008	62314000	543.25 w 30.39 n		573.64	<input checked="" type="checkbox"/>	
201	0001	71110101008					<input checked="" type="checkbox"/>	
201	0001	71110101008					<input checked="" type="checkbox"/>	
201	0001	71110101008					<input checked="" type="checkbox"/>	
Less Cash Advance							<input checked="" type="checkbox"/>	
Total							✓ \$667.04	<input type="checkbox"/>

69.



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *[Signature]* Date: March 13, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
<small>(Signature)</small> <i>Michele Lahey</i>		Date 17-MAR-08 MAR 19 2008
Approved By: <small>(Print name)</small>	Title:	Phone #
<small>(Signature)</small>		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

(780) 462-4444
 10135 - 31 Avenue
 Edmonton, Alberta T6N 1C2
 GST# 10040307



Date: SEP. 25-07 Amount: 30.00
 Driver: MARRIOTT Car #: 828
 From: TRASHKONTAROU CA RESTAURANT

RECEIPT / REÇU
 Amount/Montant: \$26.00 Date: 22/9/07
 From/De: AIRPORT
 To/À: MARRIOTT
 Taxi #: 811 Driver/Chauffeur: TITO
Thank you / Merci

APPLICANT COPY

STARBUCKS OTTAWA MARRIOTT
 100 Kent Street
 Ottawa, Ont. K1P 5R7
 TEL: 613-238-1122 EXT4608
 ASK US ABOUT CATERING!!!
 GST# 891615684 RT0001

181 RICK
 6751 Sep24 '07 02:44PM Gst 0

Other
 Closed Check
 Reprint

1 LATTE 3.73
 1 ICED TAZO CHAI 3.77
 1 ADD SOY 0.47
 Cash 20.00

Subtotal 7.97
 Gst Tax 0.48
 Pst Tax 0.64
 PAID 9.09
 Change Due 10.91

181 Sep24 '07 02:44PM

Gratuity: _____

Total: _____

Name: _____

Room #: _____

Signature: _____

ASK US ABOUT CATERING FOR
 YOUR NEXT BUSINESS EVENT!

Eggspectation
 171 Bank, Ottawa
 171 Bank, Ottawa, Ontario, Canada
 GST: R855514733 PST 1201655761

09/24/2007
 09:16
 Jessica
 S/T T/t10

Clients # 1,2
 Addition # 1

Omelette, Asperge Suisse 10.68
 -Mixed Fruit
 Omelette, Saumon Fume 11.68
 -Mixed Fruit 0.99
 Coffee 1.49
 The

Subtotal 24.84
 GST 1.49
 PST 1.98

C5 Facture Total

28.31

MERCI

Thank You

Payment at Table

Thank You! ©

AIR CANADA

(2006-06)

ACF007 - PRINT - C

MOORE CANADA

Class | Classe

EXECUTIVE CLASS/CLASSE AFFAIRES

Flight & Date | Vol et date

AC 443 25SEP

Gate | Porte

15

Seat | Place

ET 02A

Boarding time
Heure d'embarquement

07:25

AC

To | Destination

TORONTO-T1



Where not prohibited by law
Carré où la loi l'autorise

From | De

OTTAWA

Name | Nom

GORDON

AP

0069A

YOW79834

Boarding Pass | Carte d'accès à bord

APPLICANT COPY

Class | Classe

EXECUTIVE CLASS/CLASSE AFFAIRES

Flight & Date | Vol et date

AC 175 25SEP

Gate | Porte

131

Seat | Place

ET 02D

Boarding time
Heure d'embarquement

09:30

AC

To | Destination

EDMONTON-YEG

Name | Nom

GORDON

AP

0065A

YOW79834

Boarding Pass | Carte d'accès à bord



AIR CANADA

GORDON

AC*A

J/C
YOW25SEP 08:54
TO:EDMONTON

LRO

xt classe

ET j

Name | Nom

AP

0014 AC271446 .YEG



Remarks | Observations

Empty box for Remarks/Observations

APPLICANT COPY

OTTAWA

GUEST FOLIO

ROOM NAME RATE DEPART TIME
1427 GORDON/DEB 160.00 09/25/07 06:15 6732 10011
 TYPE NKNNG CDN COUNCIL FOR DONA ARRIVE ACCT# GROUP
09/22/07 21:38
 ROOM ADDRESS PAYMENT
0 8215 112 ST VS

EDMONTON AB T6G 2C8 MR#:

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
09/22	RS FOOD	21092315	16.50	CD
09/22	RSFEDTX	21092315	1.14	
09/22	RS FDTX	21092315	1.32	
09/22	RS GRAT	21092315	7.48	
09/22	ROOM	2315, 1	160.00	
09/22	6%RM GST	2315, 1	9.60	A
09/22	5%RM PST	2315, 1	8.00	B
09/22	DMF	2315, 1	4.53	J
09/22	DMF GST	2315, 1	.27	L
09/23	ROOM	1427, 1	160.00	
09/23	6%RM GST	1427, 1	9.60	A
09/23	5%RM PST	1427, 1	8.00	B
09/23	DMF	1427, 1	4.53	J
09/23	DMF GST	1427, 1	.27	L
09/24	ROOM	1427, 1	160.00	
09/24	6%RM GST	1427, 1	9.60	A
09/24	5%RM PST	1427, 1	8.00	B
09/24	DMF	1427, 1	4.53	J
09/24	DMF GST	1427, 1	.27	L
09/25	CCARD-VS VIDEO		573.64	
PAYMENT RECEIVED BY: VISA				

----- GST # RT891615684 -----			.00
DESCRIPTION	TAXED AMOUNT		TAX
GST (AFH)			28.80
A 6% GST ROOM TAX	.00	28.80	
F 6% GST MISC	.00		.00
H 6% GST MISC INCLUSIV	.00		.00
PST (BGI)			24.00
B 5% PST ROOM TAX	.00	24.00	
G 8% PST MISC	.00		.00
I 8% PST MISC INCLUSIV	.00		.00
J DESTINATION MKT FEE	.00		13.59
K DMF PST	.00		.00
L DMF GST	.00		.81
NET CHARGES	TAX	CREDITS	FOLIO
506.44	67.20	573.64	.00

----- EXP. REPORT SUMMARY -----			
09/22	RS FOOD	16.50	
	RSFEDTX	1.14	
	RS FDTX	1.32	
			30.75

Ottawa Marriott
 100 Kent Street, Ottawa, Ontario K1P 5R7
 (613) 238-1122 • www.ottawamarriott.com

APPLICANT COPY
~~Marrriott~~
OTTAWA

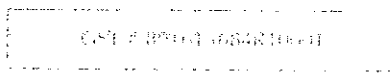
GUEST FOLIO

ROOM	NAME	RATE	DEPART	TIME	
1427	GORDON/DEB	160.00	09/25/07	06:15	6732 10011
			ARRIVE		ACCT# GROUP
TYPE	NKNG CDN COUNCIL FOR DONA		09/22/07	21:38	
ROOM CLERK	0 8215 112 ST		PAYMENT		
	EDMONTON	AB T6G 2C8	VS		
			MR#:		

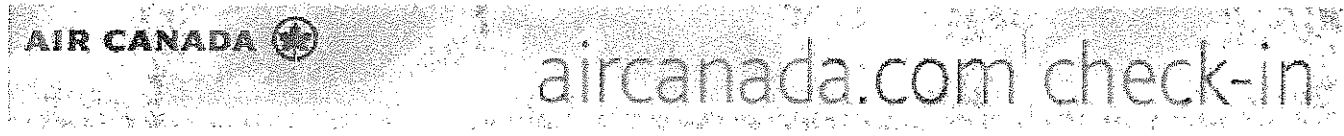
DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
------	-----------	---------	---------	-------------

----- EXP. REPORT SUMMARY -----				
09/22	RS GRAT		7.48	
	ROOM		160.00	
	6%RM GST		9.60	
	5%RM PST		8.00	
	DMF		4.53	
	DMF GST		.27	
				208.84
09/23	ROOM		160.00	
	6%RM GST		9.60	
	5%RM PST		8.00	
	DMF		4.53	
	DMF GST		.27	
				182.40
09/24	ROOM		160.00	
	6%RM GST		9.60	
	5%RM PST		8.00	
	DMF		4.53	
	DMF GST		.27	
				182.40

**WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM**

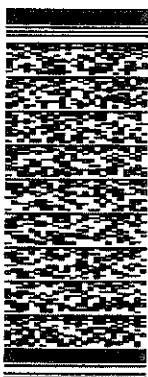

 Ottawa Marriott
 100 Kent Street, Ottawa, Ontario K1P 5R7
 (613) 238-1122 • www.ottawamarriott.com

APPLICANT COPY



Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

GORDON DEBORAH		Frequent Flyer / Voyageur assidu		
AC JAZZ ECONOMY / ECONOMIQUE		Section 17(1)		
ETKTD144984167120				
Flight / Vol	From / De	Destination		
AC 8985 22SEP	MONTREAL	OTTAWA		
Boarding time / Heure d'embarquement	Gate / Porte	Seat / Place		
19:55		01D		
		AISLE/COULOIR		
Departure Time / Heure de départ	Remarks / Observations			
20:30				
Airline use / À usage interne	0008 WCI00036			
Boarding Pass Carte d'accès à bord		 A STAR ALLIANCE MEMBER MEMBRE DU RESEAU STAR ALLIANCE		

Important

IMPORTANT SECURITY MEASURE

Please ensure you are aware of any recent security changes regarding some personal effects now prohibited as carry-on items. For full details, please consult www.aircanada.com/security.

Please have the following items ready for presentation. Without the documents you may not be allowed to board your flight:

- photo identification
- printed boarding passes
- **Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed**

E-ticket customers must be aware of the conditions of contract. Copies are available at the Air Canada counter.

Please also remember:

- You must be present at your departure gate at least 35 minutes prior to departure as indicated on your boarding pass
- We recommend that you allow extra time for airport processing such as security clearance
- When you have baggage to check-in, please proceed to the specific **Air Canada Web bag drop-off counter**. Checked baggage will be accepted up to 4 hours prior to departure from Canada and US and up to 3 hours prior to departure from other countries. Please allow 1 hour for baggage acceptance on flights within Canada and at least 90 minutes for all other flights.
- If the print quality of boarding pass is poor, or should you lose your printed boarding pass, you may re-print the boarding pass at a *Self-service check-in kiosk* (where available).
- In the event you are unable to travel, please go to aircanada.com and **Check-in** option, you will be offered the **Cancel check-in** option. This option is available under some rules and restrictions.


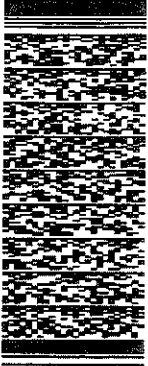


APPLICANT COPY

AIR CANADA 

aircanada.com check-in

Printing your boarding pass(es)

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GORDON DEBORAH		Frequent Flyer / Voyageur assidu	
EXECUTIVE CLASS/CLASSE AFFAIRES		Section 17(1)	
ETKT0144984167120			
Flight / Vol	From / De	Destination	
AC 0176 22SEP	EDMONTON-YEG 	MONTREAL	
Boarding time / Heure d'embarquement	Gate / Porte	Seat / Place	
12:30	34	01A	
		WINDOW/HUBLOT	
Departure Time / Heure de départ	Remarks / Observations		
13:05			
Airline use / À usage interne	0001 WCI00036		
Boarding Pass Carte d'accès à bord		 AIR CANADA  <small>A STAR ALLIANCE MEMBER</small> <small>MEMBRE DU RESEAU STAR ALLIANCE</small> 	

NEW! Connecting Airport information

Your itinerary indicates a connection at the following airport(s). To view the Terminal layout and obtain Customs and Immigration information please click on the following link(s):

Montreal Trudeau, PQ

aircanada.com/en/travelinfo/airport/yul_ca_ca.html

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APPLICANT COPY
Travel & Employee Expense Claim Form

(In Canadian Dollars)
Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: UAH, Stollery, and MAHI	
Business Phone: 407-8009	Period From: Oct 13/07	to Oct 17/07

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	61540040			\$79.50	<input checked="" type="checkbox"/>
201	0001	71110101008	62300000			897.46	<input checked="" type="checkbox"/>
201	0001	71110101008	62314000			1,262.88	<input checked="" type="checkbox"/>
201	0001	71110101008	62314000			50.00	<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
Less Cash Advance							<input checked="" type="checkbox"/>
Total						\$2,289.84	<input type="checkbox"/>

RECEIVED
MAR 25 2008

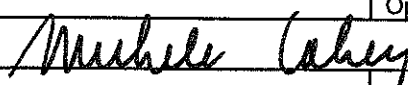
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: 

Date: March 13, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
<i>(Signature)</i> 		Date 17-MAR-08 2008
Approved By:	Title:	Phone #
<i>(Signature)</i>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)

690

APPENDIX A - TRAVEL EXPENSES

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
oct 13/07	Hotel Accommodation	\$315.72				37.27	
Oct 13/07	Taxi				40.00	2.73	
Oct 14/07	Meal - dinner		160.88				
Oct 14/07	Hotel Accommodation	315.72					
Oct 14/07	Meal - Dinner		60.06				
Oct 14	Banquet Ticket			79.50			
oct 14/07	Meal		14.25				
Oct 14/07	Meal		28.00				
Oct 14/07	Meal		14.00				
Oct 15/07	Hotel Accommodation	315.72				9.34	
Oct 15/07	Taxi				10.00	.56	
Oct 15/07	Meal - Dinner		422.83				
Oct 16/07	Hotel Accommodation	315.72					
Oct 16/07	Meal - Lunch		18.61				
Oct 16/07	Meal		175.48				
Oct 17/07	Meal - Breakfast		3.35				
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals		\$1,262.88	\$897.46	\$79.50	\$50.00		

EXPENSE LIMITS

1174.48 w 749.24 n
88.40 n 148.22

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY



aircanada.com check-in

Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

GORDON DEBORAH		EXECUTIVE CLASS/CLASSE AFFAIRES		Frequent Flyer / Voyageur assidu	
ETKT0144984237996					
Flight / Vol	From / De	Section 17(1) Destination			
AC 0176 13OCT	EDMONTON-YEG	MONTREAL			
Boarding time / Heure d'embarquement	Gate / Porte	Seat / Place			
12:30	02F	02F			
		WINDOW/HUBLOT			
Departure Time / Heure de départ	Remarks / Observations				
13:05					
Airline use / À usage interne	0006 WCI00023				
Boarding Pass Carte d'accès à bord			<p>A STAR ALLIANCE MEMBER MEMBRE DU RÉSEAU ETAR ALLIANCE</p>		

Important

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- printed boarding pass
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- We recommend that you allow extra time for airport processing such as security
- When you have baggage to check-in, please proceed to the specific Air Canada baggage claim counter. Baggage will be accepted up to 4 hours prior to departure from Canada and from other countries. Please allow 1 hour for baggage acceptance on flights to all other flights.
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AIR CANADA

AC*A LR

GORDON
J/C
YEG 13 OCT 12:02
TO: MONTREAL

AC 176 YUL

0014 AC643055

APPLICANT COPY

LE SENATEUR
254 ST-PAUL EST
MONTREAL
(514)866-5174

*** FACTURE ***

TABLE #11	20:51	
PINOT GRIGIO		36.95
LANGOUSTINE PROV.		34.95
HOMARD GRILLE		36.95
2 \$ 6.95		
VERRE DE BLANC		13.90

T.P.S.	7.37
T.V.Q.	9.76

TOTAL 139.88

TIME 22:12 13/10/2007
RECU #27-1 CLERK YUGO

MERCI
THANK-YOU

TPS# 143155950
TVQ# 1022680940

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
TO CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT.

DEBORAH GORDON

LE TITULAIRE S'ENGAGE A REMBOURSER
L'EMETTEUR DE LA CARTE DU MONTANT TOTAL
FIGURANT SUR CETTE FACTURE CONFORMEMENT
A LA CONVENTION REGISSANT L'UTILISATION
DE LA CARTE.

01 APPROUVEE 027 NO. AUTOR. 064551
01 APPROVED 027 AUTH. # 064551
MERCI/THANK YOU 124

POURBOIRE/TIP 21.00
TOTAL 160.88

CARTE/CARD
EXPIRATION/EXPIRY
TYPE
DATE-HEURE/TIME
RECU/RECEIPT
AUTORISATION
AUTHORIZATION
MONTANT/AMOUNT \$139.88

VISA 5181
2007/10/13 22:16:05
580011858-753-021

RESTAURANT SENATEUR
254 ST PAUL EST
MONTREAL QC

ACF600T - PRINT - C MOORE CANADA (2006-05)

Class | Classe
EXECUTIVE CLASS/CLASSE AFFAIRES

Flight & Date | Vol et date
AC 179 17OCT

Gate | Porte
ASO

Boarding time
Heure d'embarquement 08:55

From | De
MONTREAL

To | Destination
EDMONTON - YEG

Name | Nom
GORDON

Airline use | Usage interne

Boarding Pass | Carte d'accès à bord

Seat | Place
03C

Where not prohibited by law
Sauf où la loi l'interdit

Remarks | Observations

EDMONTON - YEG

AIR CANADA



Name | Nom
GORDON AP

Seat & Class | Place et classe
03C ET J

APPLICANT COPY

*** BONAVENTURE HILTON ***
 *** L E B E L V E D E R E ***
 TPS: 844425769 TVQ: 1212362957
 3003 Team Soir 3

31 / 1 3432
 160CT'07 22:01

1 Fume Bl.Fetzer 44.00
 3 @ 9.00
 V-Fume blanc Fet 27.00
 1 V.peyrague 11.00
 1 1 Pt Molson Dry 8.50
 1 Rickard's Fut 5.50
 2 1/4 Perrier @ 4.75 9.50
 2 @ 9.50
 Long Island Tea 19.00
 1 The 2.95
 1 Cafe au Lait 4.00
 1 Baileys 8.50
 Sous Total : 139.95
 Taxe Fed. 6% 8.40
 Taxe Prov. 7.5% 11.13
 TOTAL DU : **\$159.48**

Service/Tips : _____
 TOTAL : _____
 Nom/Name : _____
 Compagnie : _____

HMSHOST
 SECOND CUP COFFEE G148
 AEROPORT DE MONTREAL

5111 MARIE-CL

CHK 117 170CT'07 8:01

1 LAIT 1.39
 1 RG CROISSANT 1.55
 SOUS-TOTAL 2.94
 2.94 T.P.S. 217101 0.18
 3.12 T.V.Q. 217010 0.23
 TOTAL 3.35
 Argent 10.00
 A REMETTRE 6.65

MERCI D'AVOIR VISITE SECOND CUP
 HMS HOST
 TPS#

HMSHOST
 (514) 899 0079

Document carte de credit

CHECK: 3432
 TABLE: 31/1
 SERVER: 3003 Team Soir
 DATE: 160CT'07 23:26
 CARD TYPE: Visa Section 17(1),(4)(e.i)
 ACCT #: [REDACTED]
 EXP DATE: [REDACTED]
 AUTH CODE: U4645U
 DEBORAH GORDON

SUBTOTAL: 159.48
 Veuillez signer les 2 copies

Pourboire : 16.00

Total General: 175.48

Signature : _____

Telephone : _____

MERCI -- THANK YOU

PROREG REGISTRATION S
 2805 EXTENSION RD NANAIMO
 ID: C4746699
 STORE: 4746699 SLIP #: 673
 SALE \$79.5
 SIGNATURE X Section 17(1),(4)(e.i)
 VISA [REDACTED]
 SEQ 357001001013 AUTH 016211 IS000-1
 APPROVED
 DATE Oct 14 2007 TIME 9:50 am

REÇU - RECEIPT

DATE 12/16/07
 \$ 40.75
 TRS & TVQ, include G.S.T. & H.S.T. included

VOYAGE DE/FROM: [REDACTED]
 TRIP: [REDACTED]

No. Vignette: [REDACTED]
 Sticker No.: [REDACTED]
 No. Auto: [REDACTED]
 Car No.: [REDACTED]
 G.S.T. [REDACTED]

No. Permis de Travail: [REDACTED]
 Work Permit No.: [REDACTED]

CHAMPLAIN TAXIS INC. (514) 273-4445
 ADMINISTRATION: (514) 273-3377
 Signature du chauffeur: [REDACTED]
 Driver's signature: [REDACTED]

REÇU DE TAXI RECEIPT

DATE
 J/D 15 M/M 10 A/D 07

MONTANT - AMOUNT
 Toutes les taxes incluses
 All taxes included

10 \$

No du permis de travail
 Drivers's work permit

27486

No de vignette

CAPAC
 HOTEL
 ORIGINE / DEPARTURE

125
 DESTINATION

Signature

Chauffeur / Drive

APPLICANT COPY

*** DUPLICATA ***

COUCHE-TARD INC. / CAFE DEPOT
1287, DE MAISONNEUVE OUEST
MONTREAL
QUEBEC
H3G 1M1

2007/10/16 13:13 747
Caisse: 01 01 3

Produit	Total Tx
CAFE LATTE MOYEN	2.90 FP
SANDWICHE	9.38 FP
2 @ 4.69	
PATISSERIE 4	2.30 FP
THE/TI.LANE	1.75 FP
S-total	16.33
TPS	0.98
TVQ	1.30
Total	18.61

Recu can\$
COMPTANT 20.00
18.61

Remise 1.39

Caissier: 999 # 35741
20071016

Merci !
#TVP: 1002873075
#TPS: 100853829

14/10/2007
VIN ROUGE MAISON 7.00
PORT REGULIER 7.25
COMPTANT 14.25
TOTAL 28.50
MARC-ANDRE 18:58R

14/10/2007
VIN BLANC MAISON 7.00
VIN BLANC MAISON 7.00
VIN ROUGE MAISON 7.00
VIN ROUGE MAISON 7.00
COMPTANT 28.00
TOTAL 56.00
MARC-ANDRE 18:58R

BUONA NOTTE
3518, BOUL ST-LAURENT
POUR RESERVATION 848-0644

LUN 15 OCTOBRE 2007
ADDITION #166370-2
TABLE #51
DUPLICATA

3 ANTIPASTO MARE 1P	\$90.00
1 PAGLIA E FIENO	\$25.00
1 IPOGLOSSO	\$30.00
1 OSSOBUCO=TH	\$34.00
3 MIGHTY LEAF THE	\$9.24
2 PELLEGRINO BOTTLE	\$13.18
2 SOAVE VERRE	\$14.00
1 Poggio Guardia 6300	\$60.00
1 230 FEUDI ROMANS 1T	\$43.00
SOUS-TOTAL	\$318.42
T.V.Q/P	\$25.31
T.P.S	\$19.10
TOTAL	\$362.83

SEULEMENT A LA TABLE
GRATUITY NOT INCLUDED
POURBOIRE NON INCLUS
MERCI...
www.buonanotte.com
Heure: 22:32 3 CLIENTS

