



APPLICANT COPY Payment Requisition

Accounting Servi
1100 Harley Co
10045-111
Edmonton, Alberta T5K 2
Section 17(1)

I PAYEE INFORMATION (Check one only) Vendor Patient Employee (EE number XXXXXXXXXX)

Invoice Date 1-Feb-05 (DD-MMM-YY)	Invoice Number N/A
Vendor Number (or S.I.N.)	Payee Name JOANNA PAWLISHYN
Address RAH, ATC, ROOM 1102	City EDMONTON
Province/State ALBERTA	Postal Code T5H 3V9 Country CANADA

II PAYMENT DETAILS

Reason for payment **AS PER ATTACHED EXPENSE CLAIM** PO # **n/a**

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

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

Have goods / services been received? Yes, When? **1-Feb-05** No

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

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0002	71110101001	62410000		✓	\$327.21 ✓
201	0002	71110101001	64000000		✓	\$65.30 ✓
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Capital Health RECEIVED FEB 14 2005 ACCOUNTS PAYABLE</p> </div>						
<input checked="" type="checkbox"/> Canadian		<input type="checkbox"/> U.S.		<input type="checkbox"/> Other		TOTAL \$392.51

IV AUTHORIZATION

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

Requisitioned by (Print name) Aileen Vilorio	Phone # 735-4707
(Signature)	Date 1-Feb-05
Approved by (Print name) Joanna Pawlyshyn	Phone # 735-4101
(Signature)	Date 01 Feb 05
Approved by (Print name) Sheila Weatherill	Phone # 735-8008
(Signature)	Date

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

Notes:

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

APPLICANT COPY



Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED])	Section 17(1)
Employee Position:	Chief Operating Officer, Royal Alexandra Hospital	
Department:	Executive	
Code:		
Date:	1 February, 2005	

Mileage (travel log attached) *Nov 04 - Jan 05*
Taxi Cab (receipts attached)
Parking Fees (receipts attached)
Home Fax (Telus Statements attached)

Amount Claimed

✓	\$283.71
✓	\$12.00 <i>W</i>
✓	\$31.50 <i>W</i>
✓	\$65.30 <i>W</i>

TOTAL CLAIM **\$392.51**

APPLICANT COPY



Capital Health

Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **November 2004**

Date	Destination	Destination	Destination	Destination	Kms
Nov 1	RAH	UAH	UAH	RAH	15.1
Nov 2	RAH	UAH	UAH	RAH	15.3
Nov 3	UAH	RAH	RAH		6.1
Nov 4	RAH	UAH	RAH	UAH	29.4
Nov 5	UAH	RAH	TGIF		44.6
Nov 8	UAH	RAH			6.7
Nov 18	UAH	RAH	Characters		12.6
Nov 19	RAH	UAH			9.3
Nov 22	UAH	RAH			6.3
Nov 23	UAH	RAH	Petroleum Club		11.4

156.8
x \$0.35/km
\$54.88

APPLICANT COPY



Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **December 2004**

Date	Destination	Destination	Destination	Destination	Kms
Dec 5	RAH	UAH			8.9
Dec 6	RAH	UAH			8.7
Dec 7	RAH	UAH			6.5
Dec 8	Fraser Milner Casgrain	Petroleum Club	RAH	Palmer Reception	40.2
Dec 9	UAH	RAH			6.7
Dec 10	RAH	UAH			6.3
Dec 11	Board Reception				20.8
Dec 13	UAH	RAH	UAH	Petroleum Club	20.9
Dec 16	UAH	RAH			6.6
Dec 23	UAH	RAH			6.9
Dec 24	UAH	RAH			6.7

139.2
x \$0.35/km

\$48.72

APPLICANT COPY



Capital Health

Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **January 2005**

Date	Destination	Destination	Destination	Destination	Kms
Jan 4	RAH	UAH	AH&W	Characters	15.9
Jan 5	RAH	UAH	Petroleum Club		10.8
Jan 6	UAH	RAH	Characters		12.9
Jan 7	UAH	RAH	UAH		12.5
Jan 13	Home	Airport	Home		67.8
Jan 15	Home	YMCA Retreat	Home		147
Jan 17	UAH	RAH			6.3
Jan 19	RAH	Obesity Launch	RAH		30.9
Jan 20	UAH	RAH			6.4
Jan 24	Home	FM&D Retreat	Home		184.5
Jan 25	UAH	RAH			6.6
Jan 26	UAH	RAH			6.7
Jan 31	UAH	RAH			6.3

514.6
x \$0.35/km
\$180.11

APPLICANT COPY

DEC

05	RAM → WAN	8.9
06	✓	8.7
07	✓	6.5
08	✓	40.2
09	WAN → RAM	6.7
10	RAM → WAN	6.3
11	Grand Ymca Dinner	20.8
13	WAN → RAM + Club	20.9
16	WAN → RAM	6.6
23	✓	6.9
24	✓	6.7

NOV

01	RAM → WAN	15.1
02	✓	15.3
03	WAN → RAM	6.9
04	RAM → WAN X2	29.4
05	WAN → RAM → Club	44.6
08	WAN → RAM	6.7
18	WAN → RAM → Christmas	10.6
19	RAM → WAN	9.3
22	WAN → RAM	6.3
23	WAN → RAM + Club	11.4

JAN

03	RAM → WAN → Dinner	15.9
04	RAM → WAN → Club	10.8
06	WAN → RAM → Dinner	12.9
07	WAN → RAM → WAN	12.5
13	HOMER → AIRPORT	67.8
15	Home → YMCA Dinner	14.7
17	WAN → RAM	6.3
19	RAM → Charity Dinner	30.9
20	WAN → RAM	6.4
24	HOMER → Dinner	134.5
25	WAN → RAM	6.6
26	WAN → RAM	6.7
31	✓	6.3

APPLICANT COPY

YELLOW
 ADMIN: 465-8500
 FAX: 462-2722

10135-31 Avenue
 Edmonton, AB T6N 1C2
462-3456
 THANK YOU/MERCI

Date: 18.01.05 Amount/Montant \$ 12.00 Car/Voiture # 553

Driver/Chauffeur: Jo GST# 895706174

From/De: Weisspeak center To/A: RAH

VISA MasterCard American Express enRoute

DKML Meeting

KANLIFE PLACE
 OPERATED BY

048E003 13:16 001 001
 041E003 07:29
 / E147 #072178

0483675
 RATE 1 \$15.00
 TOL \$15.00
 CASH \$20.00
 CHANGE \$5.00

DIT INCLUDED
 SET# R129580595
 HAVE A NICE DAY

Meeting w/ King

YELUS PARKADE
 EST INC. #R122368333

05JAN04 17:18 001 001
 05JAN04 16:00
 / 1:18 #093105

RATE 1 \$4.50
 TOTAL \$4.50
 CASH \$4.50

MANAGED BY
 IMPERIAL PARKING

*Review conference
 in room @
 1707 77
 PARKING SERVICES
 05711 RUS10293
 Engineering faculty
 01-07-2005 PRE BILL*

OPM 10.00
 GST 0.45
 CASH 10.45

TEL 5967 07/30TH

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

06/01 12:00 AM


AMOUNT PAID

\$ 2.00 19740000 05:35 PM

University of Alberta

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

NON TRANSFERABLE



PARK - Bobby Mende reception

DETACH RECEIPT FROM TICKET


DATE ISSUED TIME ISSUED AMOUNT PAID

05/01/05 05:35 PM \$ 2.00

CREDIT CARD NUMBER

University of Alberta

RECEIPT



TELUS® Your TELUS Statement

Nov 28, 2004

TELUS Communications Inc.

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

HOME FAX

J PAWLISHYN

Section 17(1)

2

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$32.49

Amount of your last bill	\$32.49
Payment we processed on Nov 09 - Thank You	-32.49
Amount overdue from your last bill	.00

• Thank you for keeping
your account up to date.

1 Residence Line Touchtone from Nov 28 to Dec 27	23.86
1 Number Non-Published Residence from Nov 28 to Dec 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	3.95
GST (Registration 100652692) at 7%	2.10

Total new charges **32.49**

Total amount due by Dec 19 \$32.49

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Nov 27	\$.44
E9-1-1 Provincial Network Fee Nov 27	.14

Total additional charges and credits **\$.58**

Long Distance Charges

3.95

Long Distance Administration Fee Nov 28 3.95

Tear off here

TELUS [®] **Your TELUS Statement**
 Dec 28, 2004

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN [REDACTED] Section 17(1)

2

Your account number [REDACTED] Your TELUS Account ID [REDACTED]

Section 17(1) Section 17(1)

Here's what you owe this month: \$32.81

Amount of your last bill	\$32.49	
Payment we processed on Dec 13 - Thank You	-32.49	
Amount overdue from your last bill	.00	• Season's Greetings from TELUS.

1 Residence Line Touchtone from Dec 28 to Jan 27	23.86
1 Number Non-Published Residence from Dec 28 to Jan 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.25
GST (Registration 100652692) at 7%	2.12

Total new charges 32.81
Total amount due by Jan 19 **\$32.81** ✓

Additional Charges and Credits	.58
E9-1-1 Municipal Call Answer Fee Dec 27	\$.44
E9-1-1 Provincial Network Fee Dec 27	.14
Total additional charges and credits	\$.58

HOME FAX

Long Distance Charges **4.25**

Long Distance Administration Fee Dec 28 3.95

Tear off here

APPLICANT COPY



Your TELUS Statement

Dec 28, 2004

J PAWLYSHYN

Section 17(1)

Sales & Service: Internet 1-877-310-4NET Other products 310-2255
 If calling from outside Alberta, call Toll-free: 1-800-400-2598
 Manage your account @telus.com/customer-care

(continued from previous page)
Long Distance Charges

Your Way Straight - Canada Evening and Weekend

- Rates are for direct dialed calls unless indicated. Rates for evenings /weekends are also applicable on Christmas Day/New Years Day.
- 12¢ per minute within Canada*evenings/weekends.
- 18¢ per minute for calls in Canada* 8 am to 6 pm Monday to Friday.
- *20¢ per minute anytime for calls to areas served by NorthwesTel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.

Date and time of call	Place you called	Number you called	Length of call (minutes)	Amount you pay (\$)
Direct dialled calls from [redacted] Section 17(1) Section 17(1)				
1 Sun Dec 05 12:24 pm	AJAXPCKRNG ON	[redacted]	1	.12
Total Charges				\$.12



APPLICANT COPY

Travel Expense Claim Form

(In Canadian Dollars)

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

(Please Print or Type)

Name: **Joanna Pawlyshyn**

Employee Number: [Redacted] Section 17(1)

Position: **Chief Operating Officer, Royal Alexandra Hospital and Diagnostic & Equipment Services**

Oracle Cost Centre: **00 201 0002 71110101001**

Department: **Executive**

Bus. Phone: **735-4101** [Redacted] Section 17(1)

Period from **January 10, 2005** to **January 13, 2005 (Mayo Clinic Visit - Minnesota & Philips Visit - Massachusetts)**
***Nov 25 - Dec 1, 2005 (RSNA Conference in Chicago, Illinois)**

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

	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			\$648.40	✓	1199.05
Meals	\$31.15	1.23	\$38.31 + \$95.56 + *\$274.06	✓	55.86
Registration Fees					1199.05
Airfare					
Transportation	\$ 15.00 US	1.23	\$18.45 + \$55.86 + *\$124.27	✓	
Mileage					
TOTAL					\$
Less Cash Advance					
NET			\$1254.91		

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

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

Employee Signature:

Date: 25 JAN 05

Approved by: _____

Print Name: Sheila Weatherill

Title: President & CEO - Capital Health

Signature:

Date: _____

Print Name: _____

Title: 55.86 67.96

Signature: _____

Date: 6/13/05

NOTE:

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

55.86 67.96
67.96
55.86 Edm. Park
1199.05
1199.05

APPLICANT COPY

B. RASJ

STARBUCKS COFFEE #72374
LOGAN INT'L AIRPORT - BOSTON, MA
617-634-6000

8971 Marta

CHK 3960 JAN13'05 8:14AM

1 BTL WATER	1.89
1 SCONE CRANBERRY	1.70
1 BTL SMOOTHIE	1.79
Subtotal	5.38
Tax	0.27
Amt Paid	[REDACTED]
Cash	20.00
Change Due	14.35

Questions Or Concerns
E-mail comments@hmshost.com

LUNCH - AIRPORT

Welcome To
TOAST! CAFE & BAR
G.S.T. R100803717

THANKS FOR STOPPING
PLEASE COME AND SEE
US AGAIN SOON

YOGURT	1.59
RETAIL	0.00
POTATO CHIPS	1.45
POP	2.10
SubTOTAL	5.14
TAXTOTAL	0.36
TOTAL	[REDACTED]
CASH	5.50

C-ID 002
0118

1:06PM 1/10/05 STEVE
0000-000

11 JAN 05
SNACKS/COICES
@ ROCHESTER AIRPORT
(FOR ALL 5)

[REDACTED]

