

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIA AND EXPENSE CLAIM

FOR MONTH OF: MAY, 2008

NAME: John Lehnert

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

TOWN: \_\_\_\_\_

POSTAL COD \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
<u>MAY 15</u>		<u>TAXI</u>							<u>40.00</u>	
<b>FINAL TOTALS</b>							B	C	D	<u>40</u>

Non-Responsive

Non-Responsive

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
46¢		A	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103010.6220000	
			OTHER (F)		<u>40</u>
<b>TOTAL AMOUNT</b>					Non-Responsive

*Yem*

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: July 7/08

APPROVAL SIGNATURE: \_\_\_\_\_  
 DATE APPROVED: \_\_\_\_\_

meals	breakfast	\$9.20
	lunch	\$11.80
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

AHSB Member Expense Claim Form June 2008

Honoraria over...

ALBERTA HEALTH SERVICES BOARD
BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

FOR MONTH OF: MAY, 2008

NAME: John Lehnars

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

TOWN:

POSTAL CODE: PHONE #:

Non-Responsive

Main expense claim table with columns: DATE, DEPART/ARRIVE TIMES, DESCRIPTION, PRIVATE CAR (KM), MEALS (B, L, D, AMOUNT), LODGING (ROOM), PARKING, OTHER (ITEMIZE). Includes handwritten entry for TAXI and a final total of 40.

Kilometres claim table with columns: RATE, KM, AMOUNT, Description, Codina, Non-Responsive Amount. Includes entry for BOARD TRAVEL and OTHER (F) with a total of 40.

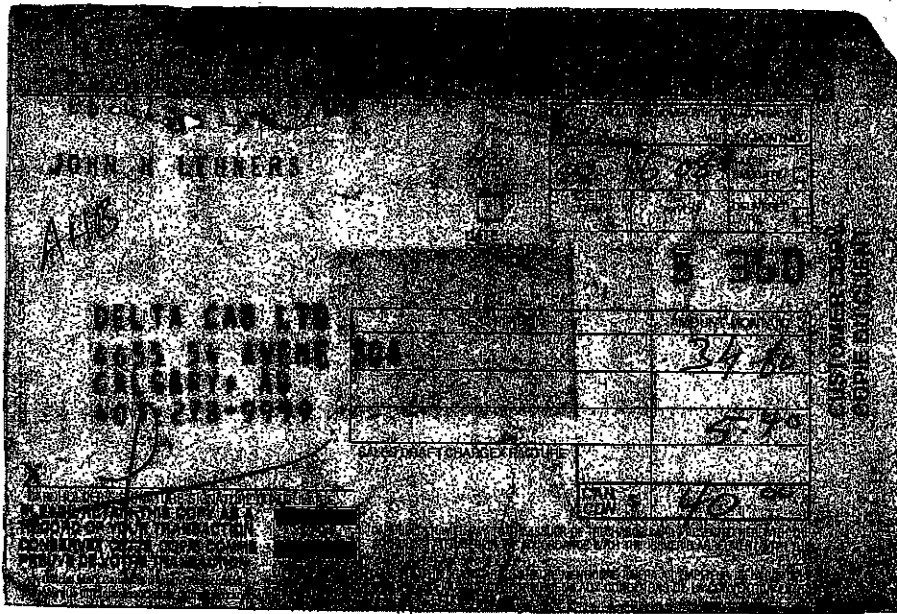
TOTAL AMOUNT Non-Responsive

CLAIMANT SIGNATURE: [Signature]
DATE SUBMITTED: July 7/08

APPROVAL SIGNATURE: [Signature]
DATE APPROVED: Sept 8/08

Summary table for meals and lodging: breakfast \$9.20, lunch \$11.80, dinner \$20.75, Lodging per night \$20.15, Per diem 24-hour \$7.35

Honoraria over...



Best Copy Possible

008-07-12 14:34 02526

780 532 4739 >> AHSB

P 2/2

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

FOR MONTH OF: June, 2008

NAME: John Lehnars

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

TOWN:

POSTAL CODE:  PHONE #: Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
5TH		BRENGA STROM PAST BOARD MEMBER			✓		24			
2ND		PCH Charlotte Ross Parkings								10.50
FINAL TOTALS										
							24			

Non-Responsive

KILOMETRES CLAIM			Description	Coding	Amount
RATE	KM	AMOUNT			
46¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	24.00
			OTHER (F)		10.50
TOTAL AMOUNT					Non-Responsive

Non-Responsive

CLAIMANT SIGNATURE  
[Signature]  
DATE SUBMITTED July 7/08

APPROVAL SIGNATURE  
[Signature]  
DATE APPROVED July 14/08

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

Honoraria over...

4 [Signature]

APPLICANT COPY

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

*Charlotte King*



**VAULT**

Ticket expires at  
**6:09 PM**  
Mon 2008/06/02

**Payment Details**  
Paid: \$10.50  
VISA  
XXXXXXXXXX  
Expiring

**Information**  
Machine: 1  
Lot: 002  
Ticket #: 10862  
Mon 2:39:46PM 2008/06/02

**DISPLAY FACE UP**  
**ON DASH**

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

*Grand Prairie*

*Grand Prairie*

CULLIVERS 10829-1044 AVE GRAND PRAIRIE, TX 75126  
22793698

**PNE AUTH PURCHASE**

06-06-2008 12:56:55  
Acct # S  
Exp Date Card Type VI  
Name:

Trace # 590010 Operator 224  
FS2279369802  
Inv. # 22971 RRN 001654810  
Auth # 694678

P. Auth Purchase \$21.50  
Tip *2.00*  
**Total**

Customer copy

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

APPLICANT COPY

FOR MONTH OF: January / 09

NAME: John Lehnert

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

TOWN: \_\_\_\_\_

POSTAL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER TEMIZE)
				B	L	D	AMOUNT			
Jan 12		GP → COM → CALG.	750							
		Edm Hotel					148.50			
Jan 13/14		Calg Hotel				20.75	265.08			
									Non-Responsive	
									Non-Responsive	
<b>FINAL TOTALS</b>			1500			20.75	413.58			

used in

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>46¢</del> 505	1500	A 757.50	BOARD TRAVEL (A+ B+ C+ D)	49011.7111030/0.6220000	1191.83
			OTHER (F)		<del>6791.00</del>

**TOTAL AMOUNT** 51901.41410000

Non-Responsive

CLAIMANT SIGNATURE \_\_\_\_\_  
DATE SUBMITTED Feb 25 / 09

APPROVAL SIGNATURE \_\_\_\_\_  
DATE APPROVED Mar 5 / 09

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

in

Honoraria over...

*[Handwritten signature]*

# APPLICANT COPY

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



guest

travel agent/charge to

**John Lehnert**

room 617  
 rate 209.00  
 no. pers. 1  
 folio 407280 A  
 page 1  
 arrive 13-JAN-09 06:42  
 depart 14-JAN-09  
 payment CA

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

AHA12M

date	reference	description	charges/credits
13-JAN-09	RT617	Room Charge	209.00
13-JAN-09	RT617	Good And Services Tax	10.55
13-JAN-09	RT617	Destination Marketing Fee	2.09
13-JAN-09	RT617	Tourism Levy	8.44
13-JAN-09	RT617	Oversize Valet Parking	35.00
14-JAN-09	VI	Visa	265.08-
Balance Due			0.00

**EXPENSE REPORT SUMMARY**

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
13-JAN-09	230.08	0.00	0.00	0.00	35.00	265.08	0.00
14-JAN-09	0.00	0.00	0.00	0.00	0.00	0.00	265.08-
<b>Total</b>	<b>230.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>35.00</b>	<b>265.08</b>	<b>265.08-</b>

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

\*\* continued on the next page \*\*

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

signature \_\_\_\_\_

John Lehnert  
 FOLIO 407280 13-JAN-09

# APPLICANT COPY

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



guest

travel agent/charge to

John Lehnars

room 617  
 rate 209.00  
 no. pers. 1  
 folio 407280 A  
 page 2  
 arrive 13-JAN-09 06:42  
 depart 14-JAN-09  
 payment CA

AHA12M s.17(1), 17(4)(g)(i)

date	reference	description	charges/credits
------	-----------	-------------	-----------------

### GST Summary

Room	10.55
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.00
<b>Total</b>	<b>10.55</b>

Vendor Number 861336493RT0004

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

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 0 Starpoints for this visit

John Lehnars s.17(1), 17(4)(g)(i)  
 FOLIO 407280 13-JAN-09



APPLICANT COPY

DELTA EDMONTON SOUTH  
4404 GATEWAY BLVD  
EDMONTON, AB T6H5C2  
780-434-6415

CLERK: 16  
TERM ID: 103

**FORCE SALE**

\*\*\*\*\*

USA ENTRY METHOD: MANUAL

01/13/09 03:59:54

INV #: 000004 APPR CODE: 036552

BATCH #: 000326

REF #: 001

ORDER #: 0621

AMOUNT \$297.00

CARDHOLDER COPY

APPROVED

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

APPLICANT COPY



**DELTA**  
EDMONTON SOUTH  
HOTEL AND CONFERENCE CENTRE

4404 Gateway Blvd., Edmonton, Alberta T6H 5C2  
Tel.: (780) 434-6415 • Fax: (780) 434-5298

Mr John Lehnars

ROOM / CHAMBRE 0621  
CASHIER / CAISSIER(E) 16 SIN  
PAGE 1  
CUSTOMER(S) / CLIENT(S) 1

Approval Code: 036952  
ARRIVAL / ARRIVÉE 01/11/09 21:25  
DEPARTURE / DÉPART 01/13/09  
GST Vendor: 865717755 RT0001

F O L I O N O. 387323 Delta Edmonton South, 01/13/09 04:00

DATE	DESCRIPTION	CHARGES FRAIS	CREDITS CREDITS
01/11		<del>135.00</del>	
01/11	Non-Responsive	<del>5.40</del>	
01/11		<del>6.75</del>	
01/11		<del>1.35</del>	
01/11	Room Charge	135.00	
01/12	Alberta Tourism Levy	5.40	
01/12	GST Rooms	6.75	
01/12	Destination Marketing Fe	1.35	
01/13	VISA XXXXXXXXXXXX XX/XX		297.00
s.17(1), 17(4)(e.1) Total		297.00	297.00
Balance Due			0.00 CAD
GST Room	(5%) 13.50		
GST F&B	(5%) 0.00		
GST Misc	(5%) 0.00		
Total GST	(5%) 13.50		

Thank you for choosing to stay with us at the Delta Edmonton South.  
To assist you in a speedy departure we are pleased to offer you one of the following options:  
\*Express Check Out Option on your T.V.  
\*Drop your keys in the lobby drop box as you exit the elevators.  
\*(Or) pass your keys to one of the Guest Service agents in the lobby.

We look forward to welcoming you again soon! Have a Great Day!

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. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of Globe and Mail. If I refuse, I am eligible for a \$0.75 (Mon.-Fri.) and \$1.50 (Sat.) credit to my account by contacting the front desk.

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectués avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces. J'ai accepté la livraison du Globe and Mail. Si je refuse, je peux me prévaloir d'un crédit de 0,75 \$ (lundi au vendredi) et de 1,50 \$ (samedi) en communiquant avec la réception.

APPLICANT COPY

*Stuart Stewart*  
APPLY

THE NEW OLD COUNTRY INN  
4810 50 AVE  
VALLEYVIEW, AB T0H3N0  
780-524-5020  
VISA MID 16354020016  
MASTERCARD MID 26554020016

Merchant ID: 000010013645

Term ID: 001

Ref #: 001

GST #:

**Sale**

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

XXXXXX

VISA

Entry Method: Swiped

02/13/09

12:16:56

Inv #: 000001

Appr Code: 002000

Approved: Online

Date: 000000

**Best Copy Possible**

Total:

\$

38.22

Customer Copy

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

465  
76  
541

FOR MONTH OF: February /09

APPLICANT COPY

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER TEMIZE)
				B	L	D	AMOUNT			
Feb. 3	10:30 - 1 P.M.	LUNCH with Readey Mayor	1086							
Non-Responsive										
Feb. 13	10-6 PM	Meeting AAMDCAIN Jousard	470			✓	38.22			
Feb. 17		Audit + Finance								
Feb. 23		COM → Private Board meeting GP → Camrose	541			✓	20.75	148.5		
Feb. 24		Hotel			✓		9.20	108.90		
Feb. 25		Camrose → GP.	541			✓	20.75			
Non-Responsive										
<b>FINAL TOTALS</b>			1638				88.97	257.40		

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>48¢</del> 50.5	16 38	A 827.19 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.7111030 0.6220000	1173.51 ✓
			OTHER (F)		

**TOTAL AMOUNT** 51906.414100000

Non-Responsive

CLAIMANT SIGNATURE: \_\_\_\_\_  
DATE SUBMITTED: Feb. 25 /09

APPROVAL SIGNATURE: \_\_\_\_\_  
DATE APPROVED: March 5 /09

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

Honoraria over...

12



# NORSEMEN INN

APPLICANT COPY

Highway 13 West, Camrose Phone 672-9171

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

John Lehnrs  
Lou Vecoste 403-943-1122

Alberta Health Services

Invoice #: 194565  
Room #: 410  
Arrival Date: 02/24/2009  
Departure Date: 02/25/2009  
GST Number: R121513840

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

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

SIGNATURE: X \_\_\_\_\_

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

NORSEMEN INN  
6505-48TH AVE. T4V3K3  
CAMROSE AB  
22489823

PRE AUTH COMPLETION  
02-25-2009 07:56:27  
Acct # \*\*\*\*\* S  
Exp Date \*\*/ \*\* Card Type VI  
Name:

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

Trace # 250017  
FS2248982301  
Inv. # 452  
Auth # 082249 RRN 001025999  
Pre-Auth Amount \$108.90  
Total \$108.90

Customer copy

APPLICANT COPY

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

DELTA EDMONTON SOUTH  
4404 GATEWAY BLVD  
EDMONTON, AB T6H5C2  
780-434-6415

CLERK: 32

TERM 10: 102

**FORCE SALE**

XXXXXXXXXXXXXX

VISA

ENTRY METHOD: MANUAL

02/24/09

10:38:38

INV #: 000029

APPR CODE: 031260

BATCH #: 000189

REF #: 029

ORDER #: 921

AMOUNT

**\$324.00**

CARDHOLDER COPY

APPROVED



**DELTA**  
**EDMONTON SOUTH**  
 HOTEL AND CONFERENCE CENTRE

4404 Gateway Blvd., Edmonton, Alberta T6H 5C2  
 Tel.: (780) 434-6415 • Fax: (780) 434-5298

**APPLICANT COPY**

ROOM / CHAMBRE 0921  
 CASHIER / CASSIER(E) 32 MARIVIC  
 PAGE 1  
 CUSTOMER(S) / CLIENT(S)1

Approval Code: 031260  
 ARRIVAL / ARRIVÉE 02/22/09 14:16  
 DEPARTURE / DÉPART 02/24/09  
 GST Vendor: 865717755 RT0001

Mr John Lehnars

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

F O L I O N O. 392382 Delta Edmonton South, 02/24/09 10:35

DATE	DESCRIPTION	CHARGES FRAIS	CREDITS CRÉDITS
02/22		<del>135.00</del>	
02/22	Non-Responsive	<del>5.40</del>	
02/22		<del>6.75</del>	
02/22		<del>1.35</del>	
02/23	Room Charge	135.00	
02/23	Alberta Tourism Levy	5.40	
02/23	GST Rooms	6.75	
02/23	Destination Marketing Fe	1.35	
02/24		<del>27.00</del>	
02/24	VISA XXXXXXXXXX XX/XX		324.00
s.17(1), 17(4)(e.1) Total		324.00	324.00
Balance Due			0.00 CAD
GST Room	(5%) 13.50		
GST F&B	(5%) 1.29		
GST Misc	(5%) 0.00		
Total GST	(5%) 14.79		

Thank you for choosing to stay with us at the Delta Edmonton South.  
 To assist you in a speedy departure we are pleased to offer you one of the following options: \*Express Check Out Option on your T.V.  
 \*Drop your keys in the lobby drop box as you exit the elevators.  
 \*(Or) pass your keys to one of the Guest Service agents in the lobby.  
 We look forward to welcoming you again soon! Have a Great Day!

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. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$0.75 (Mon.-Fri.) and \$1.50 (Sat.) credit to my account. (At participating hotels.)  
 Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectués avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces. J'ai accepté la livraison du Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75 \$ (lundi au vendredi) et de 1,50 \$ le samedi (Dans les hôtels participants.)

X \_\_\_\_\_  
 Guest's Signature / Signature du client

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

FOR MONTH OF: December, 2008

NAME: John Lehnars

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

TOWN: C

POSTAL COI \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	HER MIZE
				B	L	D	AMOUNT			
Dec 8		HOTEL	465					280.73	29.40	
Dec 9		HOTEL						280.73	29.40	
Dec 10		HONORARIUM	465							
Non-Responsive										
Dec 8	2:00pm	Dinner								20.75
Dec 10	8:00pm	Dinner								20.75
FINAL TOTALS			930					41.58	56.46	58.40

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>465</del> 585	930	<sup>A</sup> 469.65 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	1131.41 ✓
TOTAL AMOUNT			OTHER (F)		

*claim code 1, 51901.414100000*

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE SUBMITTED \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_  
 DATE APPROVED Jan 21/09

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

Honoraria over...



THE *Fairmont*  
HOTEL MACDONALD

10065 - 100 STREET  
EDMONTON, AB, CANADA T5J 0N6  
T (780) 424-5181 F (780) 429-6481  
G.S.T. Registration # 846543619

APPLICANT COPY

Room : 0217  
Folio # : 126665  
Cashier # : 285  
Page # : 1 of 2

Group Name : Calgary Health Region

Calgary Health Region

John Lehnars

CA

Arrival : 12-08-08

Departure : 12-10-08

Date	Description	Additional Information	Charges	Credits
12-08-08	Room Charge		255.00	
12-08-08	Room - DMF		2.55	
12-08-08	Room - AB Tourism Levy		10.30	
12-08-08	Room - GST		12.88	
12-08-08	Parking - Overnight		28.00	}
12-08-08	Parking - GST		1.40	
12-09-08	Room Charge		255.00	
12-09-08	Room - DMF		2.55	
12-09-08	Room - AB Tourism Levy		10.30	
12-09-08	Room - GST		12.88	
12-09-08	Parking - Overnight		28.00	}
12-09-08	Parking - GST		1.40	
<del>12-10-08</del>			<del>1.25</del>	
12-10-08		Non-Responsive	<del>4.25</del>	
12-10-08			<del>5.05</del>	
12-10-08			<del>6.31</del>	
12-10-08	Visa			757.87

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

Guest signature

Signature du client X \_\_\_\_\_

For information or reservations, visit us at

[www.fairmont.com](http://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](http://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 balance 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 \$3.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas 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 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

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

THE *Fairmont*  
HOTEL MACDONALD

10065 - 100 STREET  
EDMONTON, AB, CANADA T5J 0N6  
T (780) 424-5181 F (780) 429-6481  
G.S.T. Registration # 846543619

APPLICANT COPY

Room : 0217  
Folio # : 126665  
Cashier # : 285  
Page # : 2 of 2

Group Name : Calgary Health Region

Calgary Health Region

John Lehnrs

CA

Arrival : 12-08-08

Departure : 12-10-08

Date	Description	Additional Information	Charges	Credits
<b>Total</b>			<b>757.87</b>	<b>757.87</b>
<b>Balance Due</b>			<b>0.00</b>	

GST Summary

Room	32.07
F&B	0.00
Other	2.80
<b>Total</b>	<b>34.87</b>

Guest signature

Signature du client X \_\_\_\_\_

For information or reservations, visit us at

[www.fairmont.com](http://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](http://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 balance 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 \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas 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 0,75\$ par jour (du Lundi au Vendredi) et de 1,50\$ le Samedi. (Dans les hôtels participants.)