T.P.S#131441784
T.V.Q#1011390061

VOUS AVEZ ETE SERVI
PAR : CLAUDIA

126

14/10/2007
VIN BLANC MAISON 7.00
VIN BLANC MAISON 7.00
COMPTANT 14.00
TOTAL 28.00
MARC-ANDRE 18:58R

RELEVÉ DE TRANSACTION
TRANSACTION RECORD

BUONA NOTTE
3518, BOUL ST-LAURENT
POUR RESERVATION 848-0644

CARTE/CARD: VISA Section 17(1),(4)(e.i)
No. [REDACTED]
Entree/Entry: Lue/Swiped
AUTOR./AUTHOR.: 068346
Marchand/Retailer: 46603002
TERMINAL: 3
REFERENCE: 166370

ACHAT/PURCHASE \$362.83

POURBOIRE/TIP 60.00

TOTAL \$422.83

MERCI - THANK YOU
15 OCTOBRE 2007 22:32:52
Nom du serveur : CLAUDIA

COPIE DU CLIENT

APPLICATION COPY

Hilton
Montréal Bonaventure

900 de la Gauchetière ouest • Montréal, Québec H5A 1E4
 Phone (514) 878-2332 • Fax (514) 878-1442
 Reservations
 www.hiltonmontreal.com or 1 800 HILTONS
 TPS/GST 844425769 TVQ/QST 1212352957

Nom et adresse / Name & Address

GORDON, DEB
 1F1 17 WMC
 8440 112 STREET
 EDMONTON, AB T6G 2B7
 CA
 CDN ASS OF PAEDIATRIC HEALTH CE

Chambre/ Room 2445/K1E
 Date d'arrivée/ Arrival Date 10/13/07 8:07PM
 Date de départ/ Departure Date 10/17/07
 Adulte/Enfant/ Adult/Child 1/0
 Tarif/ Room Rate 269.00

TYPE/RATE PL C-CAP

HH#

AL:

BONIS/BONUS: AUTO:

CONFIRMATION #: 3282374170

10/17/07 PAGE 1

Date	Description	ID	Ref. No.	Charges	Credits	Balance
10/13/07	CHAMBRE/GUEST ROOM	AUDIT	1840800	\$269.00		
10/13/07	TAXE TPS/GST	AUDIT	1840800	\$16.62		
10/13/07	TAXE TVQ/QST	AUDIT	1840800	\$22.03		
10/13/07	TAXE HEBERGEMENT\LODGING	AUDIT	1840800	\$8.07		
10/14/07	*ROOM SERVICE	LINTR	1841691	\$53.93		
10/14/07	1-GST	LINTR	1841691	\$2.64		
10/14/07	2-QST	LINTR	1841691	\$3.49		
10/14/07	CHAMBRE/GUEST ROOM	AUDIT	1842194	\$269.00		
10/14/07	TAXE TPS/GST	AUDIT	1842194	\$16.62		
10/14/07	TAXE TVQ/QST	AUDIT	1842194	\$22.03		
10/14/07	TAXE HEBERGEMENT\LODGING	AUDIT	1842194	\$8.07		
10/15/07	CHAMBRE/GUEST ROOM	AUDIT	1843392	\$269.00		
10/15/07	TAXE TPS/GST	AUDIT	1843392	\$16.62		
10/15/07	TAXE TVQ/QST	AUDIT	1843392	\$22.03		
10/15/07	TAXE HEBERGEMENT\LODGING	AUDIT	1843392	\$8.07		
10/16/07	CHAMBRE/GUEST ROOM	AUDIT	1844795	\$269.00		
10/16/07	TAXE TPS/GST	AUDIT	1844795	\$16.62		
10/16/07	TAXE TVQ/QST	AUDIT	1844795	\$22.03		
10/16/07	TAXE HEBERGEMENT\LODGING	AUDIT	1844795	\$8.07		
	PAYE PAR/SETTLED TO VS	*5315				\$1,322.94
	EFFECTIVE BALANCE OF					\$0.00

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Zip-Out Check-Out®

Bonjour! Nous espérons que votre séjour avec nous a été agréable. Avec Départ Express il n'est pas nécessaire de vous présenter à la Réception.

La facture ci-jointe est votre reçu et reflète les éléments facturés à votre compte jusqu'à hier soir. Vous pouvez acquitter les frais additionnels soit à la Réception au départ, ou encore, ils seront portés à votre carte de crédit.

Sur demande, nous vous posterons un relevé de compte à jour, en dedans de deux jours. Pour compléter votre Départ Express:

- + Communiquez avec la Réception, de votre chambre, pour les informer de votre départ.
- + Vous pouvez laisser la carte clé dans la chambre.

SVP contactez la Réception si vous désirez prolonger votre séjour ou si vous avez des questions au sujet de votre facture.

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out®, there is no need to stop at the Front Desk to check out.

Please review this statement. It is a record of your charges as of late last evening.

For any charges after your account was prepared, you may:

- + pay at the time of purchase.
- + charge purchases to your account, then stop by the Front Desk for an updated statement.

+ or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. your account will be automatically checked out and you may use this statement as your receipt. **Free** to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

Date de la charge Date of Charge	Numéro de folio/Check No. 252821 A
Autorisation / Authorization	
Achats & Services / Purchases & Services	
Taxes	
Pourboires & Divers / Tips & Misc.	
Montant total Total Amount	

APPLICATION COPY

Hilton
Montréal Bonaventure

900 de la Gauchetière ouest • Montréal, Québec H5A 1E4
 Phone (514) 878-2332 • Fax (514) 878-1442
 Reservations
 www.hiltonmontreal.com or 1 800 HILTONS
 TPS/GST 844425769 TVQ/QST 1212352957

Nom et adresse / Name & Address

GORDON, DEB
 1F1 17 WMC
 8440 112 STREET
 EDMONTON, AB T6G 2B7
 CA
 CDN ASS OF PAEDIATRIC HEALTH CE

Chambre/Room 2445/K1E
 Date d'arrivée/Arrival Date 10/13/07 8:07PM
 Date de départ/Departure Date 10/17/07
 Adulte/Enfant/Adult/Child 1/0
 Tarif/Room Rate 269.00

TYPE/RATE PL C-CAP

HH#

AL:

BONIS/BONUS: AUTO:

CONFIRMATION # : 3282374170

10/17/07 PAGE 2

Date	Description	ID	Ref. No.	Charges	Credits	Balance
SOM DES DEPENSES/SUMMARY						
		10/13/07	10/14/07	10/15/07	10/16/07	TOTAL
ROOM & TAX	\$315.72	\$315.72	\$315.72	\$315.72		\$1,262.88
NOUR+BOISS/F&B	\$0.00	\$53.93	\$0.00	\$0.00		\$53.93
AUTRES/OTHER	\$0.00	\$6.13	\$0.00	\$0.00		\$6.13
TOT JOUR/DAI	\$315.72	\$375.78	\$315.72	\$315.72		\$1,322.94
		10/25/07				
ROOM & TAX	\$0.00					
TOT JOUR/DAI	\$0.00					

T
H
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Zip-Out Check-Out®

Bonjour! Nous espérons que votre séjour avec nous a été agréable. Avec Départ Express il n'est pas nécessaire de vous présenter à la Réception.
 La facture ci-jointe est votre reçu et reflète les éléments facturés à votre compte jusqu'à hier soir. Vous pouvez acquitter les frais additionnels soit à la Réception au départ, ou encore, ils seront portés à votre carte de crédit.
 Sur demande, nous vous posterons un relevé de compte à jour, en dedans de deux jours. Pour compléter votre Départ Express:
 + Communiquez avec la Réception, de votre chambre, pour les informer de votre départ.
 + Vous pouvez laisser la carte clé dans la chambre.
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 + pay at the time of purchase.
 + charge purchases to your account, then stop by the Front Desk for an updated statement.
 + or request an updated statement be mailed to you within two business days.
 Simply call the Front Desk from your room and tell us when you are ready to depart. your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

Date de la charge Date of Charge	Numéro de folio/Check No. 252821 A
Autorisation / Authorization	Initiales/initiale
Achats & Services / Purchases & Services	
Taxes	
Pourboires & Divers / Tips & Misc.	
Montant total Total Amount	

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Deb Gordon		Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: UAH, Stollery, and MAHI	
Business Phone: 407-8009		Period From: Nov 1/07	to Nov 31/07

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0001	71110101008	62320000			\$156.00	<input checked="" type="checkbox"/>	
201	0001	71110101008	6230000			185.82	<input checked="" type="checkbox"/>	
201	0001	71110101008	41010000			524.73	<input checked="" type="checkbox"/>	
201	0001	71110101008	61530030			319.69	<input checked="" type="checkbox"/>	
201	0001	71110101008	69500000			450.09	<input checked="" type="checkbox"/>	
201	0001	71110101008	61500010			95.39	<input checked="" type="checkbox"/>	
Less Cash Advance								<input checked="" type="checkbox"/>
Total							✓ \$1,731.63	<input type="checkbox"/>

690
126.00
30.00
155.82
30.00
w
w
notky
w

Capital Health
RECEIVED
MAR 26 2008
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:	Date: March 14, 2008
---------------------	----------------------

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey (Print name)	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
(Signature)		Date MAR 25 2008
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE LIMITS

6/6/07

Recommended Coding							
<ul style="list-style-type: none"> Local Travel – Staff - 62410000 Staff Local Travel – Taxi – 62410001 Staff Travel – UNA – 62410002 Staff Provincial Travel – 62412000 (all expenses) Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> Catering – 69600000 Meals - 62410000 Mileage – 62410000 Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Npv 16/07	Christmas Cards - Vista Pmt.					\$524.73	<i>W</i>
Nov 16/07	Book - Audreys Books					95.39	<i>W</i>
Nov 6/07	SOO Retreat - Courtyard Edm.			<i>155.82</i>		<i>319.69</i>	<i>155.82</i>
Nov 2/07	Meal - Fairmont Hotel		185.82	<i>30.00</i>			
Nov 2/07	Gift Cert. (SH) - Bacon					200.00	<i>no tax</i>
Nov 6/07	Parking				<i>26.00</i>		
Nov 2/07	Taxi-Thank You HI Event				130.00	<i>100.00 30.00</i>	
Nov 9/07	Donation for Dave D-SCHF					<i>50.00</i>	<i>W</i>
Nov 9/07	Donation for-Shuaib-UHF					<i>200.00</i>	<i>W</i>
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals			\$185.82		\$156.00	1,389.81	

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY

DORAN A GORDON

Prestige
Simonsine
 10135 - 31 Avenue
 Edmonton, Alberta T6N 1C2
463-5000
 ADMIN. 465-8500 FAX: 462-2722
 Date: *11/07* Amount/Montant \$ *150* Car/Voiture # *839*
 Driver/Chauffeur: *Res*
 From/De: *Res* G.S.T. #
 To/A: *Shaw + Res*
 PLEASE CALL AGAIN
 AU PLAISIR DE VOUS REVOIR

TO: *10135 31 Avenue*

PRINT NAME: *DORAN A GORDON*

CUSTOMER'S SIGNATURE: *[Signature]*

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

TIME: *08:11* DATE: *11/07*

FARE	INTL	GSA/TY	TOTAL
			<i>150.00</i>

2825297

PRESTIGE (780) 462-3456
 ADMINISTRATION (780) 465-8500
 (780) 462-4444

CUSTOMER COPY

AUDREYS BOOKS LTD
 10702 JASPER AVE T5J2A7
 EDMONTON AB
 22331686

11-16-2007 12:26:46
 Acct # *[Redacted]* M
 Exp Date *[Redacted]* Card Type VI
 Name: *[Redacted]*
 Trace # 170019
 FS2233168601
 Auth # 087453 RRN 001017019

Total \$95.39

Customer copy

AUDREYS BOOKS LTD.
 10702 Jasper Ave.
 EDMONTON AB T5J 2A7
 (780) 423-3447 fax (780) 423-8446
 toll free 1-800-661-3643

Nov-16-07 12:10 PM
 E79011 1 CASH RECEIPT
 GSTREGD 100337849RT

1567932274	REVIEWING SAFE & REL	1	89.99	=	89.99
------------	----------------------	---	-------	---	-------

SUBTOTAL: 89.99
 GST: 5.40
 TOTAL: 95.39

PAID BY VISA: 95.39

SPECIAL ORDER SALE IS FINAL
 AND NON-REFUNDABLE

THANK YOU

SAVE RECEIPT FOR REFUND OR EXCHANGE

 * HAVE YOU JOINED THE CLUB? *
 * REMEMBER YOU SAVE 25% ON ALL *
 * THE GLOWE & MAIL BESTSELLERS *

Parking
 500 Park St
 Quality Shuttle
 Parking Services

IMPARK EDMONTON

impark

Machine # 02000401
 Exp: 11/16/07

Section 17(1),(4)(e.i)

NOV 17 2007
 6:00AM

TICKET VOID IF RE-SOLD
 VOID IF RE-SOLD

PLACE THIS SIDE UP

BACON RESTAURANT
 A RESTAURANT BY ALBERTA
 6509 - 112 Avenue
 Edmonton AB Tel. 477-2422
 G.S.T. # R123456789

TABLE 300
 1x OPEN FOOD 200.00 200.00
 FOOD 200.00
gift cert.
 SUBTOTAL 200.00

APPLICANT COPY

CONNECTING RECEIPT
 65711790
 16331
 H ONV
 s.17(1), 17(4)(e.i)
 40789.4 = 2416.48
 47712

Fairmont Hotel Macdonald
 The Confederation Lounge

125 LEAH
 16/1
 NOV02 07 10:43PM
 CHK 5181 GST 3

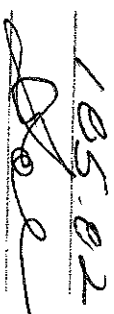
- 1 PORK DUMPLING 14.00
- 1 PRAWN SKILLET 17.00
- 2 CALAMARI LMP 32.00
- 4 BOLINI P. GRIG GL 44.00
- 2 GL BERG FOUNDER 20.00
- 2 GL ENKOTHESS 14 20.00

Food 63.00
 Liquor 20.00
 Wine 64.00
 Total Due \$155.82

FAIRMONT HOTEL MACDONALD
 GST #848543619

GRATUITY
 TOTAL
 ROOM #
 PRINT NAME
 SIGNATURE
 NOT A CREDIT CARD VOUCHER
 PLEASE PAY YOUR SERVER

Fairmont Hotels & Resorts
 Fairmont Hotel Macdonald
 The Confederation Lounge
 10065-100 Street
 Edmonton, Alberta T5J0N6
 (780) 424 5181
 CHECK: 5181
 TABLE: 16/1
 SERVER: 125 LEAH
 DATE: NOV02'07 11:48PM
 CARD TYPE: VISA
 ACCT #:
 EXP DATE: XX/XX
 AUTH CODE: 022516
 DEBORAH GORDON

SUBTOTAL: 155.82
 GRATUITY 30.00
 TOTAL 185.82
 SIGNATURE 
 132

PLEASE RETURN A SIGNED COPY
 TO YOUR SERVER



APPLICANT COPY

See your balance on-line
Did you know you can check out your Starbucks Card account balance on-line?
For more information visit www.starbucks.com/card or call 1-800-STARBUCC.

STARBUCKS DUETTO VISA CARD
DEBORAH A GORDON
STATEMENT FROM NOV 08 TO DEC 07, 2007

MAR 25 2008
Mashey

1 OF 3



Table with columns: DATE, ACTIVITY DESCRIPTION, AMOUNT (\$). Includes entries for BACON RESTAURANT INC, YELLOW CAB, CANADAHELPS.ORG, VISTAPRINT, UNIVERSITY HOSPITALS, and COURTYARD EDMONTON.

IMPORTANT INFORMATION Non-Responsive

DUETTO DOLLARS EARNED*
* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
Duetto Dollars information 1-800-782-7282
Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION Non-Responsive

Minimum payment
Payment due date DEC 28, 2007
Credit limit
Available credit
Annual interest rate 19.50%

CALCULATING YOUR BALANCE

Table with columns: Description, Amount. Includes Previous Statement Balance, Payments & credits, Purchases & debits, Cash advances, Interest, Fees (Non Responsive), and NEW BALANCE.

Your purchases could be free!

Your Visa* holiday purchases could be FREE. Just use your Visa card this month for a chance to win your monthly Visa purchases, up to \$100,000. There is a winner for every day of the contest. No purchase necessary. Call 1-866-800-4601 or visit www.visawinwhatyoubuy.ca for full contest details.

- By phone confirm # 1602.

RBC0150070_9434075_005_3886
MRI-00-3-3-2-4-D

APPLICANT COPY



One Thornton Court
99 Street & Jasper Avenue
Edmonton, Alberta T5J 2E7

November 27, 2007

Attention: Laura Lee Clarke
Capital Health

Fax: 780-407-7418

Dear Laura Lee:

The Courtyard by Marriott Edmonton was delighted to host your event. We value you, our customer and hope we met your needs and exceeded your expectations.

Attached is the folio/banquet event order and the total amount that has been charged to your credit card.

I welcome the opportunity to speak with you regarding any feedback you can provide so that we may continue to enhance our service. So please do not hesitate to call me directly at (780) 945-4735.

Again, thank you for your business. We hope to serve you again soon.

Sincerely,

Celia Danici
Catering/Sales Manager
Courtyard by Marriott Edmonton
Telephone: 780.945 4735
Fax: 780-945-4731

APPLICANT COPY
Courtyard Edmonton

One Thornton Court Edmonton, Alberta Canada T5J2E7
 Phone: 780-423-9999 - Fax: 780-423-9998

Banquet Check

BEO#: 2247

Group Name: Capital Health
Post As: Capital Health
Address: University of Alberta Hospital, 1F1.16
 8440 - 112 Street
 Edmonton, Alberta T6G 2B7

Site Contact: Laura Lee Clarke

Day/Date	Time	Room	Function	Gtd
Tuesday, November 06, 2007	7:30 am	Jasper Suite	Meeting	5

NO.	FOOD	PRICE	SUBTOTAL	TOTAL
5	Assorted fresh baked muffins	2.00	10.00	
5	Freshly brewed coffee and assorted tea bags	3.25	16.25	
5	reshly brewed coffee and assorted tea bags	3.25	16.25	
5	Working Lunch	13.95	69.75	
	Total Food:		112.25	
	Service Charge %:	15.00	16.84	
	Sales Tax %:	6.00	7.75	
				136.84

NO.	MISCELLANEOUS	PRICE	SUBTOTAL	TOTAL
1	15% Gratuity applicable to all charges		0.00	
1	Courtyard by Marriott requires 14 days notice of cancellation or 50% of all charges will apply. Less than 72 hours, 100% of all charges will be charged		0.00	
1	Courtyard by Marriott does not accept responsibility for any items left or lost from the function rooms		0.00	
	Total Miscellaneous:		0.00	
				0.00

ROOM RENTAL		PRICE	SUBTOTAL	TOTAL
Room:	Jasper Suite	Function: MTG	150.00	150.00
		Total Rental:		150.00
		Service Charge %:	15.00	22.50
		Room Rental Tax %:	6.00	10.35
				182.85

Grand Total:	319.69
Balance Due:	319.69

APPLICANT COPY



EDMONTON DOWNTOWN
 1 THORNTON COURT NW
 EDMONTON, AB T5J 2E7
 780-423-9999

GUEST FOLIO

Thank you for selecting Courtyard by Marriott. We trust that your experience with us has included warm and gracious service, and the type of accommodations expected.

We look forward to serving you again on future trips. For additional reservations, call our toll-free reservation number, (800) 321 2211.

EDMONTON DOWNTOWN Courtyard Staff

GUEST NAME CAPITAL HEALTH
 8440 112 STREET
 EDMONTON

ROOM FNC
 ROOM TYPE HSE
 NO. OF GUESTS 0
 RATE 0.00
 CLERK LEA

ARRIVE 06Nov07 TIME 11:13a DEPART 09Nov07 TIME 12:18p FOLIO # FL-F1218A

DATE	REFERENCE NUMBER	DESCRIPTION	CHARGES	CREDITS
09Nov07	BFFNC	Banquet Coffee Bre	10.00	
09Nov07	BFFNC	Banquet Coffee Bre	16.25	
09Nov07	BFFNC	Banquet Coffee Bre	16.25	
09Nov07	B2FNC	Banquet Lunch	69.75	
09Nov07	SCFNC	Banquet Service Ch	16.84	
09Nov07	PQFNC	GST 861361608	7.75	
09Nov07	AAFNC	MEETING ROOM A	150.00	
09Nov07	SCFNC	Banquet Service Ch	22.50	
09Nov07	PQFNC	GST 861361608	10.35	
	**	BALANCE	**	319.69
	**	**	**	**

THANK YOU FOR CHOOSING COURTYARD BY MARRIOTT EDMONTON DOWNTOWN

Want your final hotel bill by email? Just ask the Front Desk!

See "Internet Privacy Statement" on Marriott.com

GUEST SIGNATURE _____

COURTYARD RESERVATIONS (800) 321 2211

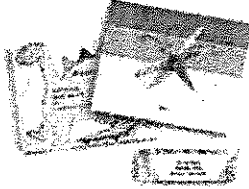
APPLICANT COPY

Clarke, LauraLee

rec'd Nov 23/07

From: VistaPrint@e.vistaprint.com on behalf of CustomerCare@vistaprint.ca
Sent: Friday, November 16, 2007 1:20 PM
To: Clarke, LauraLee
Subject: Your VistaPrint Order Is Confirmed


[My Account](#)

Your Special Offers	Order Confirmation																																												
<p>Order Any of Our Products Today and Save 20%</p>  <p>Get Started! Your Discount, Your Choice!</p>	<p>Dear Laura Lee,</p> <p>Thank you for ordering from VistaPrint!</p> <p>Please enjoy the very special enclosed offer as our way of saying "thanks!"</p> <p>Here are your order details: Order Number: 66468-59267-5N5 Order Date: 16/11/2007 Delivery Option: Priority</p> <p>You can expect to receive your order in 7 Days.</p> <p>Important VAT Note: You will also receive a separate e-mail detailing VAT information. Please allow up to two weeks after ship date to receive this e-mail.</p> <p>Multi-Product Orders Note: If your order contains multiple products, they may possibly ship separately. In this case, you may receive multiple shipping confirmation e-mails (one per shipment) and therefore multiple VAT receipts.</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Name</th> <th>Quantity</th> <th>Price</th> </tr> </thead> <tbody> <tr> <td colspan="4">Documents</td> </tr> <tr> <td>252-001</td> <td>Customized Premium Consumer Christmas Folded Cards</td> <td>500</td> <td>\$ 275.49</td> </tr> <tr> <td>971-001</td> <td>Consumer Folded Cards - Colour Inside Fold</td> <td>-</td> <td>\$ 30.99</td> </tr> <tr> <td>963-001</td> <td>Consumer Folded Cards - Glossy Finish</td> <td>-</td> <td>INCLUDED</td> </tr> <tr> <td>338-001</td> <td>Christmas Envelopes (6x9)</td> <td>500</td> <td>\$ 129.99</td> </tr> <tr> <td>804-001</td> <td>VistaPrint Security Tint</td> <td>-</td> <td>INCLUDED</td> </tr> <tr> <td colspan="3">Subtotal:</td> <td>\$ 436.47</td> </tr> <tr> <td colspan="3">Shipping & Processing:</td> <td>\$ 58.56</td> </tr> <tr> <td colspan="3">GST:</td> <td>\$ 29.70</td> </tr> <tr> <td colspan="3">Total:</td> <td>\$ 524.73</td> </tr> </tbody> </table>	Item	Name	Quantity	Price	Documents				252-001	Customized Premium Consumer Christmas Folded Cards	500	\$ 275.49	971-001	Consumer Folded Cards - Colour Inside Fold	-	\$ 30.99	963-001	Consumer Folded Cards - Glossy Finish	-	INCLUDED	338-001	Christmas Envelopes (6x9)	500	\$ 129.99	804-001	VistaPrint Security Tint	-	INCLUDED	Subtotal:			\$ 436.47	Shipping & Processing:			\$ 58.56	GST:			\$ 29.70	Total:			\$ 524.73
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Shipping & Processing:			\$ 58.56																																										
GST:			\$ 29.70																																										
Total:			\$ 524.73																																										

APPLICANT COPY

Please note that your order has already been electronically sent to our production system and no changes or cancellations are possible at this time.