NO RECEIPT



MINNEAPOLIS AIRPORT/EAGAN
(MALL OF AMERICA AREA)

Lone Oak
cafe

2700 Pilot Knob Road • Eagan, Minnesota 55121
(651) 454-3434 • FAX (651) 454-4904
1-800-EAGAN-64

APPLICANT COPY

Viking Airport Taxi
Airport Services & Suburban
952-995-0110

PARKINA
EDM. AIRPORT

DATE 11 JAN 05

RECEIVED OF _____

THE SUM OF \$ 15⁰⁰ US

FOR CAB SERVICE RENDERED

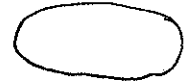
FROM: MINNEAPOLIS AIRPORT

TO: CROWNE PLAZA

CAB NO. _____ DRIVER _____

THANK YOU • YOUR PATRONAGE IS APPRECIATED

5586





APPLICANT COPY
The Platinum Card

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1-800-263-1616
(24 hours, toll free)

Statement of Account

Page 1 of 4

Prepared for
JOANNA PAWLYSHYN

Membership number
[REDACTED]

Closing Date
January 15, 2005

In Toronto or
International
Collect
905-474-8400

Amex Bank of Canada
Platinum Card Services
101 McNabb Street
Markham ON
L3R 4H8

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$ inc. Finance Charge, if any	New Balance \$	Amount Due \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Statement includes payments and charges received by January 15, 2005

Payment Due Date
February 8, 2005

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 31

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
January 4 (January 4)	PAYMENT RECEIVED - THANK YOU Reference AT050040001000010141888		[REDACTED] CR
Total of Payment Activity			[REDACTED] CR

New Charges for JOANNA PAWLYSHYN

Card Number [REDACTED] Section 17(1),(4)(e.i)

December 6 (December 17)	LEVY@SPIAGGIA PRIV DCHICAGO IL	219.27 UNITED STATES DOLLAR	274.06
December 15 (December 16)	[REDACTED]		[REDACTED]
December 26 (December 27)	[REDACTED] EDMONTON AB		[REDACTED]
December 27 (December 28)	[REDACTED] EDMONTON AB		[REDACTED]
December 27 (December 28)	TAXICAB TRANSPORTATIMT PROSPECT IL	100.00 UNITED STATES DOLLAR	124.27
December 27 (December 29)	[REDACTED] AB		[REDACTED]

↑ Please detach here ↑

AMERICAN EXPRESS

PAYMENT BY DUE DATE ENSURES NO FINANCE CHARGES
ON NEW CHARGES. DETAILS ON REVERSE.

If paying by cheque please:

- date cheque in MM/DD/YY format.
 - write Membership Account Number clearly on the front of your cheque.
 - enclose this remittance portion of statement with your payment.
- Do Not Send Cash Through Mail

Membership Number [REDACTED]		
Payment Due Date	Amount Due \$	Amount Paid \$
February 8, 2005	[REDACTED]	



JOANNA PAWLYSHYN

Section 17(1)

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

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



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



Statement of Account

Prepared for JOANNA PAWLYSHYN

Member number [REDACTED]

Closing Date January 15, 2005

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
January 3 (January 4)	[REDACTED] AB		[REDACTED]
January 5 (January 7)	[REDACTED] AB		[REDACTED]
January 6 (January 10)	[REDACTED] AB		[REDACTED]
January 10 (January 11)	HMSHOST-MSP-AIRPT #8St. Paul MN	79.60 UNITED STATES DOLLAR	95.56
January 12 (January 12)	[REDACTED] ON		[REDACTED]
January 12 (January 12)	[REDACTED] ON		[REDACTED]
January 12 (January 12)	[REDACTED] ON		[REDACTED]
January 12 (January 12)	[REDACTED] ON		[REDACTED]
January 12 (January 13)	CROWNE PLAZA HOTEL EAGAN MN	201.42 UNITED STATES DOLLAR	247.35
	ARRIVAL 01/12/05 DEPARTURE 01/13/05 NIGHTS		
January 12 (January 13)	MARRIOTT HOTELS ROCHROCHESTER MN	240.22 UNITED STATES DOLLAR	295.00
	ARRIVAL 01/10/05 DEPARTURE 01/11/05 NIGHTS 1		
January 12 (January 14)	[REDACTED] MN	85.00 UNITED STATES DOLLAR	[REDACTED]
	TICKET NUMBER: 01202614010151 PASSENGER NAME: PAWLYSHYN/J		
January 13 (January 14)	[REDACTED] AB		[REDACTED]
January 13 (January 14)	[REDACTED] AB		[REDACTED]
January 13 (January 14)	[REDACTED] MA	30.85 UNITED STATES DOLLAR	[REDACTED]
January 13 (January 14)	STAYBRIDGE SUITES AN978-6862000 MA	86.67 UNITED STATES DOLLAR	106.05
	ARRIVAL 01/13/05 DEPARTURE 01/13/05 NIGHTS		
Total of new transactions for JOANNA PAWLYSHYN			[REDACTED]
December 14 (December 16)	[REDACTED] AB		[REDACTED]

00985 JGCA5206 0434

APPLICANT COPY

Dinner for 5 @
Minnesota Airport

Host RVC #815
CHILI'S B CONC
MSP AIRPORT

CHECK: 775
TABLE: 17/1
SERVER: 4981 Louella
DATE: JAN10'05 6:25PM
CARD TYPE: AMEX A3 37*
ACCT #: [REDACTED]
EXP DATE: XX/XX
AUTH CODE: 588989 Section 17(1),(4)(e.i)

SUBTOTAL: 66.60
I agree to comply with credit
card terms and agreement.

Tip 10.00

Total 76.60

Signature _____

LEVI SPAGGIA PRIV DIN
980 NORTH MICHIGAN AVE
CHICAGO, IL 60611

TERMINAL ID: 008698284
MERCHANT #: 3121316688

AMEX [REDACTED]

SALE Section 17(1),(4)(e.i)
BATCH: 008034 INVOICE: 034164
DATE: DEC 06, 04 TIME: 15:38
SQ: 003 AUTH NO: 142541

PRE-TIP AMT \$219.27

TIP

TOTAL [REDACTED] USF

CUSTOMER COPY

865-01

Time 06:51

Page 1

APPLICANT COPY

ANDOVER, MA 01810

PHONE: 978-686-2000

FAX: 978-686-2088

Room# 103

Rate Code

Group

Room Type K1QN

Room Rate 79.00

Guest ID :733778967

Arrive JAN 12 05 16:36

Depart JAN 13 05

PAWLYSHIN/J

PHILIPS MEDICAL 69/99/139
500 MINUTEMAN ROAD
ANDOVER MA 01810

Payment AX

Exp: /

Date	Description	Reference	Room	Charges	Credits
JAN 12	ROOM CHARGE			79.00	
JAN 12	STATE TAX			4.51	
JAN 12	CITY TAX			3.16	
JAN 13	AMERICAN EXPRESS				86.67

Balance Due: | .00 |

I agree that my liability for this bill is not waived.
This hotel is operated by Intercontinental Hotels Group.

Authorized Signature: _____

504 PAWLYSHYN/JOANNA/MS 199.00 01/11/05 08:34 2597

ROOM NSQN NAME RATE DEPART TIME ACCT#
 01/10/05 20:46
 TYPE 13
 PASSPORT: [REDACTED] TIME

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

ROOM CLERK ADDRESS PAYMENT MR#:

DATE	ROOM	REFERENCE	CHARGES	CREDITS	BALANCE DUE
01/10	ROOM	504, 1	199.00		
01/10	STATETAX	504, 1	21.89		
01/11	RM SERV	3767 504	16.83		
01/11	AQUAFINA	1	2.50		
01/11	CCARD-AX			240.22	
SETTLED TO:			AMERICAN EXPRESS	[REDACTED]	

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

.00

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

FOR RESERVATIONS AT ANY MARRIOTT HOTEL, CALL (800) 228 9290

APPLICANT COPY

Armstrong, Marilyn

From: Vioria, Aileen
Sent: Thursday, January 20, 2005 3:12 PM
To: Armstrong, Marilyn
Subject: FW: Joanna Pawlyshyn ticket cost
Importance: High

fyi
Aileen B. Vioria
Executive Secretary-
COO, RAH & Diagnostic & Equipment Services
Phone: 735-4707
Fax: 735-4777
E-Mail: avioria@cha.ab.ca
Address: RAH, ATC, Room 1102

From: Linda M Gibson[SMTP:Linda.M.Gibson@aexp.com]
Sent: Thursday, January 20, 2005 2:10 PM
To: Vioria, Aileen
Subject: Joanna Pawlyshyn ticket cost

Hi Aileen,

Here is the cost breakdown for Joanna Pawlyshyn's flights Jan.10 to Rochester & Boston.

Original ticket \$972.40
Exchanged ticket \$2520.89
2nd Exchanged ticket \$658.45

Total \$4151.74

Linda.

Linda M Gibson
Senior Travel Consultant

Amex Canada Inc. Corporate Services
Phone: 780-429-3355 Fax: 780-429-0225
email: linda.m.gibson@aexp.com

American Express made the following
annotations on 01/20/05 14:11:54

"This message and any attachments are solely for the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this message and any attachments is prohibited. If you have received this communication in error, please notify us by reply e-mail and immediately and permanently delete this message and any attachments. Thank you."

=====

APPLICANT COPY



CROWNE PLAZA MINNEAPOLIS AIRPORT EAGAN

P.O. BOX 21331
 2700 PILOT KNOB ROAD
 EAGAN, MN 55121
 Phone: (651) 454-3434
 Fax: (651) 454-4904

Name & Address

PAW.YSHYN
 [Redacted Address]

Room	441
Arrive Date	01/11/05
Dept. Date	01/12/05
Folio#	1-1
Room Rate	134.00
Account	2-CAMEX
Mkt/Seg	0-TRAN
Page	1

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

Independently owned by and operated by T.C.B.H. INC.

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
01/11	213	1052	ZZ1	LONE OAK DINNER	\$ 42.39	\$.00	\$ 42.39
01/11	111	0111000	WKS	GUEST ROOM	\$ 134.00	\$.00	\$ 176.39
01/11	812	0111001	WKS	OCCUPANCY TAX	\$ 12.73	\$.00	\$ 189.12
01/12	913	0112000	WKS	AMERICAN EXPRES	\$.00	\$ -189.12	\$.00
01/12	913	0112001	APT	AMERICAN EXPRES	\$ 189.12	\$.00	\$ 189.12
01/12	211	2009	ZZ1	LONE OAK BKFT	\$ 22.30	\$.00	\$ 211.42
01/12	913	0112002	APT	AMERICAN EXPRES	\$.00	\$ -10.00	\$ 201.42
TOTAL							\$ 201.42

ACCOUNT NO.	DATE OF CHARGE	I.D.
[Redacted]	01/12/05	APT
CARD MEMBER NAME	FOLIO NO./CHECK NO.	
X/ Section 17(1),(4)(e.i)	CR-480492-1/	
ESTABLISHMENT NO. & LOCATION	AUTHORIZATION	
	566486	\$ 10.00
		\$.00
		\$.00
	PURCHASE & SERVICES	\$ 10.00
CARD MEMBERS SIGNATURE	TOTAL AMOUNT	\$ 10.00

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND



APPLICANT COPY Payment Requisition

Accounting Servi
1100 Harley Co
10045-111
Edmonton, Alberta T5K 2

I PAYEE INFORMATION (Check one only) <input type="checkbox"/> Vendor <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Employee (EE number [REDACTED])	
Invoice Date 11-Mar-05 (DD-MMM-YY)	Invoice Number N/A Section 17(1)
Vendor Number (or S.I.N.)	Payee Name JOANNA PAWLYSHYN
Address RAH, ATC, ROOM 1102	City EDMONTON
Province/State ALBERTA	Postal Code T5H 3V9 Country CANADA

II PAYMENT DETAILS	
Reason for payment AS PER ATTACHED EXPENSE CLAIM	PO # n/a
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? <input checked="" type="checkbox"/> Yes, When? 11-Mar-05 <input type="checkbox"/> No	
Are original attachments to be mailed with cheque? (Note 2) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)						(Departments must provide Complete Coding)	
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment	
201	0002	71110101001	62410000			\$61.93	w
201	0002	71110101001	61000000			\$67.12	w
201	0002	71110101001	62414000			\$576.49	n
				Capital Health RECEIVED MAR 24 2005 ACCOUNTS PAYABLE			
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			TOTAL			\$705.54	✓

IV AUTHORIZATION	
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.	
Requisitioned by (Print name) Aileen Yiloria	Phone # 735-4707
(Signature)	Date 11-Mar-05
Approved by (Print name) Joanna Pawlyshyn	Phone # 735-4101
(Signature)	Date 15 MAR 05
Approved by (Print name) Sheila Weatherill	Phone # 735-8008
(Signature)	Date