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

**Corrine Moroz**

---

**From:** Lou Decoste [Lou.Decoste@albertahealthservices.ca]  
**Sent:** Wednesday, February 04, 2009 3:30 PM  
**To:** Corrine Moroz  
**Subject:** RE: Board Member Exp Claims

Hi Corrine,

Can you add onto John's expense claim:

December 8 - travel to Edmonton (465 km)  
 December 10 - travel to Grande Prairie (465 km)  
 that will total 930.

Thanks,  
 Lou

---

**From:** Corrine Moroz [mailto:Corrine.Moroz@ech.ab.ca]  
**Sent:** February 04, 2009 15:14  
**To:** Lou Decoste  
**Subject:** Board Member Exp Claims

Hi Lou!

Please see attached copy of John Lehner's exp claim. He has a total of 930 km he is claiming... but it's not broken out by how much he travelled each day. He always has it broken out. I am going to go ahead and process... but it should be indicated which day(s) he did the driving.

Thanks!

Non-Responsive

*Corrine Moroz*  
 Accounts Payable  
 Alberta Health Services - East Central Health  
 Suite 103, 5015 50 Ave  
 Camrose, AB T4V 3P7  
 ph. (780) 608-8512  
 fax (780) 672-8911  
 e-mail [corrine.moroz@ech.ab.ca](mailto:corrine.moroz@ech.ab.ca)

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

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This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

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

APPLICANT COPY

FOR MONTH OF: November, 2008

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

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

POSTAL CO: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
11/11	5:00 PM	Travel to Westlock	435							
11/11		HOTEL			✓		20.75	119.85		
11/12		WESTLOCK TO EDM	85	✓			9.20			
11/12		HOTEL - WESTIN						202.56		
11/12-13		Parking							48.50	
11/13	4:30	EDM TO GP	465	✓			11.60			
Non-Responsive										
11/25	3:00	GP TO EDM - WAIVER Comm. 7766	465	✓			20.75			
11/25		HOTEL						167.03	25.20	
11/25		EDM TO GP	465							
FINAL TOTALS			1915 ✓				<sup>B</sup> 62.30 ✓	<sup>C</sup> 486.44 ✓	<sup>D</sup> 73.70 ✓	

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>486</del> 50.5	1915	<sup>A</sup> 967.08 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103070.6220000 <sup>08m</sup>	1589.52 ✓
Claim Code 1			OTHER (F)		
Claim Code 1					

TOTAL AMOUNT 51901.414100000

Non-Responsive

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: Dec. 9/2008

APPROVAL SIGNATURE: \_\_\_\_\_  
 DATE APPROVED: Dec 15/08

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

Honoraria over...

21

Thank You For  
Parking At Commerce  
Place Parkade

Terminal#: 1 Cashier#: 5  
11/12/08 10:06  
11/13/08 10:36 - 1 00:30  
60893226 / #338084 48.50  
RATE : \$ 48.50  
TOTAL : \$ 48.50  
CREDIT : \$

GST #89772765TRI  
Have a Nice Day

APPLICANT COPY

WESTLOCK INN  
10411 100TH STREET  
WESTLOCK AB

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

CARD NUMBER \*\*\*\*\* s.17(1), 17(4)(e.1)  
CARD TYPE VISA 3366  
DATE/TIME 2008/11/12 08:52:53  
RECEIPT NUMBER 08643703-001-785-001  
ADVISE  
TOTAL AMOUNT \$119.85

01 APPROVED - 027 # 032687  
THANK YOU

APPLICANT COPY

APPLICANT COPY

*Westlock Inn Ltd.*

10411 - 100 Street  
 Westlock, AB T7P 2G7  
 P: (780) 349-4483 / F: (780) 349-6503  
 www.westlockinn.com

GST #R124433004

John Lehnars

Room	Folio	CheckIn	CheckOut	Balance
133	102775	11/11/2008	11/13/2008	0.00
Master Folio		Weekday: 109.95 Weekend: 109.95		

Direct Bill: ALBERTA HEALTH SERV

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

Date	Room	Description / Voucher	Charges	Credits	Balance
11/11/2008	133	Room Taxable	109.95	0.00	109.95
11/11/2008	133	G.S.T. - 5.000%	5.50	0.00	115.45
11/11/2008	133	Tourism Levy - 4.000%	4.40	0.00	119.85
11/12/2008	133	Visa	0.00	119.85	0.00
		<b>Balance Due</b>			<b>0.00</b>
		<b>Summary and Taxes</b>			
		Taxable Sales			109.95
		G.S.T. 5.00%			5.50
		Tourism Levy 4.00%			4.40

# APPLICANT COPY

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



guest  
 Mr John Lehnert  
 Provincial Govt-edmon

1246  
 room 184.00  
 rate 1  
 no. pers. 318750 EX-A  
 folio 1  
 page 12-NOV-08 22:08  
 arrive 13-NOV-08  
 depart VI  
 payment VI

travel agent/charge to

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

1246

date	reference	description	charges/credits
12-NOV-08	RT1246	Room Charge	184.00
12-NOV-08	RT1246	GST	9.29
12-NOV-08	RT1246	DMF	1.84
12-NOV-08	RT1246	Tourism Levy	7.43
13-NOV-08	VI	Visa	202.56-
Balance Due			0.00

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

**EXPENSE REPORT SUMMARY**

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-NOV-08	184.00	9.29	7.43	0.00	0.00	1.84	202.56
<b>Total</b>	<b>184.00</b>	<b>9.29</b>	<b>7.43</b>	<b>0.00</b>	<b>0.00</b>	<b>1.84</b>	<b>202.56</b>

Date	Payment
12-NOV-08	0.00
<b>Total</b>	<b>0.00</b>

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

\*\* continued on the next page \*\*

UNCLERIFIED  
 BY CHARGE

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

signature \_\_\_\_\_

Mr John Lehnert  
 FOLIO 318750 12-NOV-08



# APPLICANT COPY

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



guest		720	travel agent/charge to
John Lehnrs	room	149.00	
	rate	1	
	no. pers.	321889	A
	folio	1	
	page	25-NOV-08	18:02
	arrive	26-NOV-08	15:31
s.17(1), 17(4)(g)(i)	depart	VI	
	payment		

date	reference	description	charges/credits
25-NOV-08	RT720	Room Charge	149.00
25-NOV-08	RT720	GST	7.52
25-NOV-08	RT720	DMF	1.49
25-NOV-08	RT720	Tourism Levy	6.02
25-NOV-08	RT720	Parking Self	24.00
25-NOV-08	RT720	Tax GST	1.20
26-NOV-08	26.11.08		<del>75.00</del>
26-NOV-08	26.11.08		<del>3.75</del>
26-NOV-08	VI	Visa	267.98-
<b>Balance Due</b>			<b>0.00</b>

**EXPENSE REPORT SUMMARY**

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
25-NOV-08	149.00	7.52	6.02	0.00	0.00	26.69	189.23
26-NOV-08	75.00	3.75	0.00	0.00	0.00	0.00	78.75
<b>Total</b>	<b>224.00</b>	<b>11.27</b>	<b>6.02</b>	<b>0.00</b>	<b>0.00</b>	<b>26.69</b>	<b>267.98</b>

Date	Payment
25-NOV-08	0.00
26-NOV-08	267.98-
<b>Total</b>	<b>267.98-</b>

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!  
 \*\* continued on the next page \*\*

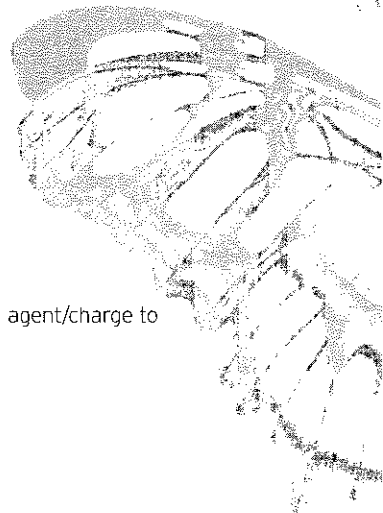
I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

John Lehnrs  
 FOLIO 321889 25-NOV-08

# APPLICANT COPY

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



guest		1246	travel agent/charge to
Mr John Lehnrs	room	184.00	
Provincial Govt-edmon	rate	1	
	no. pers.	318750	EX-A
	folio	2	
	page	12-NOV-08	22:08
	arrive	13-NOV-08	
	depart	VI	
	payment		

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

date	reference	description	charges/credits
------	-----------	-------------	-----------------

**GST Summary:**

GST Room Revenue:	9.29
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	9.29

The Westin Edmonton GST# 861336493RT0005

NOV 13 2008  
 EX-A

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

signature \_\_\_\_\_

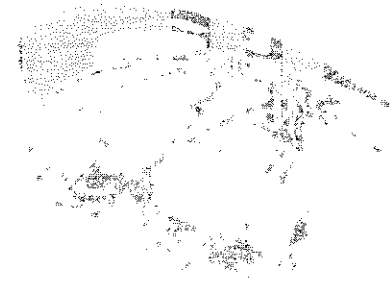
As a Starwood Preferred Guest, you could have earned 368 Starpoints for this visit. Please provide your member number or enroll today.

Mr John Lehnrs  
 FOLIO 318750 12-NOV-08



APPLICANT COPY

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



guest  
John Lehnars  
room 720  
rate 149.00  
rate 1  
no. pers. 321889 A  
folio 2  
page 25-NOV-08 18:02  
arrive 26-NOV-08 15:31  
depart VI  
payment VI

travel agent/charge to

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



GST Summary:

GST Room Revenue: 11.27  
GST Food and Beverage: 0.00  
GST Telephone Revenue: 0.00  
GST Other: 0.00  
11.27

The Westin Edmonton GST# 861336493RT0005

Phone

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

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 448 Starpoints for this visit

John Lehnars  
FOLIO 321889 25-NOV-08

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

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

APPLICANT COPY

FOR MONTH OF: OCTOBER 2008

NAME: John Lehnars

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

TOWN: \_\_\_\_\_

POSTAL COD \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Oct. 14	4:15/9:30	GP → F.M.C.					212.55			
Oct. 15		AHS BOARD MTG					212.55			
Oct. 16		EDMONTON SUPPER				10.99				
Oct. 17		TAXI F.M.C.						22.00	22.00	
Non-Responsive										
Oct. 20		LOCAL GP DOCTOR MTG WITH BUZDZEH/POPE					35.00			
Oct. 30		LUNCH				✓	11.60			
Oct. 30	11:30/5:00	MEETING LOCAL	475							
	9:00/2:00 AM	HEALTH CARE ADVOCACY GROUP IN LAURETE	475							
<b>FINAL TOTALS</b>			<b>950</b>				<b>57.59</b>	<b>425.10</b>	<b>22.00</b>	<b>22.00</b>

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>48¢</del> 50.5	950	A 479.75 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	984.44 ✓
			OTHER (F)		

**TOTAL AMOUNT** 51901.414100000/

Non-Responsive

CLAIMANT SIGNATURE: [Signature]  
DATE SUBMITTED: Nov. 13/08

APPROVAL SIGNATURE: [Signature]  
DATE APPROVED: Nov 14/08

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

Honoraria over...

APPLICANT COPY

Sawridge Inn and Conference Centre  
 530 MacKenzie Boulevard, Fort McMurray, Alberta T9H 4C8  
 Tel: (780) 791-7900 Fax: (780) 743-4654 Toll Free: 1-800-661-6657  
 Email: sawridgefm@sawridge.com Website: www.sawridge.com



John Lehnars  
 Alberta Health Services

Page Number : 1  
 Guest Number: 90295  
 Folio ID : EX-A  
 1  
 309

Invoice Nbr: 106472  
 14-OCT-08  
 16-OCT-08

AHJ14A - Alberta Health Servic

Information Invoice

Tax ID: 10473 3720 RT0004  
 Sawridge Ft McMurray 16-OCT-08 01:57 BOBFRA

Date	Reference	Description	Charges	Credits
14-OCT-08	RT309	Corp. Group	195.00	
14-OCT-08	RT309	Room Gst	9.75	
14-OCT-08	RT309	Tourism Levy	7.80	
15-OCT-08	RT309	Corp. Group	195.00	
15-OCT-08	RT309	Room Gst	9.75	
15-OCT-08	RT309	Tourism Levy	7.80	
16-OCT-08	VI	Visa	-425.10	
		** Total	425.10	-425.10
		*** Balance	0.00	

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

GST Summary	Amount CAD
GST Room Revenue	19.50
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	19.50

Continued on the next page

APPLICANT COPY

Sawridge Inn and Conference Centre

530 MacKenzie Boulevard, Fort McMurray, Alberta T9H 4C8

Tel: (780) 791-7900 Fax: (780) 743-4654 Toll Free: 1-800-661-6657

Email: sawridgefm@sawridge.com Website: www.sawridge.com



SAWRIDGE INN  
AND CONFERENCE CENTRE

John Lehnars  
Alberta Health Services

Page Number : 2  
Guest Number: 90295  
Folio ID : EX-A

Invoice Nbr: 106472  
14-OCT-08  
16-OCT-08

AHJ14A - Alberta Health Servic

1  
309

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
14-OCT-08	9.75	202.80	212.55	0.00
15-OCT-08	9.75	202.80	212.55	0.00
-----				
Total	19.50	405.60	425.10	0.00



Safe, Courteous APPLICANT COPY  
Taxi Service

Date: Oct-14-08 Amount: \$ 22.00  
From: Airport  
To: Sawridge  
Car: 191 Driver: Ali

HMSHDS  
MONTANA'S CO  
EDMONTON INTERNAT  
40160 JORDAN  
106/1  
OCT14'08

STONEBRIDGE HOTEL  
Grande Prairie, AB  
GST# R101313989

Prairie Cafe  
Try our Daily Lunch Specials  
or enjoy a slice of dessert!

65 IANNIS  
Tbl 13/1 Chk 4399 Gst 0  
Oct20'08 07:03AM  
2 FR EGG & HAM @ 5.25 10.50  
1 COFFEE 2.50  
1 TEA 2.50  
1 THE GRANDE 12.00  
1 MILK/LG 3.00

Subtotal 30.50  
GST 1.53  
Amount Due 32.03

STONEBRIDGE HOTEL Grande Prairie  
Please Pay Cashier

FOR ROOM CHARGE

TIP 2.97

TOTAL 35.00

SIGNATURE

ROOM#  
We appreciate your patronage

\*\*\*\* SEAT  
1 BTL COOR LT 12  
SIDE SHOT NO  
1 SODA BAR 14  
FIRST ROUND  
COKE DIET  
1 SODA BAR 14  
FIRST ROUND  
COKE DIET  
SUBTOTAL  
10.47 G.S.T. 5%  
AMOUNT \$

SUBTOTAL  
10.47 G.S.T. 5%  
AMOUNT \$

GST # 13751  
TELL US HOW WE DI  
\*RECEIVE A FREE  
With a \$25 pu  
Complete a check  
www.montanasfee  
or call 1-866-2  
Access code

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

*8 notes added*  
TRUMPETER HOTEL  
12102 100 ST T8V5P1  
GRANDE PRAIRIE AB  
22038384

++++ PURCHASE +++++  
10-20-2008 08:24:08  
Acct # \*\*\*\*\* S  
Exp Date Card Type VI  
Name: JOHN H LEHNERS

Trace # 450004 Operator 999  
FS2203836402  
Inv. # 14937  
Auth # 005791 RRN 001745004

Purchase \$32.03  
Tip \$2.97  
Total \$35.00

Customer copy

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

FOR MONTH OF: September 2008

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

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

POSTAL CODE \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)	
				B	L	D	AMOUNT				
Sept. 20			465		✓	✓	32.35 ✓				
Sept. 21				✓			9.29 ✓				
Sept. 23											
Sept. 24			465		✓		20.75 ✓	438 <sup>23</sup> ✓			
				Non-Responsive							
<b>FINAL TOTALS</b>							<sup>B</sup> 62.30 ✓	<sup>C</sup> 438 <sup>23</sup> ✓	<sup>D</sup>		

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>46¢</del> 50.5	930	<sup>A</sup> 469.65 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	970.18 ✓
			OTHER (F)		
<b>TOTAL AMOUNT</b>			51901.414100000		

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Sept. 24/2008

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Oct 6, 08

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





APPLICANT COPY  
**MEDICINE HAT LODGE**  
 RESORT CASINO & SPA

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

**John Lehnars**

**Page #** 1  
**Res. #** 354670  
**Checked in** Sun Sep 21/08 - 10:27 pm  
**Checked out** Wed Sep 24/08 - 9:58 am  
**Nights** 3  
**Room Rate** 129.00  
**Room** 470

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

**Group: Palliser Health**

Date	Description	Reference	Charges	Credits
Sep21	GOVERNMENT RATE	Rm470 -J Fr:RmZG17	129.00	
Sep21	GST	Rm470 -J Fr:RmZG17	6.45	
Sep21	Room Tax	Rm470 -J Fr:RmZG17	4.96	
Sep22	Room Service Grats	Chit# 9891	2.85	
Sep22	Room Service	Chit# 9891	13.48	
Sep22	GST	Chit# 9891	0.67	
Sep22	GOVERNMENT RATE	Rm470 -J Fr:RmZG17	129.00	
Sep22	GST	Rm470 -J Fr:RmZG17	6.45	
Sep22	Room Tax	Rm470 -J Fr:RmZG17	4.96	
Sep23	GOVERNMENT RATE		129.00	
Sep23	GST		6.45	
Sep23	Room Tax		4.96	
Sep24	PAID BY VISA - Thank you			438.23
			0.00	438.23
			-----	438.23

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

*Our G.S.T. # is 103576021RT0002*

Charge Summary:

GST 20.02  
 Room Tax 14.88

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



33  
 STAGEWEST *hospitality*  
 SINCE 1944

APPLICANT COPY

MEDICINE HAT LODGE  
1051 ROSS GLEN DR T1B3T8  
MEDICINE HAT AB  
22464024

\*\*\*\* PRE AUTH COMPLETION \*\*\*\*

09-24-2008 09:59:16  
Acct # \*\*\*\*\* S  
Exp Date Card Type VI  
Name:

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

Trace # 180049  
FS2246402404  
Inv. # 722  
Auth # 081204 RRN 001515999

Pre-Auth Amount \$438.23  
Total \$438.23

Custom. copy

GOLDEN STAR RESTAURANT  
 10114-101ST AVENUE  
 GRANDE PRAIRIE AB

CARD \*\*\*\*\*

CARD TYPE UISA

DATE 2008/08/28

TIME 3094 12:47:45

NEXT BILL NUMBER

S30726590-101-036-018-0

PRE-AUTHOR N

AMOUNT \$31.15

TIP

TOTAL-OAD

APPROVED COPY

AUTH IN 021722 01-027

THANK YOU

CARDHOLDER COPY

APPLICATION

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

115  
 500 1000105  
 41.50

GOLDEN STAR RESTAURANT  
 10114-101ST AVENUE  
 FT. RIDGEMOUNT AB  
 TX 79121

*Approved*

36

Best Copy Possible

36

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

FOR MONTH OF: August, 2008

NAME: John Lehnert

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (EMIZE)
				B	L	D	AMOUNT			
										Non-Responsive
<u>Aug. 28</u>		<u>Lunch Mary Moore</u>					<u>36.00</u> ✓			
<b>FINAL TOTALS</b>							<u>36.00</u> ✓			✓

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
46¢		A	BOARD TRAVEL (A+ B+ C+ D)	49011.71110300.6220000	<u>36.00</u> ✓
			OTHER (F)		<u>CM #</u>
Claim Code 1 Claim Code 1 <b>TOTAL AMOUNT</b>			<u>51901.414100000</u>		

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: Sept. 24/08

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Oct. 6 /08

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

Honoraria over...