As soon as your order ships we will send you a shipment confirmation email, with more details.

We hope you enjoy your purchase! To check on the status of your order at any time, [Click Here](#).

Sincerely,
Sarah Holt
Director of Customer Benefits

:: Refer A Friend and Get \$\$\$::

Offer expires 16/12/2007. Postage and processing, product upgrades and photo/logo uploads not included unless otherwise specified. Discounts not valid on quantities greater than 1,000. Not valid on previous purchases. See web site for details.

[Click Here](#) or send an email to CustomerCare@vistaprint.ca to contact us. Please do NOT click reply to this message as it is an unmonitored address. We hope this message proved to be a good resource for you. If it was, please forward it to your business friends. If, for any reason, you do not wish to receive any more messages from VistaPrint, simply [Click Here](#) to change your email preferences.

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The products and services described in this e-mail are provided by VistaPrint Limited, the international leader for webtop graphic design and printing. United States customers may contact us in care of our U.S. subsidiary:
VistaPrint USA Incorporated, 95 Hayden Avenue, Lexington, MA 02421

PC 86388

T 62



Your Order #: 66468-59267-5N5	Ship To:	Bill To:
Order Date: 16/11/2007 2:58 PM	Laura Lee Clarke	Laura Lee Clarke
Order Status: Processing	University of Alberta Hospital	University of Alberta Hospital
Payment Type: Visa	Site Administration	Site Administration
Ship Time (Est): 7 Days	1F1.16 WMC, 8440-112 Street	1F1.16 WMC, 8440-112 Street
	Edmonton, AB T6G 2B7	Edmonton, AB T6G 2B7
	Canada	Canada
	Tel : 7804078009	Tel : 7804078009
	LauraLee.Clarke@capitalhealth.ca	LauraLee.Clarke@capitalhealth.ca

My Products	Quantity	Price	Subtotal
Happy Holidays!	500	\$275.49	
Colour Inside		\$30.99	
Glossy Finish		INCLUDED	\$306.48
Item Status: Processing			
Matching 6x9 Envelope	500	\$129.99	
VistaPrint Security Tint		INCLUDED	\$129.99
Item Status: Processing			
Product Total Before Discounts:			\$953.97
You Saved:			-\$517.50
Product Total After Discounts:			\$436.47
Shipping & Processing (Priority 7 Days):			\$58.56
GST:			\$29.70
Total:			\$524.73

APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: UAH, Stollery, and MAHI
Business Phone: 407-8009	Period From: Dec 1/07 to Dec 31/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0001	71110101008	62320000			\$390.00	<input checked="" type="checkbox"/>	
201	0001	71110101008	62300000			522.00	<input checked="" type="checkbox"/>	
201	0001	71110101008	61030000			500.50	<input checked="" type="checkbox"/>	
201	0001	71110101008					<input checked="" type="checkbox"/>	
201	0001	71110101008					<input checked="" type="checkbox"/>	
201	0001	71110101008					<input checked="" type="checkbox"/>	
Less Cash Advance								<input checked="" type="checkbox"/>
Total							\$912.00	<input type="checkbox"/>

690
300.00
900.00
477
45

RECEIVED
MAR 25 2008

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:	Date: March 14, 2008
----------------------------	-----------------------------

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <small>(Print name)</small>	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
(Signature)		Date MAR 20 2008
Approved By: <small>(Print name)</small>	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS
APPLICANT COPY

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Dec 10/07	Taxi - Snowflake Gala				\$190.00	160.00 36.00	
Dec 7/07	Taxi - UHF Function				200.00		
Dec 14/07	Meal-Executive Christ. Func		522.00				
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals			\$522.00		\$390.00		

690

EXPENSE LIMITS

1. **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

 - Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
 - Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
 Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
 - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
 - Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
 - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
 - If union contract rate differs from \$0.43 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**

Travel advance may be requested provided travel expenses are likely to exceed \$500.



RBC
Royal Bank

APPLICANT COPY

STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON

STATEMENT FROM DEC 08, 2007 TO JAN 07, 2008

1 OF 2



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$ [REDACTED]
	DEBORAH A GORDON - [REDACTED]	Non-Responsive
✓ DEC 07	YELLOW CAB EDMONTON AB	\$200.00
✓ DEC 14	MADISON'S GRILL EDMONTON AB	\$522.00
✓ DEC 14	YELLOW CAB EDMONTON AB	\$190.00

3% Back on Auto-Reloads!

Earn Starbucks rewards faster by getting 3% back on auto-reloads to your Starbucks Card Account on your Duetto Visa card. That means for every \$100 charged to your Duetto Visa for an auto-reload, you'll earn \$3. Visit www.starbucks.com/card for all program details.

IMPORTANT INFORMATION

DUETTO DOLLARS EARNED*

Non-Responsive

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
 Collect Outside North America (416) 974-7780
 Duetto Dollars information 1-800-782-7282
 Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION

Minimum payment [REDACTED]
 Payment due date JAN 28, 2008
 Credit limit [REDACTED]
 Available credit [REDACTED]
 Annual interest rate 19.50%

Take a Break this month

Because you are a valued cardholder, we would like to offer you an RBC Royal Bank Visa payment holiday by waiving your minimum payment this January. Of course you may still make a payment if you wish. Standard monthly interest charges will continue to accrue and the minimum payment on your next monthly statement will be calculated in the usual way. To be eligible for this offer, your account must be in good standing.

RSP deadline is Feb 29, 2008

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

CALCULATING YOUR BALANCE

Previous Statement Balance [REDACTED]
 Payments & credits [REDACTED]
 Purchases & debits [REDACTED]
 Cash advances
 Interest
 Fees Non Responsive

NEW BALANCE

[REDACTED]

RBC0150070_1169317_002_1ec7
 HRI-00-2-2-H-3-D

MADISON'S GRILL
 10053 JASPER AVE NW
 EDMONTON, AB
 T5J 1S5
 (780) 423-3800

Merchant ID: 4140879
 Term ID: AM190679
 Employee ID: 10

Batch: 136
 Shift: 001
 Server: Beeta
 Table: 50/1
 Guests: 10

Sale

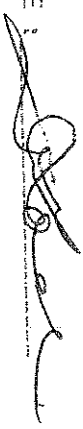
VISA
 Total: CAD \$ 522.00
 APPROVED 4/2/07
 14-Oct-07
 Customer: J.S. 29

12/14/2007
 4:21 PM
 10052

ROOM RENTAL 150.00
 PETITE FOURS (2 @30.00) 60.00
 CROSTINI (2 @28.00) 54.00
 WRAPS 20.00
 HUGO Shiraz (2 @44.00) 88.00
 VIOGNIER (2 @38.00) 76.00

Sub Total 450.00
 GST Exclusive Tax 27.00
 Total 477.00


Balance ID \$ 477.00
 GRATUITY : 15% 45.00
 TOTAL : 522.00

SIGNATURE : 

ROOM #: _____
 PRINT NAME: _____
 THANK YOU
 Please Come Again Soon
 GST #R097343794

MADISON'S GRILL
 10053 Jasper Ave NW
 Edmonton, Alberta
 780-401-2222

APPLICANT COPY

FROM: DEBORAH A GORDON
 TO: 2825379
 PRINT NAME: DEBORAH A GORDON
 CUSTOMER'S SIGNATURE: 

FARE	140.00
INTL	
GRATUITY	50.00
TOTAL	190.00

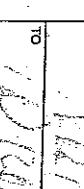
Section 17(1),(4)(e.i)

CUSTOMER COPY

DEBORAH A GORDON

WELLS (780) 462-3456
RESTAURANT (780) 462-4444
 ADMINISTRATION (780) 462-8809

Section 17(1),(4)(e.i)

FROM: DEBORAH A GORDON
 TO: 2825344
 PRINT NAME: DEBORAH A GORDON
 CUSTOMER'S SIGNATURE: 

FARE	160.00
INTL	
GRATUITY	70.00
TOTAL	230.00

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: UAH, Stollery, and MAHI
Business Phone: 407-8009	Period From: Jan 1/08 to Jan 31/08	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	67500000			\$950.00	<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
Less Cash Advance							<input checked="" type="checkbox"/>
Total						\$950.00	<input type="checkbox"/>

RECEIVED
MAR 25 2008
ACCOUNTS
PAYABLE


598

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: 	Date: March 14, 2008
--	-----------------------------

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey (Print name)	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
(Signature) 		Date MAR 20 2008
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS
APPLICANT COPY

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Jan 31/08	Tickets - Canadian business						
	Leadership Awards					950.00	
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals						950.00	

EXPENSE LIMITS

1. **Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 - Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
 - Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
 Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
 - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
 - Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
 - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
 - If union contract rate differs from \$0.43 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.

3. **Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)
Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: UAH, Stollery, and MAHI
Business Phone: 407-8009	Period From: Feb 1/08 to Feb 29/08	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form


Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62320000			\$177.00	<input checked="" type="checkbox"/>
201	0001	71110101008	62300000			1,590.70	<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
Less Cash Advance							<input checked="" type="checkbox"/>
Total						\$1,767.70	<input type="checkbox"/>

5%
1357.9
232.7

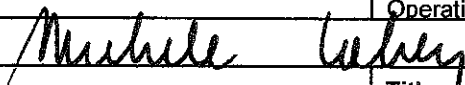
CAPITAL HEALTH
REC-
MAR 25 2008
ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:  **Date:** March 17, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey (Print name)	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
(Signature) 		Date MAR 20 2008
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

Recommended Coding

- 61530030 - Workshop Fees & Materials
- 61520020 - Academic Course Fees & Materials
- 61540040 - Conference Fees & Materials
- 62300000 - Meals
- 62320000 - Staff Local Travel - Client Related
- 62310000 - Staff Local Travel - Non-Client Related
- 62320000 - Staff Local Travel - Taxi - Client Related

EXPENSE CLAIM DETAILS

- 62310000 - Staff Local Travel - Taxi - Non-Client Related
- 62320000 - Staff Travel - UNA - Client Related
- 62310000 - Staff Travel - UNA - Non-Client Related
- 62312000 - Staff Provincial Travel - Non-Client Related
- 62314000 - Staff Out of Province Travel - Non-Client
- 69600000 - Catering

APPLICANT COPY

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km	Account
Feb 2/08	Taxi - Peds Gala				50.00			
Feb 2/08	Taxi - Peds Gala				120.00			
Feb 5/08	Parking - RAH				5.00			
Feb 7/08	Parking - quality Leadership			1352.91				
Feb 7/08	Meal - Quality Lecturship		1590.70	232.79	2.00			
Total km								
Totals			1590.70		177.00			

Rated as outlined in Section 2 - Travel below @

CHARACTERS REST
10257 - 105 STREET
EDMONTON, AB.
T5J 1E3
780-421-4100
GST# 89206-4429

Date: Feb 07 '08 09:48PM

Card Type:
Acct #:
Exp Date:
Auth Code: 011840 Section 17(1),(4)(e.i.)
Check: 7190
101/1
Serv: 130 LOLE S
DEBORAH GORDON

Subtotal 1590.70

GRATUITY

TOTAL 1590.70

SIGNATURE *Deborah Gordon*

** Customer Copy **

Section 17(1),(4)(e.i)

DEBORAH A GORDON

FROM: 10150A DORON
TO: 10150A DORON
GST#

CUSTOMER'S SIGNATURE: *Deborah Gordon*

PRINT NAME: DEBORAH A GORDON

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

2720376

FARE 50.00
INTL
GRATUITY 50.00
TOTAL 75.00

DATE: 02/07/08
TIME: 09:48

CUSTOMER COPY

APPLICANT COPY

CHARACTERS REST
10257 - 105 Street
EDMONTON, AB.
T5J 1E3
(780) 421-4100
GST# 89206-4429

130 LOLE S

Tbl 101/1 Chk 7190 Gst 13
Feb07'08 08:12PM

2 @ 8.50
16.00
13 @ 68.00
ET MENU \$55 884.00
1 PREM MARTINI 8.00
1 POSTEREE 5.00
8 FIGRINO IL @ 8.00 64.00
1 F... 7.00
... @ 4.25 12.75
...RESSO 4.50
1 TEA 2.75
3 COFFEE @ 2.75 8.25
6 B. MALBEC. @ 40.00 240.00
1 2.TAYMENTE 40.00
18 %
Gratuity 18% 232.79

Subtotal 1293.25
Service Chrg 232.79
GST 64.66
09:45 Amount D 1590.70

WELCOME TO CHARACTERS!
& HAVE A GREAT DAY!!

Section 17(1),(4)(e.i)

DEBORAH A GORDON

G.S.T.#

FROM: 10150A DORON
TO: 10150A DORON
PRINT NAME
CUSTOMER'S SIGNATURE: *Deborah Gordon*

YELLOW CARD (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO. YEAR
	02	02 08

2720385



FARE	100.00
INTL	
GRATUITY	50.00
TOTAL	150.00

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID
05/02/08 04:19 PM \$ 5.00
CREDIT CARD NUMBER

LEAVE ON DASH - THIS SIDE UP
EXPIRATION TIME
05/02/08 06:06 PM
AMOUNT PAID \$ 5.00 1541000004:19 PM

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

CUSTOMER COPY

PRINTED IN CANADA FOR IMPERIAL PARKING CANADA CORPORATION

NO IN OR OUT PRIVILEGES
VALID FOR DATE PURCHASED ONLY

20.00 - Parking

Quality



Impark

Your parking authority

**VOID IF NOT
PLACED OTHER
SIDE UP WITH
NUMBER VISIBLE**

WARNING

This Contract Limits Our
Liability - Read It

We accept no responsibility for
loss of or damage to car or
contents. We do not take custody
of car but only rent space.

NON TRANSFERABLE

483722

APPLICANT COPY
Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: <i>Deb Gordon</i>	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: UAH, Stollery, and MAHI
Business Phone: 407-8009	Period From: Oct 1/07 to Oct 31/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008 w	41090000			\$21.32	<input checked="" type="checkbox"/>
201	0001	71110101008 110.98 19.50	62300000	56.757	110.98	130.40 205.14	530 <input checked="" type="checkbox"/>
201	0001	71110101008 62310 → 15.50	62300000	50.000	657.50	15.50 701.50	800 <input checked="" type="checkbox"/>
201	0001	71110101008 83.39 6.01	69500000	57.154	31.45	89.40	100 <input checked="" type="checkbox"/>
201	0001	71110101008 n	66020000	5.000	85.00	425.00	100 <input checked="" type="checkbox"/>
201	0001	71110101008 636.00 50.00	62312			686.00	<input checked="" type="checkbox"/>
Less Cash Advance							<input checked="" type="checkbox"/>
Total						\$1,442.36	<input type="checkbox"/>

(30.4)

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: *[Signature]* **Date:** March 13, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
<i>(Signature)</i> <i>Michele Lahey</i>		Date 17-MAR-08 MAR 19 2008
Approved By: _____ <i>(Print name)</i>	Title: _____	Phone # _____
<i>(Signature)</i> _____		Date _____

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)

Edge

COOKIES BY GEORGE / 46
3625 SHAGANAPPI TR T3A0E2
CALGARY AB 22952846

Name:
Acct #

Section 17(1),(4)(e.i)

Date 07/09/25 Time 12 28 23
Exp Date Auth # 042656
Card Type VI Tran Code 00
N22952846001 001569054

Subtotal
Tax
Total \$57.95

Signature X Web Order
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

For CEDT
Kim Young & Staff
Thank you.



no
tax

*Thank you for thinking of
Cookies By George!*

*We hope to hear from you
again!*



Montréal Bonaventure

31. A5

October 15, 2007

TO: Ms. Deb Gordon
BY EMAIL: laurale..clarke@capital.ca

DELIVERY DATE: _October 16, 2007 – afternoon
AMOUNT: 24\$ plus 15% service and applicable taxes

Subject: Room Service order for Guest: Mr. Ortiz Guillermo

Room Service, please deliver to guest: Ms. Michelle Lahey arriving Tuesday, October 16th 12 strawberries covered with chocolate 24\$ to be charged to my credit card (plus service 15% and applicable taxes).

I, DEB GORDON, certify that the following information is accurate and I hereby authorize the **Hilton Montréal Bonaventure** to charge my credit card with the amount above mentioned.

Kindly complete the information required below and attach a clear photocopy of both the front and back of your credit card and return by mail or by fax at (514) 878-2980.

Section 17(1),(4)(e.i)

Credit card #:



Expiry date:

Name imprinted on card:

DEB GORDON

Cardholder's signature:

Deb Gordon

Should you have any questions, please contact us at (514) 878-2332 ext.4753

Best regards.

Food & Beverage Dept.

EXPENSE CLAIM DETAILS
APPLICANT COPY

690

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Oct 9/07	Staples					✓ \$21.32	w
Oct 16/07	Gift ML Hilton Montreal					31.45	25.44w
Oct 3/07	Packrat Louie		97.98	84.48	13.50		6.01n
Oct 26	Il Portico		32.50	26.50	6.00		
Oct 19	Packrat Louie		74.88				
Oct 18	Parking				✓ 3.00	w	
Oct 10	Parking				✓ 12.50	w	
Oct 22	Parking - Trip to calgary			50 NI	636 686.00		
Set 25	Gift-CCDT Cookies by George					57.95	no tax
Nov 4	Membership - CCHSE					425.00	no tax
					636		
					50.00		
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals			\$205.14		\$701.50	535.72	

130.48

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON ~~XXXXXXXXXX~~

STATEMENT FROM OCT 06 TO NOV 07, 2007

1 OF 4



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	
	DEBORAH A GORDON - XXXXXXXXXX Non-Responsive	
OCT 13	RESTAURANT SENATEUR MONTREAL QC	\$160.88 ✓
OCT 14	PROREG REGISTRATION S NANAIMO BC	\$79.50 ✓
OCT 15	REST. BUONANOTE MONTREAL QC	\$422.03 ✓
OCT 16	HILTON BONAVENTURE MONTREAL QC	\$175.48 ✓
OCT 16	HILTON BONAVENTURE MONTREAL QC	\$31.45 ✓
OCT 18	HILTON BONAVENTURE MONTREAL QC	\$1,322.94 ✓
	XXXXXXXXXX	
OCT 25	YELLOW CAB EDMONTON AB	\$686.00 ✓
OCT 27	IL PORTICO RESTAURANT EDMONTON AB	\$32.50 ✓
	XXXXXXXXXX	
NOV 03	HOTEL MACDONALD - F&B EDMONTON AB	\$185.82 ✓
NOV 04	CANADIAN COLLEGE OF HEALTH TAWA ON	\$425.00 ✓
NOV 06	IMPARK LOT 00020004 EDMONTON AB	\$26.00 ✓
	TOTAL NEW BALANCE	

IMPORTANT INFORMATION

DUETTO DOLLARS EARNED* Non-Responsive

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
 Collect Outside North America (416) 974-7780
 Duetto Dollars information 1-800-782-7282
 Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION

Minimum payment ~~XXXXXXXXXX~~
 Payment due date **NOV 28, 2007**
 Credit limit ~~XXXXXXXXXX~~
 Available credit ~~XXXXXXXXXX~~
 Annual interest rate 19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	XXXXXXXXXX
Payments & credits	
Purchases & debits	232
Cash advances	
Interest	
Fees	
NEW BALANCE	XXXXXXXXXX

Important Notice

We are making some changes to your cardholder agreement which will affect your rights and obligations as you use your RBC Royal Bank® Visa® card. For details, please refer to the Important Notice insert sent with your Visa statement. If you have any questions, please call 1-800 ROYAL® 1-2.

✓ = Work

HRI - 00 - 4 - 4 - V - 3568 - D



Capital Health
EDMONTON AREA

APPLICANT COPY
Travel & Employee Expense Claim Form
(In Canadian Dollars)

- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

Best copy available

052856



IMPERIAL PARKING CORPORATION
10238 - 107th STREET
EDMONTON, ALBERTA T6E 4Z6-1976

LIC. NO.:	
OUT:	
IN:	PAID
DATE:	10/03/2007
AMOUNT:	3.00

READ CONDITIONS CAREFULLY

- Vehicles not displaying valid ticket on dash will be towed for charging expense.
- Vehicles and contents left at owner's risk.
- Maximum Daily Rate charged on lost tickets.
- Vehicles parked for 24 hours will be subject to towing and storage fees unless attendant is notified.
- We reserve the privilege of moving vehicles to other section of lot.
- Ticket is non-transferable.
- No refund on parking.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIVED FOR VALIDATION	LIC. NO.:	
PAID	OUT:	
IN:	DATE:	10/03/2007
AMOUNT:		3.00

THIS FEE INCLUDES G.S.T. REG. #69731 5638 RT0001 VISIT OUR WEBSITE AT www.impark.com

Section 17(1),(4)(e.i)

PACKRAT LOUIE KITCHEN & BAR
10335 83RD AVENUE UNIT 10
EDMONTON AB

CARD NUMBER [REDACTED] 4337
 CARD TYPE VISA
 DATE/TIME 2007/10/03 21:33:12
 RECEIPT NUMBER 508433967-001-416-061
 PRE-AUTHORIZATION AMOUNT \$84.48

TIP 13.50
 TOTAL AMOUNT 97.98

01 APPROVED - 027 AUTH. # 077184
THANK YOU

APPLICANT COPY

IL PORTICO
EDMONTON, ALBERTA
0.5.7.0 R100532004

15 JRAEL

TBL 3/1 CHK 955 GST 0
OCT26/07 14:53AM

1 TIMO CHICK 13.00
 1 SALADOP SALAD 12.00
 SUBTOTAL 25.00
 G.S.T. 1.50
 TOTAL DUE 26.50

PLEASE PAY SERVICE

Packrat Louie

WED OCTOBER 3, 2007
CHECK #136143-1
TABLE #22

2 SMALL TICINESE \$10.00
 1 TEA \$2.25
 1 ICED TEA \$2.95
 1 SOFT DRINK \$2.50
 1 LEMON TART \$8.00
 1 DINNER HALIBUT \$29.00
 1 SEARED SALMON \$25.00
 SUB-TOTAL : \$79.70
 GST \$4.78
TOTAL \$84.48

It's almost that time again...
Book your Christmas parties
At Packrat Louie... Space is
Filling Quickly !!!
Time: 21:28 2 CUSTOMERS

GST# RT0001810812149

YOU HAVE BEEN SERVED
BY : Michael

customer copy
Section 17(1),(4)(e.i)
IL PORTICO RESTAURANT
10012 107 ST T5J1J8
EDMONTON AB
22616227

PRE AUTH PURCHASE
10-26-2007 13 16:15
Acct # [REDACTED] S
Exp Date [REDACTED] Card Type VI
Name: DEBORAH GORDON

Trace # 150016 Operator 069
FS2261644701
Inv. # 6912
Auth # 067051 RRN 001114016
P-Auth Purchase \$26.50
Tip 6.00
Total 32.50

Customer copy

APPLICANT COPY

STAPLES Business Depot
Store # 119
350 390 Baseline Road
Sherwood Park, AB T8H1X1
780-417-7510

Sale 00094 9 006 94316
0119 10/09/07 07:01

1	MAXELL:MC60MIN 3PK	025215179037	5.44G
1	BLUE MOUSE PAD	718103829540	5.25G
1	PENCIL,MEC:10PK CO	041540805953	9.42G
Subtotal			20.11
GST 6.00%			1.21
Total			\$21.32
Cash			21.32

DEBORAH A. GORDON

STAPLES BUSINESS DEPOT

350 390 Baseline Road
Sherwood Park, AB T8H1X1

MAXELL:MC60MIN 3PK
BLUE MOUSE PAD
PENCIL,MEC:10PK CO

PRINT NAME: Kelly Hapy

GST #

FROM: Deborah A. Gordon

TO: Kelly Hapy

CUSTOMER'S SIGNATURE: [Signature]

THE ISSUER OF THIS CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. THIS CARD MUST BE PRESENTED TOGETHER WITH ANY OTHER CHARGES DIFFERENTIALLY IDENTIFIED ON THIS ITEM. THE USER OF THIS CARD AGREES TO THE AGREEMENT GOVERNING THE USE OF THIS CARD SHOWN ON THE REVERSE SIDE OF THIS CARD.