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

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

APPLICANT COPY



Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [redacted] Section 17(1))
Employee Position:	Chief Operating Officer, Royal Alexandra Hospital
Department:	Executive
Code:	
Date:	11 March, 2005

	Amount Claimed
Mileage (travel log attached)	\$49.18 w
Taxi Cab (receipts attached) - PHILIPS VISIT - BOSNIA + ANDOVA	\$576.49
Parking Fees (receipts attached)	\$12.75 w
Home Fax (Telus Statements attached)	\$67.12
TOTAL CLAIM	\$705.54

APPLICANT COPY

FEB

01 FEB	LAN → RAM	6.7
02 FEB	RAM → LAN → RAM	10.2
03 FEB	LAN → RAM	6.2
04 FEB	✓	6.3
07 FEB	LAN ↔ RAM	16.2
08 ✓	RAM → LAN	10.7
09	LAN → RAM	6.6
10	✓	6.6
11	RAM → LAN	6.6
14	LAN → RAM	9.7
16	RAM ↔ LAN	16.4
17	LAN → RAM	6.3
22	LAN → RAM	6.2
24	✓	6.2
25	RAM ↔ LAN x 1/2	19.6

✓

APPLICANT COPY



Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **February 2005**

Date	Destination	Destination	Destination	Destination	Kms
Feb 1	UAH	RAH			6.7
Feb 2	RAH	UAH	Mayfair		10.2
Feb 3	UAH	RAH			6.2
Feb 4	UAH	RAH			6.3
Feb 7	UAH	RAH	UAH		16.2
Feb 8	RAH	UAH			10.7
Feb 9	UAH	RAH			6.6
Feb 10	UAH	RAH			6.6
Feb 11	RAH	UAH			6.6
Feb 14	UAH	AMA			9.7
Feb 16	UAH	RAH	UAH		16.4
Feb 17	UAH	RAH			6.3
Feb 22	UAH	RAH			6.2
Feb 24	UAH	RAH			6.2
Feb 25	RAH	UAH	RAH	UAH	19.6

140.5
x \$0.35/km
\$49.18

APPLICANT COPY

*Ann W Owen to Dennis
Meeting*

Grant MacEwan C.D.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date: 08/03/2005 17:15:52
Subtotal: \$9.25
Amount Given: \$9.25
Change: \$0.00
TOTAL: \$9.25
Thank You, Have a nice day!

YMCA Meeting
BELL TOWER PARKING
GST# R61747707KT 0001
PARKING

02-25-2005 MON #6

MISC 3.50
TOTAL 3.50
CASH 5.00
CHANGE 1.50

ITEM 1
TEL 2468 19:02PM ✓

TELUS® Your TELUS Statement

Jan 28, 2005

TELUS Communications Inc.

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Page 1 of 2

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.56

Amount of your last bill	\$32.81
Payment we processed on Jan 18 - Thank You	-32.81
Amount overdue from your last bill	.00
1 Residence Line Touchtone from Jan 28 to Feb 27	23.86
1 Number Non-Published Residence from Jan 28 to Feb 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17
Total new charges	33.56

Thank you for keeping your account up to date.

Total amount due by Feb 19

\$33.56

HOME FAX

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jan 27		.58
E9-1-1 Provincial Network Fee Jan 27	\$.44	
Total additional charges and credits	14	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Jan 28

4.95

Tear off here

TELUS® Your TELUS Statement
 Feb 28, 2005

TELUS Communications Inc.

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLUSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.56

Amount of your last bill	\$33.56
Payment we processed on Feb 15 - Thank You	-33.56
Amount overdue from your last bill	.00

Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Feb 28 to Mar 27	23.86
1 Number Non-Published Residence from Feb 28 to Mar 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17

Total new charges

\$33.56

Total amount due by Mar 19

\$33.56

HOME
 FAX

Additional Charges and Credits

E9 1 1 Municipal Call Answer Fee Feb 27	\$.44
E9 1 1 Provincial Network Fee Feb 27	.14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Feb 28

4.95

Tear off here



The Platinum Card

APPLICANT COPY

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1-800-263-1616
(24 hours, toll free)

In Toronto or
International
Collect
905-474-8400

Statement of Account

Page 1 of 4

Prepared for
JOANNA PAWLYSHYN

Membership number

Closing Date
February 15, 2005

Amex Bank of Canada
Platinum Card Services
101 McNabb Street
Markham ON
L3R 4H8

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$ inc. Finance Charge, if any	New Balance \$	Amount Due \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Statement includes payments and charges received by February 15, 2005

Payment Due Date
March 11, 2005

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 31

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
[REDACTED]	TRANSPORT CHARGES RE: PHILIPS VISIT - BOSTON AND ANDOVER		[REDACTED]
January 17 (January 17)	BLACK TIE LIMOUSINE HAVERHILL MA	225.00 UNITED STATES DOLLAR	278.05
January 17 (January 17)	BLACK TIE LIMOUSINE HAVERHILL MA	80.50 UNITED STATES DOLLAR	99.48
January 17 (January 17)	BLACK TIE LIMOUSINE HAVERHILL MA	80.50 UNITED STATES DOLLAR	99.48
January 17 (January 17)	BLACK TIE LIMOUSINE HAVERHILL MA	80.50 UNITED STATES DOLLAR	99.48

↑ Please detach here ↓

AMERICAN EXPRESS

PAYMENT BY DUE DATE ENSURES NO FINANCE CHARGES
ON NEW CHARGES. DETAILS ON REVERSE.

If paying by cheque please:

- date cheque in MM/DD/YY format.
 - write Membership Account Number clearly on the front of your cheque.
 - enclose this remittance portion of statement with your payment.
- Do Not Send Cash Through Mail

Membership Number		
[REDACTED]		
Payment Due Date	Amount Due \$	Amount Paid \$
[REDACTED]	[REDACTED]	



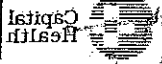
JOANNA PAWLYSHYN

Section 17(1)

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

KANT-03-04-2005-00
APPLICANT COPY
Payment Requisition

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



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

Invoice Date 29-Sep-05 (DD-MMM-YY)	Invoice Number N/A	Section 17(1)
Vendor Number (or S.I.N.)	Payee Name JOANNA PAWLYSHYN	
Address RAH, ROOM 1102 ATC		City EDMONTON
Province/State ALBERTA	Postal Code T5H 3V9	Country CANADA

II PAYMENT DETAILS

Reason for payment **AS PER ATTACHED EXPENSE CLAIM** PO # **n/a**

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

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

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

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

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0002	71110101001	62410000			\$493.33 196.11 ✓
201	0002	71110101001	61030000			\$1,096.75 —
201	0002	71110101001	60520000 6950000			\$240.00 ✓
201	0002	71110101001	61000000			\$100.68 w
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">Capital Health RECEIVED</p> <p style="margin: 0;">OCT 18 2005</p> <p style="margin: 0;">ACCOUNTS PAYABLE</p> </div>						
<p style="font-size: 2em; font-weight: bold; color: blue;">returning from v.cky</p>						
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S.						TOTAL \$1,578.76 ✓

IV AUTHORIZATION

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

Requisitioned by (Print name) Desiree Olafson	Phone # 735-5779
(Signature)	Date 29-Sep-05
Approved by (Print name) Joanna Pawlyshyn	Phone # 735-4101
(Signature)	Date 30 Sep 05
Approved by (Print name) Shella Weatherill	Phone # 735-8008
(Signature)	Date

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

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

APPLICANT COPY



Capital Health

Expense Claim

Section 17(1)

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED])
Employee Position:	Chief Operating Officer, Royal Alexandra Hospital
Department:	Executive
Code:	
Date:	29 September 2005

June – August 2005

- Mileage** (travel log attached)
- Taxi Cab** (receipts attached)
- Parking Fees** (receipts attached)
- RSNA Conference Registration**
- RAH Staff Golf Tournament Registration** (4 golfers)
- Home Fax** (Telus Statements attached)

Amount Claimed

	\$	90.83	98.61
✓	\$	20.00	w
✓	\$	22.50	w
✓	\$	1,096.75	-
✓	\$	240.00	-
✓	\$	100.68	w

TOTAL CLAIM \$ **1,570.76**

1578.54

APPLICANT COPY



Capital Health

Travel Log

Employee: **Joanna Pawlyshyn** [redacted] : Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **June ~ August 2005**

Date	Destination	Destination	Destination	Destination	Kms
01-Jun-05	UAH	RAH	Dinner with S. Lee		11.5
02-Jun-05	RAH	UAH			16.0
06-Jun-05	RAH	UAH			13.4
07-Jun-05	RAH	UAH			6.6
08-Jun-05	RAH	UAH	RAH		19.5
09-Jun-05	RAH	UAH	RAH	UAH	31.2
13-Jun-05	UAH	RAH	Petroleum Club	RAH	10.7
16-Jun-05	UAH	RAH	Petroleum Club	RAH	10.7
20-Jun-05	UAH	RAH	UAH		18.1
21-Jun-05	RAH	UAH			6.7
27-Jun-05	UAH	RAH			8.2
28-Jun-05	UAH	RAH			7.2
01-July-05	RAH	UAH			7.0
18-Aug-05	UAH	RAH			6.8
19-Aug-05	Sandpiper Golf Course				55.7
21-Aug-05	RAH	UAH			6.7
22-Aug-05	AH&W	RAH			2.5
29-Aug-05	Plaza	CHC	RAH	UAH	14.6
31-Aug-05	UAH	RAH			6.4

259.50

x \$0.357/km

.38

\$90.83


98.61

APPLICANT COPY

PROV. LAB MEETING - CALGARY
FOOT HILLS TO Date: 6/8
Chauffeur: AIRPORT

Unit No.: _____ Amount: 20
G.S.T. INCLUDED

G.S.T. No.: *John*



20 years of western hospitality
1984-2004

BLACKTOP
CABS
730-9999

735-3222 275-8000

APPLICANT COPY

Name MWCO Meeting @ CH Center 12:26
 Amount Pd: 2.00
 Licence _____ Prov. _____
 Make _____ Color _____
 Date AUG 29 2018

No 93851

SH

Reginal Open Meeting @ Phase 124
 IMPERIAL PARKING

IMPARK

Judy Parker

TICKET VOID IF RE-SOLD

Meter: 02026501
 Trans: 024120
 Time: 11:59 AUG 29
 Price: IMPARK0
 Card: _____
 Exp.: _____
 Expires: _____

11:13AM MON
 AUG 29 05

IMPARK

INSTRUCTIONS ON BACK
 Please remember the
 Parkade will close @ 9pm

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE

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

Printed Meeting

TELUS PARKADE
 GST INC. R#122388333
 05AUG23 11:27 001 001
 05AUG23 08:56 01
 / 2:31 #112244
 =01017350
 RATE 1 \$7.50
 TOTAL \$7.50
 CASH \$7.50

MANAGED BY
 IMPERIAL PARKING

Printed Meeting

TELUS PARKADE
 GST INC. R#122388333
 05AUG17 14:17 001 001
 05AUG17 13:11 01
 / 1:06 #111683
 =01016774
 RATE 1 \$4.50
 TOTAL \$4.50
 CASH \$4.50

MANAGED BY
 IMPERIAL PARKING



The Platinum Card

APPLICANT COPY

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1-800-263-1616
(24 hours, toll free)

Statement of Account

Page 1 of 4

Prepared for
JOANNA PAWLYSHYN

Membership number

Closing Date
July 15, 2005

In Toronto or
International
Collect
905-474-8400

Amex Bank of Canada
Platinum Card Services
101 McNabb Street
Markham ON
L3R 4H8

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$ inc. Finance Charge, if any	New Balance \$	Amount Due \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Statement includes payments and charges received by July 15, 2005

Payment Due Date
August 8, 2005

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 30

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
(June 30)	Reference AT05181000200001004825		CR
	[REDACTED]		CR
(June 16)	[REDACTED]		[REDACTED]
(June 17)	[REDACTED]		[REDACTED]
(June 22)	[REDACTED]		[REDACTED]
June 22 (June 23)	RSNA CONVENTION 800-4245248 IL <i>(Chicago - Nov/05)</i>	870.00 UNITED STATES DOLLAR	1,096.75
(June 24)	[REDACTED]		[REDACTED]
(June 27)	[REDACTED]		[REDACTED]

↑ Please detach here ↑

AMERICAN EXPRESS

PAYMENT BY DUE DATE ENSURES NO FINANCE CHARGES
ON NEW CHARGES. DETAILS ON REVERSE.

If paying by cheque please:

- date cheque in MM/DD/YY format.
- write Membership Account Number clearly on the front of your cheque.
- enclose this remittance portion of statement with your payment.