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

FOR MONTH OF: July, 2008

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

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

POSTAL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
July 4	11:00	GP → Beaverlodge	43							
	12:00	Beaverlodge → GP	43							
July 6	4 PM	GP → CALGARY	750							
July 8		CALGARY → GP	750							
July 6		DINNER (WHITE COURT)			✓		20.75			
July 8		DINNER (WHITE COURT)			✓		20.75			
July 7		BREAKFAST (DGN SIDA)					49.08			
		PARKING						28		
FINAL TOTALS			2516				124.53	175.07	42.00	

\*  
\*

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>400</del> 50.5	2516 ✓	<sup>A</sup> 1270.58	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	166.57 / 1662.15
TOTAL AMOUNT 590,414.0000			OTHER (F)		

cm

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: Aug. 16/08

APPROVAL SIGNATURE: \_\_\_\_\_  
 DATE APPROVED: Sept 16/08

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

Honoraria over...

\* NOTE:

37 s.17(1), 17(4)(g)(i) Claim Code!  
Claim Code!

**PERSONAL EXPENSE CLAIM CONTINUATION SHEET**

APPLICANT COPY

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

NAME John Lehnert

Non-Responsive

	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
Carry forward subtotals from previous continuation sheet, where applicable.		B	L	D	Amount			

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	Amount			
July 7		AHSB - MEETING - CALGARY								
										Non-Responsive
July 15		LUNCH WITH FERN CHRISTANSON / HEATHLEY CLAWSON - NURSE LEADERS PCH					54.00			
July 30		GP TO EDM FOR AUDIT 465 FINANCE MEETING								
July 31		EDM TO GP	465							
July 30		Room Delta - EDMONTON						175.04		*
July 31		BREAKFAST		✓			9.20			
July 31		Supper			✓		20.75			
July 31		PARKING							14.00	*
										Non-Responsive
		SUBTOTALS	930				83.95	175.04 83.95	14.	

Carry forward subtotals to another continuation sheet if more space is required. Otherwise, record subtotals in space provided on Personal Expense Claim.

pared for: JOHN H LEHNERS June 16 to July 15, 2008 Account number

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

### Your new charges and credits (continued)

Trans date	Post date	Description	Spend Categories	Amount(\$)
Card number		s.17(1), 17(4)(e.1)	s.17(1), 17(4)(g)(i)	

Jul 09	Jul 11	HYATT REGENCY CALGARY-F/DALGARY AB	Hotel, Entertainment and Recreation	77.08
--------	--------	------------------------------------	-------------------------------------	-------

49.08  
x 00  
20

#### Total for

\*\* Denotes transaction in foreign currency  
s.17(1), 17(4)(e.1)

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

### CIBC CreditSmart™ Spend Report

Spend Categories	This month			Year-to-date	
	Transactions	Amount(\$)	Budget (\$)	Transactions	Amount (\$)



Transactions are assigned a spend category based on where the goods or services are purchased, not on what was purchased. For example, items purchased at a convenience store in a gas station will appear under Transportation, not Retail and Grocery.

A negative difference (-) means you spent more than you budgeted.

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

	Amount(\$)	Budget (\$)	Difference (\$)
<input checked="" type="checkbox"/> Total Monthly Budget	3,456.02		

## Your message centre

Welcome to your new CIBC Aerogold VISA Infinite Card, the Card that exceeds expectations by giving you the experiences you have earned and the exclusivity you desire.

Trace # 420015 Operator 111  
 Inv. # 2592 FS2279369603  
 Auth # 086882 RRN 0015930315  
 P. Auth Purchase 946.76  
 TIP  
 Total 39  
 Customer copy


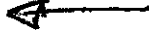


07-15-2008  
 Acct #  
 Exp Date  
 Name: JOHN H LEHNERS  
 Card Type VI  
 PRE AUTH PURCHASE  
 GULLIVERS  
 10829-1044 AVE  
 GRAND PRAIRIE  
 22793696

108:24  
 S  
 1111  
 1111  
 1111

Hepler  
 for purchases

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

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









		\$58.00 US DOLLAR @ 1.053103	
Aug. 01, 2008	Aug. 05, 2008	 DELTA EDMONTON CENTRE SUI EDMONTON AB	\$175.04 
Jul. 31, 2008	Aug. 01, 2008	 STANDARD PARKING PROCURA EDMONTON AB	\$14.00 

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

The icons indicate the spend category for each of the transactions. Spend categories are assigned based on where the goods or services were purchased.

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

To view the transaction totals for each spend category, select "Spend Report".

-  Personal & Household Expenses
-  Professional and Financial Services
-  Retail and Grocery
-  Transportation
-  Hotels, Entertainment, and Recreation
-  Restaurants
-  Home & Office Improvement
-  Health & Education
-  Cash Advances and Balance Transfers



1916378

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

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

01025559

FOR MONTH OF: DECEMBER, 2009

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CC \_\_\_\_\_

PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER TEMIZE)
				B	L	D	AMOUNT			
RECEIVED FEB 22 2010										
Non-Responsive										
DEC. 3		AHSB - PUBLIC Mtg						175.09		
Non-Responsive										
ENTERED FEB 22 2010										
DEC. 16		JOB SHADOW PRIMARY CARE NETWORK SEKSMITH	40 km							
Non-Responsive										
Non-Responsive										
<b>FINAL TOTALS</b>								167.03 175.04		

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
ABG 50.5	40	A 20.20	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103010.6220000	195.24
			OTHER (F)		
<b>TOTAL AMOUNT</b>					Non-Responsive

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE SUBMITTED Feb, 21/10

APPROVAL SIGNATURE \_\_\_\_\_  
 DATE APPROVED Feb 10/10

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

187.23  
8.01

# APPLICANT COPY

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

guest

travel agent/charge to

John Lehnars  
 Alberta Health Services

room 804  
 rate 159.00  
 no. pers. 1  
 folio 417317 EX-A  
 page 1  
 arrive 02-DEC-09 17:41  
 depart 03-DEC-09  
 payment VI

AHL01B

date	reference	description	charges/credits
02-DEC-09	RT804	Room Charge	159.00
02-DEC-09	RT804	GST	8.03
02-DEC-09	RT804	DMF	1.59
02-DEC-09	RT804	Tourism Levy	6.42
03-DEC-09	VI	Visa	175.04-
Balance Due			0.00

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

**EXPENSE REPORT SUMMARY**

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
02-DEC-09	159.00	8.03	6.42	0.00	0.00	1.59	175.04
Total	159.00	8.03	6.42	0.00	0.00	1.59	175.04

Date	Payment
02-DEC-09	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!  
 \*\* continued on the next page \*\*

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

signature \_\_\_\_\_

John Lehnars  
 FOLIO 417317 02-DEC-09

## ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

1916381

FOR MONTH OF: January 2010

NAME: John Lehnert

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

TOWN: \_\_\_\_\_

POSTAL CO: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (EMIZE)
			B	L	D	AMOUNT			
Jan. 20	Calgary AHSB	732					502.86 ✓		
Jan. 21	" " PUBLIC Mtg	732							
		Non-Responsive							
		Non-Responsive							
ENTERED FEB 22 2010								487.20	
		1464					502.86		

RECEIVED

FEB 22 2010

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5¢	732x2 1464	739.32	BOARD TRAVEL <small>(A+ B+ C+ D)</small>	49011.711103000.6220000	1242.18
			OTHER (F)		
TOTAL AMOUNT					

Non-Responsive

CLAIMANT SIGNATURE \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

1226.52  
15.66

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

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

RH

Honoraria over...

# APPLICANT COPY

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

guest

travel agent/charge to

Mr John Lehnerts

room 519  
 rate 195.00  
 no. pers. 1  
 folio 506791 EX-A  
 page 1  
 arrive 19-JAN-10 17:59  
 depart 21-JAN-10 13:00  
 payment VI

AHA19M s.17(1), 17(4)(g)(i)

date	reference	description	charges/credits
19-JAN-10	RT519	Room Charge	195.00
19-JAN-10	RT519	Good And Services Tax	9.85
19-JAN-10	RT519	Destination Marketing Fee	1.95
19-JAN-10	RT519	Tourism Levy	7.88
19-JAN-10	RT519	Oversize Valet Parking	35.00
19-JAN-10	RT519	TAX - GST OTHER	1.75
20-JAN-10	RT519	Room Charge	195.00
20-JAN-10	RT519	Good And Services Tax	9.85
20-JAN-10	RT519	Destination Marketing Fee	1.95
20-JAN-10	RT519	Tourism Levy	7.88
20-JAN-10	RT519	Oversize Valet Parking	35.00
20-JAN-10	RT519	TAX - GST OTHER	1.75
21-JAN-10	VI	Visa	502.86-
Balance Due			0.00

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

\*\* continued on the next page \*\*

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

signature \_\_\_\_\_

Mr John Lehnerts  
 FOLIO 506791 19-JAN-10



# APPLICANT COPY

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

guest			travel agent/charge to
Mr John Lehnars	room	519	
	rate	195.00	
	no. pers.	1	
	folio	506791	EX-A
	page	2	
	arrive	19-JAN-10	17:59
	depart	21-JAN-10	13:00
AHA19M s.17(1), 17(4)(g)(i)	payment	VI	

date	reference	description	charges/credits
------	-----------	-------------	-----------------

**EXPENSE REPORT SUMMARY**

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
19-JAN-10	214.68	0.00	1.75	0.00	35.00	251.43	0.00
20-JAN-10	214.68	0.00	1.75	0.00	35.00	251.43	0.00
<b>Total</b>	<b>429.36</b>	<b>0.00</b>	<b>3.50</b>	<b>0.00</b>	<b>70.00</b>	<b>502.86</b>	<b>0.00</b>

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

**GST Summary**

Room	19.70
Food & Beverage	0.00
Telephone	0.00
Other Revenue	3.50
<b>Total</b>	<b>23.20</b>

Vendor Number 861336493RT0004

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

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 780 Starpoints for this visit

Mr John Lehnars s.17(1), 17(4)(g)(i)  
 FOLIO 506791 19-JAN-10

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

1928340

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

FOR MONTH OF: February, 2010

NAME: John Lehnas

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Feb. 16								167.09		
Feb. 17		AHS BOARD MEETING	460				20.75	175.04		
Feb. 18		EDMONTON	460				20.75	175.04	15.00	
								167.09		
Non-Responsive										
ENTERED MAR 12 2010										
ENTERED MAR 09 2010										
Non-Responsive										
<b>FINAL TOTALS</b>							B 41.50	C 350.08	D 15.00	

KILOMETRES CLAIM			Description	Codina	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>46¢</del> 50.5	920	<sup>A</sup> 464.60	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	871.98
			OTHER (F)		
<b>TOTAL AMOUNT</b>			Non-Responsive		

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: Feb. 18/10

APPROVAL SIGNATURE: \_\_\_\_\_  
 DATE APPROVED: March 5/10

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

Honoraria over...

81366  
57.52

# APPLICANT COPY

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

guest

travel agent/charge to

John Lehnars  
 Alberta Health Services  
 10105 96 AVE  
 GRANDE PRAIR, AB T8V 0M5

room 1201  
 rate 159.00  
 no. pers. 1  
 folio 433800 EX-A  
 page 1  
 arrive 16-FEB-10 22:20  
 depart 18-FEB-10  
 payment VI

AHB16B

date	reference	description	charges/credits
16-FEB-10	RT1201	Room Charge	159.00
16-FEB-10	RT1201	GST	8.03
16-FEB-10	RT1201	DMF	1.59
16-FEB-10	RT1201	Tourism Levy	6.42
17-FEB-10	RT1201	Room Charge	159.00
17-FEB-10	RT1201	GST	8.03
17-FEB-10	RT1201	DMF	1.59
17-FEB-10	RT1201	Tourism Levy	6.42
18-FEB-10	VI	Visa	350.08-
		Balance Due	0.00

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

\*\* continued on the next page \*\*

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

signature \_\_\_\_\_

John Lehnars  
 FOLIO 433800 16-FEB-10

# APPLICANT COPY

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

guest

travel agent/charge to

John Lehnern  
 Alberta Health Services

room 1201  
 rate 159.00  
 no. pers. 1  
 folio 433800 EX-A  
 page 2  
 arrive 16-FEB-10 22:20  
 depart 18-FEB-10  
 payment VI

AHB16B s.17(1), 17(4)(g)(i)

date	reference	description	charges/credits
------	-----------	-------------	-----------------

**EXPENSE REPORT SUMMARY**

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
16-FEB-10	159.00	8.03	6.42	0.00	0.00	1.59	175.04
17-FEB-10	159.00	8.03	6.42	0.00	0.00	1.59	175.04
<b>Total</b>	<b>318.00</b>	<b>16.06</b>	<b>12.84</b>	<b>0.00</b>	<b>0.00</b>	<b>3.18</b>	<b>350.08</b>

Date	Payment
16-FEB-10	0.00
17-FEB-10	0.00
<b>Total</b>	<b>0.00</b>

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

**GST Summary:**

GST Room Revenue:	16.06
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	<b>16.06</b>

The Westin Edmonton GST# 861336493RT0005

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.  
 As a Starwood Preferred Guest you have earned at least 636 Starpoints for this visit

signature \_\_\_\_\_

John Lehnern s.17(1), 17(4)(g)(i)  
 FOLIO 433800 16-FEB-10



APPLICANT COPY

DETACH RECEIPT FROM TICKET

DATE ISSUED	TIME ISSUED	AMOUNT PAID
NOV 01 2000	11:58 AM	1.50



RECEIPT 70990747

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

1941074

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

FOR MONTH OF: MARCH, 2010

NAME: John Lehners

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

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
MARCH 23	↑	GP → EDM	465			✓	20.75	167.03 175.04	R 27.30	
			Non-Responsive							
MARCH 25	↓	EDM → GP	465			✓	20.75			
			Non-Responsive							
<b>FINAL TOTALS</b>			930			B	41.50	C 175.04	D 27.30	F

RECEIVED MAR 30 2010

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>40¢</del> 50.5	930	AR 469.65	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	<del>243.84</del>
			OTHER (F)	→	713.49
<b>TOTAL AMOUNT</b>			Non-Responsive		

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: March 25

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: March 25/2010

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

Honoraria over...  
 663.98  
 49.51

# APPLICANT COPY

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

guest

travel agent/charge to

Mr John Lehnars  
 room 714  
 rate 159.00  
 no. pers. 1  
 folio 452002 EX-A  
 page 1  
 arrive 23-MAR-10 19:39  
 depart 24-MAR-10  
 payment VI

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

date	reference	description	charges/credits
23-MAR-10	RT714	Room Charge	159.00
23-MAR-10	RT714	GST	8.03
23-MAR-10	RT714	DMF	1.59
23-MAR-10	RT714	Tourism Levy	6.42
23-MAR-10	RT714	Parking Self	26.00
23-MAR-10	RT714	Tax GST	1.30
24-MAR-10	VI	Visa	202.34-
		Balance Due	0.00

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

**EXPENSE REPORT SUMMARY**

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
23-MAR-10	159.00	8.03	6.42	0.00	0.00	28.89	202.34
Total	159.00	8.03	6.42	0.00	0.00	28.89	202.34

Date	Payment
23-MAR-10	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!  
 \*\* continued on the next page \*\*

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

signature \_\_\_\_\_

Mr John Lehnars  
 FOLIO 452002 23-MAR-10

# APPLICANT COPY

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

guest		travel agent/charge to
Mr John Lehnars	room 714	
	rate 159.00	
	no. pers. 1	
	folio 452002	EX-A
	page 2	
	arrive 23-MAR-10	19:39
	depart 24-MAR-10	
s.17(1), 17(4)(g)(i)	payment VI	

date	reference	description	charges/credits
------	-----------	-------------	-----------------

**GST Summary:**

GST Room Revenue:	8.03
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.03

The Westin Edmonton GST# 861336493RT0005

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges. signature \_\_\_\_\_  
 As a Starwood Preferred Guest you have earned at least 318 Starpoints for this visit A50829868862

Mr John Lehnars  
 FOLIO 452002 23-MAR-10

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

1967711

Name: <u>JOHN LEITNERS</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	Travel Period Month: <u>APRIL 2010</u> Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
28/04	AHS BOARD MTRG							80	
					Non-Responsive				
01/104	DR. Miles / POPE				32.24 37.24 5.00				
					Non-Responsive				
24/03	LETHBRIDGE AHS BOARD				115.44				
					37.24	115.44			
<b>TOTAL KMS</b>								80	
<b>APPLICABLE MILEAGE RATE @</b>								50.5¢	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		37.24	115.44			40.40	40.40		

**RECEIVED**  
 MAY 13 2010  
**FINANCE**

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	32.24 5.00 37.24
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	40.40 175.44 59.84
OTHER (D)	01.71110300002.41090000	3.08
<b>GRAND TOTAL</b>		<b>197.08</b>

CLAIMANT SIGNATURE 	APPROVAL SIGNATURE 
DATE SUBMITTED <u>April 29/10</u>	DATE APPROVED <u>May 7, 2010</u>

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

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

APPLICANT COPY

TRUMPETER HOTEL  
12102 100 ST 19VSP1  
GRANDE PRAIRIE AB  
22038364

PURCHASE

04-01-2010 08:34:01  
Acct # 110000001  
Exp Date Card Type VI  
Name JOHN H LEHNERS

Trace # 280013 Operator 999  
Inv # 27375  
Auth # 020007 RRN 001137013

Purchase \$32.24  
TIP \$5.00  
Total \$37.24

Customer copy

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

Best Copy Possible

Date 03/25/10  
 Time 10:11  
 Page 1

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

Acct# P36226-02  
 Room# 132  
 Rate Code  
 Group ABHS  
 Room Type DNQQ  
 Room Rate .00

Arrive MAR 24 10 11:22  
 Depart MAR 25 10 07:30 JY

LEHNERS JOHN

ALBERTA HEALTH SERVICES  
 10105 96 AVE  
 GRANDE PRAIRIE AB T8V 0M5

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

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

Payment VI XXXX XXXX

Exp:

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE			.00	
MAR 25	TRANSFER DEBIT AMT	TRANSFER		115.44	
	Transfer From Acct	P36226-26, Item 7			
MAR 25	VISA	PAID			115.44
=====G.S.T.=subtotal:		.00			
ROOM T subtotal:		.00	Balance Due:	.00	

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

LETHBRIDGE LODGE  
 SCENIC DRIVE SOUTH  
 LETHBRIDGE, AB T1J4B4  
 403-328-1123

Visa MID: 17502760028  
 Term ID: 013 Ref #: 001  
 Clerk ID: 4

**Sale**

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

VISA Entry Method: Manual  
 03/25/10 10:06:57  
 Inv #: 000002 Appr Code: 018266  
 Apprvd Batch#: 000008  
 Total: \$ 115.44

Customer Copy



2011340

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

Name: <i>John Lehnors</i>	<b>RECEIVED</b>	s.17(1), 17(4)(g)(i)
	JUL 26 2010	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	<b>FINANCE</b>	Travel Period Month: <i>May - June / 2010</i>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
								Non-Responsive	
<i>June 4</i>	<i>HAC MTG EDM</i>			✓	<i>20.75</i>		<i>15</i>	<i>465</i>	
<i>June 5</i>	<i>HAC MTG EDM</i>			✓	<i>20.75</i>		<i>18</i>	<i>465</i>	
<i>June 28</i>	<del><i>AHSB</i></del> <i>AHSB MTG CALGARY</i>						<i>7</i>		
<i>June 29</i>	<i>AHSB MTG CALGARY</i>			✓	<i>20.75</i>	<i>204.85</i>	<i>7</i>		
<i>June 25</i>	<i>MTG. MLAs / MP / chub</i>								
<b>ENTERED JUL 27 2010</b>								<b>TOTAL KMS</b>	<i>930</i>
<b>SUB-TOTAL</b>								<b>APPLICABLE MILEAGE RATE @</b>	<i>50.5¢</i>
<i>(carry forward to continuation sheet, where applicable)</i>								<b>A</b>	<i>62.25</i>
								<b>B</b>	<i>214.68</i>
								<b>C</b>	<i>47</i>
								<b>D</b>	<i>2250</i>
								<b>E</b>	<i>469.65</i>

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	<i>2</i> 62.25
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<i>678.90</i> <i>87.43</i> 731.33
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<i>793.58</i>

 <b>CLAIMANT SIGNATURE</b>  <i>June 29 / 10</i> <b>DATE SUBMITTED</b>	 <b>APPROVAL SIGNATURE</b>  <i>July 21 / 2010</i> <b>DATE APPROVED</b>	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.