SECTION 17(1), (4)(e.i)

HELLMANN (780) 462-3456
ADMINISTRATION (780) 465-8500
462-4444

TIME	DATE	AMOUNT	UNIT NO.
9:20	10/09/07	2825259	1088

FARE	6.86
TOL	2.52
GRATUITY	5.00
TOTAL	14.38

CUSTOMER COPY

Thank you for shopping at
STAPLES Business Depot!
We will not be undersold!

FOR CUSTOMER SERVICE CALL 1-866-STAPLES
OR EMAIL TO customer_service@staples.ca

INTERESTED IN EXPLORING A CAREER WITH US?
VISIT WWW.GREATCAREERSATSTAPLES.CA

GST No. 126152586



STAPLES BUSINESS DEPOT

100 # CHA...
100 00000000 #10...
100 00000000 #10...
100 00000000 #10...
100 00000000 #10...
100 00000000 #10...

EXPIRY DATE AND TIME
EXP 02:30pm
CT 10/2007

2812 hours \$12.50

Pay from your cell phone.
123-1922 Location #804.
goto www.limparkwireless.com

TICKET # 95202000
LOT # 100

100 00000000 #10...
100 00000000 #10...
100 00000000 #10...
100 00000000 #10...
100 00000000 #10...

100 00000000 #10...
100 00000000 #10...
100 00000000 #10...
100 00000000 #10...
100 00000000 #10...

IMPARK LOT 002-246
EDMONTON, AB T8H1X1

IMPARK LOT 002-246
EDMONTON, AB T8H1X1

EXP 02:30pm
LOT 100

FACE UP ON DASH

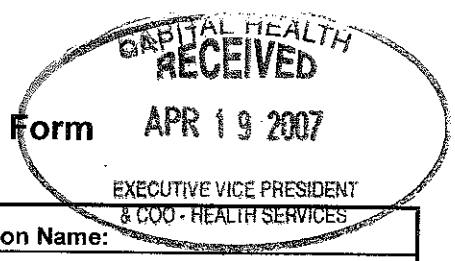


APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

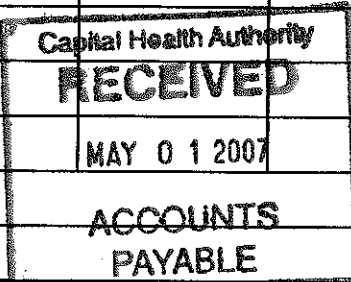


Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President and Chief Operating Officer	Department: UAH and Stollery, Site Administration	
Business Phone: 407-8009	Period From: 01-April-07 to 16-April-07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0001	71110101008	69600000			\$772.37	<input checked="" type="checkbox"/>	
201	0001	71110101008	62410000			194.60	<input checked="" type="checkbox"/>	
201	0001	71110101008	61015000			53.11	<input checked="" type="checkbox"/>	
201	0001	71110101008	69500000			2,850.00	<input checked="" type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total							\$3,870.08	<input type="checkbox"/>

623.93
108.44
164.60
30.00



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: 16-Apr-07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey (Print name)	Title: Executive VP and COO, Health Services	Phone # 407-1671
(Signature)		Date 16-Apr-07
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



International Air Waybill
Lettre de transport aérien internationale

APPLICANT COPY

Sender's Copy
 Copie expéditeur

From Please print and press firmly. / **Expéditeur** Écrivez en caractères d'imprimerie. Appuyez fermement SVP.
 Date 03/23/07 Sender's FedEx Account Number / N° de compte FedEx de l'expéditeur [REDACTED]
 Sender's Name / Nom de l'expéditeur CHA/UNI ALB HOSPITAL Phone / Téléphone 780407-2888
 Company / Nom de la société CHA/UNI ALB HOSPITAL
 Address / Adresse CORP OFFICE Dept./Floor/Service/Étage IF1
 Address / Adresse 8440 112 ST NW STE 100
 City / Ville EDMONTON Province AB Canada Postal Code / Code postal T6G2B7
 Your Internal Reference / Votre référence interne Section 17(1) OPTIONAL/FACULTATIVE
 To / Destinataire: Recipient's Name / Nom du destinataire [REDACTED] Phone / Téléphone [REDACTED]
 Company / Nom de la société c/o Buena Vista Palace Hotel
 Address / Adresse 1900 Buena Vista Dr. Dept./Floor/Service/Étage [REDACTED]
 Address / Adresse [REDACTED]
 City / Ville Buena Vista State / Province/État FL
 Country / Pays U.S.A. ZIP/Postal Code / Code postal 32830-2006
 Recipient's Tax I.D. number required for Customs purposes / N° fiscal du destinataire aux fins de la douane

5 Express Package Service / Service colis express Packages up to 150 lb. (68 kg) / Colis de 150 lb (68 kg) et moins
 FedEx International Priority Available to select locations. Higher rates apply. / Disponible à certains endroits. Des tarifs plus élevés s'appliquent.
 FedEx International First Available to select locations. Higher rates apply. / Disponible à certains endroits. Des tarifs plus élevés s'appliquent.
 FedEx International Economy FedEx Envelope and FedEx Pak rate not available / Les tarifs des FedEx Envelope et FedEx Pak ne sont pas disponibles.
6 Packaging / Emballage
 FedEx Envelope FedEx Pak FedEx 10kg Box FedEx 25kg Box Other Autre
7 Special Handling / Manutention spéciale
 HOLD at FedEx Location / RETENIR à la succursale FedEx May not be in same city / Peut être situé dans une autre ville
 SATURDAY Delivery / Livrer le SAMEDI Available for FedEx International Priority only / Disponible avec FedEx International Priority seulement.
8a Payment / Bill transportation charges to / Paiement Facturer le transport à :
 Sender / Expéditeur Recipient / Destinataire Third Party / Tierce partie Credit Card / Carte de crédit Cash/Check / Argent liquide/Chèque
 Section 17(1),(4)(e.i)
8b Payment / Bill Customs charges to / Paiement Facturer les droits de douane à :
 Sender / Expéditeur Recipient / Destinataire Third Party / Tierce partie
9 Required Signature / Signature requise
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not contain Dangerous Goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. / En utilisant la présente lettre de transport aérien, vous acceptez les conditions du contrat indiquées au verso et garantissez que cet envoi ne contient pas de marchandises dangereuses. Certains traités internationaux, y compris la Convention de Varsovie, peuvent s'appliquer à cet envoi et limiter notre responsabilité pour tout dommage, perte ou retard, tel que précisé dans les Conditions de contrat.
 Sender's Signature / Signature de l'expéditeur: [Signature] Date Executed / Date de signature: 03/23/07
 This is not authorized to deliver this shipment without a recipient signature. / Ceci n'est autorisé que par la signature du destinataire.
 For Completion Instructions, see back of fourth page. / Pour des instructions, voir le verso de la cinquième page.

Shipment Information / Informations sur l'envoi
 Total Packages / Nombre total de colis: 1
 Shipper's Load and Count/SLAC / Essai chargé et vérifié par l'expéditeur/ECVE: 1
 Total Weight / Poids total: 1 lb. kg
 DIM Pkgs / Poids VOL: 1.00 Long / Large / Haut: in. 30 cm
 Commodity Description / Description de la marchandise: Poc
 REQUIRED / REQUISE
 COMPLETE IN ENGLISH. / RÉDIGER EN ANGLAIS.
 Total Declared Value for Carriage / Valeur totale déclarée pour le transport: [REDACTED]
 Total Declared Value for Customs / Valeur totale déclarée à la douane: [REDACTED]
 Is Export Declaration / B13A: No B13A required / B13A non exigée Manual B13A attached / B13A remplie manuellement et jointe B13A filed electronically / B13A enregistrée électroniquement B13A Summary Reporting / B13A Report sommaire Auth. ID / Form ID# / N° ID form. / ID. aut.

FedEx Tracking Number / Numéro de suivi de FedEx: 8387 4656 8496
 Form I.D. No. / N° du formulaire: 041
 Try online shipping at www.fedex.ca / Essayez le service d'expédition en ligne à www.fedex.ca
 The terms and conditions of service may vary from country to country. Consult our local office for specific information. / Nos modalités de service peuvent varier d'un pays à un autre. Pour des informations plus spécifiques, consultez notre bureau local.
 Non-Negotiable International Air Waybill / Lettre de transport aérien internationale non négociable ©1994-2002 Federal Express Corporation

DISPLAY FACE UP ON DASH / DISPLAY FACE UP ON DASH

EXP 05:23 PM
 APR 13, 2007
 TICKET# 00027943
 CC \$900.00 V SA
 FOLLOW INSTRUCTIONS ON THE PACKED INVOICE
 \$5.00 for 2.5 lbs
 pay from your cell phone
 428-1922 Location 11523
 goto www.fedex.com

EXP 05:23 PM
 APR 13, 2007
 TICKET# 00027943
 CC \$900.00 V SA
 FOLLOW INSTRUCTIONS ON THE PACKED INVOICE
 \$5.00 for 2.5 lbs
 pay from your cell phone
 428-1922 Location 11523
 goto www.fedex.com

EXP 05:23 PM
 APR 13, 2007
 TICKET# 00027943
 CC \$900.00 V SA
 FOLLOW INSTRUCTIONS ON THE PACKED INVOICE
 \$5.00 for 2.5 lbs
 pay from your cell phone
 428-1922 Location 11523
 goto www.fedex.com

APPLICANT COPY

Clarke, LauraLee

From: Mejia, Tamara
Sent: Friday, March 23, 2007 3:22 PM
To: Cumming, Sue; Clarke, LauraLee
Cc: Wagner, Janene
Subject: Fedex Pkg

All is well.

Fedex will pick up here by 4:30 and have the pkg delivered to the hotel no later than 10:30 a.m. on Monday March 26th.

\$53.11 has been charged to Deb's VISA.

Fedex conf# YEGA582

Tamara Mejia

University of Alberta Hospital
Stollery Children's Hospital
Site Administration, 1F1.06
Phone: (780) 407-8888
Fax: (780) 407-7418

APPLICANT COPY

Clarke, LauraLee

From: Gordon, Debbie
Sent: Tuesday, February 13, 2007 1:53 PM
To: Clarke, LauraLee
Subject: FW: Dallas Smith's Head Shave Update

Hi,
 Can you call Marilyn with my credit card?
 I think I told her I would give \$250.00
 Deb

From: Marilyn Simmons [mailto:msimmons@stollerykids.com]
Sent: Tuesday, February 13, 2007 1:47 PM
To: Harach, Donna; Alan L. Bodie ; Bruce Saville; Craig Warnock; Dallas Smith ; David M. Dominy ; Wrightson, Dawn; Gordon, Debbie; Dianne Young; Don Ghermezian ; Doug Stollery ; Hedden, Douglas; Dr. Jody Ginsberg; Dr. Terry Klassen; Gordon Gilroy; Jennifer Wood; Michele Perret; Ray Hansen; Richard Hiron; Ron Mosher ; Sheilagh Ross
Cc: StolleryChildren'sHospitalFoundation; Devassy, Arline; Carol McMillan; Jeanette Flynn ; Jerri Lee Hanley; Clarke, LauraLee; Layna Haley ; Reynolds, Linda; Nowak, Lorraine; Johnson, Pat; Piper, Randean; Roshan Kastrinos ; Sharon Ketza; Stacey Claffey ; Wendy Brown
Subject: Dallas Smith's Head Shave Update

Good afternoon everyone. I just wanted to send out a quick note and update you on total pledges received to date in support of Dallas' commitment to the St. Valentine's Day Hair Massacre\$11,425.00.

I am in the process of collecting pledges made on Dallas' behalf. You may honour your pledge in one of three ways:

1. Visa
2. Mastercard
3. Cheque made payable to the **Stollery Children's Hospital Foundation**

If you choose to pay by credit card, for security reasons, please call me directly at 431-4615 to take your credit card details and any other information I require.

If you choose to pay by cheque, **please indicate on the front of your cheque that this is in support of the St. Valentine's Day Hair Massacre** and forward payment to my attention at the address below.

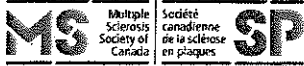
If your schedule permits, please join Foundation staff at 11:00 am tomorrow morning, Wednesday, February 14th at the HMV Stage, Main Floor, west end of West Edmonton Mall (near the Fantasyland Hotel) to cheer on Dallas and Hilary as they follow through with their head shaving commitment.

Our Board Meeting will follow at 11:30 am in Conference Room #5, 3rd Floor Conference Centre, Fantasyland Hotel.

I look forward to seeing you tomorrow.

Marilyn J. Simmons
 Executive Assistant
 Stollery Children's Hospital Foundation
 4th Floor, Aberhart Centre 1
 11402 - University Avenue
 Edmonton, AB T6G 2J3

APPLICANT COPY



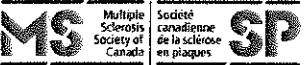
MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

Thank you for sponsoring a participant in a Multiple Sclerosis Society of Canada fund raising event. Your contribution helps the MS Society achieve its mission of being a leader in finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

If you would like to learn more about multiple sclerosis, participate in one of our fund raising events, or make a donation, visit www.mssociety.ca or call 1-800-268-7582.

You make our mission possible.

Lou Maroun
Chairman



MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

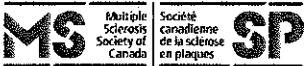
Tax Receipt # E-200743-2705132
Issue Date 4/3/2007
Issued At Toronto, ON
Donation Date 4/3/2007
Donation Amount \$100.00
Donor ID [REDACTED]

Section 17(1)

Deb Gordon
1F1.17 WMC, 8440-112 Street
Edmonton, AB T6G 2B7

Daniel Larouche
National Treasurer

Registered Charitable Organization #10774 6174 RR0006
Official Receipt for Income Tax Purposes - Copy 1
Canada Revenue Agency - www.cra-arc.gc.ca/charities



MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

Tax Receipt # E-200743-2705132
Issue Date 4/3/2007
Issued At Toronto, ON
Donation Date 4/3/2007
Donation Amount \$100.00
Donor ID [REDACTED]

Section 17(1)

Deb Gordon
1F1.17 WMC, 8440-112 Street
Edmonton, AB T6G 2B7

Daniel Larouche
National Treasurer

Registered Charitable Organization #10774 6174 RR0006
Official Receipt for Income Tax Purposes - Copy 2
Canada Revenue Agency - www.cra-arc.gc.ca/charities

P a y m e n t

Total: \$ 2500.00

• Visa • MasterCard • American Express • Cheque (Payable to "University Hospital Foundation")

Cardholder's Name: Debbie Gordon

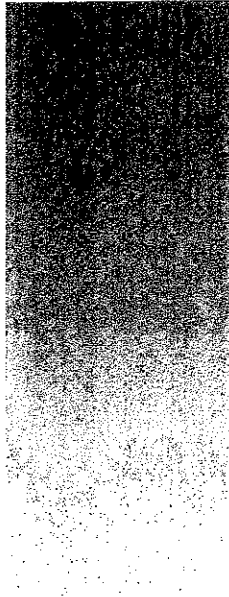
Signature: 

Card Number: 

Exp. Date: 

Section 17(1),(4)(e.i)

MAZANKOWSKI
ALBERTA HEART INSTITUTE
University Hospital Foundation
1H1.91 WMC, 8440 112 Street
Edmonton, AB T6G 2B7
Phone: 780.407.7007
Fax: 780.407.8219
uhfoundation@cha.ab.ca



PATRON HEARTS WEEKEND

Address: 1F1-16 WMC, 8440-112 STREET

City: EDMONTON, AB

Postal Code: T6G 2B7

Home #: _____

Business #: 780-407-8009

Email: Deb.Gordon@capitalhealth.ca

Name(s): DEB GORDON s.17(1), 17(4)(g)(i)

Please make reservations for 2 guests at \$1,250 per person

Donation
I am unable to attend but would like to make a donation of \$ _____

Total: \$ 2500.00

* Visa * MasterCard * American Express * Cheque (Payable to "University Hospital Foundation")

Cardholder's Name: Debbie Gordon

Signature: [Signature]

Card Number: [Redacted]

Exp. Date: [Redacted]

MZANKOWSKI
ALABAMA HEART INSTITUTE
University Hospital Foundation
141.91 WMC 8440 112 Street
Edmonton, AB T6G 2B7
Phone: 780.407.7007
Fax: 780.407.8219
uhfoundation@chaab.ca

APPLICANT COPY



PATRON HEARTS WEEKEND

Section 17(1),(4)(e.i)

Address: 171-16 WMC, 8440-112 STREET

City: EDMONTON, AB

Postal Code: T6G 2B7

Home #:

Business #: 780-407-8009

Email: Debbie.Gordon@capitelhealth.ca

Name(s): DEB GORDON &

HOWARD BURKE

Please make reservations for 2 guests at \$1,250 per person

Donation
I am unable to attend but would like to make a donation of \$ _____

TX RESULT REPORT

NAME : UAH SITE ADMINISTRATION
TEL : 780 407 7418
DATE : MAR.20.2007 14:48

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
0449	TX	001	78219	MAR. 20	14:48	001	00h00min36s	ECM	OK



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON [REDACTED]
STATEMENT FROM MAR 08 TO APR 05, 2007

1 OF 2



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
PREVIOUS STATEMENT BALANCE		
DEBORAH A GORDON - [REDACTED]		
MAR 09	STOLLERY CHILDREN'S HOSP ED MONTON AB	\$250.00
MAR 10	MOUNTAIN EQUIP CO-OP ED MONTON AB	\$900.00
MAR 11	HOTEL MACDONALD - F&B ED MONTON AB	\$173.76
MAR 23	UNIVERSITY HOSPITALS FOUND ED MONTON AB	\$2,500.00
MAR 28	FEDEX 838746568496 TORONTO ON	\$53.11
MAR 29	JACK'S GRILL ED MONTON AB	\$683.17
MAR 29	HOTEL MACDONALD - F&B ED MONTON AB	\$89.20
APR 03	2705132 MS SOCIETY CANAD 1888-955-5455BC	\$100.00
TOTAL NEW BALANCE		[REDACTED]

IMPORTANT INFORMATION

Non-Responsive

DUETTO DOLLARS EARNED*

[REDACTED] Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
Duetto Dollars information 1-800-782-7282
Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION

Non-Responsive

Minimum payment [REDACTED]
Payment due date **APR 26, 2007**
Credit limit [REDACTED]
Available credit [REDACTED]
Annual interest rate **19.50%**

New - Visa* Electronic Statements are here!

Electronic Statements are simply an electronic version of your current Visa paper statement. While they look like your paper statement, they are secure and more convenient to use.

- * You can view them at any time you're signed on to RBC Royal Bank® Online Banking
- * You can review your statements as soon as they are ready, no need to wait for the mail
- * You can view, print and/or save your statement onto your computer
- * You will automatically receive a notification message in the Message Centre in Online Banking when your monthly statements are available
- * Archive your statements for up to seven years - and save or print them whenever you like

As an RBC Royal Bank client, you have the opportunity to sign onto **RBC Royal Bank Online Banking** and access *Visa* Electronic Statements. To enroll today:

CALCULATING YOUR BALANCE

Previous Statement Balance	[REDACTED]
Payments & credits	[REDACTED]
Purchases & debits	[REDACTED]
Cash advances	[REDACTED]
Interest	[REDACTED]
Fees	[REDACTED]
NEW BALANCE	[REDACTED]

RBC0150080_720/431_009_2749
HRI - 00 - 2 - 2 - 3 - 56 - D

EXPENSES ONLY

Recommended Coding							
<ul style="list-style-type: none"> Local Travel – Staff - 62410000 Staff Local Travel – Taxi – 62410001 Staff Travel – UNA – 62410002 Staff Provincial Travel – 62412000 (all expenses) Staff Out of Province Travel – 62414000 (all expenses) 	<ul style="list-style-type: none"> Catering – 69600000 Meals - 62410000 Mileage – 62410000 Course Registration & Materials – 61030000 						
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
14-Feb	Parking (Dinner with Jan McG)				✓ \$4.00		
26-Mar	Parking (Research Day Mtg.)				✓ 20.00		
11-Apr	Parking (Vascular Mtg.)				✓ 5.60		
13-Apr	Parking (EMS Mtg.)				✓ 5.00		
01-Jan	Taxi (Dept. of Peds Dinner)				✓ 160.00	130.00	30.00
28-Mar	Fedex (Documents to An. Reviewers)			574.73		✓ 53.11	w
29-Mar	Jack's Grill (Dinner with An. Reviewers)		✓ 683.17	108.44			
29-Mar	Hotel MacDonald (Brkfst with Anesthesia Reviewers)		✓ 89.20	w			
13-Feb	Stollery Children's Hospital Fdtn (D Smith Head Shave)					✓ 250.00	
03-Apr	MS Society of Canada (Dr. Mullen)					✓ 100.00	
20-Mar	University Hospital Foundation (Patron's Heart Weekend)					✓ 2,500.00	
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals			\$772.37		\$194.60	2,903.11	

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

DISPLAY TAG UP ON DASH RECEIPT

Imperial Parking 780-420-1976
 Lot 0002-0057
 601 208 123 5638 RT0001
 Ball & Serial # 140907074

EXPIRY DATE AND TIME

EXP 06:00pm
MAR 26, 2007

TICKET# 00001368 LOT# 00020057

CC: Discover Visa MACH# 002
 FOREIGN DISCOUNTS ON SIGNS POSTED

EXP 06:00pm
 MAR 26 2007
 CC
 LOT# 000200
 MACH# 002
 TIC# 000036
 CC \$002
 MAR26,2007
 07:30am
 Purchase 1

Section 17(1),(4)(e.i) All Day \$20.00

Pay from your cell phone.
 423 1322 Location 9809.
 goto www.ImparkWireless.com

DISPLAY TAG UP ON DASH RECEIPT

APPLICANT COPY

DORRAN A GORDON

G.S.T. NO. 86894518
 FROM: *Dorran - Donaldson*
 TO: *WEL - Donaldson*
 PRINT NAME
 CUSTOMER'S SIGNATURE

THE ISSUES OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.