Do Not Send Cash Through Mail

Membership Number		
[REDACTED]	[REDACTED]	[REDACTED]
Payment Due Date	Amount Due \$	Amount Paid \$
[REDACTED]	[REDACTED]	[REDACTED]



JOANNA PAWLYSHYN

Section 17(1)

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

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

Command

Re all letters to my
express claim.

Registration fee for
ass. stop full document

for: Underhill
Kido School
Mary Goff
on

State
of

APPLICANT COPY

Section 17(1)

JOANNA PAWIŁCZAK 624

DATE: 24 JUNE 2005

PAY TO THE ORDER OF: RESERVE SPECIAL EVENTS \$ 240⁰⁰/₁₀₀

TWO HUNDRED & FORTY

BMO Bank of Montreal

MAIN OFFICE:
10199 - 101 STREET N.W.
EDMONTON, ALBERTA T5J 3Y5

MEMO: RAN SMAR GOLF TO DAWY
TEAM REGIS YEAR 1

Signature: *[Handwritten Signature]*

Serial Number: 000000240001

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

Teller Stamp Here

DEPOSIT TO:
RA 31F SPE4163 19000
(2030002872850000071 19000000)

Edmonton, Alberta T5J 2Y8
COMMERCIAL BANKING CENTRE
108 EDMONTON CENTRE
TORONTO-DOMINION BANK

JUN 30 2005

TO CANADA TRUST
CALGARY ALBERTA
ROYAL ALEXANDRA HOSPITAL
CAPITAL HEALTH AUTHORITY
FOR DEPOSIT ONLY

0701 0300957

Microprint	Tiny type in signature line appears as dotted line when scanned or photocopied.
Fibres & Security Ink	Coloured fibres and wording on back of cheque are visible under black light and invisible when scanned or photocopied.
Chemical Security Ink	Special chemical indicators in the back of cheque appear as patterns if exposed to common ink solvents.
Security Paper	"Original Document" text, and watermark on back of cheque should not appear if scanned or photocopied.
Fluorescent Ink	Metallic foil on front appears as a non-shiny pattern when printed or photocopied.

WARNING: IF ALTERED, THE SECURITY FEATURES WILL APPEAR AS FOLLOWS.

TELUS® Your TELUS Statement
 Jun 28, 2005

TELUS Communications Inc.

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

Section 17(1)

[Redacted]

[Redacted]

Section 17(1)

2

Your account number

[Redacted]

Your TELUS Account ID
0991

Section 17(1)

Here's what you owe this month: \$33.56

Amount of your last bill	\$33.80
Payment we processed on Jun 07 - Thank You	-33.80
Amount overdue from your last bill	.00

▪ Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Jun 28 to Jul 27	23.86
1 Number Non-Published Residence from Jun 28 to Jul 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17

Total new charges 33.56

Total amount due by Jul 19

\$33.56

HOME FAX

Additional Charges and Credits

	.58
E9-1-1 Municipal Call Answer Fee Jun 27	\$.44
E9-1-1 Provincial Network Fee Jun 27	.14
Total additional charges and credits	\$.58

Long Distance Charges

	4.95
Long Distance Administration Fee Jun 28	4.95

Tear off here

TELUS® Your TELUS Statement
 Jul 28, 2005

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN [Redacted] Section 17(1)

Your account number [Redacted] Your TELUS Account ID [Redacted]

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.56

Amount of your last bill	\$33.56
Payment we processed on Jul 18 - Thank You	33.56
Amount overdue from your last bill	.00

Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Jul 28 to Aug 27	23.86
1 Number Non-Published Residence from Jul 28 to Aug 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17

Total new charges

33.56

Total amount due by Aug 19

\$33.56

HOME
 FAX,

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Jul 27	\$ 44
E9-1-1 Provincial Network Fee Jul 27	14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Jul 28

4.95

Tear off here

TELUS® Your TELUS Statement
 Aug 28, 2005

TELUS Communications inc.

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN

Section 17(1)

2

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.56

Amount of your last bill	\$33.56
Payment we processed on Aug 18 - Thank You	-33.56
Amount overdue from your last bill	.00

▪ Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Aug 28 to Sep 27	23.86
1 Number Non-Published Residence from Aug 28 to Sep 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17

Total new charges 33.56

Total amount due by Sep 19

\$33.56

HOMER
 FAX

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Aug 27	\$.44
E9-1-1 Provincial Network Fee Aug 27	.14

Total additional charges and credits \$.58

Long Distance Charges

4.95

Long Distance Administration Fee Aug 28

4.95

Tear off here

Section 17(1)

JOANNA PAWLISHYHN

759

DATE 0 2 1 2 2 0 0 5
D M Y Y Y Y Y Y

PAY TO THE ORDER OF

CAPITL MARTIN

ONE THOUSAND AND THIRTY

09/

\$ 1030 09/20

Security features included. Details on back.

BMO Bank of Montreal

MAIN OFFICE
10199 - 101 STREET N.W.
EDMONTON, ALBERTA T5J 3Y5

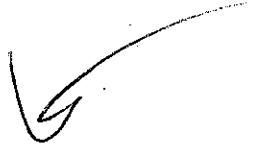
MEMO

RETURN - ANGELUS REINSMANN
RSNA - CHICAGO

[Handwritten Signature]

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

Cheque given to ALR Dec 13/05





The Platinum Card APPLICANT COPY

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1-800-263-1616
(24 hours, toll free)

In Toronto or
International
Collect
905-474-8400

Amex Bank of Canada
Platinum Card Services
101 McNabb Street
Markham ON
L3R 4H8

Page 1 of 4

Statement of Account

Prepared for
JOANNA PAWLYSHYN

Membership number [REDACTED] Closing Date
November 15, 2005

Previous Balance \$	Payments & Credits \$	+	New Charges/Adjustments \$ inc. Finance Charge, if any	=	New Balance \$	=	Amount Due \$
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]

Statement includes payments and charges received by November 15, 2005

YOUR ACCOUNT HAS A CREDIT BALANCE THAT WILL BE APPLIED AGAINST FUTURE CHARGES. NO PAYMENT IS REQUIRED.

Billing days this period: 31

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
November 3 (November 3)	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]
(October 18)	[REDACTED]		[REDACTED]
(October 28)	[REDACTED]		[REDACTED]
(November 2)	[REDACTED]		[REDACTED]
(November 8)	[REDACTED]		[REDACTED]
(November 6)	[REDACTED]		[REDACTED]
November 11 (November 15)	RSNA CONVENTION 800-4245248 IL	845.00 UNITED STATES DOLLAR	1,030.09 CR

REFUND FOR
CANCELLED REGISTRATION
TO RSNA IN
CHICAGO

↑ Please detach here ↑

AMERICAN EXPRESS

PAYMENT BY DUE DATE ENSURES NO FINANCE CHARGES ON NEW CHARGES. DETAILS ON REVERSE.

If paying by cheque please:

- date cheque in MM/DD/YY format.
 - write Membership Account Number clearly on the front of your cheque.
 - enclose this remittance portion of statement with your payment.
- Do Not Send Cash Through Mail

Membership Number [REDACTED]		
Payment Due Date	Amount Due \$	Amount Paid \$
	0.00	



JOANNA PAWLYSHYN

Section 17(1)

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

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



APPLICANT COPY

Armstrong, Marilyn

From: RSNA 91ST SCIENTIFIC ASSEMBLY & ANNUAL MEETING
 [Registrant_Services@itsmeetings.com] on behalf of RSNA 91ST SCIENTIFIC ASSEMBLY & ANNUAL MEETING [rsna@itsmeetings.com]
Sent: Friday, November 04, 2005 4:01 AM
To: Pawlyshyn, Joanna
Subject: Acknowledgment-RSNA 91ST SCIENTIFIC ASSEMBLY & ANNUAL MEETING (0511RSAORD-007657) Cancelled



RSNA 91ST SCIENTIFIC ASSEMBLY & ANNUAL MEETING
 Radiological Society of North America
 McCormick Place, Chicago
 November 27 - December 02, 2005

Name

JOANNA PAWLYSHYN MHSA
 CAPITAL HEALTH
 10240 KINGSWAY AVE
 EDMONTON, AB T5H 3V9
 CANADA

Your Reference ID number is: 7657
 Phone: 780-735-4101

**** Cancelled ****

Important Information

Please print this acknowledgment of your arrangements and retain as your receipt.

- For your records, this reservation has been completely cancelled. Refunds, if applicable, will be processed within 30 days.
- Refund requests made directly with your confirmed hotel (after November 7, 2005) may take 30 to 90 days to process and may incur a penalty.
- Please see brochure for specific hotel cancellation policy.
- Registration cancels will incur a \$50 fee.

For questions or correspondence, please [see below](#).

Notes

THIS RESERVATION IS COMPLETELY CANCELLED

Financial Summary

TOTAL	\$ 0.00
- Credit Card Payments	870.00
+ Cancel Fees	25.00
REFUND PENDING	\$-845.00

Helpful Links

- Chicago City Guide <http://www.meetinchicago.com/rsna/>
- RSNA 2005 Information <http://www.rsna.org>
- Public Transit Trip Planning <http://www.tripsweb.rtachicago.com>
- U.S. Visa Links <http://www.travel.state.gov/visa>
- U.S. Visa Links <http://www.unitedstatesvisas.gov>
- U.S. Visa Links <http://www.nationalacademies.org/visas>

For Questions or Correspondence

ITS
108 WILMOT RD, STE 400
DEERFIELD, IL 60015-5124

Email: rsna@itsmeetings.com

**** Cancelled ****

Your Reference ID number is: 7657

Sign up for RSNA short courses this summer:
RSNA.org/education/shortcourses

RSNA Education



Stand with your peers to fund
radiology's future

...today

Donate to the RSNA Research and
Education Foundation

RSNA.org/CountMeIn

CMEgateway.org

Manage your CME credits from RSNA
and other radiologic organizations.

It's New, Easy and Free! Sign up today!

CMEgateway.org



Expense Claim

Employee Name: **Joanna Pawlyshyn** (Employee # [REDACTED]) Section 17(1)

Employee Position: **Chief Operating Officer, Royal Alexandra Hospital**

Department: **Executive**

Code:

Date: **29 September 2005**

June – August 2005

	Amount Claimed
Mileage (travel log attached)	\$ 90.83
Taxi Cab (receipts attached)	\$ 20.00
Parking Fees (receipts attached)	\$ 22.50
RSNA Conference Registration	\$ 1,096.75
RAH Staff Golf Tournament Registration (4 golfers)	\$ 240.00
Home Fax (Telus Statements attached)	\$ 100.68

TOTAL CLAIM \$ 1,570.76

1578.54



Payment Requisition

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

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

Invoice Date **29-Sep-05** (DD-MMM-YY) Invoice Number **N/A** Section 17(1)

Vendor Number (or S.I.N.) Payee Name **JOANNA PAWLYSHYN**

Address **RAH, ROOM 1102 ATC** City **EDMONTON**

Province/State **ALBERTA** Postal Code **T5H 3V9** Country **CANADA**

II PAYMENT DETAILS

Reason for payment **AS PER ATTACHED EXPENSE CLAIM** PO # **n/a**

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

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

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

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

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment	
201	0002	71110101001	62410000			\$133.33	
201	0002	71110101001	61030000			\$1,096.75	
201	0002	71110101001	60520000			\$240.00	
201	0002	71110101001	61000000			\$100.68	
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other						TOTAL	
							\$1,570.76

IV AUTHORIZATION

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

Requisitioned by (Print name) **Desiree Olafson** Phone # **735-5779**

(Signature)

Date **29-Sep-05**

Approved by (Print name) **Joanna Pawlyshyn** Phone # **735-4101**

(Signature)

Date **30 Sep 05**

Approved by (Print name) **Sheila Weatherill** Phone # **735-8008**

(Signature)

Date

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

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



APPLICANT COPY

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

Payment Requisition

I PAYEE INFORMATION (Check one only)		<input type="checkbox"/> Vendor	<input type="checkbox"/> Patient	<input checked="" type="checkbox"/> Employee (EE number)		
Invoice Date 30-Jan-06 (DD-MMM-YY)	Invoice Number			Section 17(1)		
Vendor Number (or S.I.N.)	Payee Name Joanna Pawlyshyn					
Address Rah, Room 1102 ATC			City Edmonton			
Province/State AB	Postal Code T5H 3V9	Country Canada				
II PAYMENT DETAILS						
Reason for payment Expense Claim (Sept - Dec '05)			PO #			
Is this a contract payment? <input type="checkbox"/> Yes (Attach copy of contract if not previously forwarded) <input checked="" type="checkbox"/> No						
If this is a contract payment, what is the contract date?			Number			
Have goods / services been received? <input type="checkbox"/> Yes, When? <input type="checkbox"/> No						
Are original attachments to be mailed with cheque? (Note 2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) (Departments must provide Complete Coding)						
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0002	71110101001	62410000	<i>parking & mileage</i>		343.50 ⁷⁵
201	0002	71110101001	61030000	<i>course registration</i>		150.00
201	0002	71110101001	69500000	<i>dinner costs</i>	358.72 66.35	419.07
201	0002	71110101001	61000000	<i>home fax</i>		134.24
Capital Health RECEIVED						
FEB 17 2006						1047.06
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other						TOTAL ACCOUNTS PAYABLE \$1,046.81
IV AUTHORIZATION						
I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.						
Requisitioned by (Print name) Desiree Olafson			Phone # 735-5779			
(Signature) <i>[Signature]</i>			Date 2-Feb-06			
Approved by (Print name) Joanna Pawlyshyn			Phone # 735-4101			
(Signature) <i>[Signature]</i>			Date 02 Feb 06			
Approved by (Print name) Sheila Weatherill			Phone # 407-8008			
(Signature) <i>[Signature]</i>			Date			
AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1						
Notes:						
1) All employee payments will be made electronically based on payroll banking information.						
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.						
3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.						
4) Incomplete/improperly authorized payment requisitions will be returned without processing						



Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED]) Section 17(1)
Employee Position:	Chief Operating Officer, Royal Alexandra Hospital
Department:	Executive
Code:	
Date:	30 January 2006

September - December 2005

- Mileage** (travel log attached)
- Parking Fees** (receipts attached)
- Home Fax** (Telus Statements attached)
- CCHSE Conference Registration**
- Dinner with CBS Board Member re: Aboriginal** (receipt attached)

↳ Dr. Shab (as per Neil Wilkinson)
 - Marguerite Rowe
 - Isabelle Henderson
 - Nancy Fraser
 - Bob Cardinal
 - Joanna Pawlyshyn

Amount Claimed

	75	
✓	\$ 267.50	
✓	\$ 76.00	w
✓	\$ 134.24	✓
✓	\$ 150.00	
	\$ 419.07	358.72
		60.35
TOTAL CLAIM	\$ 1,046.81	7.06

APPLICANT COPY



Capital Health

Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **September – December 2005.**

Date	Destination	Destination	Destination	Destination	Kms
01-Sept	UAH	RAH			13.4
02-Sept	RAH	UAH			6.3
06-Sept	RAH	CHC	RAH	UAH	14.8
07-Sept	RAH	UAH	Mayfair		12.0
08-Sept	RAH	UAH	RAH	UAH	25.2
09-Sept	UAH	AHW	RAH	UAH	17.4
12-Sept	RAH	Petroleum Club	La Spiga		5.3
13-Sept	UAH	RAH			6.3
14-Sept	YMCA	RAH	Runner's World		27.2
15-Sept	UAH	RAH			6.3
16-Sept	RAH	UAH			6.3
19-Sept	UAH	RAH	CHC		9.3
20-Sept	RAH	AHW	CHC		6.7
21-Sept	RAH	CHC	Characters		11.0
22-Sept	RAH	UAH	RAH		13.4
28-Sept	RAH	UAH	RAH	UAH – RAH	26.7
29-Sept	UAH	RAH			6.3
30-Sept	UAH	RAH	Quickcard	UAH – RAH	37.8
03-Oct	UAH	RAH	UAH		15.4
05-Oct	RAH	UAH	RAH		15.6
06-Oct	UAH	RAH	UAH	RAH	20.0
07-Oct	RAH	UAH	RAH		13.3
11-Oct	RAH	AH&W	RAH		5.5
12-Oct	UAH	RAH	UAH	UAH - II Portico	20.9
13-Oct	UAH	RAH	UAH		12.7
14-Oct	RAH	YMCA (102/102)	RAH		5.4
18-Oct	UAH	RAH			6.3
19-Oct	RAH	Mayfair			7.4
20-Oct	UAH	RAH			6.4
24-Oct	UAH	RAH			6.4
25-Oct	UAH	RHA Offices	RAH		11.7
26-Oct	EGH	RAH	UAH	RAH – Hotel MacDonald	22.0
27-Oct	UAH	RAH			6.4
01-Nov	RAH	UAH			6.3
03-Nov	UAH	RAH	UAH	RAH – Muttart	27.9
04-Nov	RAH	UAH	RAH	UAH	12.7
08-Nov	UAH	RAH			6.3
09-Nov	RAH	UAH	RAH	UAH	14.1
16-Nov	UAH	RAH	Petroleum Club	UAH	14.5
21-Nov	UAH	RAH			6.3
23-Nov	RAH	UAH	RAH	UAH	13.4

APPLICANT COPY

25-Nov	RAH	UAH	RAH	UAH	13.7
28-Nov	UAH	RAH	Kipner Centre		24.2
29-Nov	RAH	UAH			6.4
01-Dec	RAH	UAH	RAH	UAH	13.1
02-Dec	RAH	UAH	RAH	UAH	12.7
05-Dec	UAH	RAH	UAH	Petroleum Club	15.2
08-Dec	UAH	RAH	UAH	RAH	18.9
09-Dec	RAH	UAH	Fort Edm.	UAH	39.5
15-Dec	UAH	RAH	UAH		15.4
19-Dec	UAH	RAH			8.6
22-Dec	UAH	RAH			8.3

704.6

x \$0.38./km

\$267.75 ✓

APPLICANT COPY

PET Committee

Name: _____
Amount Pd: 4.00
Licence _____ Prov. _____
Make _____ Color _____
Date Reginal Ops Comm
CA Centre

SEP 06 2009

No 94579

TELUS PARKADE
GST INC. R#122388333

05SEP09 11:51 001 001
05SEP09 09:08 01
/ 2:43 #113985
=01019259
RATE 1 \$9.00
TOTAL \$9.00
CASH \$9.00

MANAGED BY
IMPERIAL PARKING

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE _____ EXPIRATION TIME _____

09/09 05:00 PM

AMOUNT PAID
\$ 3.75 17510000 03:57 PM

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



Meeting of Nils Peterson (NINP)
DETACH RECEIPT FROM TICKET

DATE ISSUED _____ TIME ISSUED _____ AMOUNT PAID _____
09/09/05 03:57 PM \$ 3.75

CREDIT CARD NUMBER
55150

University of Alberta

RECEIPT



Name: CO3- RSS Stevin

Amount Pd: 4.00

Licence _____ Prov. _____
16:kw

Make _____ Color _____

Date SEP 19 2009

No 96033

Name: Wright Wine Research Group

Amount Pd: 3.00

Licence _____ Prov. _____

Make _____ Color _____

Date _____

SEP 19 2009

No 95232

APPLICANT COPY
**DO NOT LEAVE
 ITEMS VISIBLE IN
 VEHICLE**

*COO-RSS
 Interview*



**CAR AND
 CONTENTS LEFT
 AT OWNER'S RISK** No 96162

<i>3:00</i> <i>SEP 20 2005</i>	IN <i>16:21</i>
	OUT
Please leave this pass with parking lot attendant on exit	Amount PD

*Account
 Interview Committee*

TELUS PARKADE
 GST INC. RA#122388333

05SEP20 16:14 001 001
 05SEP20 14:50
 / 1:24 #115123
 RATE 1 \$4.50
 TOTAL \$4.50
 CASH \$4.50

MANAGED BY
 IMPERIAL PARKING

**DO NOT LEAVE
 ITEMS VISIBLE IN
 VEHICLE**

*COO-RSS
 Interview*



**CAR AND
 CONTENTS LEFT
 AT OWNER'S RISK** No 96470

<i>3:00</i> <i>SEP 21 2005</i>	IN <i>17:25</i>
	OUT
Please leave this pass with parking lot attendant on exit	Amount PD

COO Interview - CNC

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 002-256
 Machine Serial #:000005071952

EXPIRY DATE AND TIME
EXP 06:00pm
SEP 21,2005

TICKET# 00004440 LOT# 00020256
 CC \$0006.50 MACH# 001
 FOLLOW INSTRUCTIONS ON POSTED

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

Early Bird \$6.50
 Questions/Comments?
 Call 780-420-1976

DISPLAY FACE UP ON DASH RECEIPT

*Pro H
Meeting*

TELUS PARKADE
GST INC. R#122388333

05OCT11 11:21 001 001
05OCT11 08:56
/ 2:25 #117135
RATE 1 \$7.50
TOTAL \$7.50
CASH \$7.50

MANAGED BY
IMPERIAL PARKING

Carlin J. J. J.
L.I.F. J. J. J.
PARKING SERVICES
GST# R100102831

10-07-2005 FRI #111

IMP#07 2.50 5
GST 0.16
CASH 2.50

1CL 4926 11:16TH

*BEACH
Avenue*

THANK YOU FOR PARKING
AT THE CROWN PLAZA
IMPERIAL-PARKING

05OCT27 22:27 001 002
05OCT27 17:12
/ 5:15 #08135
DAY RATE \$2.00
TOTAL \$2.00
CASH \$2.00

FOR INQUIRIES CALL
780 420 1976

YMCA Lord Dunning

MANULIFE PLACE
OPERATED BY

05OCT14 11:20 001 003
05OCT14 10:23
/ 0:57 #182370

5587067
RATE 1 \$3.75
TOTAL \$3.75
CASH \$5.00
CHANGE \$1.25

GST INCLUDED
GST# R119580595
HAVE A NICE DAY

TICKET VOID IF RE-SOLD

Hourly Parker

Meter: 01000501
 Trans: 025735
 Time: 2:54P OCT 27
 Price: 7.50
 Card: [REDACTED]
 Exp.: [REDACTED]
 Expires: [REDACTED]

5:54 PM THU
 OCT 27 05

INSTRUCTIONS ON BACK
 Please remember the
 parkade will close @ 9pm

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

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

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

14/12 12:00 AM


AMOUNT PAID

\$ 10.00 15210000 07:54 AM

University of Alberta

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

NON TRANSFERABLE



Emergency Meeting w/ Deloitte

DETACH RECEIPT FROM TICKET


DATE ISSUED	TIME ISSUED	AMOUNT PAID
13/12/05	07:54 AM	\$ 10.00

CREDIT CARD NUMBER

55150

University of Alberta

RECEIPT



APPLICANT COPY

u/ Margaret ...
 CHARACTERS REST
 10257 - 105 Street
 EDMONTON, AB.
 T5J 1E3
 (780) 421-4100
 GST# 89206-4429

110 SNOW S

Tbl 104/1 Chk 4021 Gst 8
 Sep21'05 07:06PM

1 ASIAN ROLLS	9.00
1 ROMAINE SALAD	8.00
1 SALAD GREENS	8.00
1 CRAB CAKE	10.00
2 LAMB RACK @ 29.00	58.00
2 CHAR @ 29.00	58.00
1 CHICKEN	28.00
1 LASAGNA	24.00
1 AP SPECIAL	10.00
1 CHEFS SPECIAL	35.00
3 @ 10.00	
CHEFS DESSERT	30.00
1 BREAD PUDDING	9.00
2 1GL.WYNNS @ 7.25	14.50
3 1GL.BLKSTN Merlo	0.00
1 1GL.BER.wht Zinf	6.00
2 TEA @ 2.75	5.50
1 1GL.ELIZ.TROCARD	6.50
1 COFFEE	2.75
2 P.GRINO Lg @ 6.50	13.00
18 %	
Gratuity 18%	60.35
Subtotal	335.25
Service Chrg	60.35
GST	23.47
09:21 Amount Du	419.07

WELCOME TO CHARACTERS!
 & HAVE A GREAT DAY!!

u/ Margaret ...
 CHARACTERS REST
 10257 - 105 STREET
 EDMONTON, AB.
 T5J 1E3
 780-421-4100
 GST# 89206-4429

Date: Sep21'05 09:20PM
 Card Type: AMEX
 Acct #:
 Exp Date:
 Auth Code: 549553
 Check: 4021
 Table: 104/1
 Server: 110 SNOW S

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

JOANNA PAWLYSHYN

Subtotal: **419.07**

GRATUITY _____

TOTAL _____

SIGNATURE _____

** Customer Copy **

TELUS® Your TELUS Statement

Sep 28, 2005

TELUS Communications Inc.

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

J PAWLYSHYN [Redacted] Section 17(1)

Your account number [Redacted] Your TELUS Account ID [Redacted]
Section 17(1)

2

Here's what you owe this month: \$33.56

Amount of your last bill	\$33.56
Payment we processed on Sep 07 - Thank You	-33.56
Amount overdue from your last bill	.00

• Thank you for keeping
your account up to date.

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1 Number Non-Published Residence from Sep 28 to Oct 27	2.00
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Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17

Total new charges

33.56

Total amount due by Oct 19

\$33.56

HOME
FAX

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Sep 27	\$.44
E9-1-1 Provincial Network Fee Sep 27	.14
Total additional charges and credits	\$.58

Long Distance Charges

4.95

Long Distance Administration Fee Sep 28

4.95

Tear off here

TELUS® Your TELUS Statement

TELUS Communications Inc.