# APPLICANT COPY

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

guest \_\_\_\_\_ travel agent/charge to \_\_\_\_\_

Mr. John Lehnars

room 718  
 rate 195.00  
 no. pers. 1  
 folio 555727 EX-A  
 page 1  
 arrive 28-JUN-10 18:25  
 depart 29-JUN-10  
 payment VI

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

AHF28M

date	reference	description	charges/credits
28-JUN-10	RT718	Room Charge	195.00
28-JUN-10	RT718	Good And Services Tax	9.85
28-JUN-10	RT718	Destination Marketing Fee	1.95
28-JUN-10	RT718	Tourism Levy	7.88
28-JUN-10	SS28		14.99
28-JUN-10	SS28		0.75
29-JUN-10	VI	visa	230.42-
		Balance Due	0.00

Non-Responsive } 15.74  
 15.74  
 214.68

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

**EXPENSE REPORT SUMMARY**

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
28-JUN-10	214.68	0.00	0.00	0.00	15.74	230.42	0.00
Total	214.68	0.00	0.00	0.00	15.74	230.42	0.00

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

\*\* continued on the next page \*\*

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

signature \_\_\_\_\_

Mr. John Lehnars  
 FOLIO 555727 28-JUN-10

# APPLICANT COPY

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

guest \_\_\_\_\_ travel agent/charge to \_\_\_\_\_

Mr. John Lehnars

room 718  
 rate 195.00  
 no. pers. 1  
 folio 555727 EX-A  
 page 2  
 arrive 28-JUN-10 18:25  
 depart 29-JUN-10  
 payment VI

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

AHF28M

date	reference	description	charges/credits
------	-----------	-------------	-----------------

**GST Summary**

Room	9.85
Food & Beverage	0.00
Telephone	0.00
Other Revenue	0.75
<b>Total</b>	<b>10.60</b>

Vendor Number 861336493RT0004

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

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 420 Starpoints for this visit.

Mr. John Lehnars s.17(1), 17(4)(g)(i)  
 FOLIO 555727 28-JUN-10

APPLICANT COPY

THIS IS YOUR RECEIPT

Grande Prairie

Airport  
RECEIPT

Machin # 1

STALL #

317

Transaction #

1132001

Date : JUN. 28. 10

Time : 06:39 AM

Paid : \$14.00

Expires

JUN. 30. 10

06:38 AM

USE YOUR TRANSACTION #  
TO EXTEND TIME

Please lock your  
vehicle and secure  
all valuables.

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

  
780-420-1976

Day and Evening

Meter: Lot 4  
World Trade Centre  
Time: 9:39P JUN 04  
Price: \$14.00  
Card:  
Exp.:  
Expires:

9:00AM SAT  
JUN 05 10

INSTRUCTIONS ON BACK  
GST No 887315638RT0001

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

THIS SIDE UP ON DASH

PLACE

THIS SIDE UP ON DASH

PI

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD

  
780-420-1976

Hourly Parking

Meter: Lot 4  
World Trade Centre  
Time: 1:09P JUN 05  
Price:  
Card:  
Exp.:  
Expires:

4:00PM SAT  
JUN 05 10

INSTRUCTIONS ON BACK  
GST No 887315638RT0001

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

PLACE THIS SIDE UP ON DASH

THIS SIDE UP ON DASH

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

2039950

FOR MONTH OF: August, 2010

NAME: John Lehner

ADDRESS: \_\_\_\_\_

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

POSTAL COI: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
Aug 24		CP → EDMONTON	480				20.75 ✓	125.01 ✓		/
Aug 25		MEDICINE HAT AHS BOARD MEETING					9.20 ✓	103.95 ✓		/
Aug 26		MEDICINE HAT BOARD EDM → CP	480				20.75 ✓	109.59 ✓		/
				Non-Responsive						/
<b>FINAL TOTALS</b>							250.70 <sup>B</sup>	228.96 <sup>C</sup> 240.60 <sup>D</sup>		F

ENTERED SEP 13 2010

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>48¢</del> 50.5	960	484.80 <sup>A</sup>	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	776.10
			OTHER (F)		
<b>TOTAL AMOUNT</b>					Non-Responsive

CLAIMANT SIGNATURE: [Signature]  
DATE SUBMITTED: Aug. 26/10

APPROVAL SIGNATURE: [Signature]  
DATE APPROVED: Sept 7/10

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

Honoraria over...  
113.76  
107.34

APPLICANT COPY



**DELTA**  
HOTEL AND CONFERENCE CENTRE

4404 Gateway Boulevard  
Edmonton, AB T6H 5C2

Tel: (780) 434-6415 Fax: (780) 436-9247

Room : 0523  
Folio No. :  
Cashier No. : 32  
Page No. : 1 of 1

**GOVT AB**  
John Lehnars  
Grande Prairie,  
CA

Arrival : 08-24-10  
Departure : 08-25-10

Date	Description	Additional Information	Charges	Credits
08-24-10	Room Charge		119.00	
08-24-10	Room Destination Marketing Fee		1.19	
08-24-10	Room GST		6.01	
08-24-10	AB Tourism Levy		4.81	
<b>Total</b>			<b>131.01</b>	<b>0.00</b>
<b>Balance Due</b>			<b>131.01</b>	

GST Summary      GST #:865717755RT0001

Room	6.01
F&B	0.00
Other	0.00
<b>Total</b>	<b>6.01</b>

Guest Signature X \_\_\_\_\_

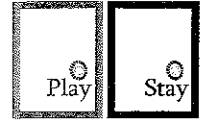
I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges.

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



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK



**John Lehnrs**  
10101 South Port Road SW  
Calgary, AB  
AB Health Services  
T2W 3N2

**Page #** 1  
**Res. #** 432995  
**Checked in** Wed Aug 25/10 - 6:05 pm  
**Checked out** Thu Aug 26/10 - 7:37 am  
**Nights** 1  
**Room Rate** 99.00  
**Room** 135

**Group: AB Health Services**

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

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

*Our G.S.T. # is 103576021RT0002*

Charge Summary:

GST	4.95
Room Tax	3.76

MEDICINE HAT LODGE  
1051 ROSS GLEN DR T1B3T8  
MEDICINE HAT AB  
22464024

\*\*\*\* PRE AUTH COMPLETION \*\*\*\*

08-26-2010 07:39:49

s.17(1), 17(4)(e.1) Acct # \*\*\*\*\*  
Exp Date Card Type VI  
Name:

Trace # 020017  
FS2246402403

Inv. # 47488  
Auth # 041224 RRN 001291999

Pre-Auth Amount \$109.59

**Total \$109.59**

Customer copy



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

2099237


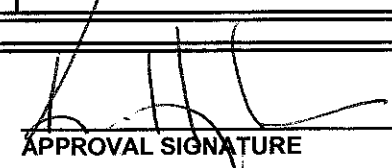

APPLICANT COPY

Name: <u>John Lehnars</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone	Travel Period Month: <u>November 2010</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
12/11/10	GP → Toronto	✓	✓		732.35 ✓	59.00 Taxi	65 ✓		
14/11/10	Toronto → GP				107.00	619.71	2830648.01 ✓		
15/11/10	Toronto - Community Engagement				158.20 ✓				
16/11/10	Toronto GP	✓	✓		32.35 ✓	158.20 ✓	Taxi 100.00 ✓ 65.00 ✓		
12/11/10					147.00	Park	28.00 ✓		
Non-Responsive									
ENTERED DEC 14 2010									
					6470	316.40	806.01		
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)				<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	
				6470 ✓	316.40 ✓	806.01 ✓			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	2 64.70 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1089.07 33.34 1122.41 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>1187.11 ✓</b>

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>Nov. 19/2010</u> DATE SUBMITTED	<u>Dec 10/10</u> DATE APPROVED														

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

Honoraria over...

APPLICANT COPY

Grande Prairie

Airport  
RECEIPT

Machine # 1  
STALL #

361

Transaction #

10364001

Date : NOV. 12. 10

Time : 02:47 PM

Paid : \$28.00

Expires

NOV. 16. 10

02:46 PM

USE YOUR TRANSACTION #

TO EXTEND TIME.

Please lock your vehicle and secure all valuables.


11709  
JOHN H LEHNERS  
Taxi  
16900000

ISSUS DE CETTE LIGNE  
AUTHORIZATION NUMBER / NO D'AUTORISATION  
711610  
M D J Y A  
5348706

COPIE DU CLIENT  
CUSTOMER COPY

AMOUNT / MONTANT	60 00
TIPS / POURBOIRE	5 00
TOTAL	65 00
CDN	
CAN	

SALES DRAFT - CHARGES - FACTURE

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE  
  
 CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE  
 ACCORDING TO THE PROVISIONS OF THE AGREEMENT WITH CARD ISSUER  
 LE TITULAIRE DE LA CARTE DOIT S'OPPOSER A LA CARTE DU  
 MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMEMENT A LA  
 CONDITIONS DE TENANCE REGLES D'USAGE DE LA CARTE

VISA  
MasterCard

CLERK / COMMISSAIRE / EMPLOYE  
 Valid and Empty Date Check  
 Verification de la date de validation  
 par la date d'expiration

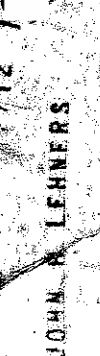
DATE  
 11 16 10  
 M D J Y A

JOHN H LEHNERS

CUSTOMER COPY / COPIE DU CLIENT

DESCRIPTION	AMOUNT / MONTANT
G.S.T./TPS	59 00
H.S.T./TVH	
P.S.T./TVP	
G.S.T./TVG	
TIP / POURBOIRE	6 00
TOTAL	65 00
CDN	
CAN	

SALES DRAFT - CHARGES - FACTURE

CARDHOLDER'S SIGNATURE - SIGNATURE DU CLIENT  
  
 CARDHOLDER'S SIGNATURE - SIGNATURE DU CLIENT  
 ACCORDING TO THE PROVISIONS OF THE AGREEMENT WITH CARD ISSUER  
 LE TITULAIRE DE LA CARTE DOIT S'OPPOSER A LA CARTE DU  
 MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMEMENT A LA  
 CONDITIONS DE TENANCE REGLES D'USAGE DE LA CARTE

577112

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

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



# APPLICANT COPY



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## eTicket Receipt

Prepared For  
LEHNERSJOHN MR

WESTJET RESERVATION CODE	NMHTVE
TICKET ISSUE DATE	22 Oct 2010
TICKET NUMBER	8882168981765
ISSUING AIRLINE	WESTJET
ISSUING AGENT	YCBSSW
FREQUENT FLYER NUMBER	

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

## Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
12 Nov	WESTJET WS 302	GRANDE PRAIRIE AB, CANADA Time: 3:10pm	EDMONTON INTL AB, CANADA Time: 4:09pm	Seat Number: CHECK-IN REQUIRED Baggage Allowance: 2PC Booking Status: CONFIRMED Fare Basis: PCRP1 Not Valid Before: 12 NOV Not Valid After: 12 NOV
12 Nov	WESTJET WS 876	EDMONTON INTL AB, CANADA Time: 6:20pm	TORONTO ON, CANADA Time: 11:58pm	Seat Number: CHECK-IN REQUIRED Baggage Allowance: 2PC Booking Status: CONFIRMED Fare Basis: PCRP1 Not Valid Before: 12 NOV Not Valid After: 12 NOV
16 Nov	WESTJET WS 495	TORONTO ON, CANADA Time: 4:00pm	EDMONTON INTL AB, CANADA Time: 8:07pm	Seat Number: CHECK-IN REQUIRED Baggage Allowance: 2PC Booking Status: CONFIRMED Fare Basis: PCRD1 Not Valid Before: 16 NOV Not Valid After: 16 NOV
16 Nov	WESTJET WS 153	EDMONTON INTL AB, CANADA Time: 8:30pm	GRANDE PRAIRIE AB, CANADA Time: 10:28pm	Seat Number: CHECK-IN REQUIRED Baggage Allowance: 2PC Booking Status: CONFIRMED Fare Basis: PCRD1 Not Valid Before: 16 NOV Not Valid After: 16 NOV

Best Copy Possible

## Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD :
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YOU WS XYEA WS YTO269.00PCRP1 WS XYEA WS YOL249.00PCRO1 CAD518.00END
Fare	CAD 518.00
Tax and Fees/Charges	CAD 14.25 CA (AIR TRANSPORTATION TAX) CAD 29.51 XG (GOODS AND SERVICES TAX GST) CAD 86.25 XT (COMBINED TAXES)
Total Fare	CAD 648.01
Additional Fees not included in Fare	CAD 15.00 (0.75 XG) - YEG YYZ - CA (PREMIUM SEAT FEE) CAD 15.00 (0.75 XG) - YYZ YEG - CA (PREMIUM SEAT FEE)

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

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

### Positive identification required for airport check in

#### Notice:

GST # 1202807066TQ0001

GST # 888112826

- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check-in.
- Please check in a minimum of 90 minutes prior to scheduled departure.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation, will result in the cancellation of the return segment or remaining segments.
- The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on fares, baggage limits, identification and rules of carriage, please [click here](#).



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METROPOLITAN  
HOTELS

108 Chestnut Street  
Toronto, Ontario  
CANADA M5G 1R3  
TEL: (416) 977-5000  
FAX: (416) 977-9513  
WEB: <http://metropolitan.com/toronto/>  
EMAIL: [reservations@tor.metropolitan.com](mailto:reservations@tor.metropolitan.com)  
RES: (800) 668-6600

Reservation Number 75670

Send to **John Lehnrs**  
10101 Soutport Rd Sw  
Calgary, AB T2W 3N2

Phone 4039431202

Guest Name John Lehnrs  
Company University of Toronto

Arrival Date 11/12/2010  
Departure Date 11/16/2010

Room Information 0524 - Luxury King

Bill To Lehnrs, John  
10101 Soutport Rd Sw  
Calgary, AB T2W 3N2  
Phone 4039431202

Folio Number 101496

Trans Date	Description		Voucher	Amount
<b>Charges</b>				
		Non-Responsive		
11/12/2010				140.00
11/12/2010				18.20
11/13/2010				140.00
11/13/2010	HSTR 13%		tor-0524	18.20
11/14/2010	Room Revenue No FAC	University Of Toronto	tor-0524	140.00
11/14/2010	HSTR 13%		tor-0524	18.20
11/15/2010	Room Revenue No FAC	University Of Toronto	tor-0524	140.00
11/15/2010	HSTR 13%		tor-0524	18.20
		Subtotal		632.80
	Total Charges			632.80

<b>Payments</b>				
		s.17(1), 17(4)(e.1)		
11/16/2010	Visa	#####	075130524n 0000064648	-632.80
			Subtotal	-632.80
	Total Payments			-632.80
			<b>Balance Due:</b>	<b>0.00</b>

<b>Totals</b>	
HSTR 13%	\$72.80
om Revenue No FAC	\$560.00
<b>Total</b>	<b>\$632.80</b>

HST# R136359494

I have received the goods and / or services in the amount shown here on. 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. If charging to a credit card, further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: \_\_\_\_\_ 66 \_\_\_\_\_

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

2099242


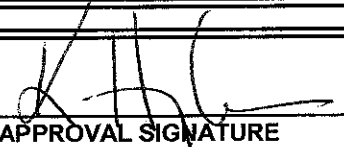
APPLICANT COPY

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

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
12/10/10	GP → EOM AHS MTLG			2	20.75	✓			465
13/10/10	EOM → LEH → AHS BOARD					100.04			
15/10/10	LEH → EOM → GP " "	✓		2	20.75	✓			465
				✓	30.00	✓			
					25.04	100.04			
Non-Responsive									
ENTERED OCT 14 2010									
27/10	DOUG McDENNIO / GEORGE KAY AAC CHAIRS				29.24	✓			420
<b>TOTAL KMS</b>								1350	
<b>APPLICABLE MILEAGE RATE @</b>								50.5¢	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D				
		✓	48		PE	681.75			
		100.74	211						

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	45.81 54.93 100.74
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	88.83 11.40 893.23
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		993.97

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:50%;">meals</td> <td style="width:50%;">breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>Nov. 19 / 2010</u> DATE SUBMITTED	<u>Dec 10 / 10</u> DATE APPROVED														

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

RB

APPLICANT COPY

*AAC chair  
Lethbridge*

Firestone Restaurant and Bar  
532 Mayor Magrath Drive  
Lethbridge, Alberta

Server: Andreu 537

DOB: 10/15/2011

10/15/2011

3/5001

209715

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

VISA

Card #XXXXXXX

Magnetic card present: LEHNS JOHN H

Approval: 004683

Amounts

26

+ Gratuity:

Total:

30

Guest Copy

APPLICANT COPY

#13  
CROSS  
VISA  
Horizon Steak House  
5104 Highway Street  
Valleyview, AB T0H 3N0  
Phone (780)524-2886

Date: Oct 27, 2010 Time: 07:28PM  
Server: Armando  
Bill #: 274604 Table #: 18

1 Senior Veal Cutlet 9.95  
1 SM DELUXE 15.95  
1 Tax 1.95

Subtotal 27.85  
GST 88396360%

Total 29.80

Beverages 1.95  
Food 25.90

Open Time: Oct 27, 2010 06:16PM

Printed By: Armando

# 18

Horizon Steak House  
5104 Highway Street  
Valleyview, AB T0H 3N0  
Phone (780)524-2886

Date: Oct 27, 2010 Time: 19:29:13  
Table # 18 Bill # 274604  
Armando

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

CARD NUMBER: \*\*\*\*\*  
AUTHOR. #: 074110  
TERM ID: 66110843  
REFERENCE #: 0012710530

VISA  
PRE-AUTH

\$ 29.24

GRATUITY:

TOTAL:

01 APPROVED - THANK YOU 027

Customer Copy



*real people.*

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

Lehners, John

## Invoice

Invoice date 10/15/2010  
 Invoice number 13938  
 Our reference CLH-FC11655 /A  
 GST Number GST # 848475554RP0001

Guest Lehners, John Arrival 10/13/2010 Departure 10/15/2010 Room 103

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

**Total invoice 211.48**

10/15/2010 VS 1 Auth: 031270

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

**Total Paid -211.48**

**Total Due 0.00**

Total GST 10.08

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

Signature X \_\_\_\_\_

For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144

2099252

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

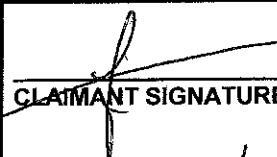
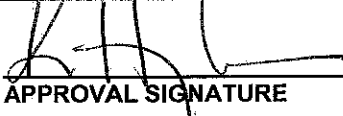
APPLICANT COPY

Name: <u>John Lehnes</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	s.17(1), 17(4)(g) Travel Period Month: <u>SEPTEMBER, 2010</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
					Non-Responsive				
					ENTERED DEC 14 2010				
22/09/10	HAC ONE - DADDLE PRAIRIE ✓				20.75			765	
23/09/10	HAC 2 - BEAVER LODGE							70	
24/09/10	MEETING - SHARON GRATHAM ✓ RE: DIALYSIS				11.60				
					<del>32.35</del>				
<b>TOTAL KMS</b>								825	
<b>APPLICABLE MILEAGE RATE @</b>								50.5¢	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)					A 32.35	B	C	D E R 421.68	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	2 32.35
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	R 421.68
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<del>32.35</del> 454.03

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE
<u>Nov. 19 / 2010</u> DATE SUBMITTED	<u>Dec 10 / 10</u> DATE APPROVED

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

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

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

APPLICANT COPY

FOR MONTH OF: MARCH 2009

NAME: John Lehners

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER ITEMIZE)
				B	L	D	AMOUNT			
March 13	3-5	MEETING WITH LOCAL CHAMBER-CITY GROUPS ALSO GOVERNANCE COMMITTEE								
March 23		TRAVEL TO AHS - BOARD MEETING 586				✓	20.75			
March 24		Committee of the Whole		✓			9.20	86.33		
March 25		AHS - PUBLIC MEETING 586				✓	20.75	86.33		
Non-Responsive										
March	25	BREAKFAST - Don Sicker Jack Roy, Myself					46.00			
<b>FINAL TOTALS</b>			1256				96.70	172.66		

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
ABG 50.5	1256	A 634.28 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	903.64 ✓
			OTHER (F)		

**TOTAL AMOUNT** 51901.414100000 <1370.46> Net: 5449.84

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: March 25/09

APPROVAL SIGNATURE: \_\_\_\_\_  
 DATE APPROVED: April 3/09

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

Honoraria over...



APPLICANT COPY

RED DEER LODGE  
4311 - 49TH AVENUE  
RED DEER, AB T4N5Y7  
403-346-8841

VISA ID: 17502760085 TERM ID: 014

**FORCE SALE**

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

VISA ENTRY METHOD: MANUAL  
03/25/09 07:49:41  
INV #: 000001 APPR CODE: 051536  
BATCH #: 000177  
REF #: 001

**\$218.66**

CARDHOLDER COPY

APPROVED

Date 03/25/09  
 Time 07:50  
 Page 1

APPLICANT COPY

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

Acct# P28993-00  
 Room# 215

Rate Code  
 Group ABHS  
 Room Type CNQQ  
 Room Rate 79.20

Arrive MAR 23 09 23:05  
 Depart MAR 25 09

LEHNERS, JOHN

AB HEALTH SERVICES

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

Payment VI

Exp:

Date	Description	Reference	Room	Charges	Credits
MAR 23	ROOM CHARGE			79.20	
MAR 23	G.S.T.			3.96	
MAR 23	TOURISM LEVY			3.17	
MAR 24	ROOM CHARGE			79.20	
MAR 24	G.S.T.			3.96	
MAR 24	TOURISM LEVY			3.17	
MAR 25	BOTANICA RESTAURANT	* Charge to Room *		(46.00)	
MAR 25	VISA	THANK YOU			218.66
=====G.S.T.=subtotal:		7.92			
TOURIS subtotal:		6.34	Balance Due:	.00	

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

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

FOR MONTH OF: APRIL, 2009

NAME: JOHN LEHWERS

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
April 24		GRANDE SPIRIT FOUNDATION	86							
Non-Responsive										
April 27		GP → LETHBRIDGE	971	✓	✓		32.35	232.37	4.00	no receipts provided
April 28		LETHBRIDGE <sup>BOARD</sup> <del>to GP</del>						98.95	4.00	
April 29		LETHBRIDGE TO GP	974			✓	20.75		4.00	
Non-Responsive										
<b>FINAL TOTALS</b>			2034 ✓				53.10 ✓	331.32 ✓	12.00 ✓	

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>486</del> 50.5	2034	<sup>A</sup> 1027.17 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	1423.59 ✓
			OTHER (F)		
<b>TOTAL AMOUNT</b>			51901.414100000 (1370.467) Net: 5969.79		

CLAIMANT SIGNATURE: \_\_\_\_\_  
DATE SUBMITTED: April 29, 2009

APPROVAL SIGNATURE: \_\_\_\_\_  
DATE APPROVED: May 9/09

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

Honoraria over...

75

APPLICANT COPY

SANDMAN HOTELS #1-36  
421 MAYOR MACPETH DR  
LETHBRIDGE AB

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

1.72  
CARD TYPE VISA  
DATE 2009/04/29  
TIME 1902 07:33:30  
RECEIPT NUMBER  
1576341101001 058-013-0

PRE-SALE COMPLETION  
TOTAL-CAD

\$331.32

APPROVED

HOTEL DEPOSIT 01-027  
THANK YOU

CARDHOLDER COPY

APPLICANT COPY



Accommodating good sense.

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

PROPERTY: 01-036 Invoice #: 160756 Description: guest folio

Page: 1

Mail To: Lehnrs

Res. No. : 134538  
 Arrive: 28/04/2009 10:54am  
 Depart: 29/04/2009 11:00am  
 Room: jcsn 708  
 Rate: 89.00

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

Group: Alberta Health Services  
 Guest: John Lehnrs  
 Bill To: Lehnrs

Date	Description	Voucher	Amount
27/04/2009	Room Revenue	lth-917	209.00
27/04/2009	Goods & Services Tax	lth-917	10.66
27/04/2009	Provincial Tourism Levy	lth-917	8.53
27/04/2009	Destination Marketing Fee	lth-917	4.18
28/04/2009	Room Revenue	lth-708	89.00
28/04/2009	Goods & Services Tax	lth-708	4.54
28/04/2009	Provincial Tourism Levy	lth-708	3.63
28/04/2009	Destination Marketing Fee	lth-708	1.78
29/04/2009	Visa	thank you	-331.32
Balance:			.00

Bill To: Lehnrs

Total Goods & Services Tax 15.20  
 GST Registration # R-121767065

SIGNATURE

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

APPLICANT COPY

FOR MONTH OF: May, 2009

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (MIZE)
				B	L	D	AMOUNT			
										Non-Responsive
MAY 13	8 AM	WANER MTG	930			✓	20.75		10.00 ✓	
MAY 22	4:30 → 6 PM	MANNING - URSAN 480 MAYORS MEETING				-	20.75			
										Non-Responsive
<b>FINAL TOTALS</b>			1410 ✓				41.50 ✓		10.00 ✓	

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>88¢</del> 50.5	1410	A 712.05 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	763.55 ✓
			OTHER (F)		

**TOTAL AMOUNT** 51901.414100000K 1370.467 Net: 5309.75

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE SUBMITTED \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_  
 DATE APPROVED July 2/09

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

Honoraria over...

# APPLICANT COPY

Welcome to Scotia Place  
Parkade, Impark  
GST 88731 5638 RT0001

---

Station	:	127.0.0.1	
Trans#	:	8748	Cashier : HAI
Ticket	:	455128	
Time in	:	05/13/09 13:01:00	
Time out	:	05/13/09 15:03:02	
Duration	:	02:02:02	
Plate	:		
Vehicle	:		
<hr/>			
Rate 1	:	\$	10.00
Total	:	\$	10.00
Cash	:	\$	10.00

---

Thank you for visiting

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

APPLICANT COPY

FOR MONTH OF: June, 2009

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

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

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	THER EMIZE)
				B	L	D	AMOUNT			
Non-Responsive										
June 29		Committee of the Whole Calgary - AHB	775	✓			16.00 ✓	153.03 ✓		
June 30		MtG Public Board	775		✓		20.75 ✓	266.83 ✓		
Non-Responsive										
<b>FINAL TOTALS</b>							B 36.75	C 419.86		D

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>48¢</del> 50.5	1550 ✓	<sup>A</sup> 782.75 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	1239.36 ✓
			OTHER (F)		
<b>TOTAL AMOUNT</b> 51901.41410000K 1370.467 Net: 5785.56					

CLAIMANT SIGNATURE: \_\_\_\_\_  
DATE SUBMITTED: June 30 / 2009

APPROVAL SIGNATURE: \_\_\_\_\_  
DATE APPROVED: July 2 / 09

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

Honoraria over...



APPLICANT COPY

HILTON GARDEN INN WEST  
17510 STONY PLAIN RD.  
EDMONTON AB

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

CARD  
DATE 2009  
ME 3825 081-110  
CERK 10 299  
AUOICE # 1522  
RECEIPT NUMBER  
S06848868-001-106-001-0

PRE-AUTHORIZATION  
AMOUNT \$14.65

TIP

TOTAL

16.00

APPROVED

AUTH# 026206 01-027  
THANK YOU!

CARDHOLDER COPY

Name & Address

LEHNERS, JOHN H

Room 512/K1  
 Arrival Date 6/27/2009 10:34:00  
 Departure Date 6/29/2009

Adult/Child 1/0  
 Room Rate \* 129.00


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

RATE PLAN LV8  
 HH#  
 AL: MA # s.17(1), 17(4)(g)(i)  
 BONUS AL: CAR:

CONFIRMATION NUMBER : 3353801061

6/29/2009 PAGE 1

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U

DATE	REFERENCE	DESCRIPTION	AMOUNT
6/27/2009	919820	GUEST ROOM	\$129.00
6/27/2009	919820	TOURISM LEVY	\$5.21
6/27/2009	919820	GST	\$6.51
6/27/2009	919820	DESTINATION MARKETING FEE	\$1.29
6/28/2009	920109	GUEST ROOM	\$139.00
6/28/2009	920109	TOURISM LEVY	\$5.62
6/28/2009	920109	GST	\$7.02
6/28/2009	920109	DESTINATION MARKETING FEE	\$1.39
WILL BE SETTLED TO VS *2381 EFFECTIVE BALANCE OF			\$295.04 \$0.00
 EXPENSE REPORT SUMMARY			
		09 00:00:00 12:00:00am STAY TOTAL	\$295.04
ROOM & TAX		\$142.01 \$153.03	\$295.04
DAILY TOTAL		\$142.01 \$153.03	\$295.04

**Zip-Out Check-Out®**

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.

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. 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 OF CHARGE	177721	FOLIO NO./CHECK NO.	A
AUTHORIZATION	INITIAL		
PURCHASES & SERVICES			
TAXES			
TIPS & MISC.			
TOTAL AMOUNT	0.00		

# APPLICANT COPY

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

guest		926	travel agent/charge to
John Lehnars	room:	209.00	
	rate	1	
	no. pers.	447975	EX-A
	folio	1	
	page	29-JUN-09	17:32
s.17(1), 17(4)(g)(i)	arrive	30-JUN-09	
AHJ29M	depart	VI	
	payment		

29-JUN-09	RT926	Room Charge	209.00
29-JUN-09	RT926	Good And Services Tax	10.55
29-JUN-09	RT926	Destination Marketing Fee	2.09
29-JUN-09	RT926	Tourism Levy	8.44
29-JUN-09	RT926	Oversize Valet Parking	35.00
29-JUN-09	RT926	TAX - GST OTHER	1.75
30-JUN-09	VI	Visa	266.83-
Balance Due			0.00

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

**EXPENSE REPORT SUMMARY**

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
29-JUN-09	230.08	0.00	1.75	0.00	35.00	266.83	0.00
<b>Total</b>	<b>230.08</b>	<b>0.00</b>	<b>1.75</b>	<b>0.00</b>	<b>35.00</b>	<b>266.83</b>	<b>0.00</b>

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

\*\* continued on the next page \*\*

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

signature \_\_\_\_\_

John Lehnars  
 FOLIO 447975 29-JUN-09

# APPLICANT COPY

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

guest		926		travel agent/charge to
John Lehnners	room	209.00		
	rate	1		
	no. pers.	447975	EX-A	
	folio	2		
s.17(1), 17(4)(g)(i)	page	29-JUN-09	17:32	
AHJ29M	arrive	30-JUN-09		
	depart	VI		
	payment			

## GST Summary

Room	10.55
Food & Beverage	0.00
Telephone	0.00
Other Revenue	1.75
Total	12.30

Vendor Number 861336493RT0004

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

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

signature \_\_\_\_\_

John Lehnners  
FOLIO 447975 29-JUN-09

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

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

APPLICANT COPY

FOR MONTH OF: August - 09

NAME: John Lehnars

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

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	HER MIZE
				B	L	D	AMOUNT			
Aug. 13	1:00	GP TO Peace River MEET MAYOR PR WILCOX	394		✓		11.60			
Aug. 14	2:45	GP TO DIXONVILLE AAMOL MTR RE HAL	426		✓	✓	32.35			
Non-Responsive										
<b>FINAL TOTALS</b>			820 ✓				43.95 ✓			

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>48¢</del> 50.5	820	A 414.10 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103090.6220000	458.05 <del>414.10</del> ✓
			OTHER (F)		

**TOTAL AMOUNT** 51901.414100000 < 1050.46 > Net: 4324.25

CLAIMANT SIGNATURE \_\_\_\_\_  
DATE SUBMITTED \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_  
DATE APPROVED Sept 28/09

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

Honoraria over...

# ALBERTA HEALTH SERVICES BOARD BOARD MEMBER HONORARIUM AND EXPENSE CLAIM

FOR MONTH OF: SEPTEMBER - 09

NAME: John Lehnars

ADDRESS: \_\_\_\_\_

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

POSTAL COD \_\_\_\_\_ PHONE #: \_\_\_\_\_ Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION <small>(include purpose of trip, mode of travel, starting point, details of expenditure)</small>	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (ITEMIZE)
				B	L	D	AMOUNT			
										Non-Responsive
Sept. 18		SEXSMITH MARR. RECAL 40								
										Non-Responsive
Sept. 23		CP TO EDMONTON	465		✓		20.75	208.07	6.50	
Sept. 23		EDM TO AIRPORT	60	✓			9.20	184.21		7.35
Sept. 24		RETURN VIA FT. MA FT. MA. AHSB	465		✓		20.75	8		7.35
										Non-Responsive
<b>FINAL TOTALS</b>			1030 ✓				50.90 ✓	392.28 ✓	6.50 ✓	14.70 ✓

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
<del>50.5</del> 50.5	1030	<sup>A</sup> 520.15 ✓	BOARD TRAVEL (A+ B+ C+ D)	49011.711103070.6220000	96 <del>829.63</del> 984.33
			OTHER (F)		14.70

**TOTAL AMOUNT** 61901.414100000 / (1370.46) Net: 5530.53

CLAIMANT SIGNATURE: \_\_\_\_\_  
 APPROVAL SIGNATURE: [Signature]  
 DATE SUBMITTED: \_\_\_\_\_  
 DATE APPROVED: Sept 28 / 09

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

Honoraria over...