WELLS FARGO (780) 462-3456
 POSTOFFICE (780) 462-4444
 ADMINISTRATION (780) 465-8800
 AUTH. NO. 2508736
 DRIVER UNIT NO. 09 01 24
 TIME

FARE	130.00
INTL	
GRATUITY	30.00
TOTAL	160.00

CUSTOMER COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

14/02/07 06:00

EXPIRATION TIME

AMOUNT PAID

\$ 4.00 36780000 17:43

DETACH RECEIPT FROM TICKET

DATE ISSUED

14/02/07 17:43

TIME ISSUED

CREDIT CARD NUMBER

LOT 106

AMOUNT PAID

PRECISE PARKLINK™
 NON TRANSFERABLE 11686784

PRECISE PARKLINK™
 RECEIPT 11686784

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

14/02/07 18:11

AMOUNT PAID

\$ 5.60 16530000 16:11

CARITAS HEALTH GROUP
 CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
 CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
 OR DAMAGE TO CAR OR CONTENTS.



CARITAS HEALTH GROUP NON TRANSFERABLE 1376940

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

14/02/07 16:11 \$ 5.60

CREDIT CARD NUMBER

60183

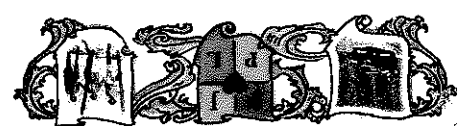


CARITAS HEALTH GROUP

RECEIPT 1376940

*Caritas Health Group
 Parking*

PATRON HEARTS WEEKEND



Address: 171-16 WMC, 8440-112 STREET
 City: EDHOUTON, AB
 Postal Code: T6G 2B7
 Home #:
 Business #: 780-407-8009
 Email: Deb.Gordon@capitolhealth.ca

Name(s): DEB GORDON &
 HOWARD BURKE
 Please make reservations for 2 guests at \$1,250 per person
 Donation
 I am unable to attend but would like to make a donation of \$

APPLICANT COPY

Jack's
 5842 - 111 St.
 Edmonton, AB
 780.434.1113

100 584-1113
 Check: 1163
 Table: 36-1
 03/29/2007 07:13PM
 Guests: 6

2	GOAT CHEESE	26.00
1	PRAWN CLUB	15.00
2	MUSSELS	26.00
1	[0.00
1	SALMON	15.00
1	VEAL CHOP	44.00
1	CHICKEN	30.00
1	BEEF	43.00
2	TURBOT	2.00
1	TROUT	35.00
1	LAMB	41.00
2	HIGH FELD SB	0
1	CATENA CAB	30
1	MINERAL WATER	50
4	TEA	1.00
1	CAPUCCINO	3.75
1	COFFEE	2.95
1	BREAD PUDDING	10.00
1	MOLTEN	10.00
3	[0.00
1	LEMON NAPOLEON	10.00
	GRATUITY 18%	108.44

Subtotal 54.00
 G.S.T. 37.54
 Service Chrg 108.44
Total Due \$199.98

PLEASE PAY SERVER
 Thank You

MANUS CORTE
 5842 111 ST
 EDMONTON, AB
 T6B 5J1
 (780) 434-1113

Merchant ID: 4014
 Term ID: 6820553
 Employee ID: 1

Sale

WESP

Total: CAD\$ 199.98

000/ 420000 1500

29-Mar-07

Section 17(1),(4)(e.i)

Travel & Employee Expense Claim Form

(In Canadian Dollars)
Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: UAH and Stollery
Business Phone: 407-8009	Period From: April 2007 to August 2007	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62410000			✓ \$329.38	<input checked="" type="checkbox"/>
201	0001	71110101008	62412000			✓ 35.60	<input checked="" type="checkbox"/>
201	0001	71110101008	62410000			✓ 19.10	<input checked="" type="checkbox"/>
201	0001	71110101008	69600000			✓ 1,831.95	<input checked="" type="checkbox"/>
201	0001	71110101008	69500000			✓ 1,037.13	<input checked="" type="checkbox"/>
201	0001	71110101008	61020005			✓ 14.26	<input checked="" type="checkbox"/>
201	0001	71110101008	61030000			✓ 503.50	<input checked="" type="checkbox"/>
Total						\$3,770.92	<input type="checkbox"/>

1562.44
269.51
297.13
740.00

Capital Health
RECEIVED
AUG 24 2007
ACCOUNTS PAYABLE

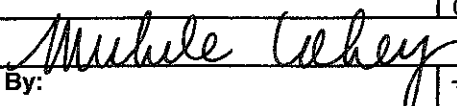
The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: 

Date: 18-August-2007

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey <i>(Print name)</i>	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
<i>(Signature)</i> 		Date 17-August-2007
Approved By: <i>(Print name)</i>	Title:	Phone #
<i>(Signature)</i>		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS

Recommended Coding							
<ul style="list-style-type: none"> Local Travel – Staff - 62410000 Staff Local Travel – Taxi – 62410001 Staff Travel – UNA – 62410002 Staff Provincial Travel – 62412000 (all expenses) Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> Catering – 69600000 Meals - 62410000 Mileage – 62410000 Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
April 20	Mileage from Edmonton to Jasper						383
April 22	Mileage from Jasper to Edmonton						383
April 20	Park Pass					✓ 35.60	
May 28	Parking				✓ 16.10		
July 18	Parking				✓ 3.00		
Aug 13	Upper Crust		✓ 53.23	44.36 8.87			
May 31	Sorrentino's		✓ 831.24	701.60 129.64			
May 16	Cafe Select		✓ 112.49	92.49 20.00			
July 5	Flavours Modern Bistro		✓ 283.66	245.66 38.00			
May 15	Earl's on Campus		✓ 66.18	56.18 10.00			
April 25	Characters		✓ 485.15	422.15 63.00			
May 20	Greenland Garden Centre					✓ 35.27	6
June 4	Telus					✓ 14.26	6
July 2	Chapters					261.86	
June 11	Registration for CAPHC			✓ 503.50			
May 7	MS Bike Tour (Dr. Mullen)					✓ 50.00	
May 10	Stollery Foundation (Wear Your Bear T-Shirts)					✓ 690.00	
Total km							766
Rate as outlined in Section 2 – Travel below @							43
Totals			\$1,831.95	\$503.50	\$19.10	1,086.99	\$329.38

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

- Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
- Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
- Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY



CANADIAN ASSOCIATION OF PEDIATRIC HEALTH CENTRES (CAPHC)
 ASSOCIATION CANADIENNE DES CENTRES DE SANTE PEDIATRIQUES (ACCSP)

CAPHC 2007 Annual Meeting
**"Informing Health Care Policy for Canadian Children and Youth:
 Strategies that are Making a Difference"**
October 14-17, 2007
Hilton Montreal Bonaventure
Montreal, Quebec

RECEIPT

Deb Gordon
 Capital Health
 1F1.17 WMC, 8440-112 Street
 Edmonton, AB T6G 2B7
 Canada

 780 407-8009
 780 407-7418
 LauraLee.Clarke@capitalhealth.ca

Thank you for registering for CAPHC/ACCSP 2007 Annual Meeting. Your registration number is **51235**. Please refer to this number for all registration inquiries.

This document is confirmation of your registration in this event. If paid by credit card, a charge by **ProReg Registration Solutions, Nanaimo, BC** will appear on your next credit card statement.

		June 8, 2007	
Quantity	Description	Unit Cost	Total
1	Mobilizing and Implementing Change: From Data, To Information, To Practice		
1	Full Conference Registration	\$ 475.00	\$ 475.00
1	Hospital Tour ~ CHU Sainte-Justine		
1	CAPHC Interactive Workshop		
		SubTotal	\$ 475.00
		GST (R106914682)	\$ 28.50
		Total	\$ 503.50
		Paid	\$ 503.50
		Balance	

If you experience any technical difficulties when using this form, or if you have registration questions, changes or cancellations please contact ProReg at (250) 740-2511, or at caphc2007@ProReg.ca.

For all other enquires, contact Shelley Callaghan at purpledog@sympatico.ca.



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON [REDACTED] Section 17(1),(4)(e.i)
 STATEMENT FROM JUN 08 TO JUL 06, 2007

1 OF 3

Milshay



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	[REDACTED]
	DEBORAH A GORDON [REDACTED] Non-Responsive	
JUN 09	RIVER CAFE CALGARY AB	\$80.46
JUN 11	PROREG REGISTRATION S NANAIMO BC	\$503.50
	[REDACTED]	
JUL 02	CHAPTERS #966# SHERWOOD PARK AB	\$261.86 <i>no receipt.</i>
	TOTAL NEW BALANCE	[REDACTED]

IMPORTANT INFORMATION

DUETTO DOLLARS EARNED* Non-Responsive

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
 Collect Outside North America (416) 974-7780
 Duetto Dollars information 1-800-782-7282
 Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION

Minimum payment [REDACTED]
 Payment due date **JUL 27, 2007**
 Credit limit [REDACTED]
 Available credit [REDACTED]
 Annual interest rate 19.50%

PLEASE NOTE:

As one of our most valued customers, we are pleased to increase your credit limit to the amount shown on the right-hand column under "Credit Limit". If you do not wish to take advantage of this new limit, please call 1-800-769-2512.

New - Visa* Electronic Statements are here!

Electronic Statements are simply an electronic version of your current Visa paper statement. While they look like your paper statement, they are secure and more convenient to use.

- * You can view them at any time you're signed on to RBC Royal Bank® Online Banking
- * You can review your statements as soon as they are ready, no need to wait for the mail
- * You can view, print and/or save your statement onto your computer
- * You will automatically receive a notification message in the Message Centre in Online Banking when your monthly statements are available.
- * Archive your statements for up to seven years - and save or print them whenever you like.

As an RBC Royal Bank client, you have the opportunity to sign onto RBC Royal Bank Online Banking and access Visa Electronic Statements. To enroll in Online Banking today:

CALCULATING YOUR BALANCE

Previous Statement Balance	[REDACTED]
Payments & credits	[REDACTED]
Purchases & debits	[REDACTED]
Cash advances	
Interest	
Fees	Non Responsive

NEW BALANCE

[REDACTED]

HRI-00-3-3-U-36-D



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON [REDACTED]

STATEMENT FROM MAY 08 TO JUN 07, 2007

1 OF 2



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE <i>Section 17(1),(4)(e.i)</i>	[REDACTED]
	DEBORAH A GORDON - [REDACTED]	Non-Responsive
MAY 04	CANADIAN COLLEGE OF HEALTOTTAWA ON	\$20.00
MAY 06	ACF WKND END BREAST CANCREDMONTON AB	\$75.00
MAY 07	2742209 MS SOCIETY CANAD 1888-955-5455BC	\$50.00
MAY 10	STOLLERY CHILDREN'S HOSP EDMONTON AB	\$690.00
MAY 16	EARL'S CAMPUS EDMONTON AB	\$66.18
MAY 16	CAFE SELECT SOUTHSIDE EDMONTON AB	\$112.49
MAY 31	SORRENTINO'S DOWNTOWN EDMONTON AB	\$831.24
	TOTAL NEW BALANCE	[REDACTED]

Making

IMPORTANT INFORMATION

DUETTO DOLLARS EARNED*

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2511
 Collect Outside North America (416) 974-7781
 Duetto Dollars information 1-800-782-7281
 Starbucks Web site www.starbucks.com/card

PAYMENT INFORMATION

Minimum payment \$ [REDACTED]
 Payment due date JUN 28, 2007
 Credit limit [REDACTED]
 Available credit [REDACTED]
 Annual interest rate 19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance [REDACTED]
 Payments & credits [REDACTED]
 Purchases & debits [REDACTED]
 Cash advances [REDACTED]
 Interest [REDACTED]
 Fees **Non Responsive**

NEW BALANCE

Are you one of the many drivers who could save by switching to RBC Insurance®?

Find out by getting an auto insurance quote from RBC Insurance today! You could even save an additional 12% per policy for having both your home and auto insurance from RBC Insurance¹.

Call 1-866-863-6966, go online to www.rbcinsurance.com/visasave or visit your nearest RBC Insurance branch for a free, no-obligation quote.

Underwritten by RBC General Insurance Company

1. Certain conditions apply.

Take a Break this month

Because you are a valued cardholder, we would like to offer you an RBC Royal Bank® Visa* payment holiday by waiving your minimum payment this June. Of course you may still make a payment if you wish. Standard monthly interest charges will continue to accumulate and the

RBC0150080_7745693_003_5021
 HRI - 00 - 2 - 2 - N - 58 - D

APPLICANT COPY

CHARACTERS REST
10257 - 105 STREET
EDMONTON, AB.
T5J 1E3
780-421-4100
GST# 89206-4429

CHARACTERS REST
10257 - 105 Street
EDMONTON, AB.
T5J 1E3
(780) 421-4100
GST# 89206-4429

Date: Apr25'07 08:38PM

Card Type: VISA

Acct #:

Exp Date:

Auth Code: 084011

Check: 9190 Section 17(1),(4)(e.i)

Table: 101/

Server: 110 SNOW S
DEBORAH BOON

total: 422.15

GRATUITY 63.00

TOTAL 485.15

SIGNATURE *[Signature]*
** Customer Copy **

HAZELAND NURSERY AND
23108 HWY 16 EAST
SHERWOOD PARK AB

Section 17(1),(4)(e.i)

CARD NUMBER
ACCOUNT TYPE CREDIT 5278
DATE/TIME 2007/05/20 10:31:06
RECEIPT NUMBER 980523059-008-006
PURCHASE
TOTAL AMOUNT \$35.27

NO APPROVED 001 AUTH. # 007388
THANK YOU

110 SNOW S

Tbl 101/1 Chk 9190 Gst 5
Apr25'07 06:25PM

1 1GL.FACELLI FUME 8.50
1 SMOKED SALMON 10.00
1 SALAD GREENS 8.00
1 ROMAINE SALAD 9.00
4 @ 37.00
BEEF TENDERLN 148.00
1 TUNA LOIN 34.00
1 CALLEBAUT 10.00
1 LEMON PIE 8.00
1 BREAD PUDDING 9.00
1 TRADITIONAL ALE 5.50
3 NEWCASTLE @ 5.50 16.50
1 2.TOMASSO BUSSO 115.00
2 CAPPUCCINO @ 4.25 8.50
2 TEA @ 2.75 5.50
1 COFFEE 2.75

Subtotal 398.25
GST 23.90

08:21 Amount Du 422.15

WELCOME TO CHARACTERS!
& HAVE A GREAT DAY!!

SUB-TOTAL: \$33.27

FIGURE WESTERN BOOT RESIN (10869100) \$10.79 P
1.00 EA @ \$11.99
DISC: 10.00%
NECKLACE COWBOY HAT W/CRYSTAL (1175) \$8.99 P
1.00 EA @ \$9.99
DISC: 10.00%
SIGN NO MUDDY BOOTS (00827034) \$13.49 P
1.00 EA @ \$14.99
DISC: 10.00%
CA

CA

\$35.27
\$0.00

***** TREES & SHRUBS CREDIT GIVEN
1 YR. PERENNIALS 90 DAYS GENERAL
DISC 30 DAYS RECEIPT REQUIRED *****

Section 17(1)

INVOICE DATE: 20/05/07
CASH: TD CLERK: 035 TIME: 10:56:1
0239758

BURKE: DFR

780-467-7557
GST NO: 0102190881
PST NO: 01

GREENLAND GARDEN CENTRE
23108 HWY 16 EAST
SHERWOOD PARK, AB
T8A 4V2

THANK YOU FOR JOINING US
AT SORRENTINOS
G.S.T.#889541298

15 DAVE

TBL 70/1 CHK 2831 GST 10
MAY31'07 05:23PM

APPLICANT COPY

5	.PELIGRINO LG	32.50
4	#113-WT WATERBRO	200.00
1	MISSELS	13.00
2	CALAMARI	26.00
1	BRUSHETTA	8.00
2	MISTA SALAD	16.00
2	CEASAR SALAD	18.00
1	TOMATO SALAD	13.00
1	ESCRAGOT	12.00
2	LINGUINE DI MARE	34.00
1	BORSETTE	17.00
1	BEEF TENDERLOIN	36.00
3	HALIBUT	87.00
2	SALMON	58.00
1	BIG APPLE	37.00
1	GLS BACON REALE	12.00
3	COFFEE	8.25
2	TEA	5.50
3	TERAMISU	24.00
1	CAFE LATTE	4.00
	B-DAY PROMO	8.00
	15 %	
	15 GRATUITY	
		99.64
	SUBTOTAL	656.25
	G S T	45.35
		99.64
	TOTAL DUE	801.24

PLEASE PAY SERVER
THANK - YOU

TRANSACTION #

DATE TIME
15/05/07 05:23 PM

PURCHASE

Account Chequing

Section 17(1),(4)(e.i)

20.00
831.24

CAFE SELECT SOUTHSIDE
8404 109TH STREET
EDMONTON AB

Section 17(1),(4)(e.i)

CARD [REDACTED]
CARD TYPE [REDACTED] VISA
DATE 2007/05/16
TIME 21:49:15
CLERK ID 23
RECEIPT NUMBER
00662474-001-093-000-0

PRE-AUTHORIZATION
AMOUNT \$92.49

TIP 20.00
TOTAL-CHD 112.49

APPROVED

AUTH# 074657 01-027
THANK YOU

CARDHOLDER COPY

APPLICANT COPY

FLAVOURS MODERN BISTRO
10354 - 82 AVE
EDMONTON AB

Section 17(1),(4)(e.i)

FLAVOURS MODERN BISTRO
EDMONTON, ALBERTA
G.S.T. #R123999145

8 DENIS
TBL 22/1 CHK 620 GST 0
JUL05'06 06:37PM

- 1 DALMINTIE 7.50
- 1 MARTINI 7.25
- 1 GREY MONK MERLOT 48.00
- 1 SAVIGNON BLANC 30.00
- 2 CAESAR SN 10.00
- 2 SCALLOP SALAD 24.00
- 1 GOAT SALAD 12.00
- 2 MUSHROOM RAV 30.00
- 1 SMOKED CHICKEN 19.00
- 2 LAMB SHANK 40.00
- 1 *ESPRESSO 2.00
- 1 *COFFEE/TEA 2.00

SUBTOTAL 231.75
G.S.T. 13.91
TOTAL DUE 245.66

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 9640
DATE/TIME 2006/07/05 20:22:46
RECEIPT NUMBER 080515106-001-552
AUTHORIZATION [REDACTED]
AMOUNT \$245.66

3800

243.66

APPROVED 027 AUTH. # 089869
THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN
ON CARD ISSUER ACCORDING TO CARDHOLDER
AGREEMENT.

Deborah Gordon
DEBORAH GORDON

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE
EXPIRATION TIME
DETACH RECEIPT FROM TICKET
DATE ISSUED
TIME ISSUED
AMOUNT PAID
CREDIT CARD NUMBER
CARTAS HEALTH GROUP NON TRANSFERABLE 1957812
CARTAS HEALTH GROUP
RECEIPT 1957812

EDMONTON AIRPORTS
GST # R123999776

Car park (Edmonton) phone: (780)690-8439
Fax: (780)690-8329
Receipt no: 0828/07 79.05.07

015101 567 parking fee 10.00
28.05.07 07:01 28.05.07 16:24
Length of stay: 09:23:28 9:28 9:00

Net amount 15.10 \$
Approved total 16.10 \$
G.S.T. 1.00 x 0.51 \$

Thank you for your patronage!
Please Come Again!
As Always Thank You !!
** Thank You **

APPLICANT COPY

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta

earls

GREAT FOOD GREAT PEOPLE

T6G-1K8

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 15May'07 07:52PM

Card Type: Visa

Acct #:

Exp Date:

Auth Code: 062400 Section 17(1),(4)(e.i)

Check: 4297

Table: 11/1

Server: 13 AMY B

Ref Number: 001179260328

DEBORAH GORDON

13 AMY B

Tbl 11/1 Chk 4297 Gst 2
15May'07 06:20PM

Subtotal: 56.18

Tip: 10.00

Total: 66.18

1 HF MON AMI WHT 19.00
1 BERRY SPIN /CHK 15.50
1 BERRY PAVLOVA 7.00
1 CAESAR SALAD 7.50
add 1/2 Chx Brst 4.00

Subtotal 53.00
GST Tax 3.18
07:43 Total 56.18

I agree to pay above total
according to my card issuer
agreement.

All Week Long
Campus Earls
NFL Bud Mondays \$3.00 Bottles
Bellini Tuesday \$4.00 Bellinis
Wing Wednesday \$6.00 Wings
Lo-ball Thursday's \$3.50
Weekends \$1 off all Martini's
Visit us on line at
www.earls.ca
Head Chef Dustin Dewan
General Manager Colin Corbett
GST# 10154 1191 RT0001

*****Customer Copy*****

2.00 X 17.80
DAY:AD GR/JR:GR ADULTE 35.60
Total 35.60
GST/TPS 2.02
Cash/Compliant 35.60
4:40 PM Cler 206
EAST GATE/BA
GST#/1 01530723

Valid/
Valid/
4/22/2007
-16:00h

PARC NATIONAL
JASPER
NATIONAL PARK
4/20/2007



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: UAH, Stollery, and MAHI	
Business Phone: 407-8009	Period From: Oct 5/07	to Oct 5/07


Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
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201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
Less Cash Advance							<input checked="" type="checkbox"/>
Total						\$31.80	<input type="checkbox"/>


RECEIVED
MAR 25 2008
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:  Date: March 13, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey (Print name)	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
(Signature) 		Date 17-MAR-08 MAR 18 2008
Approved By:	Title:	Phone #
(Signature)		Date

- NOTE:
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
 - For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
 - For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
 - See page 2 of this form for expense claim limits.
 - Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DIARY

Recommended Coding

- | | |
|---|---|
| <ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) | <ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 |
|---|---|

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
oct 5/07	Parking - Airport				\$31.80		
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals					\$3,180.00		

EXPENSE LIMITS

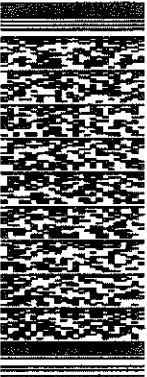

1. **Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
 - Breakfast \$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
 - Lunch \$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
 - Dinner \$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)
 For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
 Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
 - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer thereafter (except where collective agreement specifies otherwise).
 - Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
 - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
 - If union contract rate differs from \$0.43 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.