Oct 28, 2005 APPLICANT COPY

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

J PAWLYSHYN [REDACTED] Section 17(1)

2

Your account number [REDACTED] Your TELUS Account ID [REDACTED]

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.56

Amount of your last bill	\$33.56
Payment we processed on Oct 17 - Thank You	-33.56
Amount overdue from your last bill	.00

▪ Thank you for keeping
your account up to date.

1 Residence Line Touchtone from Oct 28 to Nov 27	23.86
1 Number Non-Published Residence from Oct 28 to Nov 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17

Total new charges 33.56

Total amount due by Nov 19

\$33.56

Home Fax

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Oct 27	\$.44
E9-1-1 Provincial Network Fee Oct 27	.14

Total additional charges and credits \$.58

Long Distance Charges

4.95

Long Distance Administration Fee Oct 28 4.95

Tear off here.

TELUS Your TELUS Statement
 Nov 28, 2005

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.56

Amount of your last bill	\$33.56
Payment we processed on Nov 08 - Thank You	-33.56
Amount overdue from your last bill	.00

Thank you for keeping your account up to date.

1 Residence Line Touchtone from Nov 28 to Dec 27	23.86
1 Number Non-Published Residence from Nov 28 to Dec 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17

Total new charges 33.56

Total amount due by Dec 19

\$33.56

Home FAX

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Nov 27	\$.44
E9-1-1 Provincial Network Fee Nov 27	.14
Total additional charges and credits	\$.58

Long Distance Charges

Long Distance Administration Fee Nov 28	4.95
---	------

Tear off here

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN

Your account number

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.68

Amount of your last bill	\$33.56
Payment we processed on Dec 08 - Thank You	-33.56
Amount overdue from your last bill	.00

▪ Season's Greetings from
TELUS.

1 Residence Line Touchtone from Dec 28 to Jan 27	23.86
1 Number Non-Published Residence from Dec 28 to Jan 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	5.07
GST (Registration 100652692) at 7%	2.17

Total new charges 33.68

Total amount due by Jan 19

\$33.68
- 1.12

33.56

HOME
FAX

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Dec 27	\$.44
E9-1-1 Provincial Network Fee Dec 27	.14
Total additional charges and credits	\$.58

Long Distance Charges **5.07**

Long Distance Administration Fee Dec 28 4.95

Tear off here



Sales & Service: Internet 1-877-310-4NET Other products 310-2255
If calling from outside Alberta, call Toll-free: 1-800-400-2598
Manage your account @telus.com/customer-care

(continued from previous page)
Long Distance Charges

Your Way Straight - Canada Evening and Weekend

- Rates are for direct dialed calls unless indicated. Rates for evenings /weekends are also applicable on Christmas Day/New Years Day.
- 12¢ per minute within Canada*evenings/weekends.
- 18¢ per minute for calls in Canada* 8 am to 6 pm Monday to Friday.
- *20¢ per minute anytime for calls to areas served by NorthwesTel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.

<u>Date and time of call</u>	<u>Place you called</u>	<u>Number you called</u>	<u>Length of call (minutes)</u>	<u>Amount you pay (\$)</u>
------------------------------	-------------------------	--------------------------	---------------------------------	----------------------------



Total Charges Non Responsive \$12

Visit our web site

For news on TELUS products and services, visit our web site at www.telus.com

Paying by credit card

To pay your TELUS phone account using a credit card, visit our web site at www.telus.com/onlineservices

Flexpay

For customers with purchases on Flexpay, the Flexpay installment on the bill includes interest and applicable taxes.

APPLICANT COPY

Armstrong, Marilyn

From: C.C.H.S.E. [cchse@cchse.org]
Sent: Friday, December 23, 2005 4:50 PM
To: Pawlyshyn, Joanna
Cc: nac_cchse@telus.net
Subject: Confirmation of Event Registration: Joint Conference - Tracking Trends

12/23/2005 6:50:18 PM

Event: Joint Conference - Tracking Trends Event Date: Feb-02-2006
Sponsor: Northern Alberta Chapter

Joanna Pawlyshyn
Vice President & Chief Operating Officer Capital Health
Site: Edmonton/Royal Alexandra Hospital
10240 Kingsway
Edmonton, ALBERTA T5H 3V9

Email: jpawlysh@cha.ab.ca
Telephone: 780 - 735-4101

Registration Type: Member - \$150 - Early Bird both days - includes Thursday dinner Payment
by: Visa
CardNumber: **** *
Cardholder Name: Joanna Pawlyshyn
Expiry: XXXXXXXXXX Section 17(1),(4)(e.i)
Amount Paid: \$150.00

Notes:

Thanks for registering!

ATTACH TO JOANNA'S
EXPENSE FORM -

CHARGED REGISTRATION TO
THE VISA TO MEET "EARLY
BIRD" DEADLINE FOR ↓ COST.

Credit card
statement
attached

Marilyn

Here's one more receipt
for my expense claim.

I can't recall what conference
this registration is for -
pls note the detail on
the invoice.

Thanks,

J



Transaction details

Card number [REDACTED]

Trans date	Post date	Description	Amount (\$)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
JAN 3	JAN 5	CDN COLLEGE OF HEALTH OTTAWA ON	150.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Card number [REDACTED]

Trans date	Post date	Description	Amount (\$)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Message centre

EACH TIME YOU USE YOUR VISA CARD IN JAN. AND FEB. 2006 YOU COULD WIN \$25K FOR YOU AND \$25K FOR THE CANADIAN ATHLETES OF TEAM VISA. NO PURCHASE NECESSARY. CALL 1-800-590-6329 OR VISIT WWW.VISA.CA FOR FULL CONTEST DETAILS.

Continued on next page

Select VISA

Account number [REDACTED]

If you find an error in this statement you must tell us within 30 days after the statement date. If you do not, the statement will be regarded as final (except for improper credits). The statement date is the closing date of the statement period shown on the front.

How we apply your payments

We apply your payments to your Select VISA account in the following order: (a) interest; (b) fees (shown as "Other Charges" on this statement); (c) Previously Billed items in the following order: (i) Balance Transfers; (ii) Cash Advances; (iii) Purchase Promotions; (iv) Purchases (d) items on this statement in the same order as Previously Billed items. Credit balances are applied to Unbilled items in the order in which they are posted. Within each category of items referred to in (b) and (d) where there are multiple transactions, the payment will be applied to those items which bear interest at the lowest rate first.

How we charge interest

To calculate interest, the daily interest rate displayed on the front of this statement is multiplied by the interest-bearing balance at the end of each day.

If there are different daily rates, each rate is multiplied by the portion of the interest-bearing balance to which it applies.

a) On purchases: For non-Quebec residents, no interest is charged on a new purchase if you pay your new balance in full by the payment due date and you have paid the full balance shown on your previous monthly statement by the payment due date. For Quebec residents, no interest is charged on a new purchase if you pay your new balance in full by the payment due date. For residents of all provinces and territories, if interest is charged on purchases, it will be charged retroactively from the transaction date until you pay all of your new balance and the interest.

b) On cash advances (including CIBC Convenience Cheques and balance transfers): We charge interest on a cash advance from the day you receive the advance until you make a payment which covers the amount of the advance and the interest charged on that advance. We charge interest on a CIBC Convenience Cheque or balance transfer from the date we post it to your Select VISA account until you make a payment which covers the amount of the cheque or balance transfer and the interest charged on that cheque or balance transfer.

Minimum payment due

Your current amount due is 3% of your new balance or \$10, whichever is greater. This amount must be paid by the payment due date.

Available credit

This section shows the credit you had available at the end of the statement period, and does not reflect transactions you've made since the statement was issued.

**Denotes transaction in foreign currency. You have been charged the same conversion rate CIBC is required to pay, plus an administration fee of 2.5% of the converted amount. This fee applies to both debits and credits.

* Visa Int'l/CIBC Ltd. user



Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services		Department: Executive
Business Phone: 735-4101	Period From: January to March 2006	

Attachment

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000	- Parking/Taxi/Mileage		\$422.38	<input checked="" type="checkbox"/>
201	0002	71110101001	61000000	- Home Fax		100.97	<input checked="" type="checkbox"/>
201	0002	71110101001	69500000	- Lunch		15.02	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less: Cash Advance							<input type="checkbox"/>
Total						\$538.37	<input checked="" type="checkbox"/>

407.3
15.02

Capital Health
RECEIVED
APR 25 2006
ACCOUNTS PAYABLE

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

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

Employee Signature: **Date:** 10 Apr 06

Approved By: Sheila Weatherill (Print name)	Title: CEO, Capital Health	Phone # 407-8008
(Signature)		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

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

APPLICANT COPY



Edmonton and area

Expense Claim

Section 17(1)

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED])
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Diagnostic Services
Department:	Executive
Code:	
Date:	10 April 2006

January – March 2006

	Amount Claimed	
<input checked="" type="checkbox"/> Mileage (travel log attached)	\$ 235.75	w
<input checked="" type="checkbox"/> Parking Fees (receipts attached)	\$ 73.63	w
<input checked="" type="checkbox"/> Taxi (receipts attached)	\$ 113.00	98.00 15.00
<input checked="" type="checkbox"/> Home Fax (Telus Statements attached)	\$ 100.97	
<input checked="" type="checkbox"/> Lunch with John Stanton/Marianne Stewart (receipt attached)	\$ 15.02	w
TOTAL CLAIM	\$ 538.37	



APPLICANT COPY

Edmonton and area

Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Vice President and Chief Operating Officer
 RAH & Diagnostic Services

For the Period of: **January – March 2006**

Date	Destination	Destination	Destination	Destination	Kms
05-Jan	UAH	RAH	UAH		13.8
12-Jan	UAH	RAH			6.6
26-Jan	RAH	UAH			8.3
30-Jan	RAH	CHC	RAH	UAH	14.7
31-Jan	RAH	UAH			6.6
01-Feb	RAH	UAH	RAH		13.0
02-Feb	RAH	UAH	RAH		12.6
03-Feb	RAH	UAH			6.4
06-Feb	UAH	RAH	UAH		16.4
07-Feb	UAH	RAH	UAH	RAH	21.9
08-Feb	RAH	UAH	RAH	Manor Café	19.4
09-Feb	RAH	UAH	RAH	UAH	24.8
10-Feb	World Trade Centre	RAH	UAH		12.6
13-Feb	RAH	AMA	RAH		8.2
14-Feb	UAH	RAH			6.3
15-Feb	RAH	UAH			9.3
16-Feb	UAH	RAH			6.3
17-Feb	UAH	RAH	UAH		15.7
21-Feb	RAH	Petroleum Club	CHC	UAH	8.8
22-Feb	Airport	UAH			79.4
23-Feb	UAH	RAH	UAH		16.2
24-Feb	RAH	UAH			6.3
27-Feb	RAH	AMA	RAH		9.6
28-Feb	Chateau Louis	UAH	RAH	UAH	22.6

Sub Total
 365.80
 x 0.38/km
\$139.00

01-Mar	RAH	UAH	RAH		15.7
03-Mar	RAH	UAH	RAH		16.3
06-Mar	UAH	RAH	UAH		15.4
07-Mar	RAH	UAH	RAH		18.6
08-Mar	RAH	UAH	RAH	Hotel Mac	15.4
09-Mar	UAH	RAH	UAH	Il Portico	15.7
10-Mar	UAH	RAH	UAH		15.4
13-Mar	UAH	RAH			6.4
15-Mar	RAH	UAH			9.5
16-Mar	UAH	RAH			5.3
17-Mar	RAH	UAH			9.3
21-Mar	RAH	Mettera Hotel			5.7
22-Mar	RAH	UAH			9.3
23-Mar	UAH	RAH			6.4
24-Mar	RAH	UAH			9.0
27-Mar	RAH	UAH	RAH	UAH	24.2
28-Mar	RAH	CHC	RAH	UAH	14.7
29-Mar	RAH	UAH			6.4
30-Mar	RAH	UAH			6.3

Sub Total
 225.00
 x \$0.43./km
\$ 96.75
TOTAL \$235.75

APPLICANT COPY

*Primo Ad meeting
N. Arrow*

Grant MacEwan C.C.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date: 24/02/2006 09:32:17
Subtotal: \$5.25
Amount Given: \$5.25
Change: \$0.00
TOTAL: \$5.25
Payment:

Thank You, Have a nice day!