APPLICANT COPY



Room : 0517  
Folio # : 37842  
Cashier # :  
Page # : 1 of 1

GOVT AB

Reference :  
Arrival : 09-22-09  
Departure : 09-23-09

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

Date	Description	Additional Information	Debits	Credits
09-22-09	Room Charge		189.00	
09-22-09	Room - GST		9.54	
09-22-09	Room - Tourism Levy		7.64	
09-22-09	Room - Destination Mkt. Fee	s.17(1), 17(4)(e.1)	1.89	
09-23-09	Visa	XX/XX		208.07
<b>Total</b>			<b>208.07</b>	<b>208.07</b>

**TAX Summary**  
**GST Vendor 899111215 RT 0001**  
**Approval Code 000887**  
 GST Room 9.54  
 GST F&B 0.00  
 Other 0.00  
**Total 19.07**

**Balance Due 0.00**  
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

\_\_\_\_\_  
**Guest Signature**

APPLICANT COPY

Edmonton City Centre West  
Managed by Advanced Parking

Rcpt# 1365

09/23/09 06:35 L# 1 A# 5 Txn# 5981  
09/22/09 19:25 In 09/23/09 06:35 Out

Regular Rate	\$	6.19
Total Tax	\$	0.31
Total Fee	\$	6.50
CASH PAID	\$	6.50-
Cash Tender	\$	6.50
Change Due	\$	0.00

GST 122014491RT0003



APPLICANT COPY



**SAWRIDGE INN**  
AND CONFERENCE CENTRE

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

John Lehnrs Page Number : 1 Invoice Nbr: 132291  
Alberta Health Services Guest Number: 125151 23-SEP-09  
Folio ID : EX-A 24-SEP-09  
s.17(1), 17(4)(g)(i) 1  
AH122A - Alberta Health Servic 258

Information Invoice

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

Date	Reference	Description	Charges	Credits
		s.17(1), 17(4)(g)(i)	<del>14.99</del>	
23-SEP-09	SL66	Gst	0.75	
23-SEP-09	RT258	Corp. Group	169.00	
23-SEP-09	RT258	Room Gst	8.45	
23-SEP-09	RT258	Tourism Levy	6.76	
24-SEP-09	VI	Visa	-199.95	
		** Total	199.95	-199.95
		*** Balance	0.00	

s.17(1), 17(4)(g)(i)  
199.95  
15.74  

---

184.21 including GST

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

GST Summary	Amount CAD
GST Room Revenue	8.45
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.75
GST Total	9.20

Continued on the next page

Please visit our other locations:

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

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

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

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

# APPLICANT COPY



**SAWRIDGE INN**  
AND CONFERENCE CENTRE

## Sawridge Inn and Conference Centre

530 MacKenzie Boulevard  
Fort McMurray, Alberta T9H 4C8  
Tel: 780-791-7900 Fax: 780-743-4654

John Lehnert                                      Page Number : 2                                      Invoice Nbr: 132291  
 Alberta Health Services                      Guest Number: 125151                                      23-SEP-09  
     Folio ID : EX-A    24-SEP-09  
 s.17(1), 17(4)(g)(i)1  
 AHI22A - Alberta Health Servics                      258

---

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
23-SEP-09	9.20	190.75	199.95	0.00
-----				
Total	9.20	190.75	199.95	0.00

Please visit our other locations:

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

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

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

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

[www.sawridge.com](http://www.sawridge.com)

90

Toll Free: 1-888-729-7343

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

FOR MONTH OF: October, 2009

NAME: John Lehnert

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

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Non-Responsive

DATE	DEPART/ARRIVE TIMES	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	PRIVATE CAR (KM)	MEALS				LODGING (ROOM)	PARKING	OTHER (EMIZE)
				B	L	D	AMOUNT			
Oct 8		LUNCH MEETING DONNA KOCH VP PUBLIC HEALTH-NORTH					81.66			
Non-Responsive										
Oct 27		AHS REPORT IN RED ROOM	608				20.75	154.44		
Oct 28		AHS BOARD					9.20	154.44		
Oct 29		AHS BOARD MTG	608				20.75			
Non-Responsive										
<b>FINAL TOTALS</b>			1216				13236	308.88		

KILOMETRES CLAIM			Description	Coding	Non-Responsive Amount
RATE	KM	AMOUNT			
50.5	1216	614.08	BOARD TRAVEL (A+ B+ C+ D)	49011.711103010.6220000	1055.29
			OTHER (F)		
<b>TOTAL AMOUNT</b>			51901.414100000	1370.467	5601.52

CLAIMANT SIGNATURE: [Signature]  
 DATE SUBMITTED: Oct 29/09

APPROVAL SIGNATURE: [Signature]  
 DATE APPROVED: Dec 11/09

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

Honoraria over...

APPLICANT COPY

*Donna  
Kest*

10000 100TH STREET  
RED DEER, AB

RED DEER LODGE  
4311 - 49TH AVENUE  
RED DEER, AB T4N5Y7  
403-346-8841

Best Copy Possible

Purchase

TERM ID: 015

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

VISA ID: 17502760085

FORCE SALE

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

VISA

VISA ENTRY METHOD: MANUAL

10/29/09

10/29/09 06:26:20

TIP

INV #: 000029 APPR CODE: 055994

Total: \$ 31.66

BATCH #: 000243

REF #: 029

2008/10/27

AMOUNT \$343.87

Seq #: 0011620060 Appr Code: 06-000

CARDHOLDER COPY

Resp Code: 01/027

APPROVED

APPROVED  
Thank You

Customer

10000 100TH STREET  
RED DEER, AB

APPLICANT COPY

Date 10/29/09  
 Time 08:26  
 Page 1

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

Acct# P33622-00  
 Room# 122  
 Rate Code  
 Group AHS  
 Room Type ENQP  
 Room Rate 99.00

Arrive OCT 26 09 00:14  
 Depart OCT 29 09

LEHNERS, JOHN

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

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

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

Payment VI

Exp:

Date	Description	Reference	Room	Charges	Credits
OCT 26	ROOM CHARGE			99.00	
OCT 26	TOURISM LEVY			3.96	
OCT 27	[REDACTED]	[REDACTED]		[REDACTED]	
OCT 27	ROOM CHARGE			99.00	
OCT 27	TOURISM LEVY			3.96	
OCT 28	ROOM CHARGE			99.00	
OCT 28	TOURISM LEVY			3.96	
OCT 29	VISA				343.87
=====G.S.T.=subtotal:		.00			
TOURIS subtotal:		11.88	Balance Due:	30	.00

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

891161

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

Name: John Lehnars (For Board Office Use Only) AIP Vendor ID#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ s.17(1), 17(4) (g)(i) Travel Period Month: March 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
07/03/11	SLADE LAKE HAC								634 km	
07/03/11	PEW HAC TELECONFERENCE									
08/03/11	AHS BOARD MTG Redf	✓			20.75	107.91 ✓	8.00 ✓		610	
09/03/11	" " " "	✓			20.75	107.91 ✓	8.00 ✓		610	
Non-Responsive RECEIVED APR 25 2011 FINANCE										
TOTAL KMS									1854 ✓	
SUB-TOTAL (carry forward to continuation sheet, where applicable)									936.57	
APPLICABLE MILEAGE RATE @								50.5¢		
M/WOL A Hotel B PRK C								41.50 ✓	215.02 ✓	16.00 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	41.50 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1168.09 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>1209.59 ✓</b>

CLAIMANT SIGNATURE <u>[Signature]</u> DATE SUBMITTED <u>03/28/2011</u>	APPROVAL SIGNATURE <u>[Signature]</u> DATE APPROVED <u>April 21/2011</u>	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35

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

Honoraria over...



Black Knight Inn

# Guest Folio APPLICANT COPY

2929 - 50 Avenue  
Red Deer, AB T4R 1H1

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

[www.blackknightinn.ca](http://www.blackknightinn.ca)  
[frontoffice@blackknightinn.ca](mailto:frontoffice@blackknightinn.ca)

Print Date 3/10/2011  
Print Time 7:05:48AM

Reservation 28932 - 0

Guest John Lehnrs  
Agent: General Groups  
Reference: Alberta Health Services

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

Room	Date	Reference and Description	Amount with tax	
809	3/9/2011	March 08/11 room charge	99.00	107.91
809	3/9/2011	Non smoking, King Bed	99.00	107.91
809	3/10/2011	Visa		-215.82
		s.17(1), 17(4)(e.1)		
		Tourism Levy	7.92	
		GST	9.90	

**Balance** \$0.00

BLACK KNIGHT INN  
2929 50 AVENUE  
RED DEER AB

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

CARD TYPE VISA  
DATE 2011/03/10  
TIME 5338 07:06:04  
CLERK ID A

RECEIPT NUMBER  
C30637159-001-018-002-0

PRE-AUTH COMPLETION  
TOTAL

**\$215.82**

**APPROVED**

AUTH# 051994 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Thank you for staying with us.

95  
GST: R121889661

Page 1 of 1

LEAVE ON DASH - THIS SIDE UP  
EXPIRATION DATE

EXPIRATION TIME

11/03/11 07:13 AM

AMOUNT PAID

\$ 8.00 73240000 07:13 AM

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

1494804



Alberta Health Services

Alberta Health Services

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

1494804



Alberta Health Services

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET  
DATE ISSUED TIME ISSUED AMOUNT PAID

10/03/11 07:13 AM \$ 8.00

Alberta Health Serv

RECEIPT

LEAVE ON DASH - THIS SIDE UP  
EXPIRATION DATE

EXPIRATION TIME

10/03/11 09:30 AM

AMOUNT PAID

\$ 8.00 73290000 09:30 AM

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

0896495



Alberta Health Services

Alberta Health Services

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

0896495



Alberta Health Services

CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET  
DATE ISSUED TIME ISSUED AMOUNT PAID

09/03/11 09:30 AM \$ 8.00

Alberta Health Services

RECEIPT



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

89178

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

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
<u>31/01/11</u>	<u>Lunch MOH North</u>	<input checked="" type="checkbox"/>			<u>58.50</u>				
					<u>Non-Responsive</u>				
					<u>58.50</u>				
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>					<u>M/W</u>		<b>50.5¢</b>		
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)					<u>58.50</u>				

RECEIVED  
 APR 26 2011  
 FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	<u>58.50</u> ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<u>58.50</u> ✓

ENTERED APR 26 2011

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: 03/28/2011

APPROVAL SIGNATURE: \_\_\_\_\_  
 DATE APPROVED: April 21/2011

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

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

Honoraria over...

APPLICANT COPY

*Albert D. Donnan*

RICS GRILL GRANDE  
10622 99 AVE  
GRANDE PRAIRIE AB

MER # 4716088  
TERM # J4716088  
CLERK:0001 B:052  
AUTH#:015770  
TRANS#:0000943  
HECK#:24731 s.17(1), 17(4)(e.1)

CARD

VISA

DATE 2011/01/31

TIME 12:47:19

RECPT SJ4716088- 943

REFERENCE 052001001001

CHASE

AMOUNT \$52.50

TIP \$6.00

TOTAL \$58.50

TRANSACTION

00 - APPROVED - 001

THANK YOU

CUSTOMER COPY

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

89185

Name: John Lehnert (For Board Office Use Only) AHS Vendor ID#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ s.17(1), 17(4)(g)(i) Travel Period Month: January, 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
07/01/11	MTC College Pres Re: NEW HOSPITAL	✓			9.20				
	Non-Responsive								
26/01/11	AHS Board Calgary	✓			9.20				
27/01/11	AHS Board MTC	✓			20.75	212.19			
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>									50.5¢
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		39.15	212.19						

RECEIVED  
APR 25 2011  
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	10300002.4500000	39.15 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	212.19 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>251.34 ✓</b>

CLAIMANT SIGNATURE <u>[Signature]</u>	APPROVAL SIGNATURE <u>[Signature]</u>	breakfast	\$9.20
DATE SUBMITTED <u>April 11/2011</u>	DATE APPROVED <u>April 21/2011</u>	meals	
		lunch	\$11.60
		dinner	\$20.75
		Lodging per night	\$20.15
		Per diem 24-hour	\$7.35

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

Honoraria over...

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

APPLICANT COPY **WESTIN**  
 HOTELS & RESORTS

Lehners, John                      Page Number      1                      Invoice Mbr      1000044924  
    Guest Number      617779              Arrive Date      01-26-2011  
    Folio ID              A                      Depart Date      01-27-2011  
    No. Of Guest      1  
    Room Number      1551  
    Time                  04-06-2011 15:35

Duplicate Invoice

Tax Identification 861336493RT0004

Date	Reference	Description	Charges	Credits
01-26-2011	SS88	<del>In Room Movie And Internet</del>	<del>\$13.99</del>	
01-26-2011	SS88	Tax- GST Other	<del>\$0.70</del>	
01-26-2011	RT1551	Room Charge	\$189.00	
01-26-2011	RT1551	Good And Services Tax	\$9.73	
01-26-2011	RT1551	Destination Marketing Fee	\$5.67	
01-26-2011	RT1551	Tourism Levy	\$7.79	
01-27-2011	VI	Visa		\$-226.88
		** Total	\$226.88	\$-226.88
		** Balance	\$-0.00	

Continued on the next page

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

APPLICANT COPY



Lehners, John	Page Number	2	Invoice Nbr	1000044924
	Guest Number	617779	Arrive Date	01-26-2011
	Folio ID	A	Depart Date	01-27-2011
	No. Of Guest	1		
	Room Number	1551		
	Time	04-06-2011 15:35		

Duplicate Invoice

---

GST Summary

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

Vendor Number 861336493RT0004

As a Starwood Preferred Guest, you could have earned 394 Starpoints for this visit. Please provide your member number or enroll today.

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

Signature \_\_\_\_\_

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

APPLICANT COPY



HOTELS & RESORTS

Lehners, John	Page Number	3	Invoice Nbr	1000044924
	Guest Number	617779	Arrive Date	01-26-2011
	Folio ID	A	Depart Date	01-27-2011
	No. Of Guest	1		
	Room Number	1551		
	Time	04-06-2011 15:35		

Duplicate Invoice  
 EXPENSE SUMMARY REPORT

Currency: CAD

Date	Food & Bev	Parking	Telephone	Room & Tax	Other	Total	Payment
01-26-2011	\$0.00	\$0.00	\$0.00	\$212.19	\$14.69	\$226.88	\$0.00
01-27-2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$226.88
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$212.19</b>	<b>\$14.69</b>	<b>\$226.88</b>	<b>-\$226.88</b>

89211

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

Name: John Lehnars (For Board Office Use Only) A/P Vendor ID#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ s.17(1), 17(4)(g)(i) Travel Period Month: December 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KMS)
		B	L	D	AMOUNT				
01/12/10	BOARD MEETING	✓			9.20 ✓				465
02/12/10	BOARD MEETING - EOM	✓			20.75 ✓				465
Non-Responsive									
TOTAL KMS								930	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E	469.65 ✓		
		29.95							

RECEIVED  
APR 26 2011  
FINANCE

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	m/wor 29.95 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	mile 469.65 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>499.60 ✓</b>

CLAIMANT SIGNATURE	APPROVAL SIGNATURE	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
DATE SUBMITTED	DATE APPROVED	Lodging per night	\$20.15	
		Per diem 24-hour	\$7.35	

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

Honoraria over...

04/20/2011 10:38 FAX  
 To Lou DeCosta

s.17(1), 17(4)(g)(i) **APPLICANT COPY**  
**ALBERTA HEALTH SERVICES**  
**BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

Name: John Lehnars (For Board Office Use Only) A/P Vendor ID#:  
 Phone #: \_\_\_\_\_ s.17(1), 17(4)(g)(i) Travel Period Month: December 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
01/12/10	BOARD MEETING EOM	✓			9.20 ✓				465
02/12/10	BOARD MEETING - EOM	✓			20.75 ✓				465
								TOTAL KMS	930
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)				A	B	C	D	E	
				29.95					469.65

Non-Responsive

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	29.95 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	469.65 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		499.60 ✓

CLAIMANT SIGNATURE <u>John Lehnars</u> DATE SUBMITTED <u>April 20/2011</u>	APPROVAL SIGNATURE _____	meals	breakfast	\$9.20
	DATE APPROVED _____		lunch	\$11.60
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford			dinner	\$20.75
			Lodging per night	\$20.15
			Per diem 24-hour	\$7.35

-bonaria over



15488

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: John Lehner's (For Board Office Use Only) A/P Vendor ID#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ s.17(1), 17(4)(g)(i) Travel Period Month: April, 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
15/04/11	AHS INNOVATION HEALTH CARE Forum				20.15 <sup>75</sup>	206.97 <sup>PK</sup>	46.00 <sup>PK</sup>		930
TOTAL KMS								930 <sup>✓</sup>	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D				
		20.15 <sup>75</sup>	206.97 <sup>PK</sup>	46.00 <sup>PK</sup>	Mile	469.65 <sup>✓</sup>			

### FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.15 <sup>75</sup>
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	722.62 <sup>✓</sup>
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>742.77<sup>37</sup></b>

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: April 18, 2011

APPROVAL SIGNATURE: \_\_\_\_\_  
 DATE APPROVED: May 17, 11

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

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

# FANTASYLAND HOTEL

17700-87TH AVENUE  
EDMONTON AB T5T 4V4  
780-444-3000 800-737-3783  
GST Reg#: 845861368 RT

Name: **LEHNERS, JOHN H**

Account: **11001419640**

Address:

Room: **416**

City, Prov, Pcode:

Room Type: **EXTWN**

Phone:

Rate Plan: **79**

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

Adults/Children: **2/1**

Arrival Date: **04/14/11**

Departure Date: **04/15/11**

Date	Description	Reference	Charges/Credits
4/14/2011	ROOM CHARGE	#416 KOCH, DONNA	\$188.00
4/14/2011	GST GUEST ROOM	GST GUEST ROOM	\$9.40
4/14/2011	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$7.52
4/14/2011	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$1.88
4/14/2011	GOODS AND SERVICES TAX	GOODS AND SERVICES TAX	\$0.09
4/14/2011	TOURISM LEVY ON DMF	TOURISM LEVY ON DMF	\$0.08
4/15/2011	VISA	J LEHNERS	(\$206.97)
<b>Balance Outstanding:</b>			<b>\$0.00</b>

Regardless of charge instructions, I acknowledge the above as personal indebtedness.

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

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

S.17(1), 17(4)(c.1)

PLACE FACE UP ON DASH  
Impark Lot 1  
Expiration Date/Time  
EXP 06:00AM  
APR 15, 2011

Purchase Date/Time: 06:04pm Apr 14, 2011  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Rate: \$10.00 overnight Gam  
Payment Type: Card  
Ticket #: 02280903  
SN #: 100008460001  
Setting: Lot 1  
Auth #: 051967  
Mach Name: Meter 1  
GST #6973165398T0001

RECEIPT  
Impark Lot 1

Expiration Date/Time: 06:00am Apr 15, 2011  
Purchase Date/Time: 06:04pm Apr 14, 2011  
Total Parking: \$9.52  
Total gst: \$0.48  
Total Due: \$10.00  
Total Paid: \$10.00  
Rate: \$10.00 overnight Gam  
Payment Type: Card  
Ticket #: 02280903  
Setting: Lot 1  
Auth #: 051967  
Mach Name: Meter 1

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

S.17(1), 17(4)(c.1)

PLACE FACE UP ON DASH  
Impark Lot 1  
Expiration Date/Time  
EXP 06:00AM  
APR 16, 2011

Purchase Date/Time: 08:10am Apr 15, 2011  
Total Parking: \$34.28  
Total gst: \$1.72  
Total Due: \$36.00  
Total Paid: \$36.00  
Rate: \$36.00 overnight Gam  
Payment Type: Card  
Ticket #: 08297610  
SN #: 100008460018  
Setting: Lot 1  
Auth #: 018983  
Mach Name: Meter 2  
GST #6973165398T0001

RECEIPT  
Impark Lot 1

Expiration Date/Time: 06:00am Apr 15, 2011  
Purchase Date/Time: 08:10am Apr 15, 2011  
Total Parking: \$34.28  
Total gst: \$1.72  
Total Due: \$36.00  
Total Paid: \$36.00  
Rate: \$36.00 overnight Gam  
Payment Type: Card  
Ticket #: 08297610  
Setting: Lot 1  
Auth #: 018983  
Mach Name: Meter 2

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

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

224266 &

APPLICANT COPY

Name: <u>John Lehnerts</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____	s.17(1), 17(4)(g)(i) Travel Period Month: <u>May, 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
<u>May 11, 11</u>	<u>Foundation Chairs EO MONTON</u>						<u>8.00</u> ✓		
		Non-Responsive							
<u>May 31, 11</u>	<u>Meeting - EO Public Health</u>	✓			<u>29.46</u> ✓				
<u>March 31, 11</u>	<u>476 RE: HR @ QEH HOSPITAL</u>						<u>4.00</u> ✓		
<b>TOTAL KMS</b>									
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		<u>29.00</u>		<u>12.00</u> ✓					

RECEIVED  
 JUL 24 2011  
 ENTERED  
 JUL 06 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	<u>101.0005</u> 01.71110300002.45000000	<u>2</u> <u>29.46</u>
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<u>R</u> <u>12.00</u>
OTHER (D)	01.71110300002.41090000	<u>4</u>
<b>GRAND TOTAL</b>		<u>41.46</u>

<p>CLAIMANT SIGNATURE _____  <u>Joe 8/11</u></p> <p>DATE SUBMITTED _____</p>	<p>APPROVAL SIGNATURE _____  <u>June 24/11</u></p> <p>DATE APPROVED _____</p>
--	---

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

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

Grande Prairie

Airport

RECEIPT

STALL #

55

Transaction #

11383001

DATE: MAY 11 11

TIME: 02:53 PM

AMOUNT: \$8.00

Expires

MAY 12 11

02:52 PM

USE YOUR TRANSACTION # TO EXTEND TIME.