3. **Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

GORDON DEBORAH		Frequent Flyer / Voyageur assidu		
ECONOMY/E TANGO PLUS		[REDACTED]		
ETKTO144984016878		Section 17(1)		
Flight / Vol	From / De	Destination		
AC 8135 05OCT	EDMONTON-YEG	CALGARY		
Boarding time / Heure d'embarquement	Gate / Porte	Seat / Place		
07:25	49	03A		
		WINDOW/HUBLOT		
Departure Time / Heure de départ	Remarks / Observations			
08:00				
Airline use / À usage interne				
0010 WCI00127				
Boarding Pass Carte d'accès à bord		AIR CANADA  <small>A STAR ALLIANCE MEMBER MEMBRE DU RESEAU STAR ALLIANCE</small>		

Important

IMPORTANT SECURITY MEASURE

Please ensure you are aware of any recent security changes regarding some personal effects now prohibited as carry-on items. For full details, please consult www.aircanada.com/security.

Please have the following items ready for presentation. Without the documents you may not be allowed to board your flight:

- photo identification
- printed boarding passes
- **Check the departure screens at the airport to ensure the gate indicated on your boarding pass has not changed**




E-ticket customers must be aware of the conditions of contract. Copies are available at the Air Canada counter.

Please also remember:

- You must be present at your departure gate at least 35 minutes prior to departure as indicated on your boarding pass
- We recommend that you allow extra time for airport processing such as security clearance
- When you have baggage to check-in, please proceed to the specific **Air Canada Web bag drop-off counter**. Checked baggage will be accepted up to 4 hours prior to departure from Canada and US and up to 3 hours prior to departure from other countries. Please allow 1 hour for baggage acceptance on flights within Canada and at least 90 minutes for all other flights.
- If the print quality of boarding pass is poor, or should you lose your printed boarding pass, you may re-print the boarding pass at a **Self-service check-in** kiosk (where available).
- In the event you are unable to travel, please go to aircanada.com and **Check-in** option, you will be offered the **Cancel check-in** option. This option is available under some rules and restrictions.

Printing your boarding pass(es)

You have successfully checked in. This is your boarding pass. Please print this page and bring it with you. Thank you for choosing Air Canada. Bon Voyage.

GORDON DEBORAH		Frequent Flyer / Voyageur assidu		
ECONOMY/E TANGO PLUS		[REDACTED]		
ETKT0144984016878		Section 17(1)		
Flight / Vol AC 7231 05OCT		From / De CALGARY	Destination LETHBRIDGE	
Boarding time / Heure d'embarquement 08:50		Gate / Porte	Seat / Place 02A WINDOW/HUBLLOT	
Departure Time / Heure de départ 09:25		Remarks / Observations		
Airline use / À usage interne 0001 WCI00127				
Boarding Pass Carte d'accès à bord			AIR CANADA  <small>A STAR ALLIANCE MEMBER MEMBRE DU RESEAU STAR ALLIANCE</small> 	

Important

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AIR CANADA

Class | Classe
ECONOMY/E TANGO PLUS

Flight & Date | Vol et date
AC 8148 05OCT

Gate | Porte
ET

Seat | Place
05A

Boarding time
Heure d'embarquement **14:55**

From | De
CALGARY

To | Destination
EDMONTON - YEG

Name | Nom
GORDON AP

Airline use | À usage interne
0014A YQL00855

Boarding Pass | Carte d'accès à bord

Name | Nom
GORDON AP

Seat & Class | Place et classe
05A ET Y

To | Destination
EDMONTON - YEG

Remarks | Observations

APPLICANT COPY



Flight & Date | Vol et date
AC 7230 05OCT

Gate | Porte
ONE

Seat | Place
ET

Boarding time
Heure d'embarquement **13:00**

From | De
LETHBRIDGE

To | Destination
CALGARY

Name | Nom
GORDON AP

Airline use | À usage interne
007A

Boarding Pass | Carte d'accès à bord

AIR CANADA

Class | Classe
ECONOMY/E TANGO PLUS

Flight & Date | Vol et date
AC 7230 05OCT

Gate | Porte
ONE

Seat | Place
ET

Boarding time
Heure d'embarquement **13:00**

From | De
LETHBRIDGE

To | Destination
CALGARY

Name | Nom
GORDON AP

Airline use | À usage interne
007A

Boarding Pass | Carte d'accès à bord



EDMONTON AIRPORTS
GST # R12859776
VALET PARKING
SHIFT B

10/05/2007 3:26PM 0002
#901339

PARKING 1430.00
MOSE ST \$30.00
GSTAX \$1.80
CARD NUM 2367
ACCOUNT
DATE/TIME DEBIT/C \$31.80 :21:46
RECEIPT NUMBER 000007707271 003
PURCHASE
TOTAL AMOUNT \$31.80

00 APPROVED 001 AUTH. # 009800
THANK YOU

MERCHANT COPY



Travel & Employee Expense Claim Form

(In Canadian Dollars)
Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: UAH, Stollery, and MAHI	
Business Phone: 1407-8009	Period From: Sept 1/07	to Sep 30/07


Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	62410000			\$45.60	<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
201	0001	71110101008					<input checked="" type="checkbox"/>
Less Cash Advance							<input checked="" type="checkbox"/>
Total						\$45.60	<input type="checkbox"/>

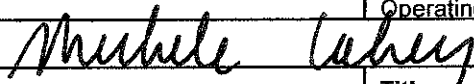
RECEIVED
MAR 25 2008
ACCOUNTS
PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:  Date: March 13, 2008

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Michele Lahey (Print name)	Title: Executive Vice President and Chief Operating Officer, Health Services	Phone # 407-1671
(Signature) 		Date 17 Mar - MAR 19 2008
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM FORMS

Recommended Coding							
<ul style="list-style-type: none"> • Local Travel – Staff - 62410000 • Staff Local Travel – Taxi – 62410001 • Staff Travel – UNA – 62410002 • Staff Provincial Travel – 62412000 (all expenses) • Staff Out of Province Travel – 62414000 (all expenses) 				<ul style="list-style-type: none"> • Catering – 69600000 • Meals - 62410000 • Mileage – 62410000 • Course Registration & Materials – 61030000 			
Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km
Sept 19/07	Parking					✓ \$5.60	
Sept 19/07	Parking for D. Gordon					✓ 20.00	
Sept 19/07	Parking for T. Klassen					✓ 20.00	
Total km							
Rate as outlined in Section 2 – Travel below @							
Totals						45.60	

EXPENSE LIMITS

1. **Meal Allowances**
 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
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2. **Travel**
 - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
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 1. Monthly travel in excess of 340 kilometers; or
 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at \$0.50 per kilometer.
 - If union contract rate differs from \$0.43 then contract rate must be used.
 - Includes all forms of transportation costs, including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.

3. **Advance**
 Travel advance may be requested provided travel expenses are likely to exceed \$500.

STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON ~~XXXXXXXXXXXX~~

STATEMENT FROM SEP 08 TO OCT 05, 2007

1 OF 1



DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
	PREVIOUS STATEMENT BALANCE	\$: [REDACTED]
	DEBORAH A GORDON - XXXXXXXXXXXX	
SEP 21	IMPARK LOT 00020001 EDMONTON AB	\$20.00
SEP 21	IMPARK LOT 00020001 EDMONTON AB	\$20.00
SEP 25	COOKIES BY GEORGE CALGARY AB	\$57.98
SEP 26	MARRIOTT HOTELS OTTAWA FDOTTAWA ON	\$573.64
OCT 03	PACKRAT LOUIE KITCHEN & EDMONTON AB	\$97.98
	TOTAL NEW BALANCE	[REDACTED]

IMPORTANT INFORMATION

Non-Responsive

DUETTO DOLLARS EARNED*

~~XXXXXXXXXXXX~~

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
 Collect Outside North America (416) 974-7780
 Duetto Dollars information 1-800-782-7282
 Starbucks Web site www.starbucks.com/card
 Non-Responsive

PAYMENT INFORMATION

Minimum payment [REDACTED]
 Payment due date OCT 26, 2007
 Credit limit ~~XXXXXXXXXX~~
 Available credit ~~XXXXXXXXXX~~
 Annual interest rate 19.50%

Protect yourself when travelling

Protect your RBC Royal Bank® Visa* card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

CALCULATING YOUR BALANCE

Previous Statement Balance ~~XXXXXXXXXX~~
 Payments & credits [REDACTED]
 Purchases & debits ~~XXXXXXXXXX~~
 Cash advances
 Interest
 Fees Non Responsive

NEW BALANCE

By phone copy in # 2500.

RBC0150080_8830113_008_383
 HRI - 00 - 1 - 1 - 1 - 467 - D

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE 12/09/07 EXPIRATION TIME 18:02

AMOUNT PAID \$ 5.60 164700000 16:02

DETACH RECEIPT FROM TICKET

DATE ISSUED 12/09/07 TIME ISSUED 16:02 AMOUNT PAID \$ 5.60

CREDIT CARD NUMBER 22107

CARITAS HEALTH GROUP
 CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
 CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.



CARITAS HEALTH GROUP NON TRANSFERABLE 1594552



CARITAS HEALTH GROUP

RECEIPT 1594552

D

TICKET VOID IF RE-SOLD

TICKET V

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE

Section 17(1),(4)(e.i)

SEP 21, 5:00
 COST: \$20.00
 CARD: [REDACTED]
 EXPIRES: 12/09/07

IMPARK LOT 00020001 EDMONTON AB

IMPARK ED

IMPARK

EDMONTON

EDMONTON

IMPARK

21, 2007
 5:00 PM

APPLICANT COPY

Evolution
 Recruitment
 Group

LOT 001
 IMPARK EDMONTON

Machines: 001
 Transaction: 000101
 Machine: 000101
 Time: 14/09/2007

Cost: \$20.00
 Card: Exp: Valid until:

SEP 21, 2007
 5:00PM

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE L

TICKET VOID IF RE-SOLD

OID IF RE-SOLD

IP ON DASH

Section 17(1),(4)(e.i)

PLACE THIS SIDE UP ON DASH

PLA

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

LOT 001

Machines: 001
 Transaction: 090408
 Machine: 02000101
 Time: 14/09/2007

Cost: \$20.00
 Card: Exp: Valid until:

SEP 21, 2007
 5:00PM

TICKET VOID IF RE-SOLD

TICKET V



Travel & Employee Expense Claim Form

(In Canadian Dollars)

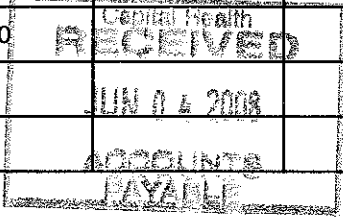
Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer	Department: Site Administration	
Business Phone: 407-8009	Period From: 01-March-08	to 23-May08

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	61540040			\$640.50	<input checked="" type="checkbox"/>
201	0001	71110101008	62320000			88.35	<input checked="" type="checkbox"/>
201	0001	71110101008	62300000			628.39	<input type="checkbox"/>
201	0001	71110101008	69500000			229.13	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,586.37	<input type="checkbox"/>

535.2
93.10
129.13
100.00



The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Date: 23-May-08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: (Print name) 	Phone #
(Signature)	Date June 3/08
Approved By: (Print name)	Title:
(Signature)	Date 6

- NOTE:**
- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
 - GST amounts included in the expense claims will be calculated by Accounts Payable.
 - Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
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 - Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS

Recommended Coding

- 61530030 – Workshop Fees & Materials
- 61520020 – Academic Course Fees & Materials
- 61540040 – Conference Fees & Materials
- 62300000 – Meals
- 62320000 – Staff Local Travel - Client Related
- 62310000 – Staff Local Travel - Non-Client Related
- 62320000 – Staff Local Travel - Taxi - Client Related
- 62310000 – Staff Local Travel - Taxi - Non-Client Related
- 62320000 – Staff Travel - UNA - Client Related
- 62310000 – Staff Travel - UNA - Non-Client Related
- 62312000 – Staff Provincial Travel - Non-Client Related
- 62314000 – Staff Out of Province Travel - Non-Client
- Catering – 69600000

Date	Particulars (Describe Purpose of Trip & Location	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km	Account
1-May	Parking			✓	\$ 3.75			
16-Apr	Parking			✓	10.00			
14-Apr	Parking			✓	3.75			
8-Mar	Parking			✓	3.75			
14-Apr	Parking			✓	10.00			
23-Apr	Parking			✓	20.00			
15-May	Parking			✓	37.10			
12-May	Donation to MS Society of Canada					\$ 100.00		
5-May	Laugh n Learn (Gift MTL)					\$ 5.24		
26-Apr	British Import Shop (Gift MTL)					\$ 47.86		
5-May	Dansk Gift (Gift MTL)					\$ 27.30		
5-May	London Drugs (Gift MTL)					\$ 10.16		
5-May	The Science Shop (Gift MTL)					\$ 13.64		
5-May	Coles (Gift MTL)					\$ 24.93		
7-May	Packrat Louie Kitchen & Bar (MTL)	✓	\$ 362.13					
10-Mar	Upper Crust (Jane Drummond)	✓	\$ 56.57					
17-Apr	Il Portico (Lesley Southwick)	✓	\$ 71.95					
25-Apr	Joey's (Ops Cmte Planning)	✓	\$ 42.79					
14-Apr	Upper Crust (Jane Drummond)	✓	\$ 46.10					
15-Apr	Madison's Grill (Louise Bradley)	✓	\$ 48.85					
22-May	CAPHC Registration			✓			640.5	
			628.39					Total km
								Rated as outlined in Section 2 - Travel below @
				640.5				88.35
								\$ 229.13
								G-drive: Expense Claim
								Reformatted 11/07

EXPENSE CLAIM DETAILS

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital health business, the employee may be reimbursed at the Per Diem Meal allowance of: |

Breakfast	\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
Lunch	\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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Meal expenses must be supported by restaurant receipt (not just credit card receipt and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting).

2. Travel

• Use of personal automobile - From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 - March 31) and \$0.40 for each Kilometer thereafter after (except where collective agreement specifies otherwise).

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- If union contract rate differs from \$.43 then contract rate must be used.
 - Includes all forms of transportation costs. Including taxis and buses for local travel.
 - Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY

Imperial Parking Canada Corporation
#300 - 601 W. Cordova St.
Vancouver, B.C.
V6B 1G1

Tel:(604) 681-7311 Fax: (604) 681-4098

<http://www.impark.com/>

Reference Number: 660190950011080600 Notice: 02E160284

Response Code: 0 ISO Code 1

Authorization Code: 028625 Trace Number: 431021

Transaction Time: 08:24:28 Transaction Date: May 15, 2008

Order Information	
Product	Amount
1 Online Notice Payment # 02E160284	\$37.10 CAD
	Taxes:
	Total: \$37.10 CAD
Transaction Type: Sale	

Purchaser Name: Amelda Foster
Street: 1F1 8440-112 Street
City: EDMONTON
Province/State: AB
Country: CA

Thank You for Your Payment

*Amelda worked
until 8pm this
evening
12-May-08*

APPLICANT COPY

Notice: Undefined index: SessionID in /home/proreg/public_html/events/caphc/2008/confirm-e.php on line 23



CANADIAN ASSOCIATION OF PEDIATRIC HEALTH CENTRES (CAPHC)
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES (ACCSPI)

CAPHC 2008 Annual Meeting
**"Transforming Services for Children and Youth:
Turning Our Thinking Inside Out!"**
October 19 - 22, 2008
The Westin Edmonton
Edmonton, Alberta

CONFIRMATION

Dear ,

Thank you for your registration. The information that you have provided will be processed by ProReg usually within 5 business days and your participation in this event will be confirmed at that time. If you have reserved a hotel room, a separate reservation confirmation will sent.

The following is a summary of the items for which you have registered:

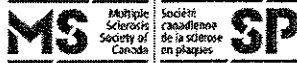
		May 22, 2008	
Quantity	Description	Unit Cost	Total
1	Full Conference Registration	\$ 475.00	\$ 475.00
1	Guest	\$ 75.00	\$ 75.00
1	CAPHC Annual Dinner	\$ 60.00	\$ 60.00
1	Hospital Tour ~ Stollery Children's Hospital		
1	Innovative and Holistic Models that are Making a Difference - Continuity and Coordination of Services		
1	Learning from Children & Youth: Transforming Paediatric Services		
1	CAPHC 2008 Interactive Learning Session: The Complexity of Transitioning and the Impact on Children, Youth, Families and Providers		
1	Conference Closing ~ Lunch and Networking		
		SubTotal	\$ 610.00
		GST ()	\$ 30.50
		Total	\$ 640.50

Cheques or Money Orders are made payable to **ProReg Registration Solutions** and must be received no later than October 6, 2008. All fees are in Canadian funds.

Mail payment to:
ProReg Registration Solutions
2805 Extension Road
Nanaimo, BC, Canada
V9X 1E8

Should you have technical issues, please contact ProReg by email at caphc2008@ProReg.ca.

APPLICANT COPY



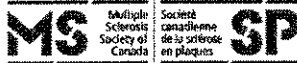
MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

Thank you! Your contribution helps the MS Society achieve its mission of being a leader in finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

If you would like to learn more about multiple sclerosis, participate in one of our fund raising events, or make a donation, visit www.mssociety.ca or call 1-800-268-7582.

You make our mission possible.

Daniel Larouche
Chairman



MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

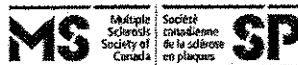
Tax Receipt # E-2008512-3306486
Issue Date 5/12/2008
Issued At Toronto, ON
Donation Date 5/12/2008
Donation Amount \$100.00
Donor ID [REDACTED]

Section 17(1)

Ms Deb Gordon
1F1, Site Administration University of AB Hospital
8440-112 Street
Edmonton, AB T6G 2B7

Geneviève Brouillette
National Treasurer

Registered Charitable Organization #107746174RR0001
Official Receipt for Income Tax Purposes - Copy 1
Canada Revenue Agency - www.cra-arc.gc.ca/charities



MS Society of Canada
175 Bloor St. East
North Tower, Suite 700
Toronto, ON M4W 3R8
416-922-6065
info@mssociety.ca

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Geneviève Brouillette
National Treasurer

Registered Charitable Organization #107746174RR0001
Official Receipt for Income Tax Purposes - Copy 2
Canada Revenue Agency - www.cra-arc.gc.ca/charities

APPLICANT COPY



Online Donation

RONA MS Bike Tour - Hinton 2008 - John Mullen
Heart Brakers

Deb, thank you for your donation.

Your receipt has been sent to LauraLee.Clarke@capitalhealth.ca

Transaction Results:

Ms Deb Gordon
1F1, Site Administration University of AB Hospital
8440-112 Street
Edmonton, AB T6G 2B7
lauralee.clarke@capitalhealth.ca

Donation: RONA MS Bike Tour - Hinton 2008 (John Mullen)

Donation Amount: \$100.00
Credit Card Type: VISA
Card Number: [REDACTED]
Card Holder: Deborah A. Gordon
Expiry Date: [REDACTED] Section 17(1),(4)(e.i)

Transaction Code: OK: 514925:N

If you cannot find your confirmation message, please check your Junk Mail folder in case it was accidentally filtered as

[I want to pledge someone else](#)

[I'm done making online pledges](#)

[I'm done making online pledges](#)

© 2008 - MS Society of Canada
Privacy Policy

PACKRAT L...
10335 83RD AVENUE UNIT 10
EDMONTON AB

Joeys
Mediterranean Grill
Edmonton
11228 Jasper Avenue
Tel: 780-420-1996
GST#R893495762

CARD NUMBER [REDACTED]
CARD TYPE VISA 0716
DATE/TIME 2008/05/07 21:47:43
RECEIPT NUMBER S08433967-001-608-050
PRE-AUTHORIZATION
AMOUNT \$302.13

Date: Apr25'08 05:35PM
Card Type: Visa
Acct #: [REDACTED]
Exp Date:
Auth Code: 064611
Check: 814
Table: 22/1 Section 17(1),(4)(e.i)
Server: 84 Jean Ci
DEBORAH GORDON

TIP 60.00
TOTAL AMOUNT 362.13

Subtotal: 42.79

01 APPROVED - 027 AUTH. # 022949
THANK YOU

Tip:
Total:

CARDHOLDER COPY

Book now... spots are filling quickly!!!
Time: 21:47 7 CUSTOMERS

I agree to pay above total according to my card issuer agreement.