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239-107th STREET
EDMONTON ALBERTA T5J 0R78

LIC. NO.: @CNC
AMOUNT: 6.00

554434

RECYCLEABLE THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

*Parking - Primo Ad
Meeting in Calgary*

EDMONTON REGIONAL AIRPORT AUTH
MAIN STATION (INT'L AIRP
EDMONTON AB Section 17(1),(4)(e.i)

CARD NUMBER [REDACTED]
CARD TYPE VISA 0770
DATE/TIME 2006/02/22 16:46:44
RECEIPT NUMBER S80582267-124-014
PURCHASE
TOTAL AMOUNT \$27.38

01 APPROVED 027 AUTH. # 022655
THANK YOU

CARDHOLDER COPY

Imperial Parking *Mini Peter*
Lot 0002-0004
GST #88731 5638 RT0001
Machine Serial #: 714160K4571

EXPIRY DATE AND TIME
EXP 06:00pm
FEB 10, 2006

TICKET# 00071606 Lot# 00020004
Section 17(1),(4)(e.i)

CC \$0015.00 Visa MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Park All Day \$15.00
Question/Comments
Ph: 780-420-1976

509793

DETACH RECEIPT
509793
TICKET PRICE INCLUDES GST REG. #887315638RT0001

impark
your parking authority
YMCA BA Meeting
2006
509793
FACE UP ON DASH
WARNING - YOUR RISK SEE BACK

YMCA *CA*

APPLICANT COPY

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

imparK

Trans: 20152974

Time: 11:43A MAR 29

Price: \$ 3.20

12:48PM WED
MAR 28 06

PLACE THIS SIDE UP

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPARK

IMPERIAL PARKING CANADA CORPORATION

1029 10th STREET
EDMONTON, ALBERTA 420-1976

552928

RECICLEABLE THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001 VISIT OUR WEBSITE AT www.impark.com

LIC. NO. *DL 1000 meeting*

AMOUNT: *8.00*

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPARK

IMPERIAL PARKING CANADA CORPORATION

1029 10th STREET
EDMONTON, ALBERTA 420-1976

556650

RECICLEABLE THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001 VISIT OUR WEBSITE AT www.impark.com

LIC. NO. *DL 1000 meeting*

AMOUNT: *8.00*

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

ISSUS DE CETTE LIGNE

JOANNA PAWLYSHYN

Javri - Profile meeting in Calgary

EXPIRY DATE: 02-22-06

AMOUNT-MONTANT: 5 784

DESCRIPTION	AMOUNT-MONTANT
	38.20
	6.00
SALES DRAFT CHARGE FACTURE	
CAN \$	44.20

CUSTOMER COPY
COPIE DU CLIENT

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

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

Official Mark Canadian Olympic Association
Marque officielle Association Olympique canadienne

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
LE DETENTEUR DE LA CARTE CHARGE MENTIONNEE PAYERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

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

ISSUS DE CETTE LIGNE

JOANNA PAWLYSHYN

Javri - Profile meeting in Calgary

EXPIRY DATE: 02-22-06

AMOUNT-MONTANT: 5 905

DESCRIPTION	AMOUNT-MONTANT
	29.60
	4.00
SALES DRAFT CHARGE FACTURE	
CAN \$	33.60

CUSTOMER COPY
COPIE DU CLIENT

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

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

Official Mark Canadian Olympic Association
Marque officielle Association Olympique canadienne

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERewith THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
LE DETENTEUR DE LA CARTE CHARGE MENTIONNEE PAYERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

APPLICANT COPY

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

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

(780) 462-3456
(780) 462-4444
ADMINISTRATIVE (780) 465-8500

JOANNA PAWLYSHYN
Meeting w/ DINA & EMS 2/9

Auth. No. 017644 DRIVER UNIT NO. 271
TIME 13 3 16

G.S.T.# [REDACTED]

FROM 102 St Wm Ave
TO 10611-99A

PRINT NAME [REDACTED]

CUSTOMER'S SIGNATURE [Signature]

2175585

FARE	12	00
TAX		
GRATUITY	2	00
TOTAL	14	00

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

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

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

(780) 462-3456
(780) 462-4444
ADMINISTRATIVE (780) 465-8500

JOANNA PAWLYSHYN
Meeting w/ DINA & EMS 02/08

Auth. No. 6 711 DRIVER UNIT NO. 271
TIME 13 3 06

FROM 98-10611
TO RATH

PRINT NAME JOANNA PAWLYSHYN

CUSTOMER'S SIGNATURE [Signature]

2076660

FARE	18	00
TAX		
GRATUITY	3	00
TOTAL	21	00

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

Host: Karen
GRH263
02/27/2006
11:56 AM
90263

Area: Glenrose

Soup Large 2.57
Salad Cup Small (3 @ 1.64) 4.92
Salad Chef 3.50
Coffee Large 1.41
Side Veg Fresh 1.64

Sub Total 14.04
Tax 0.98

GRH Order Total 15.02

CASH 20.00

Change 4.98

Royal Alexandra Hospital
Glenrose Hospital
GST # R124072513

Check Closed

GRH263

Handwritten signatures: Jennifer W. O'Brien, Jennifer, Marianne Stewart, Janice (unclear)

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
 Your TELUS Account ID

Section 17(1)

HOME FAX

2

Here's what you owe this month: \$33.87

Amount of your last bill	\$33.68
Payment we processed on Jan 24 - Thank You	-33.68
Amount overdue from your last bill	.00
1 Residence Line Touchtone from Jan 28 to Feb 27	23.86
1 Number Non-Published Residence from Jan 28 to Feb 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	5.25
GST (Registration 100652692) at 7%	2.19
Total new charges	33.87
Total amount due by Feb 19	\$33.87

Thank you for keeping
 your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Jan 27	\$.44	.57
E9-1-1 Provincial Network Fee Jan 27	.13	
Total additional charges and credits	\$.57	

Long Distance Charges

Long Distance Administration Fee Jan 28	4.95
---	------

Tear off here



Sales & Service: Internet 1-877-310-4NET Other products 310-2255
If calling from outside Alberta, call Toll-free: 1-800-400-2598
Manage your account @telus.com/customer-care

(continued from previous page)
Long Distance Charges

Your Way Straight - Canada Evening and Weekend

- Rates are for direct dialed calls unless indicated. Rates for evenings /weekends are also applicable on Christmas Day/New Years Day.
- 12¢ per minute within Canada*evenings/weekends.
- 18¢ per minute for calls in Canada* 8 am to 6 pm Monday to Friday.
- *20¢ per minute anytime for calls to areas served by NorthwesTel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.

Date and time of call	Place you called	Number you called	Length of call (minutes)	Amount you pay (\$)
Direct dialed calls from				
1 Sun Jan 22 08:22 pm		Section 17(1)	1	.12
Total Charges				\$.12

Feb 28, 2006

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

J PAWLYSHYN

Section 17(1)

2

Your account number
Your TELUS Account ID

HOME FAX

Here's what you owe this month: \$33.55

Amount of your last bill	\$33.87
Payment we processed on Feb 13 - Thank You	-33.87
Amount overdue from your last bill	.00

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from Feb 28 to Mar 27	23.86
1 Number Non-Published Residence from Feb 28 to Mar 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.17
Total new charges	33.55
Total amount due by Mar 19	\$33.55

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Feb 27	\$.44	.57
E9-1-1 Provincial Network Fee Feb 27	.13	
Total additional charges and credits	\$.57	

Long Distance Charges

Long Distance Administration Fee Feb 28	4.95
---	------

Tear off here

TELUS ^{APPLICANT COPY} **Your TELUS Statement**
Mar 28, 2006

TELUS Communications Inc.

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
Your TELUS Account ID

Section 17(1)

2

Here's what you owe this month: \$33.55

Amount of your last bill	\$33.55
Payment we processed on Mar 21 - Thank You	-33.55
Amount overdue from your last bill	.00

- Thank you for keeping your account up to date.

1 Residence Line Touchtone from Mar 28 to Apr 27	23.86
1 Number Non-Published Residence from Mar 28 to Apr 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	2.17

Total new charges 33.55

Total amount due by Apr 19 **\$33.55**

Additional Charges and Credits *NONE FAX* **.57**

E9-1-1 Municipal Call Answer Fee Mar 27 \$44

E9-1-1 Provincial Network Fee Mar 27 13

Total additional charges and credits \$57

Long Distance Charges **4.95**

Long Distance Administration Fee Mar 28 4.95

Tear off here



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services		Department: Executive
Business Phone: 735-4101	Period From: April to June 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000 (mileage, parking, taxi)			\$219.32	<input checked="" type="checkbox"/>
201	0002	71110101001	61000000 (home fax)			100.65	<input checked="" type="checkbox"/>
			61020003				<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$319.97	<input checked="" type="checkbox"/>

217.00
2.00

Capital Health
RECEIVED
 JUL 26 2006
 ACCOUNTS
 PAYABLE

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

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

Employee Signature: Date: July 19, 2006

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: CEO, Capital Health	Phone # 407-8008
(Signature)		Date
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

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

APPLICANT COPY



Capital Health

Edmonton and area

Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [redacted]) Section 17(1)
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Diagnostic Services
Department:	Executive
Code:	
Date:	19 July 2006

April - June 2006

Mileage (travel log attached)
Parking Fees (receipts attached)
Taxi (receipts attached)
Home Fax (Telus Statements attached)

Amount Claimed

\$	153.77
\$	54.75
\$	10.80
\$	100.65

w 790
w 790
8.80 2.00
w

TOTAL CLAIM

\$	\$319.97
----	-----------------

APPLICANT COPY

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

[REDACTED]

JOANNA PAWLYSHYN

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

AUTH. NO.	DRIVER	UNIT NO.	
		990	
TIME	DAY	MO	YR
	14	6	6

3046466

FROM	Capital H.
TO	Royal APX
PRINT NAME	
CUSTOMER'S SIGNATURE	<i>[Signature]</i>

X

FARE	8.80
INT'L	
GRATUITY	2.00
TOTAL	10.80

CUSTOMER COPY

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

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
 Your TELUS Account ID



Section 17(1)

2

Here's what you owe this month: \$33.55

Amount of your last bill	\$33.55
Payment we processed on Apr 10 - Thank You	-33.55
Amount overdue from your last bill	.00

▪ Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Apr 28 to May 27	23.86
1 Number Non-Published Residence from Apr 28 to May 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	2.17

Total new charges 33.55

Total amount due by May 19

\$33.55

Additional Charges and Credits

HOME FAX

E9-1-1 Municipal Call Answer Fee Apr 27	\$.44
E9-1-1 Provincial Network Fee Apr 27	.13
Total additional charges and credits	\$.57

Long Distance Charges 4.95

Long Distance Administration Fee Apr 28 4.95

Tear off here

TELUS® Your TELUS Statement
May 28, 2006

TELUS Communications Company

Page
1 of 2

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
 Your TELUS Account ID

Section 17(1)

2

Here's what you owe this month: \$33.55

Amount of your last bill	\$33.55
Payment we processed on May 09 - Thank You	-33.55
Amount overdue from your last bill.	.00

• Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from May 28 to Jun 27	23.86
1 Number Non-Published Residence from May 28 to Jun 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	2.17

Total new charges 33.55

Total amount due by Jun 19

\$33.55

HOME FAX

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee May 27	\$.44
E9-1-1 Provincial Network Fee May 27	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee May 28

4.95

Tear off here

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
Your TELUS Account ID



Section 17(1)

2

Here's what you owe this month: **\$33.55**

Amount of your last bill	\$33.55
Payment we processed on Jun 07 - Thank You	-33.55
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jun 28 to Jul 27	23.86
1 Number Non-Published Residence from Jun 28 to Jul 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 7%	2.17

Total new charges 33.55

Total amount due by Jul 19

\$33.55

HOME
PAY

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Jun 27	\$.44
E9-1-1 Provincial Network Fee Jun 27	.13

Total additional charges and credits \$.57

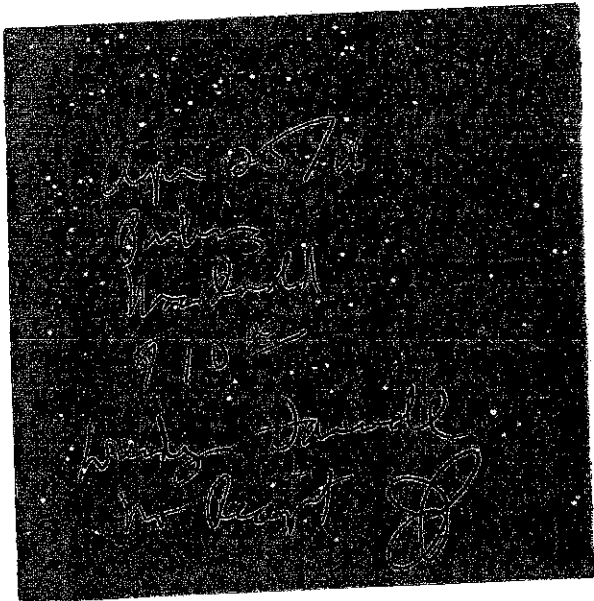
Long Distance Charges

4.95

Long Distance Administration Fee Jun 28

4.95

Tear off here



Meeting w/ John & Alison
CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

Cpt# 31009
5/16/06 11:26 LA 1 AM 51 Txn# 69746
5/16/06 09:55 In 05/16/06 11:26 Out
Regular Rate \$ 4.21
Total Tax \$ 0.29
Total Fee \$ 4.50
CASH PAID \$ 4.50
Cash Tender \$ 10.00
Change Due \$ 5.50
THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