Please lock your

vehicle and secure

all valuables.

GOLDEN STAR RESTAURANT  
10114-101ST AVENUE  
GRANDE PRAIRIE AB S.17(D), 17(4)(e.1)

CARD

CARD TYPE

USA

DATE

2011-05/31

TIME

15:44 12:56:36

CARD NUMBER

3066759-001-356-003-0

FLY/HASE

AMOUNT

\$25.40

TIP

\$4.00

\$29.40

Visa Credit

AC0000000031010

A3B5A8536EF3910Z

0000008000

D2606BB02C30FDE2

APPROVED

AUTH# 090609

01-027

CARDHOLDER COPY

IMPORTANT - RETAIN THIS FOR YOUR RECORD

GOLDEN STAR RESTAURANT  
10114-101 ST AVE  
GST R102137742

05/31/11 #9705 1:17PM

GLI 100000208

\*\*PBAL

BEVERAGE

CLUSED DENVER

WITH FRIES

TOTAL #2

FWD

BASE ST

TTL TAX \$1.25

\*\*\*TOTAL

TIP

TOTAL

\$0.00

2.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

31/03/11 04:30 PM

31/03/11 02:30 PM \$4.00

AMOUNT PAID

\$ 4.00 73360000 02:30 PM

CREDIT CARD NUMBER

1334043

Alberta Health Services

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

NON TRANSFERABLE

1334043

Alberta Health Services

Alberta Health Services

RECEIPT

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

293632

APPLICANT COPY

Name: <u>John Lehnars</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____	Travel Period Month: <u>June 2011</u>

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

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
June 8/2011	HAC POODLE PARK								762
June 9	AHS Board CALGARY								
		Non-Responsive							
June 11	HAC PROV. CONF- CALG.				20.75	536.66	24.00		
		Non-Responsive							
TOTAL KMS									762
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)									584.54

ENTERED AUG 02 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.75 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	384.81 945.47 ✓
OTHER (D)	01.71110300002.41090000	-
<b>GRAND TOTAL</b>		<b>966.22 ✓</b>

<p>CLAIMANT SIGNATURE _____</p> <p><u>July 4, 2011</u></p> <p>DATE SUBMITTED</p>	<p>APPROVAL SIGNATURE _____</p> <p><u>July 17, 2011</u></p> <p>DATE APPROVED</p>
--	--

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

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

T2W 3N2 c/o Lou Decca

# APPLICANT COPY

SHERATON SUITES CALGARY EAU CLAIRE  
 255 Barclay Parade S.W.  
 Calgary, Alberta T2P 5C2 Canada  
 T - 403 266 7200  
 F - 403 266 1300



GUEST / CLIENT  
 GUEST / CLIENT

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

MS John Lehnars

ROOM / CHAMBRE 1035  
 RATE / TARIF 239.00  
 # PERS. / N° PERS. 1  
 FOLIO / DOSSIER 895251 A  
 PAGE / PAGE 1  
 ARRIVE / ARRIVÉE 09-JUN-11 17:17  
 DEPART / DÉPART 11-JUN-11  
 PAYMENT / PAIEMENT VI

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

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CRÉDIT
09-JUN-11	RT1035	Group Government	239.00
09-JUN-11	RT1035	DMF	7.17
09-JUN-11	RT1035	Alberta Tourism Levy (4%)	9.85
09-JUN-11	RT1035	GST (5%)	12.31
10-JUN-11	RT1035	Group Government	239.00
10-JUN-11	RT1035	DMF	7.17
10-JUN-11	RT1035	Alberta Tourism Levy (4%)	9.85
10-JUN-11	RT1035	GST (5%)	12.31
11-JUN-11	VI	Visa	536.66-

\*\*\*For Authorization Purposes Only\*\*\*  
 s.17(1), 17(4)(e.1)

Auth Date	Code	Authorized
11-JUN-11	072476	536.66

Balance Due 0.00

**EXPENSE REPORT SUMMARY**

Date	Room & Tax	Food & Bev	Telephone	Other	Total	Payment
09-JUN-11	261.16	0.00	0.00	7.17	268.33	0.00
10-JUN-11	261.16	0.00	0.00	7.17	268.33	0.00
11-JUN-11	0.00	0.00	0.00	0.00	0.00	536.66-
<b>Total</b>	<b>522.32</b>	<b>0.00</b>	<b>0.00</b>	<b>14.34</b>	<b>536.66</b>	<b>536.66-</b>

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

\*\* continued on the next page \*\*

**SIGNATURE** I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.  
**SIGNATURE** Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

MS John Lehnars ROOM DEPART AGENT  
 FOLIO 895251 09-JUN-11 1035

SHERATON SUITES CALGARY EAU CLAIRE  
 255 Barclay Parade S.W.  
 Calgary, Alberta T2P 5C2 Canada  
 T - 403 266 7200  
 F - 403 266 1300

APPLICANT COPY



GUEST/CLIENT  
 GUEST/CLIENT

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

MS John Lehnars

ROOM / CHAMBRE 1035  
 RATE / TARIF 239.00  
 # PERS. / N° PERS. 1  
 895251 A  
 FOLIO / DOSSIER 2  
 PAGE / PAGE 09-JUN-11 17:17  
 ARRIVE / ARRIVÉE 11-JUN-11  
 DEPART / DÉPART VI  
 PAYMENT / PAIEMENT

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

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

GST Summary

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

846543619 RT0002

SIGNATURE I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.  
 SIGNATURE je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

As a Starwood Preferred Guest you have earned at least 117  
 Starpoints for this visit

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

MS John Lehnars ROOM DEPART AGENT  
 FOLIO 895251 09-JUN-11 1035



RECEIPT	THIS IS YOUR RECEIPT	THIS IS YOUR RECEIPT	THIS IS YOUR RECEIPT
		Grande Prairie Airport RECEIPT	
		Market # 1 STALL # 309	
		Transaction # 13456001	
		Date : JUN.9.11 Time : 08:27 AM Paid : \$24.00 Expires JUN.12.11 08:26 AM	
		USE YOUR TRANSACTION # TO EXTEND TIME. Please lock your vehicle and secure all valuables.	

# ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <u>John Lehners</u>	(For Board Office Use Only) AP Vendor ID#:
Phone #: _____ s.17(1), 17(4)(g)(i)	Travel Period Month: <u>August, 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
05/08/11	HAC chair mtg in high Level	-	-	-	13.60 41.55 29.95 = 43.55	147.14 160.77			930
12/08/11	AAWDL FRIEDENSPALL								195
Non-Responsive									
25/08/11	JASPER HAC MTC				11.60 108.75				830
Non-Responsive									
					161.60 160.77				
<b>TOTAL KMS</b>									1955
<b>APPLICABLE MILEAGE RATE @</b>									50.5¢
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)									
				A 163.60		B 147.14		E 1298.28	

RECEIVED  
SEP 28 2011

ENTERED SEP 27 2011

### FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	101.0005.71110300004 01.71110300002.4500000	163.60 <del>160.77</del>
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<del>1148.02</del> 1134.42
OTHER (D)	01.71110300002.41090000 <i>See attached</i>	1298.02
<b>GRAND TOTAL</b>		<del>1308.76</del> 1281

CLAIMANT SIGNATURE  <u>John Lehners</u> DATE SUBMITTED: <u>Aug 26 / 11</u>	APPROVAL SIGNATURE  <u>[Signature]</u> DATE APPROVED: <u>Sept 22 / 11</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">meals</td> <td style="text-align: center;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td style="text-align: center;">lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td style="text-align: center;">dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2" style="text-align: center;">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2" style="text-align: center;">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

**BEST WESTERN MIRAGE HOTEL &**  
 9616 Highway 58  
 High Level, AB T0H 1Z0

APPLICANT COPY

(780) 821-1000

INFO@BESTWESTERNHIGHLEVEL.COM  
 WWW.BESTWESTERNHIGHLEVEL.COM

C/O 08/05/2011 01:03 PM ML

Loyalty Club: BASE  
 s.17(1), 17(4)(g)(i)

Registered To:  
 LEHNERS, JOHN  
 ALBERTA HEALTH

Room # 212-A  
 Conf # 453193369-01  
 Arrival 08/04/11  
 Departure 08/05/11

Room Type DNS-2 QUEEN  
 Guests 2 / 1

Payment Visa/Master  
 Acct

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

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

Posting	Oper	AcctCo	Description	From	Reference	Amount
08/04/11	JP	RC	ROOM CHRG REVENUE			\$134.99
08/04/11	JP	9	TOURISUM LEVY			\$5.40
08/04/11	JP	91	GST			\$6.75
08/05/11	Admin	REST	RESTAURANT		0-758	\$13.60
08/05/11	ML	VS	PAYMENT VISA/MC			\$160.74-

Balance Due	\$0.00
-------------	--------

160.74  
 - 13.60  
 -----  
 147.14

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

G.S.T.# RT881518518

EACH BEST WESTERN BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

Signature \_\_\_\_\_

**John Lehnert August Claim**

Lou Decoste

**Sent:** September 27, 2011 10:05 AM

**To:** Marina Miller

---

Hi Marina,

Please note that I made an error in calculating John Lehner's final claim total for August 2011. The amount under "Meal (A)" should be \$163.60 instead of \$147.14. Therefore the amounts reflected should be: Meal - 163.60 + travel expense - 1134.42 for a total of \$1298.02.

This email will confirm that Ken Hughes, Board Chair, approves the change for this claim.

Thanks,  
Lou

**Lou DeCoste**

Alberta Health Services Board Office  
10101 Southport Road SW  
Calgary, AB. T2W 3N2  
Phone: (403) 943-1122  
Toll Free: 1-866-943-1120  
Fax: (403) 943-1124  
[lou.decoste@albertahealthservices.ca](mailto:lou.decoste@albertahealthservices.ca)

APPLICANT COPY

Jasper HAC  
Donna Keck et al  
SYRAHS OF JASPER  
606 PATRICIA STREET  
JASPER AB

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

CARD \*\*\*\*  
CARD TYPE VISA  
2011/08/25  
0032 19:34:09  
10

RECEIPT NUMBER  
066006292-001-001-859-0

PURCHASE AMOUNT \$93.45  
TIP \$15.00  
TOTAL

**\$108.45**

Visa Credit  
A0000000031010  
11E4C7CA72B08A14  
0000008000  
00F5D0201BFD8:1

**APPROVED**  
AUTH# 022224 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

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

40541-

APPLICANT COPY

Name: <u>John Lehnus</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____ s.17(1), 17(4)(g)(i)	Travel Period Month: <u>July, 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
								8/8/11	
								8/9/11	
								8/10/11	
22/07/11	DR. Jim POPE	✓			9.20			8/11/11	
	DR. SCHWELMAN ALAMO IN VALLEYVIEW							245	
					Non-Responsive				
<b>TOTAL KMS</b>								245	
<b>APPLICABLE MILEAGE RATE @</b>								50.5¢	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		9.20 ✓					123.73 ✓		


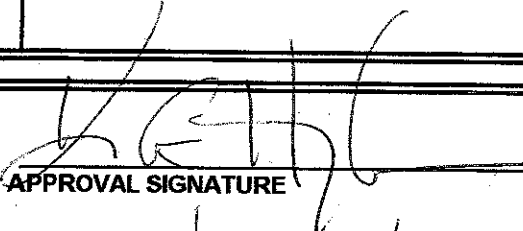
RECEIVED  
SEP 26 2011  
FINANCE

ENTERED SEP 27 2011

*Mj pd*

**FOR ACCOUNTS PAYABLE EXPENSE CODING**

Description	Coding	Amount
MEAL (A)	101.0005.711103000004 01.744403000002.45000000	9.20 ✓
TRAVEL EXPENSE (B+C+E)	01.711103000002.62212000	123.73 ✓
OTHER (D)	01.711103000002.41090000	
<b>GRAND TOTAL</b>		<b>132.93 ✓</b>

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE
Aug. 29/11 DATE SUBMITTED	Sept 22/11 DATE APPROVED

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

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

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

471461

APPLICANT COPY

Name: <u>John Lehnets</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____	Travel Period Month: <u>September, 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
									Non-Responsive
<u>Sept. 13</u>	<u>EDMONTON FROM GP</u>				<u>15.65</u>	<u>131.01</u> ✓			<u>490</u>
<u>Sept. 14</u>	<u>Edm TO MED HAZ AHS BURRO</u>				<u>48.24</u>	<u>142.83</u> ✓			<u>490</u>
									Non-Responsive
								ENTERED NOV 01 2011	
								OCT 21 2011	
								TOTAL KMS <u>980</u>	
								APPLICABLE MILEAGE RATE @ <u>50.5¢</u>	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D				
		<u>63.89</u>	<u>273.84</u>					<u>494.94</u>	

**FOR ACCOUNTS PAYABLE EXPENSE CODING**

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	<u>63.89</u> ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<u>768.74</u> ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<u>832.63</u> ✓

CLAIMANT SIGNATURE

APPROVAL SIGNATURE

DATE SUBMITTED

DATE APPROVED

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

T2W 3N2, Attention: Lynn Redford Lou DeCoste 119

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

Honoraria over...



# Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK



**John Lehnars**

**Calgary, AB  
Ab Health Services**

**Page # 1**  
**Res. # 488914**  
**Checked in Wed Sep 14/11 - 5:57 pm**  
**Departing Thu Sep 15/11**  
**Nights 1**  
**Room Rate 129.00**  
**Room 173**

**Group: Ab Health Services**

Date	Description	Reference	Charges	Credits
Sep14			<del>15.99</del>	
Sep14		s.17(1), 17(4)(g)(i)	0.80	
Sep14	GOVERNMENT RATE		129.00	
Sep14	GST		6.45	
Sep14	Room Tax		4.92	
Sep14	Destination Marketing Fee		2.46	
			-----	-----
			159.62	0.00

*Handwritten:*  
- 16.78  
-----  
142.83 ✓

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

*Our G.S.T. # is 103576021RT0002*

Charge Summary:

GST 7.25  
Room Tax 4.92







**DELTA**

EDMONTON SOUTH  
HOTEL AND CONFERENCE CENTRE

4404 Gateway Boulevard, Edmonton, Alberta, T6H 5C2  
Tel: 780-434-6415 Fax: 780-436-9247

GOVT AB  
Ms Donna Koch

Room: 0421  
Folio: 91646  
Cashier: 60  
Arrival: 09-13-11  
Departure: 09-14-11

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

Date	Description	Additional Information	Charges	Credits
09-13-11	Room Charge		119.00	
09-13-11	Room Destination Marketing Fee		1.19	
09-13-11	Room GST	s.17(1), 17(4)(e.1)	6.01	
09-13-11	AB Tourism Levy		4.81	
09-14-11	Visa	XX/XX		131.01

GST Summary	
Registration No:	865717755
Room	6.01
F&B	0.00
Other	0.00
<b>Total</b>	<b>6.01</b>

Total	131.01	131.01
Balance Due	0.00	CDN

Guest Signature: \_\_\_\_\_

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.

I have accepted delivery of the Globe and Mail. If refused, a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit will be applied to my account.

APPLICANT COPY

Transactions from September 16 to October 15, 2011

Your payments

Trans date	Post date	Description	Amount(S)
		s.17(1), 17(4)(e.1)	

Total payments

Your new charges and credits

→ Identifies Mileage Multiplier™ transactions that have earned 1.5 Aeroplan Miles for every dollar spent (a Bonus of 50% more). Any returns/credits are deducted at the same rate.

Trans date	Post date	Description	Spend Categories	Amount(S)
Card number				

Total for

Card number

Sep 15	Sep 16	DELTA EDMONTON SOUTH EDMONTON AB	Hotel, Entertainment and Recreation	131.01
--------	--------	----------------------------------	-------------------------------------	--------

*Lou Here it is.*

*Thanks.*

*John*

JOEY MAYFIELD  
KITCHEN / LUNGE

Best Copy Possible

*AMS*  
*Md. Kot*

*Corra*

2920 Calgary Trail N.W., Suite  
Edmonton, Alberta  
780-465-2672

Serv: Pam  
3:11:28  
Table: 5 Order: 28 Seat: 2  
#Clients: 2  
2011-09-14 09:04:27

POS: 2  
KITCHEN / LUNGE  
CHILD 1.42  
TAX 2.30  
18.24

*Malie*



eager to hear from you.  
WWW.RESTAURANTS.COM  
TEL: 780.465.2672

1 BITE MUSHROOM BENC  
1 TEA  
Sub Total 14.90  
TAX 0.75  
Total: 15.65  
80538

Your opinion matters to us!  
WWW.CHEZCORRA.COM/COMMENTS  
VOTRE OPINION NOUS INTERESSE!  
WWW.CHEZCORRA.COM/COMMENTAIRES

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

263479

APPLICANT COPY

Name: <u>John Lehners</u>	(For Board Office Use Only) AP Vendor ID#: _____
Phone #: _____	Travel Period Month: <u>DECEMBER, 2011</u>



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

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
								12/15/11	
								ENTERED JAN 30 2012	
07/12/11	AHSB COMMITTEE OF THE WHOLE EDM	✓			20.75	135.50		465	
08/12/11	AHSB BOARD MTG.	✓			34.00	135.50	12.00 Taxi	465	
09/12/11	Nurse High School INTEGRATION PROJECT				87.00				
Non-Responsive								TOTAL KMS	930 ✓
AB Motel								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		141.75	271.00	12.00	mil	469.65			

**FOR ACCOUNTS PAYABLE EXPENSE CODING**

Description	Coding	Amount
MEAL (A)	101.0005.7110300004 -01.71110300002.45000000	141.75
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	252.65 740 <sup>65</sup>
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>894.40 882<sup>40</sup></b>

<p>CLAIMANT SIGNATURE _____                    DATE SUBMITTED <u>Dec. 9/12</u></p>	<p>APPROVAL SIGNATURE _____                    DATE APPROVED <u>Jan. 26/2012</u></p>
--	--

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

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

Mr John Lehnars  
 Canada

Room Number: 0508  
 Arrival Date: 12-06-11  
 Departure Date: 12-08-11  
 Page No: 1 of 1

*Guest Name*

**INVOICE**

Folio No: 102933

12-08-11

Date	Description	Charges	Credits
12-06-11	Room Revenue	129.00	
12-06-11	Tourism Levy - 4%	5.16	
12-06-11	Destination Marketing Fee - 1%	1.29	
12-06-11	Tourism Levy on DMF	0.05	
12-07-11	Room Revenue	129.00	
12-07-11	Tourism Levy - 4%	5.16	
12-07-11	Destination Marketing Fee - 1%	1.29	
12-07-11	Tourism Levy on DMF	0.05	
12-08-11	Visa		271.00
<b>Total</b>		<b>271.00</b>	<b>271.00</b>
<b>Balance</b>		<b>0.00</b>	

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

XX/XX

**Tax Summary**

GST on DMF	0.00
Destination Marketing Fee - 1%	2.58
Tourism Levy - 4 %	10.32
Room GST - 5%	0.00
GST - 5%	0.00

**Signature:** \_\_\_\_\_

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

APPLICANT COPY

**Lou Decoste**

---

**From:** s.17(1), 17(4)(g)(i)  
**Sent:** January 23, 2012 2:37 PM  
**To:** Lou Decoste  
**Subject:** Re: December Claim

You are becoming less fun. Lol. I don't have the taxi receipt so I will just skip that. As for the high school nurse integration project. It is a joint AHS high school program that I attended a couple of meetings on to get started. From an AHS perspective I helped them get into the schools so we can begin a health care course strand to increase interest and recruitment in rural schools. The nurse also deals directly with public health issues in a school setting. We are breaking new ground. You should quit your job and go back to nursing school and then you can get barrhead kids excited about a career in health care.