GST# RT0001810812149

*****Customer Copy*****

YOU HAVE BEEN SERVED BY : Michael

mu! Michael

WE WANT TO HEAR FROM YOU!
WWW.JOEYSRESTAURANTS.COM

Section 17(1),(4)(e.i)

Customer copy
56.57

Trace # 440115 Operator 000
FSZ234750001
INV. # 17093
Auth # 005303 RNN 001353116
P. Auth Purchase \$51.06
TIP 1.00
Total 60.00

UPPER CROSS CATERERS L
10909 86 AVE
EDMONTON AB T6G0H8
PRE AUTH PURCHASE
03-10-2000
Acct # [REDACTED]
Exp Date [REDACTED]
Card Type VI
Name: DEBORAH GORDON
18:50:56
GST 0

APPLICANT COPY

MADISON'S GRILL
10053 JASPER AVE NW
EDMONTON, AB
T5J 1S5
CITY 429 2600

Host/Waiter ID: 47446
Term ID: 841506
Employee ID: 2

5/2008

1:53 PM

10037

Pre-Auth

Amount: \$ 38.85
Tip: \$ 37.00
Total: CASH 10.00
48.85
1.85
38.85
38.85

GRATUITY : _____
TOTAL : _____
SIGNATURE : _____

ROOM #: _____

PRINT NAME _____

THANK YOU

Please Come Again Soon

GST #R897343794

UPPER CRUST CATERERS L
10909 86 AVE T6G0W8
EDMONTON AB
22347500

PRE AUTH PURCHASE
04-14-2008 18:46:23
Acct # [REDACTED] S
Exp Date [REDACTED] Card Type VI
Name: DEBORAH GORDON
s.17(1), 17(4)(e.1)
Trace # 690124 Operator 044
FS2234750001
Inv. # 19249
Auth # 061780 RRN 001380124
P. Auth Purchase \$46.10
Tip _____
Total _____

Customer copy

Section 17(1),(4)(e.i)

IL PORTICO RESTAURANT
10012 107 ST T5J1J2
EDMONTON AB
22616227
PRE AUTH PURCHASE
04-17-2008 21:00:01
Acct # [REDACTED] S
Exp Date [REDACTED] Card Type VI
Name: DEBORAH GORDON
s.17(1), 17(4)(e.1)
Trace # 600075 Operator 089
FS2261622701
INV. # 14843
AUTH # 093898 RRN 001258075
P. Auth Purchase \$59.95
Tip 12.00
Total 71.95
Customer copy
GST 0

APPLICANT COPY

NOTICE

We IMPERIAL PARKING CANADA CORPORATION, hereby notify you that you have parked on private property without displaying a valid pass or sufficient valid dispenser ticket(s) or have otherwise improperly parked, as detailed below

Notice # 02E160284

the SCIENCE shop
 #316 Southgate Centre
 111th Street and 51st Avenue
 Edmonton, AB T6H 4K6
 Ph: (780) 435-0519
 Fax: (780) 435-0557

Section 17(1)

May-05-2008 05:51:29
 Invoice: 0000042154
 Clerk: POS
 Customer: **CASH**
 Cash

Transaction Type: Invoice

CHUBBIE SUBBIE
 1.000 @ \$12.99 \$12.99

Sub Total \$12.99
 GST \$0.65
 TOTAL SALE \$13.64

CASH \$20.00
 Total Change \$6.36

BST # 898609501

EXCHANGE ONLY
 Return for Credit within 30 days
 Sorry No Refunds

Date Issued (YY/MM/DD)	Time (HH:MM)	Patroller Number
08/05/12	06:16	05

License Plate No.	Exp. Yr.	Prov. State	Vehicle Make

Lot Code	Lot Location
379	GARNEAU TOWERS

Particulars

Receipt Expired

Parking Receipt/s Expired

** PATROLLERS CANNOT CANCEL NOTICES **

PLEASE REMIT PAYMENT AS FOLLOWS:

NOTICE AMOUNT = \$68.90
 IF PAID WITHIN 7 DAYS = \$37.10
 The above amount/s include(s) GST

PAYMENTS AND ENQUIRIES

BY MAIL BY TELEPHONE
 P.O. BOX 4820 1-888-856-5599
 STATION TERMINAL VANCOUVER, BC, V6B 6P4
 BY INTERNET
 DO NOT MAIL CASH! WWW.IMPARK.COM

To pay by Visa or MasterCard, please see reverse
 Make Cheques payable to:
 IMPERIAL PARKING CANADA CORPORATION



THIS NOTICE MUST ACCOMPANY PAYMENT



11192-009

BRITISH IMPORT SHOP
 2001 8882 170 St
 EDMONTON AB T5T 3J7
 780 443 3465

04-26-2008 MC #:0000
 GIFTS *27.99T1
 GIFTS *4.25T1
 GROCERY *3.25
 NEWSMAGZ *10.25T1
 *2.12T1

TOTAL *47.86
 CASH *47.86

AM10-26 0006

ABSOLUTELY NO REFUNDS
 STORE CREDIT/EXCHANGE
 ON NON-FOOD STORE GOODS ONLY

3910

197

DANSK GIFT
 335 SOUTHGATE MALL
 GST#103841219 RT

05/05/2008 5:09PM
 1111116133 JANE FOOD7

GIFT (GST) 145.00
 GIFT (GST) 1421.00
 NOSE ST *26.00
 GST \$1.30

**TOTAL \$27.30
 CASH \$27.30
 CHANGE \$0.00

NO REFUND WITHOUT RECPT

APPLICANT COPY



Store# 00168 Coles Southsate S.C.
 51st Avenue & 111th St., Unit 5
 Edmonton, AB T6H 4M6
 Phone: (780) 436-1783

*** You could WIN an iPod ***
 PLUS receive 10 CHANCES to WIN \$1000
 by completing our survey at
 indigofeedback.com. A prize EVERY DAY!
 OR 1 chance to win \$1000 by calling
 1-866-379-4970. Must be legal age.
 Store# 00168 Term# 003 Trans# 264216
 Operator: 147AS 05/05/2008 17:43

Section 17(1)

iREWARDS SALE

 FROMMERS LONDON DAY-BY-DAY 1 \$10.076
 0764576186
 Original Price \$13.99
 20% Off Selected \$-2.80
 iRewards Discount \$-1.12
 PAULINE FROMMERS LONDON 1E \$13.676
 0470052287
 Original Price \$18.99
 20% Off Selected \$-3.80
 iRewards Discount \$-1.52

 Items: 2

Subtotal: \$23.74
 GST: 5.0% \$1.19
Total: \$24.93
 ELECTRONIC GIFT CARD: \$24.93

Your Total Savings: \$9.24
 Promotions: \$6.60
 iREWARDS: \$2.64

Store# 00168 Term# 003 Trans# 264216
 GST Registration # R897152666



0016800302642161

Laugh N Learn

270 Baseline Road
 Sherwood Park
 T8H1R4
 (780)467-8799

 1030/REG1/15858 05/05/08 13:38
 1 QUICK SALE

SKU #	DESCRIPTION	AMOUNT
2705	DIVING SUB	4.99
	SUBTOTAL----->	4.99
GST	GOODS & SERVICES TAX	0.25
	TOTAL----->	5.24
	CASH	5.25
	CHANGE DUE	-0.01

Thank You for Shopping at LaughNLearn
 Full refund or exchange within 30 days
 of purchase. Must have original
 receipt. Must be in Original and
 Unopened Packaging.
 NO REFUNDS ON GIFT RECEIPT ITEMS,
 EXCHANGE OR GIFT CARD ONLY
 SALE ITEMS ARE NOT REFUNDABLE
 GST 865801039RT0001

LD SHERWOOD PARK 780 944 4520
 LOOKING FOR WORK? www.londondrugs.com

CREST SPINBRUSH 6.99 G
 CREST 2.69 F
 **** TAX .48 BAL 10.1
 Cash
 CHANGE
 (POST) .00
 (GST) .48

5/05/08 13:18 0020 13 0013 13512
 ** THANK YOU **
 LONDON DRUGS LTD. G.S.T. #R103378972

APPLICANT COPY
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
02/05 06:45 AM

AMOUNT PAID
\$ 3.75 15210000 05:50 PM



UNIVERSITY OF ALBERTA 769891

NON TRANSFERABLE

HE 6-12 Parking
DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
01/05/08 05:50 PM \$ 3.75

CREDIT CARD NUMBER
40670



UNIVERSITY OF ALBERTA 769891

RECEIPT GST # R1081028

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
16/04 11:59 PM

AMOUNT PAID
\$ 10.00 15210000 11:02 AM



UNIVERSITY OF ALBERTA 757683

NON TRANSFERABLE

PARKING - META DAY 2
DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
16/04/08 11:02 AM \$ 10.00

CREDIT CARD NUMBER
40670



UNIVERSITY OF ALBERTA 757683

RECEIPT GST # R10810283

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
15/04 06:45 AM

AMOUNT PAID
\$ 3.75 15210000 06:56 PM



UNIVERSITY OF ALBERTA 757582

NON TRANSFERABLE

Parking - META Retreat
DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
14/04/08 06:56 PM \$ 3.75

CREDIT CARD NUMBER
40670



UNIVERSITY OF ALBERTA 757582

RECEIPT GST # R10810283

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
09/03 06:45 AM

AMOUNT PAID
\$ 3.75 15210000 07:55 AM



UNIVERSITY OF ALBERTA 0868173

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
08/03/08 07:55 AM \$ 3.75

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA 0868173

RECEIPT GST # R10810283

APPLICANT COPY

COLES

Store# 00168 Coles Southgate S.C.
51st Avenue & 111th St., Unit 5
Edmonton, AB T6H 4M6
Phone: (780) 436-1783

*** You could WIN an iPod ***
PLUS receive 10 CHANCES to WIN \$1000
by completing our survey at
indigofeedback.com. A prize EVERY DAY!
OR 1 chance to win \$1000 by calling
1-866-379-4970. Must be legal age.
Store# 00168 Term# 003 Trans# 264216

TRANSACTION RECORD
GIFT CARD REDEMPTION

Gift Card Number : [REDACTED]
Trans Type : REDEMPTION
Card Entry : SWIPED
Amount : \$24.93 Section 17(1),(4)(e.i)
Balance : \$25.07
Online PIN : [REDACTED]
Operator : 203
Date : 08/05/05 Time : 17:44:04
Auth # : 513836 User ID : 45472
APPROVED - THANK YOU

***** CUSTOMER COPY *****

COLES

Store# 00168 Coles Southgate S.C.
51st Avenue & 111th St., Unit 5
Edmonton, AB T6H 4M6
Phone: (780) 436-1783

*** You could WIN an iPod ***
PLUS receive 10 CHANCES to WIN \$1000
by completing our survey at
indigofeedback.com. A prize EVERY DAY!
OR 1 chance to win \$1000 by calling
1-866-379-4970. Must be legal age.
Store# 00168 Term# 003 Trans# 264217

TRANSACTION RECORD
GIFT CARD BALANCE TRANSFER

Original Card # : [REDACTED]
Transfer To Card # : [REDACTED]
Trans Type : [REDACTED]
Card Entry : SWIPED Section 17(1),(4)(e.i)
Balance : \$75.07
Online PIN : [REDACTED]
Operator : 203
Date : 08/05/05 Time : 17:44:27
Auth # : 513855 User ID : 45472
APPROVED - THANK YOU

***** CUSTOMER COPY *****

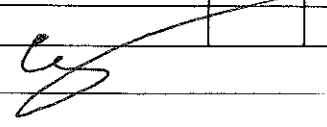
THE WESTIN
EDMONTON

DATE April 23

NAME Gordon

ROOM OR ACC. NO.

EXPLANATION	TRN#	AMOUNT
Parking		20 00
		20 00

SIGNATURE 



Capital Health
EDMONTON AREA

APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

CAPITAL HEALTH
SEP 02 2008
EXECUTIVE VICE PRESIDENT
& CEO

Section 17(1)

Name: Deb Gordon	Employee Number: [REDACTED]	Union Name:
Position: Vice President & Chief Operating Officer		Department: Site Administration
Business Phone: 407-8009	Period From: 24-May-08 to 24-June-08	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form


Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0001	71110101008	69500000			\$936.65	<input type="checkbox"/>
201	0001	71110101008	62320000			487.50	<input checked="" type="checkbox"/>
201	0001	71110101008	62300000			958.89	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$2,383.04	<input type="checkbox"/>

111.65
825.00
797.84
161.05


Capital Health
RECEIVED
SEP 05 2008
ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:  Date: 14-July-08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: COLLEEN PURDY (Print name)	Title: SENIOR FINANCIAL OFFICER	Phone # 407-3652
(Signature) 		Date 14 July 08 Sep 2/08
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 -- 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



EXPENSE CLAIM DETAILS

- Recommended Coding
- 61530030 - Workshop Fees & Materials
 - 61520020 - Academic Course Fees & Materials
 - 61540040 - Conference Fees & Materials
 - 62300000 - Meals
 - 62320000 - Staff Local Travel - Client Related
 - 62310000 - Staff Local Travel - Non-Client Related
 - 62320000 - Staff Local Travel - Taxi - Client Related
 - 62310000 - Staff Local Travel - Taxi - Non-Client Related
 - 62320000 - Staff Travel - UNA - Client Related
 - 62310000 - Staff Travel - UNA - Non-Client Related
 - 62312000 - Staff Provincial Travel - Non-Client Related
 - 62314000 - Staff Out of Province Travel - Non-Client
 - Catering - 69600000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. \$	Meals	Course Registration & Materials	Transportation \$	Other	Mileage km	Account
14-Jun	The Wild Orchid					\$ 74.55	✓	69500000
15-May	Parking Ticket - Staff Member (AF)					\$ 37.10	✓	69500000
23-May	Edm Space & Science Fdn. (Mem Dnht)					\$ 105.00	✓	695000
28-May	Little Big Run Entry Fee					\$ 220.00	✓	695000
23-May	Westjet (Gift Certificate - Dr. K.)					\$ 300.00	✓	695000
30-May	University Hospital Fdn. (Retirement Tickets - MF)					\$ 200.00	✓	695000000
3-Jun	Yellow Cab (ML Farewell Function)				\$ 450.00			623200000
10-Jun	Parking - JSOC Meeting				\$ 6.00			623200000
26-May	Parking - Exec Retreat				\$ 22.00			623200000
9-Jun	Parking - Pandemic Meeting				\$ 4.00			623200000
4-Jun	Parking - Edmonton Clinic Operations				\$ 3.00			623200000
2-Jun	Edmonton Transit Pass - APB Meeting				\$ 2.50			623200000
21-Jun	Fairmont Hotel MacDonald	\$ 38.50		✓ 31.50	7.00			623000000
24-Jun	Fairmont Hotel MacDonald	\$ 50.00		✓ 40.95	9.05			623000000
17-Jun	Packrat Louie Kitchen & Bar - Recruitment Dinner	\$ 319.07		✓ 264.07	55.00			623000000
9-Jun	Uppert Crust (Dinner with Jane Drummond)	\$ 59.19		✓ 49.19	10.00			623000000
29-May	Characters Restaurant - Recruitment Dinner (Soc)	\$ 492.13		✓ 412.13	80.00			623000000
Total km								
Rated as outlined in Section 2 - Travel below @								
Totals								958.89
Total km								487.5
Total km								\$ 936.65

Thank You *Donal*
APPLICANT COPY

Packrat Louie

PACKRAT LOUIE KITCHEN & BAR
10335 83RD AVENUE UNIT 10
EDMONTON AB
Section 17(1),(4)(e.i)

TUE JUNE 17, 2008
CHECK #150320-1
TABLE #29

1 SMALL CAESAR	\$6.00
1 SMALL TICINESE	\$6.00
2 COFFEE	\$5.00
2 MINERAL WATER BTL	\$10.50
1 FISH SPECIAL	\$32.00
2 THOMAS HYLAND SHIRAZ	\$84.00
1 CARPACCIO	\$15.00
2 POACHED SALMON	\$52.00
1 SUMMER SALAD	\$13.00
1 ROAST CHICKEN (D)	\$2:
SUB-TOTAL	: \$26:
GST	\$12.3:
TOTAL	\$264.07

CARD NUMBER	[REDACTED]
CARD TYPE	VISA 7973
DATE/TIME	2008/06/17 20:40:27
RECEIPT NUMBER	S08433967-001-641-051
PRE-AUTHORIZATION	-----
AMOUNT	\$264.07

TIP 55.00

TOTAL AMOUNT 319.07

01 APPROVED - 027 AUTH. # 007835
THANK YOU

Make your reservations
online at www.packratlouie.com
Time: 20:34 4 CUSTOMERS

CARDHOLDER COPY

GST# RT0001810812149

YOU HAVE BEEN SERVED
BY : Donal

UPPER CRUST CATERERS L
10909 86 AVE T6G0W8
EDMONTON AB
22347500

++++ PRE AUTH PURCHASE ++++

06-09-2008 19:22:19
Acct # [REDACTED] S
Exp Date [REDACTED] Card Type VI
Name: DEBORAH GORDON

Trace # 160119 Operator 017
FS2234750001

Inv. # 22731
Auth # 065646 RRN 001427118

P. Auth Purchase \$49.19
Tip 10.00

Total 59.19

Customer copy

UPPER CRUST RESTAURANT
EDMONTON, ALBERTA
G.S.T. #R133989145

11 WENDY

TBL 22/1 CHK 157 GST 0
JUN09'08, 05:22PM

1 SALAD SPCL	11.95
1 BEEF	17.95
1 WHT 1/2 LITRE	16.95
SUBTOTAL	46.85
G.S.T.	2.34
TOTAL DUE	49.19

*****PLEASE PAY SERVER*****

APPLICANT COPY

CHARACTERS REST
10257 - 105 Street
EDMONTON, AB.
T5J 1E3
(780) 421-4100
GST# 89206-4429

Fairmont Hotels & Resorts
Fairmont Hotel Macdonald
The Confederation Lounge
10065-100 Street
Edmonton, Alberta T5J0N6
(780) 424 5181

Fairmont Hotel Macdonald
The Confederation Lounge

111 CARMEN 1

20/4 CHK 5855
JUN24'08 10:08PM

1 GLENFIDD 12 10.00
1 PINT HOPPER 7.00
2 BOLINI P.GRIG GL 22.00

Liquor 10.00
Wine 22.00
Beer 7.00
39.00 GST 1.95
Total Due .. \$40.95

FAIRMONT HOTEL MACDONALD
GST #846543619

GRATUITY _____

TOTAL _____

ROOM # _____

PRINT NAME _____

SIGNATURE _____

NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER

146 LEFEBVRE

Tb1 104/1 Chk 9989 Gst
JACQUIE
May29'08 05:50PM

3 CRAB CAKE @ 13.00 39.00
1 BABY OCTOPUS 11.00
1 SALAD GREENS 8.00
1 ROMAINE SALAD 9.00
2 VEAL @ 34.00 68.00
1 PORK 30.00
1 DOVER SOLE 39.00
1 FETTUCCINNE 27.00
1 BEEF TENDERLN 37.00
2 P.GRIND 1L @ 8.00 16.00
1 POP 2.75
2 @ 40.00
2 GRAHAM BECK SH 80.00
1 CLASSIC MARTINI 9.00
1 COFFEE 2.75
1 CAFE LATTE 4.25
1 CAPPUCINO 4.25
2 TEA @ 2.75 5.50

CHECK: 5855
TABLE: 20/4
SERVER: 111 CARMEN
DATE: JUN24'08 10:51PM
CARD TYPE: VISA
ACCT #:
EXP DATE: XX/XX Section 17(1),(4)(e.i)
AUTH CODE: 036799
DEBORAH GORDON

SUBTOTAL: 40.95

GRATUITY 9.05

TOTAL 50.00

SIGNATURE *Deborah Gordon*

PLEASE RETURN A SIGNED COPY
TO YOUR SERVER

Subtotal 392.50
GST 19.63

08:43 Amount Du 412.13

WELCOME TO CHARACTERS!
& HAVE A GREAT DAY!!

Subtotal: 412.13
GRATUITY 80.00
TOTAL 5492.13
SIGNATURE *Deborah Gordon*
** Customer Copy **

CHARACTERS REST
10257 - 105 STREET
EDMONTON, AB.
T5J 1E3
780-421-4100
GST# 89206-4429
May29'06 08:49PM
Date: May29'06 08:49PM
Card Type: VISA
Acct #:
Exp Date:
Auth Code: 039893
Check: 9989
Table: 104/1
Check ID: JACQUIE
Server: 146 LEFEBVRE
DEBORAH GORDON

Section 17(1),(4)(e.i)

at least
at
at
at

Expires
02/08 12:40

Adult \$2.50

This side up, insert this end.

APPLICANT COPY

Fairmont Hotels & Resorts
Fairmont Hotel Macdonald
The Confederation Lounge
10065-100 Street
Edmonton, Alberta T5J0N6
(780) 424 5181

CHECK: 5303
TABLE: 42/2
SERVER: 103 MICHELLE
DATE: JUN21'08 3:07PM
CARD TYPE: VISA
ACCT #:
EXP DATE: XX/XX
AUTH CODE: 011725

Section 17(1),(4)(e.i)

DEBORAH GORDON

SUBTOTAL: 31.50
GRATUITY 7.00
TOTAL 38.50
SIGNATURE *Deborah Gordon*

PLEASE RETURN A SIGNED COPY
TO YOUR SERVER

Fairmont Hotel Macdonald
The Confederation Lounge

103 MICHELLE 1
42/2 CHK 5303
JUN21'08 2:10PM

2 PELLEGRINO SMALL 8.00
2 BOLINI P.GRIG GL 22.00
Wine 22.00
Mineral 8.00
30.00 GST 1.50
Total Due .. \$31.50

FAIRMONT HOTEL MACDONALD
GST #846543619

GRATUITY _____
TOTAL _____
ROOM # _____
PRINT NAME _____
SIGNATURE _____
NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER

Handwritten: *Handwritten*
Handwritten
IMPERIAL PARKING

TICKET VOID IF RE-SOLD
Imperial Parking
Meter: 255
Coins: 025792
Time: 19:04A JUN 09
Price: \$ 2.00
Expires:
10:00 parking
JUN 09 08

INSTRUCTIONS ON BACK
Please remember the
parkade will close @ 9pm

APPLICANT COPY
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME
04/06 09:11 AM

AMOUNT PAID
\$ 3.00 15120000 08:09 AM



UNIVERSITY OF ALBERTA 0959973

NON TRANSFERABLE

Banking Edmonton Clinic
DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
04/06/08 08:09 AM \$ 3.00

CREDIT CARD NUMBER



UNIVERSITY OF ALBERTA 0959973

RECEIPT

GST # R10810283

Best copy available

J50L M76

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 0002-0111
Edmonton, AB. 780-420-1976
GST #88731 5638 RT0001
Machine Serial #:000004271009

EXPIRY DATE AND TIME
EXP 02:34pm
JUN 10,2008

TICKET# LOT#
00061404 00020111

CC \$0006.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED
Section 17(1),(4)(e.i)

\$6.00 for 1.5 hrs.
Pay from your cell phone.
423-1922 Location 9623.
Go to www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

Banking - Full Permit

TICKET VOID IF RE-SOLD

IMPARK EDMONTON
LOT 004

impark

Meter: 0200040
Trans: 010094
Purchase Time:
May26 7:47AM

Section 17(1),(4)(e.i)

Price: \$22.00
Card: VISA
Auth: 048873
EXPIRATION TIME:
May26 2008
5:00PM Mon

This is your receipt
and proof of purchase

impark

KET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH



STARBUCKS DUETTO VISA CARD

DEBORAH A GORDON

STATEMENT FROM MAY 08 TO JUN 06, 2008

1 OF 3



DATE ACTIVITY DESCRIPTION AMOUNT (\$)

PREVIOUS STATEMENT BALANCE

DEBORAH A GORDON -

MAY 07	PACKRAT LOUIE KITCHEN & EDMONTON AB	\$362.13
MAY 12	MS SOCIETY CANADA 888-955-5455 ON	\$100.00
MAY 15	CITY COLLECTIONS VANCOUVER BC	\$37.10
MAY 22	UNIVERSITY HOSPITALS FOUNDED MONTON AB	\$200.00
MAY 24	WEST JET - AB	\$300.00
MAY 26	PROREG REGISTRATION S NAWAIMO BC (LUMES)	\$561.75
MAY 27	EDMONTON SPACE SCIENCES CEDMONTON AB	\$100.00
MAY 27	EDMONTON SPACE SCIENCES CEDMONTON AB	\$5.00
MAY 28	THR* LITTLEBIGRUN 877-996-2267 ON	\$220.00
MAY 30	CHARACTERS RESTAURANT EDMONTON AB	\$492.13
JUN 03	YELLOW CAB EDMONTON AB	\$450.00

IMPORTANT INFORMATION

DUETTO DOLLARS EARNED*

15

* Represents dollars earned for this statement only. For your up to date balance visit www.starbucks.com/card

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512
Collect Outside North America (416) 974-7780
Duetto Dollars information 1-800-782-7282
Starbucks Web site www.starbucks.com/card

MINIMUM PAYMENT INFORMATION

Minimum payment JUN 27, 2008
Payment due date
Credit limit
Available credit

Annual interest rate 19.99%

CALCULATING YOUR BALANCE

Previous Statement Balance
Payments & credits
Purchases & debits
Cash advances
Interest
Fees **Non Responsive**

NEW BALANCE

Take a Break this month

Because you are a valued cardholder, we would like to offer you an RBC Royal Bank® Visa® payment holiday by waiving your minimum payment this June. Of course you may still make a payment if you wish. Standard monthly interest charges will continue to accrue and the minimum payment on your next monthly statement will be calculated in the usual way. To be eligible for this offer, your account must be in good standing.