Sent on the TELUS Mobility network with BlackBerry

---

**From:** Lou Decoste <Lou.Decoste@albertahealthservices.ca>  
**Date:** Mon, 23 Jan 2012 14:23:34 -0700  
**To:** John Lehnrs< s.17(1), 17(4)(g)(i)>  
**Subject:** December Claim

Hi John,

On your December claim I am missing the receipt for a taxi expense on December 8 for \$12.00. Do you still have that receipt with you somewhere?

Can you also provide some background on the High School Nurse Integration Project and the meal expenses.

Thanks,  
Lou

*Lou Decoste*

Alberta Health Services Board Office  
10101 Southport Road SW  
Calgary, AB. T2W 3N2  
Phone: (403) 943-1122  
Toll Free: 1-866-943-1120  
Fax: (403) 943-1124  
[lou.decoste@albertahealthservices.ca](mailto:lou.decoste@albertahealthservices.ca)

---

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

APPLICANT COPY

DELUX BURGER  
9682-142 St  
EDMONTON AB  
780-420-0101

Dec 08 2011 06:14 pm  
Trans#3996

TRANSACTION RECORD

Card Number : s.17(1), 17(4)(e.1)


Card Entry: S@1  
Account : VISA  
Trans Type: PRE-AUTHORIZATION

Amount : \$30.98  
Tip :

Total : 34.<sup>00</sup>

Auth # : 036907  
Sequence #: 001001525  
Merchant ID : 22475319  
Employee : STEINER  
Employee # : 168  
Terminal #: MI2247531902  
Date : 11/12/08  
Time : 18:14:57

APPROVED - THAN#

  
SIGNATURE  
CARDHOLDER WILL PAY TO THE  
ISSUER OF THE CHARGE CARD  
PRESENTED HERE WITH THE  
AMOUNT STATED HERE ON IN  
ACCORDANCE WITH THE ISSUER'S  
AGREEMENT WITH THE  
CARDHOLDER

APPLICANT COPY

DENNY'S - #7155  
9805-100th St, G. Prairie, (780)513-0103

0024 Table 6 #Party 7  
MISSY M SvrCk: 9 7:10 12/09/11

DENNY'S #3-42  
9805-100TH ST  
GRANDE PRAIRIE AB s.17(1), 17(4)(e.1)

CARD  
CARD TYPE VISA  
DATE 2011/12/09  
TIME 4862 08:17:51  
RECEIPT NUMBER  
C30858248-001-076-012-0

PURCHASE AMOUNT \$79.52  
TIP \$7.48  
TOTAL

**\$87.00**

-----  
Visa Credit  
A0000000031010  
B2FA6046001B2221  
0000008000  
0C60E2BAA28C644B

APPROVED

AUTH# 025294 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

1 SD/1 EGG 1.99  
1 SD/TOAST 2.49  
1 COFFEE 2.49  
Sub Total: 6.97  
GST : 0.35  
Guest 1 TOTAL: 7.32

1 SD/OATMEAL 4.59  
2 SD/1 EGG 3.98  
1 COFFEE 2.49  
Sub Total: 11.06  
GST : 0.55  
Guest 2 TOTAL: 11.61

1 WESTERN OMELETTE 9.29  
1 COFFEE 2.49  
Sub Total: 11.78  
GST : 0.59  
Guest 3 TOTAL: 12.37

1 2-EGG BREAKFAST 7.99  
1 COFFEE 2.49  
Sub Total: 10.48  
GST : 0.52  
Guest 4 TOTAL: 11.00

1 FRENCH TST SLAM 10.29  
1 HOT TEA 2.29  
Sub Total: 12.58  
GST : 0.63  
Guest 5 TOTAL: 13.21

1 1/2 CNTRY BENNY 7.99  
1 ORANGE JUICE 3.29  
Sub Total: 11.28  
GST : 0.57  
Guest 6 TOTAL: 11.85

1 FIT SLAM 8.99  
1 SMALL ORANGE JUICE 2.59  
Sub Total: 11.58  
GST : 0.58  
Guest 7 TOTAL: 12.16

Sub Total: 75.73  
GST : 3.79  
12/09 07:18 TOTAL: 79.52

ROOM # \_\_\_\_\_ GRATUITY \_\_\_\_\_



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

Name: <u>John Lalmeers</u>	(For Board Office Use Only) A/P Vendor ID#: _____
Phone #: _____	Travel Period Month: <u>NOVEMBER 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (Include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
									11/14/11
									Non-Responsive
19/11/11	M/F @ RAT SHERMAN	✓			71.06				ENTERED DEC 28 2011
									Non-Responsive
								<b>TOTAL KMS</b>	
								<b>APPLICABLE MILEAGE RATE @</b>	50.5¢
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)				A	B	C	D	E	
									71.06

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	71.06
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>71.06</b>

CLAIMANT SIGNATURE  <u>Dec. 9/12</u> DATE SUBMITTED	APPROVAL SIGNATURE  <u>Dec 22/11</u> DATE APPROVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

APPLICANT COPY

1025 #1025  
225 100th Street  
Stange Prairie  
IL 60142

*Ros Stone*

TRANSACTION RECORD #1

TRA #1 2060

DATE: 11/19/11  
TIME: 12:11  
CHECK #: 2060  
GROUP #: 1  
EMPLOYEE #: 128  
EMPLOYEE NAME: CHANELLE

Visa Pre-Auth Purchase

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

Amount \$65.00  
Tip \$6.00  
=====  
TOTAL \$71.00

APPROVED 094876  
00-001 004876  
EA35WS02/EA35WC02  
129001001007  
2011/11/19 13:18:17

Customer Copy

THANK YOU  
Come Again

STANGE PRAIRIE

CHANELLE

Trl 241-1 Chk 2060 Gst 4  
Nov19'11 12:00PM

1 WATER	0.00
1 CAFE LATTE	4.99
2 POP @ 3.10	6.20
1 DYNAMITE PR ROLL	11.00
1 VEGGIE OMELET	13.49
add OML MUSH	1.30
1 POACHED EGGS	11.49
1 VEGGIE OMELET	13.49
1 POP REFILL	0.00
Charge Tip	6.00

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

Visa 71.00

--128 Check Closed--  
11/19/11 11:56PM

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

878506

APPLICANT COPY

Name: <u>John Lehners</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #:	s.17(1), 17(4)(g)(i) Travel Period Month: <u>January, 2012</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
02/02/12	UNCLAIMED TAXI FARE FROM DEC. BRO MTR					37.40 ✓			
								410.12	
23/01/12	Social Minister MTR (EOM)				32.35			412.12 930	
								413.12	
ENTERED MAY 25 2012									
<b>TOTAL KMS</b>								<b>930</b>	
<b>APPLICABLE MILEAGE RATE @</b>								<b>50.5¢</b>	
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E	F	G	
		32.35		37.40 ✓				469.65	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.7111030000 <sup>4</sup> 2.45000000	32.35 ✓
TRAVEL EXPENSE (B+C+E)	01.7111030000 <sup>4</sup> 2.62212000	507.05 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>539.40 ✓</b>

<u>[Signature]</u> CLAIMANT SIGNATURE	<u>[Signature]</u> APPROVAL SIGNATURE
<u>May 2/12</u> DATE SUBMITTED	<u>May 23/2012</u> DATE APPROVED

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

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

APPLICANT COPY

*Att. Bro*  
= TRANSACTION RECEIPT *with*

ALBERTA COOP TAXI  
10538 - 114 ST  
EDMONTON, AB T5H 3J7  
(780) 425-2525

ACCT TYPE: CREDIT CARD  
CARD NUMBER: s.17(1), 17(4)(e.1)

CARD TYPE: VISA  
DATE/TIME:  
12/02/02 07:47:54 *2*  
AUTH#: 046059

VEH/DRV: 0408 / 4506  
ST#:   
ID: 436539

FARE:	\$ 32.76
FLAT:	\$000.00
EXTRAS:	\$000.00
TAX:	\$ 1.64

FA+FL+EX+TAX:	\$ 34.40
TIP:	\$ 3.00
DISCOUNT:	\$000.00

TOTAL: \$ 37.40

SIGNATURE:  
\_\_\_\_\_

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

878574

Name: John Lehnass (For Board Office Use Only) A/P Vendor ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ s.17(1), 17(4)(g)(i) Travel Period Month: February, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
01/02/12	Board Mtg EDM			/	20.75				4.17.12 465
02/02/12	Board Mtg EDM			/	20.75	283.69			4.18.12 465
									4.19.12
									4.20.12
						Non-Responsive			4.23.12
ENTERED 2 MAY 25 2012									
<b>TOTAL KMS</b>									930 ✓
<b>APPLICABLE MILEAGE RATE @</b>									50.5¢
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D	E			41.50 ✓ 283.69 ✓ 469.65 ✓

**FOR ACCOUNTS PAYABLE EXPENSE CODING**

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	41.50 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	753.25 ✓
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		794.75 ✓

CLAIMANT SIGNATURE: [Signature] APPROVAL SIGNATURE: Colleen Ray

DATE SUBMITTED: May 4/12 DATE APPROVED: May 23/2012

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

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

Mr John Lehnrs  
Canada

Room Number: 1108  
Arrival Date: 01-31-12  
Departure Date: 02-02-12  
Page No: 1 of 1

Guest Name

**INVOICE**

Folio No: 106286

02-02-12

Date	Description	Charges	Credits
01-31-12	Room Revenue	135.00	
01-31-12	Tourism Levy - 4%	5.40	
01-31-12	Destination Marketing Fee - 1%	1.35	
01-31-12	Tourism Levy on DMF s.17(1), 17(4)(e.1)	0.05	
02-01-12	Visa XX/XX		141.80
02-01-12	Room Revenue	135.00	
02-01-12	Tourism Levy - 4%	5.40	
02-01-12	Destination Marketing Fee - 1%	1.35	
02-01-12	Tourism Levy on DMF s.17(1), 17(4)(e.1)	0.05	
02-02-12	Visa XX/XX		141.80
<b>Total</b>		<b>283.60</b>	<b>283.60</b>
<b>Balance</b>		<b>0.00</b>	

**Tax Summary**

GST on DMF	0.00
Destination Marketing Fee - 1%	2.70
Tourism Levy - 4 %	10.80
Room GST - 5%	0.00
GST - 5%	0.00

**Signature:** \_\_\_\_\_

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

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

878525

Name: John Lehnars (For Board Office Use Only) A/P Vendor ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ s.17(1), 17(4)(g)(i) Travel Period Month: March, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
03/03/12	TRAVEL TO CANMORE			1	20.75				860
03/04/12	AHS BOARD MTC	1			16.00	84			4.24.12
03/15/12	AHS BOARD MTC			1	20.75	199			4.25.12 860
						215.84			
									4.26.12 →
03/30/12	Father - RPAP - GACA								4.30.12 306
<b>TOTAL KMS</b>									2026
<b>APPLICABLE MILEAGE RATE @</b>									50.5¢
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A	B	C	D				
		57	199.84						1023.13
		41.50	215.84						

ENTERED MAY 25 2012

Approved Held

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	4150 57.50
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1238.97
OTHER (D)	01.71110300002.41090000	1222.97
<b>GRAND TOTAL</b>		1280.47 ✓

CLAIMANT SIGNATURE: \_\_\_\_\_  
 DATE SUBMITTED: May 2/12

APPROVAL SIGNATURE: Colleen Ray  
 DATE APPROVED: May 23 2012

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

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

**John Lehnars**  
**Canada**

Room No. : 245  
 Arrival : 03-13-12  
 Departure : 03-15-12  
 Page No. : 1 of 1  
 Folio No. : 1068332  
 Conf. No. : 1108007  
 Cashier No. : 115

**INVOICE**

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

03-15-12 11:18:21 AM EST

Date	Text	Charges	Credits
03-13-12	Room Charge	89.00	
03-13-12	Destination Marketing Fee	2.67	
03-13-12	Alberta Tourism Levy %4	3.67	
03-13-12	Room %5 GST	4.58	
03-14-12	Vic's - Breakfast	16.00	
	Line# 245 : CHECK# 1883		
03-14-12	Room Charge	89.00	
03-14-12	Destination Marketing Fee	2.67	
03-14-12	Alberta Tourism Levy %4	3.67	
03-14-12	Room %5 GST	4.58	
	s.17(1), 17(4)(e.1)		
03-15-12	Visa		215.84
	XXXX		
Room GST	9.16	Other PST 12.68	Other GST 0.70
Net Amount	193.30	CAD	
<b>Total</b>		<b>215.84</b>	<b>215.84</b>
<b>Balance</b>			<b>0.00</b>

*Handwritten:*  
 215.84  
 - 16.00  
 -----  
 199.84

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

**Thank You For Staying With Us**

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

Guest Signature \_\_\_\_\_  
 GST# 865543425

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



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

932737

Name: John Lehners (For Board Office Use Only) A/P Vendor ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ s.17(1), 17(4)(g)(i) Travel Period Month: May, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
01/05/12	TRAVEL AHSB BOARD MEET			1	20.75	180 <sup>SS</sup>			505
02/05/12	Med. Line HAT				29.00				505
03/05/12	AHSB BOARD MEET Med. HAT			1	20.75	147.29			
05/07/12	HAT HIGH PRAIRIE								400
Non-Responsive ENTERED JUN 25 2012									
08/12/12	WORKPLACE WELLNESS INITIATIVE - GP - AHS BOARD OFFICE				41.50 MIP				1410
<b>TOTAL KMS</b>									2074
<b>APPLICABLE MILEAGE RATE @</b>									50.50 <sup>mile</sup>
<b>SUB-TOTAL</b> (carry forward to continuation sheet, where applicable)		A 70 <sup>50</sup>	B 327 <sup>84</sup>	C	D				712.05 1047.39

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	4150 70 <sup>50</sup>
TRAVEL EXPENSE (B+C+E)	01.1110300002.62212000	140421 1039 <sup>89</sup>
OTHER (D)	01.71110300002.41090000	
<b>GRAND TOTAL</b>		<b>1445.71 1110.39</b>

CLAIMANT SIGNATURE: [Signature] APPROVAL SIGNATURE: Cathy Rayner M

DATE SUBMITTED: May 10 / 12 DATE APPROVED: June 18 / 2012

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

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

# APPLICANT COPY

The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454

Mr John Lehnars

Page Number : 1 Invoice Nbr: 1000074121  
 Guest Number: 662371 Arrive Date: 01-MAY-12 00:07  
 Folio ID : A Depart Date: 02-MAY-12  
 No. Of Guest: 1  
 Room Number : 913  
 Room Rate : 164.00  
 Club Account: SPG -

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

Email: LOU.DECOSTE@ALBERTAHEALTH  
 SERVICES.CA

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

## Information Invoice

Tax ID: 861336493RT0005  
 The Westin Edmonton 02-MAY-12 08:56 BRUAWAR

Date	Reference	Description	Charges	Credits
01-MAY-12	RT913	Room Charge	164.00	
01-MAY-12	RT913	GST	8.28	
01-MAY-12	RT913	DMF	1.64	
01-MAY-12	RT913	Tourism Levy	6.63	
02-MAY-12	1490	Share Restaurant	29.00	
02-MAY-12	VI	Visa	-209.55	
		** Total	209.55	-209.55
		*** Balance	0.00	

*Handwritten:*  
 209.55  
 - 29.00  
 -----  
 180.55

Continued on the next page

# APPLICANT COPY

The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454

Mr John Lehnars	Page Number : 2	Invoice Nbr: 1000074121
	Guest Number: 662371	Arrive Date: 01-MAY-12 00:07
	Folio ID : A	Depart Date: 02-MAY-12
	No. Of Guest: 1	
s.17(1), 17(4)(g)(i)	Room Number : 913	
Email: LOU.DECOSTE@ALBERTAHEALTH	Room Rate : 164.00	
SERVICES.CA	Club Account: SPG -	s.17(1), 17(4)(g)(i)

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

As a Starwood Preferred Guest you have earned at least 575 Starpoints for this visit  
 s.17(1), 17(4)(g)(i)

### EXPENSE SUMMARY REPORT

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other
01-MAY-12	164.00	8.28	6.63	0.00	0.00	1.64
02-MAY-12	0.00	0.00	0.00	29.00	0.00	0.00
<hr style="border-top: 1px dashed black;"/>						
Total	164.00	8.28	6.63	29.00	0.00	1.64

Date	Total	Payment
01-MAY-12	180.55	0.00
02-MAY-12	29.00	0.00
<hr style="border-top: 1px dashed black;"/>		
Total	209.55	0.00



# Medicine Hat Lodge

APPLICANT COPY

RESORT CASINO CONVENTION CENTRE  
HEALTH SPA & INDOOR WATERSLIDE PARK

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

John Lehnrs

Page # 1  
 Res. # 522287  
 Checked in Wed May 2/12 - 6:26 pm  
 Checked out Thu May 3/12 - 7:42 am  
 Nights 1  
 Room Rate 139.00  
 Room 372

Group: AB Health Services

Date	Description	Reference	Charges	Credits
May02		s.17(1), 17(4)(g)(i)	<del>16.99</del>	
May02			<del>0.85</del>	
May02	Hospital Rate		139.25	
May02	Room Tax		5.36	
May02	Destination Marketing Fee		2.68	
May03	PAID BY VISA - Thank you			165.13
			0.00	
			<del>165.13</del>	165.13

147.29

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

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 1.10  
 Room Tax 5.36

MEDICINE HAT LODGE  
 1051 ROSS GLEN DR SE  
 MEDICINE HAT, AB T1B3T8  
 4035028170

Merchant ID: 87212730614  
 Term ID: 002 Ref #: 061

**Pre-Auth Compl**

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

VISA Entry Method: CHIP

05/03/12 07:35:47

Inv #: 000018 Appr Code: 004605

Apprvd Batch#: 000419

Original Pre-Auth Amount: \$ 200.00

Total: \$ 165.13

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuer's agreement with cardholder (Merchant agreement if credit voucher).

Retain this copy for statement verification.

Application Label: Visa Credit  
 AID: A0000000031010  
 TVR: 00 00 00 10 00  
 TSI: F8 00

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 From  
www.medhat

Customer Copy

Free: 1-800-661-8095



STAGWEST *hospitality*  
SINCE 1944