RBC0150080_3047415_005_10440
HRI-00-3-3-0-3A-D

EDMONTON SPACE & SCIENCE FOUNDATION BEA STAR REQUEST FORM

(Please PRINT using proper punctuation and capitalization for name and message.)

DONOR INFORMATION		DATE RECEIVED: <u>MAY 23/08</u>	
DONOR NAME: <u>DEB GORDON</u> ON BEHALF OF: <u>UAH/STOLEERY/HI</u>			
DR./MR./MRS./MS/MISS: <u>DEB GORDON</u> LAST (IF DIFFERENT THAN DONOR NAME)			
ADDRESS: <u>1FL16 SITE ADMINISTRATION 8440-112 ST.</u>			
CITY: <u>EDMONTON</u>	PROVINCE: <u>AB</u>	P/C: <u>T6G 2B7</u>	
TELEPHONE: (RES.) _____ (BUS.) <u>407-8009</u>	(FAX.) <u>407-7418</u>		
PREFERRED CONTACT: NAME: <u>LAURA LEE CLARKE (RES.)</u>	(BUS.) <u>407-8009</u>		
E-MAIL: <u>LauraLee.Clarke@capitalhealth.ca</u>			
DONATION LEVEL: *YOU MAY SELECT THE CONSTELLATION YOU WISH YOUR STAR TO BE IN AT THE \$250+ LEVEL			
<input type="checkbox"/> \$50 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$100 <input type="checkbox"/> \$350 <input type="checkbox"/> \$1,000			
<input type="checkbox"/> YES, PLEASE MAKE MY STAR EXCLUSIVE AT 5X THE DONATION AMOUNT			*CONSTELLATION YOU WISH STAR DONATION AMOUNT <u>\$100.00</u>
TAX RECEIPT SHOULD BE ISSUED TO:			
DELIVERY INFORMATION			
DELIVER TO: NAME: _____		Section 17(1)	
(IF DIFFERENT FROM ABOVE) ADDRESS: _____			
PROVINCE: _____			
POSTAGE/HANDLING: LETTER ONLY <input checked="" type="checkbox"/> \$5.00 WITHIN CANADA <input type="checkbox"/> \$5.75 TO U.S. <input type="checkbox"/> \$7.00 INTERNATIONAL			
*COURIER/EXPRESS POST: SPECIAL HANDLING CHARGES APPLY AS PER CURRENT RATES		POST. COST: <u>\$5.00</u>	
SEND VIA: <input checked="" type="checkbox"/> MAIL <input type="checkbox"/> PICK-UP <input type="checkbox"/> *COURIER <input type="checkbox"/> *EXPRESS POST			
# OF EXTRA PACKAGES REQUESTED: _____ x \$5.00* EACH = _____		EXTRA PKGS. \$ _____	
* \$25.00 IF PURCHASED SEPARATE FROM ORIGINAL ORDER		TOTAL AMOUNT: <u>\$105.00</u>	
METHOD OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE/MONEY ORDER (PAYABLE: Edmonton Space & Science Foundation) <input type="checkbox"/> DEBIT CARD			
<input checked="" type="checkbox"/> VISA/MASTERCARD No. _____			
SIGNATURE: <u>[Signature]</u>			
DEDICATION INFORMATION:			
DEDICATION TYPE: <input checked="" type="checkbox"/> IN MEMORIAM <input type="checkbox"/> BIRTHDAY <input type="checkbox"/> ANNIVERSARY <input type="checkbox"/> VALENTINE'S DAY <input type="checkbox"/> OTHER			
DEDICATION DETAILS: _____		RECIPIENT'S NAME: <u>UAH SITE ADMINISTRATION STAFF</u>	
*MESSAGE: _____		DONOR'S NAME (APPEARS ON BEA STAR TERMINAL ONLY): _____	
DEDICATION DATE: _____ * (MAXIMUM OF 100 CHARACTERS INCL. DONOR NAME, RECIPIENT'S NAME, MESSAGE & SPACES)			
OFFICE USE ONLY:			
STAR NUMBER: _____		CONSTELLATION: _____	
PROCESSED BY: _____		DATE ENTERED: _____	
DATE: <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP <input type="checkbox"/> COURIERED			
CONFIRMATION #: _____		RECEIPTABLE AMOUNT: \$ _____	

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

TELUS World of Science™ - Edmonton • 11211 142 Street, Edmonton, AB T5M 4A1 • Tel: (780) 451-3344 • Fax: (780) 455-5882
 E-Mail: info@telusworldofscienceedmonton.com
 Be a Star is a fundraising endeavour of the Edmonton Space & Science Foundation, to support the programs of TELUS World of Science™ - Edmonton,
 and to make an official commemorative dedication.

TX RESULT REPORT

NAME : UAH SITE ADMINISTRATION
 TEL : 780 407 7418
 DATE : MAY.26.2008 13:34

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
6166	TX	001	94555882	MAY.26	13:33	001	00h00min38s	ECH	OK

memorial donation - employee's family

APPLICANT COPY

EDMONTON SPACE & SCIENCE FOUNDATION - BE A STAR REQUEST FORM

(Please PRINT using proper punctuation and capitalization for name and message.)

DONOR INFORMATION		DATE RECEIVED: <u>MAY 23/08</u>
DONOR NAME: <u>DEB GORDON</u>	ON BEHALF OF: <u>UAH/STOLLERY/HI</u>	
DR./MR./MRS./MS/MISS: <u>DEB GORDON</u>	FIRST LAST: <u>DEB GORDON</u>	(IF DIFFERENT THAN DONOR NAME)
ADDRESS: <u>1FL16 SITE ADMINISTRATION</u>	<u>8440-112 ST.</u>	
CITY: <u>EDMONTON</u>	PROVINCE: <u>AB</u>	PIC: <u>766 287</u>
TELEPHONE: (RES.) _____ (BUS.) <u>407-8009</u>	(FAX.) <u>407-7418</u>	
PREFERRED CONTACT: NAME: <u>LAURA LEE CLARKE</u> (RES.) _____ (BUS.) <u>407-8009</u>	E-MAIL: <u>Lauralee.Clarke@capitalhealth.ca</u>	
DONATION LEVEL: *YOU MAY SELECT THE CONSTELLATION YOU WISH YOUR STAR TO BE IN AT THE \$250+ LEVEL		
<input type="checkbox"/> \$50 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$100 <input type="checkbox"/> \$350 <input type="checkbox"/> \$1,000		
<input type="checkbox"/> YES, PLEASE MAKE MY STAR EXCLUSIVE AT 5X THE DONATION AMOUNT		*CONSTELLATION YOU WISH _____
		STAR DONATION AMOUNT <u>\$ 100.00</u>
TAX RECEIPT SHOULD BE ISSUED TO: _____		
DELIVERY INFORMATION Section 17(1)		
DELIVER TO: NAME: _____	ADDRESS: _____	
(IF DIFFERENT FROM ABOVE)	PROVINCE: _____	
POSTAGE/HANDLING: LETTER ONLY	<input checked="" type="checkbox"/> \$5.00 WITHIN CANADA	<input type="checkbox"/> \$5.75 TO U.S. <input type="checkbox"/> \$7.00 INTERNATIONAL
*COURIER/EXPRESS POST: SPECIAL HANDLING CHARGES APPLY AS PER CURRENT RATES		POST. COST <u>\$ 5.00</u>
SEND VIA: <input checked="" type="checkbox"/> MAIL	<input type="checkbox"/> PICK-UP	<input type="checkbox"/> *COURIER <input type="checkbox"/> *EXPRESS POST
# OF EXTRA PACKAGES REQUESTED: _____	x \$5.00* EACH = _____	EXTRA PKGS. \$ _____
* \$25.00 IF PURCHASED SEPARATE FROM ORIGINAL ORDER		TOTAL AMOUNT: <u>\$ 105.00</u>
METHOD OF PAYMENT: <input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE/MONEY ORDER (PAYABLE: Edmonton Space & Science Foundation)	<input type="checkbox"/> DEBIT CARD
<input checked="" type="checkbox"/> VISA/MASTERCARD No.:	_____	
SIGNATURE: <u>[Signature]</u>		
DEDICATION INFORMATION: Section 17(1),(4)(e-i)		
DEDICATION TYPE: <input checked="" type="checkbox"/> IN MEMORIAM	<input type="checkbox"/> BIRTHDAY	<input type="checkbox"/> ANNIVERSARY <input type="checkbox"/> VALENTINE'S DAY <input type="checkbox"/> OTHER
DEDICATION DETAILS: _____	<u>UAH/STOLLERY/HI</u>	
RECIPIENT'S NAME: _____	DONOR'S NAME (APPEARS ON BE A STAR TERMINAL ONLY) <u>SITE ADMINISTRATION STAFF</u>	
*MESSAGE: _____	_____	
DEDICATION DATE: _____	*(MAXIMUM OF 100 CHARACTERS INCL. DONOR NAME, RECIPIENT'S NAME, MESSAGE & SPACES)	
OFFICE USE ONLY:		
STAR NUMBER: _____	CONSTELLATION: _____	
PROCESSED BY: _____	DATE ENTERED: _____	
DATE: <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP <input type="checkbox"/> COURIERED		
CONFIRMATION #: _____	RECEIPTABLE AMOUNT: \$ _____	

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

TELUS World of Science™ - Edmonton • 11211 142 Street, Edmonton, AB T5M 4A1 • Tel: (780) 451-3344 • Fax: (780) 455-5882

E-Mail: info@telusworldofscienceedmonton.com

Be a Star is a fundraising endeavour of the Edmonton Space & Science Foundation, to support the programs of TELUS World of Science™ - Edmonton, and is not an official astronomical designation.

APPLICANT COPY
UNIVERSITY
HOSPITAL
FOUNDATION

UNIVERSITY HOSPITALS F
CSB9 130 T6G2B7
EDMONTON AB
22336800

|||| PURCHASE ||||
Section 17(1),(4)(e,i)
05-22-2008 11:50:16
Acct # [REDACTED] M
Exp Date [REDACTED] Card Type VI
Name:

May 30, 2008

Trace # 200005
FS2233680001
Auth # 004327 RRN 001105007

Total \$200.00

Customer copy

Gordon

Deb Gordon [REDACTED] Section 17(1)
30 Charlton Rd
Sherwood Park, AB T8H 1P9

Dear Deb [REDACTED]

- Anthony Franceschini
- Sarah Gouin
- Kathy Grieve
- Shenaz Jeraj
- Irving Kipnes
- Philip Lachambre
- Allan Mah
- Robert Manning
- John Moquin
- Peter Sorrell
- C.J. Woods, FCA

Gertie Dean
Chair
2008 Festival of Trees

Dr. Tom Marrie
Dean, Faculty of
Medicine & Dentistry
University of Alberta

Wendy Kinsella
Capital Health Liaison

Deb Gordon
Chief Operating Officer
University Hospital

Myma Fyfe
President
University Hospital
Foundation

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

Thank you very much for responding to the invitation to [REDACTED]
[REDACTED] retirement event to be held on June 24th, 2008.

Please find enclosed your ticket to this event, and if you paid by credit card, your credit card receipt.

We look forward to seeing you at this happy event celebrating Myrna's over 20 years of leadership as President of the University Hospital Foundation.

Sincerely,

Joyce Mallman Law
Vice President

Many thanks for all
of your help in
making this
evening possible.

APPLICANT COPY

Clarke, LauraLee

From: GiftCertificates@westjet.com
Sent: Friday, May 23, 2008 11:10 PM
To: Clarke, LauraLee
Subject: Gift Certificate Request - 00073427

Thank you for your WestJet Gift Certificate order! The certificate will be sent by the delivery option you selected within 48 hours (email/mail/fax).

If you have any questions, please contact the Gift Certificate Hotline @ 1-877-937-8538.

Thank you for choosing WestJet!

Merci pour votre commande de certificat-cadeau WestJet! Nous vous enverrons le certificat par la méthode de livraison (courriel, poste, fax) que vous avez sélectionné dans les prochains 48 heures.

Si vous avez des questions, veuillez appelez notre service d'assistance téléphonique pour certificat-cadeau au 1-877-937-8538.

Merci d'avoir choisi WestJet!

\$ 300.00. - gift certificate



farewell.

Section 17(1)

team registration

APPLICANT COPY

Team: 10 or more people (add extra fee for each additional team member). Kids 2 and under are free (no T-shirt or souvenirs).
 Registration fee includes: one cotton T-shirt, finisher water bottle and souvenir for each participant.

Event: 1 km <input type="checkbox"/> 5 km <input checked="" type="checkbox"/> 10 km <input type="checkbox"/>		Run <input type="checkbox"/> or Walk <input checked="" type="checkbox"/>	
Employer: CAPITAL HEALTH			
Dept./Group: WALTER C. HACKENZIE CENTRE WALLY'S WALKERS			
Team Name: WALTER C. HACKENZIE CENTRE WALLY'S WALKERS			
Last name: GORDON		First name: DEB	
Date of birth: (MM/DD/YYYY)		Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Shoe size: XL
TEAM CONTACT DETAILS			
Address: 171 SITE ADMIN, 8440-112 ST.			
City: EDMONTON		Prov/State: AB	
Postal/Zip Code: T6G 2B7		Country: CANADA	
Email: Laura.Lee.Clark@capitalhealth.ca		Phone: 407-8009	

SHIRT SIZES	ADULT	YOUTH
Adult Cotton	6	3
Adult Tech (First team must upgrade)		
Youth Cotton	1	N/A

EVENT	Rate for team of 10	Price Additional Reg. each	Sub total
1 km run/walk	\$150	x\$15	\$
5 km run/walk	\$200	x\$20	\$200
10 km run/walk	\$200	x\$20	\$
Tech Upgrade		x\$15	\$
TOTAL DUE			\$200

Payment Methods:

Visa MasterCard Cheque (payable to University of Alberta/Edin Big Run)

Name on card: DEBORAH A. GORDON

Card # [REDACTED]

Exp. date [REDACTED]

Signature: [REDACTED]

I, DEB GORDON, hereby certify that I am medically able to participate in this event. I assume all risks associated with this event. I release the organizers of Little Big Run and their Organizers from all claims and liabilities of any kind arising from my participation in this event. With my paid registration fees, I agree to be bound by the waiver: <http://www.littlebigrun.ca> for full Waiver.

I have read this Waiver. I understand and accept its terms. Signature: [REDACTED]

TEAM MEMBER	REGISTRATION	FEES	TOTAL
1) TEAM CAPTAIN			
2) DEB GORDON			
3) SUE CUMMING			
4) DEB MAERZ			
5) BEANICE HAGEE			
6) WENDY HAGEE			
7) LEANNE DEKKEE			
8) GAYLE URQUHART			
9) BETH RATZLAFF			
10) DEL RATZLAFF			
11) BROOKLYN RATZLAFF			
12) CAH WILSON			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			

HOW TO REGISTER
 Register online at littlebigrun.ca
 • In person at City Hall
 Friday, May 30: 10 am-8 pm or Saturday, May 31: 9 am-6 pm
 • Send your registration form to register@littlebigrun.ca via email or by fax to 1-888-240-2469

"Thanks for introducing us to this wonderful event. For a "start", it was a great start, with exceptional profile and coverage city and media wide. Look forward to future events and participation. Thanks for this."

Peter Sorrell
 CLU, CFP, Ch.F.C.

s.17(1)



Be a role model for your family, friends or business. Put together your Little Big Run team and win great prizes.

Visit littlebigrun.ca to register or call 780.504.0005 to learn more about how you can contribute financially to building better health in our community.

contact

web: littlebigrun.ca
 email: info@littlebigrun.ca
 phone: 780.504.0005
 event managed by:



The Little Big Run is an Edmonton 2001 World Championship in Athletics Legacy Fund beneficiary. The Legacy Fund is a trust fund, established with the signing of a multi-party agreement, and created to maximize

TX RESULT REPORT

NAME :UAH SITE ADMINISTRATION
 TEL :780 407 7418
 DATE :MAY.28.2008 13:44

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
6194	TX	001	918882402469	MAY.28	13:43	001	00h00min57s	G3	OK

APPLICANT COPY

team registration

Team: 10 or more people (add extra fee for each additional team member). Kids 2 and under are free (no T-shirt or souvenirs).
Registration fee includes: one cotton T-shirt, finisher water bottle and souvenir for each participant.

Event: 1 km <input type="checkbox"/> 5 km <input checked="" type="checkbox"/> 10 km <input type="checkbox"/>		Run <input type="checkbox"/> or Walk <input checked="" type="checkbox"/>	
Employer: CAPITAL HEALTH			
Dept/Group:			
Team Name: WALTER C. MACKENZIE CENTRE WALLY'S WALKERS			
1) TEAM CAPTAIN - all registration information will be sent by email			
Last name: GORDON		First name: DEB	
Date of birth: (MM/DD/YY)		Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Shirt size: XL
TEAM CONTACT DETAILS			
Address: 171, SITE ADMIN, 8440-112 ST.			
City: EDMONTON		Prov/State: AB	
Postal/Zip Code: T6G 2B7		Country: CANADA	
Email: Lauralee.Clarke@capitalhealth.ca		Phone: 407-8009	

Name (Last, First)	Date of birth (MM/DD/YY)	Gender	Shirt Size
1) TEAM CAPTAIN			
DEB GORDON			
2) SUE CUMMING			
3) DEB HAERZ			
4) BEANICE MAGEE			
5) WENDY MAGEE			
6) LEANNE DEKKER			
7) GAYLE URQUHART			
8) BETH RATZLAFF			
9) DEL RATZLAFF			
10) BROOKLYN RATZLAFF			
ADDITIONAL TEAM MEMBERS - CAN BE ADDED AFT			
11) CAM WILSON			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			

Description	S	M	L	XL	XXL
Adult Cotton			6	3	1
Adult Tech (Entire team must upgrade)					
Youth Cotton			1	N/A	N/A

EVENT	rate for team of 10	Plus additional fee each	sub total
1 km run/walk	\$150	#	x\$15 \$
5 km run/walk	\$200	#	x\$20 \$200
10 km run/walk	\$250	#	x\$25 \$
Tech Upgrade		#	x\$15 \$
TOTAL DUE			\$200

No refunds or transfer of fees

Payment Methods:

Visa MasterCard Cheque (payable to University of Alberta/Little Big Run)

Name on card: **DEBORAH A. GORDON**

Credit card number: 
 Expiry date:  Signature: 

Waiver: I know that participating in physical fitness events is a potentially hazardous activity and agree not to participate unless I am medically able. I assume all risks associated with this event. I release Edmonton Journal Little Big Run and Event Organizers from all claims and liabilities of any kind arising from my participation in this event. With my paid registration fees, I agree to be bound by this waiver. Visit littlebigrun.ca for full Waiver.

I have read this Waiver. I understand and accept its terms. Signature: _____

How to register

- Register online at littlebigrun.ca
- In person at City Hall
 Friday, May 30: 10 am-8 pm or Saturday, May 31: 9 am-6 pm
- Send your registration form to register@littlebigrun.ca via email or by fax to 1-888-240-2469

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Peter Sorrell
 CLU, CFP, CH.F.C.

Section 17(1)



Be a role model for your family, friends or business. Put together your Little Big Run team and win great prizes.

Visit littlebigrun.ca to register or call 780.504.0005 to learn more about how you can contribute financially to building better health in our community.



Building on a legacy

The Little Big Run is an Edmonton 2001 World Championship in Athletics Legacy Fund beneficiary. The Legacy Fund is a trust fund, established with the signing of a multi-party agreement, and created to maximize the legacy benefits of the 2001 World Championships in Athletics for the sport of athletics in Canada.

contact

web: littlebigrun.ca
 email: info@littlebigrun.ca
 phone: 780.504.0005
 event managed by:



team registration

Team: 10 or more people (add extra fee for each additional team member). Kids 2 and under are free (no T-shirt or souvenirs).
Registration fee includes: one cotton T-shirt, finisher water bottle and souvenir for each participant.

Event: 1 km 5 km 10 km Run or Walk

Employer: **CAPITAL HEALTH**

Dept/Group:

Team Name: **WALTER C. MACKENZIE CENTRE WALLY'S WALKERS**

1) TEAM CAPTAIN - all registration information will be sent by email

Last name: **GORDON** First name: **DEB**

Date of birth: (MM/DD/YY) Gender: M F Shirt size: **XL**

TEAM CONTACT DETAILS

Address: **IFI, SITE ADMIN, 8440-112 ST.**

City: **EDMONTON** Prov/State: **AB**

Postal/Zip Code: **T6G 2B7** Country: **CANADA**

Email: **Lauralee.Chlorke@capitalhealth.ca** Phone: **407-8009**

T-SHIRT SUMMARY (total the number of shirts in each size you require)

Description	S	M	L	XL	XXL
Adult Cotton			6	3	1
Adult Tech (Entire team must upgrade)					
Youth Cotton			1	N/A	N/A

EVENT	rate for team of 10	Plus additional fee each	sub total
1 km run/walk	\$150	#	x\$15 \$
5 km run/walk	\$200	#	x\$20 \$200
10 km run/walk	\$250	#	x\$25 \$
Tech Upgrade		#	x\$15 \$
TOTAL DUE			\$200

No refunds or transfer of fees

Payment Methods:

Visa MasterCard Cheque (payable to University of Alberta/Little Big Run)

Name on card: **DEBORAH A. GORDON**

Credit card number: [Redacted]
 Expiry: [Redacted] Signature: [Redacted]

Section 17(1),(4)(e.i)

Waiver: I know that participating in physical fitness events is a potentially hazardous activity and agree not to participate unless I am medically able. I assume all risks associated with this event. I release Edmonton Journal Little Big Run and Event Organizers from all claims and liabilities of any kind arising from my participation in this event. With my paid registration fees, I agree to be bound by this waiver. Visit littlebigrun.ca for full Waiver.

I have read this Waiver. I understand and accept its terms. Signature: _____

Name (Last, First)	Date of birth (MM/DD/YY)	Gender	Shirt Size
1) TEAM CAPTAIN			
DEB GORDON			
2) SUE CUMMING			
3) DEB MAERZ			
4) BEANICE MAGEE			
5) WENDY MAGEE			
6) LEANNE DEKKER			
7) GAYLE URQUHART			
8) BETH RATZLAFF			
9) DEL RATZLAFF			
10) BROOKLYN RATZLAFF			
ADDITIONAL TEAM MEMBERS - CAN BE ADDED AFT			
11) CAM WILSON			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			

How to register

- Register online at littlebigrun.ca
- In person at City Hall
 Friday, May 30: 10 am-8 pm or Saturday, May 31: 9 am-6 pm
- Send your registration form to register@littlebigrun.ca via email or by fax to 1-888-240-2469

“Thanks for introducing us to this wonderful event. For a “start”, it was a great start, with exceptional profile and coverage city and media wide. Look forward to future events and participation. Thanks for this.”

Peter Sorrell
 CLU, CFP, CH.F.C.

Section 17(1)



Be a role model for your family, friends or business. Put together your Little Big Run team and win great prizes.

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building on a legacy

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