UNIVERSITY OF ALBERTA
NON TRANSFERABLE
AMOUNT PAID \$ 3.75 1521000012:54 PM
EXPIRATION DATE 22/06 02:24 PM
EXPIRATION TIME

UNIVERSITY OF ALBERTA
RECEIPT
DETACH RECEIPT FROM TICKET
DATE ISSUED 22/06/06 12:54 PM
TIME ISSUED
AMOUNT PAID \$ 3.75
CREDIT CARD NUMBER 55150
ATA KMAN
SIGNING
GST # R108102831

UNIVERSITY OF ALBERTA
NON TRANSFERABLE
AMOUNT PAID \$ 3.75 1521000010:37 AM
EXPIRATION DATE 20/06 12:07 PM
EXPIRATION TIME

UNIVERSITY OF ALBERTA
RECEIPT
DETACH RECEIPT FROM TICKET
DATE ISSUED 20/06/06 10:37 AM
TIME ISSUED
AMOUNT PAID \$ 3.75
CREDIT CARD NUMBER 55150
System Control
GST # R108102831

UNIVERSITY OF ALBERTA
NON TRANSFERABLE
AMOUNT PAID \$ 11.25 1521000007:01 AM
EXPIRATION DATE 12/04 12:30 PM
EXPIRATION TIME

UNIVERSITY OF ALBERTA
RECEIPT
DETACH RECEIPT FROM TICKET
DATE ISSUED 12/04/06 07:01 AM
TIME ISSUED
AMOUNT PAID \$ 11.25
CREDIT CARD NUMBER 55150
SULLIVAN PLANNING
SESSION
GST # R108102831



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

Attachment #2

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services		Department: Executive
Business Phone: 735-4101	Period From: June to August 2006	

Attachment

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

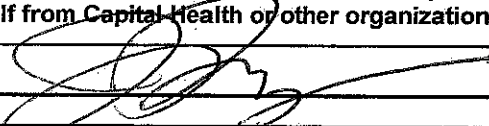
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000	(mileage, parking)		\$153.20	<input checked="" type="checkbox"/>
201	0002	71110101001	61000000	(home fax)		30.48	6% <input checked="" type="checkbox"/>
201	0002	71110101001	61030000	(forum registration)		4,552.30	6% <input checked="" type="checkbox"/>
201	0002	71110101001	69500000	(Little Fundraiser)		175.00	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$4,910.98	<input checked="" type="checkbox"/>

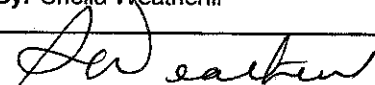
726
49.28
163.9265
4234.7
317.60

Capital Health
RECEIVED
 OCT 04 2006
ACCOUNTS PAYABLE

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

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

Employee Signature:  **Date:** September 21, 2006

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: CEO, Capital Health	Phone # 407-8008
<i>(Signature)</i> 		Date
Approved By: <i>(Print name)</i>	Title:	Phone #
<i>(Signature)</i>		Date

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

Client: CAP001
 CAPITAL HEALTH
 Joanna Pawlyslyn
 Roayl Alexandra Hospital
 Room 1102, 10240 Kingsway
 Edmonton (Alberta) T5H 3V9

No. document : FA001432
 Date : 2006-09-12

FACTURE

OCTOBER 30, 31 AND NOVEMBER 1, 2006

WORLD HEALTH EXECUTIVE FORUM

3 995.00

Joanna Pawlyslyn

PAÏÉ
 12 SEP. 2006

No.T.P.S.: 142182096
 No.T.V.Q.: 1020765093

Sous-total: 3 995.00
 T.P.S.: 239.70 *GST*
 T.V.Q.: 317.60
Montant total 4 552.30

CONDITIONS D'INSCRIPTION:

Les frais d'inscription doivent être payés en totalité par votre employeur sur réception de la facture et avant la tenue de l'événement (assujettis à 2% par mois, 24% par année pour solde impayé).

Les demandes d'annulation écrites reçues avant la date ci-haut mentionnée donneront droit à un remboursement partiel de 50% des frais d'inscriptions. Après cette date, les frais d'inscription seront exigés en totalité.

Tous droits réservés. Toute reproduction ou diffusion, en tout ou en partie, du contenu de l'événement est strictement interdit.

PERFORM will reimburse 50% of the fees in response to written requests for cancellation received prior to the above mentioned date. After that date, the registration fees won't be reimbu.

**Les systèmes de formation
 et de gestion PERFORM Inc.**

33, rue St-Jacques, bureau 200
 Montréal (Québec) H2Y 1K9
 Téléphone : (514) 861-7000
 Télécopieur : (514) 861-1616

RS: Lois Hole Hosp. Fund Raise

APPLICANT COPY

Received from
Reçu de

Date 08-01-06
Joanne Phawlyshyn

103812

one hundred and seventy five

100 Dollars

"What A Girl Wants"

\$ 175.00

ticket #132

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

CRMSA Meeting @ GN

AMOUNT PAID \$ 5.40 16520000 18:08

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

CREDIT CARD NUMBER 55150

CARITAS HEALTH GROUP CHARGES ARE FOR THE USE OF PARKING SPACE ONLY. CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.



CARITAS HEALTH GROUP NON TRANSFERABLE 1090106



CARITAS HEALTH GROUP

RECEIPT 1090106

ERICKSEN NISSAN LTD
10982 101 ST
EDMONTON AB

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

CARD NUMBER [REDACTED]
EXPIRY DATE [REDACTED]
CARD TYPE VISA 0077
DATE/TIME 2006/08/01 13:59:31
INVOICE NUMBER 103812
RECEIPT NUMBER M47123306-134-010
PURCHASE
TOTAL AMOUNT \$175.00

01 APPROVED-027 AUTH. # 638187
THANK YOU

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

Payment By Phone
CARDHOLDER SIGNATURE
Joanne Phawlyshyn
ticket #132

CARD CH. #26.50

G.S.T. \$1.50
MOSE ST. \$25.00
PARKING \$25.00
#000000000868402

SHIFT B
000#2555
08/31/06 4:08PM

Chery
HAVE A NICE DAY
THANK YOU
VALET PARKING
GST # R128599776
EDMONTON AIRPORTS
CASH
Empress

APPLICANT COPY



Edmonton and area

Expense Claim

Section 17(1)

Employee Name: **Joanna Pawlyshyn** (Employee # [REDACTED])
Employee Position: **Vice President and Chief Operating Officer,
Royal Alexandra Hospital and Diagnostic Services**
Department: **Executive**
Code:
Date: **21 September 2006**

June – August 2006

- Mileage** (travel log attached)
- Parking Fees** (receipts attached)
- Registration Fees / Events**
- World Health Executive Forum (receipts attached)
- "What A Girl Wants" – Lois Hole Hospital Fundraiser (receipt attached)
- Home Fax** (Telus Statements attached)

Amount Claimed

✓ \$	121.30	✗ 2
✓ \$	31.90	
\$	4,552.30	
\$	175.00	
\$	30.48	

TOTAL CLAIM \$ \$4,910.98

✗ 49.28 7%
72.02 6%



APPLICANT COPY

Edmonton and area

Travel Log

Employee: **Joanna Pawlyshyn** [redacted] **Section 17(1)**
 Vice President and Chief Operating Officer
 RAH & Diagnostic Services

For the Period of: **June – August 2006**

Date	Destination	Destination	Destination	Destination	Kms
01-Jun-06	UAH	RAH			6.4
05-Jun-06	RAH	UAH			8.4
08-Jun-06	UAH	Petroleum Club			6.7
09-Jun-06	RAH	Il Portico			4.2
12-Jun-06	UAH	RAH	Petroleum Club	RAH	10.4
14-Jun-06	Inn on 7 th	RAH	Characters		6.4
15-Jun-06	UAH	RAH	Petroleum Club	RAH	8.7
16-Jun-06	RAH	UAH			6.4
19-Jun-06	RAH	UAH	RAH		15.6
20-Jun-06	RAH	Lister Hall	Petroleum Club	RAH – UAH	28.0
21-Jun-06	RAH	UAH	RAH		13.4
19-Jul-06	RAH	UAH			6.4
20-Jul-06	RAH	UAH	RAH		13.6
24-Jul-06	RAH	Mayfair			7.6
26-Jul-06	RAH	UAH			6.3
01-Aug-06	UAH	RAH	UAH		13.4
02-Aug-06	RAH	UAH			6.3
21-Aug-06	UAH	RAH			6.4
22-Aug-06	RAH	UAH	RAH		13.6
23-Aug-06	UAH	RAH			6.6
24-Aug-06	UAH	RAH			6.4
29-Aug-06	RAH	UAH			6.6
30-Aug-06	RAH	UAH			6.3
31-Aug-06	Home	Airport	Home		68.0
TOTAL					282.1 x \$0.43/km
TOTAL					\$121.30

776
251

670
251

TELUS® Your TELUS Statement
 Aug 28, 2006

TELUS Communications Company

Page
1 of 3

J PAWLYSHYN

Your account number
 Your TELUS Account ID

Section 17(1)

2

Here's what you owe this month: \$30.48

Amount of your last bill	\$34.64
Payment we processed on Aug 23 - Thank You	-34.64
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Aug 28 to Sep 27	23.34
1 Number Non-Published Residence from Aug 28 to Sep 27	2.00
Additional Charges and Credits (see details below)	-1.69
Long Distance Charges (see details below)	5.13
GST (Registration 812758878) at 6%	1.70
<hr/>	
Total new charges	30.48
Total amount due by Sep 19	\$30.48

▪ Thank you for keeping your account up to date.

HOME
FAX

Additional Charges and Credits

-1.69

Change in Residence Line Touchtone (for 87 days from Jun 01 to Aug 28)	-\$1.50
Quality of Service Rebate Aug 18	-.76
E9-1-1 Municipal Call Answer Fee Aug 27	.44
E9-1-1 Provincial Network Fee Aug 27	.13
<hr/>	
Total additional charges and credits	-\$1.69

Long Distance Charges

5.13

Tear off here

APPLICANT COPY



Your TELUS Statement

Aug 28, 2006
J PAWLISHYN

Section 17(1)

Page 2 of 3

Sales & Service: Internet 1-877-310-4NET Other products 310-2255
If calling from outside Alberta, call Toll-free: 1-800-400-2598
Manage your account @telus.com/customer-care

(continued from previous page)
Long Distance Charges

4.95

Long Distance Administration Fee Aug 28

Your Way Straight - Alberta / Canada Daytime

- Rates are for direct dialed calls unless indicated. Rates for evenings /weekends are also applicable on Christmas Day/New Years Day.
- 12¢ per minute within Canada*evenings/weekends.
- 18¢ per minute for calls in Canada* 8 am to 6 pm Monday to Friday.
- *20¢ per minute anytime for calls to areas served by NorthwesterTel.
- 23¢ per minute for calls to the U.S. evenings/weekends.
- 27¢ per minute for calls to the U.S. 8 am to 6 pm Monday to Friday.
- Overseas and Calling Card per minute rates are included in this plan. Calling Card calls under 10 seconds have a 1 minute minimum; calls 10 seconds and under 3 minutes have a 3 minutes minimum.
- Calls terminating on overseas wireless numbers or through audio text facilities may be charged at higher prices than other overseas calls.

Date and time of call	Place you called	Number you called	Length of call (minutes)	Amount you pay (\$)
		Section 17(1)	Section 17(1)	
1 Tue Aug 22 08:09 am			1	.18
Total Charges				\$.18

News from TELUS

Residential phone line rates decrease

Residential phone line rates have been decreased by approximately \$0.50 per month, as approved by the Canadian Radio-television and Telecommunications Commission (CRTC). The rate decrease is retroactive to June 1, 2006.



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services		Department: Executive
Business Phone: 735-4101	Period From: September to December 2006	

Attachment

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000	(mileage/parking)		\$523.55	<input checked="" type="checkbox"/>
201	0002	71110101001	61000000	(home fax)		98.07	<input checked="" type="checkbox"/>
201	0002	71110101001	62414000	(travel expenses - flight/hotel)		2,009.78 1,927.78	<input checked="" type="checkbox"/>
201	0002	71110101001	69500000	(other)		236.23	<input type="checkbox"/>
			62414 - 38.16		6.26		<input type="checkbox"/>
			69500 - 191.81w				<input type="checkbox"/>
Less Cash Advance						2050.63	<input type="checkbox"/>
Total						\$2,927.63	<input checked="" type="checkbox"/>

482.5
41.00
✓
938.46
254.3

Capital Health
RECEIVED
JAN 23 2007
ACCOUNTS PAYABLE

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

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

Employee Signature: [Signature] **Date:** January 11, 2007

Approved By: Sheila Weatherill (Print name)	Title: CEO, Capital Health	Phone # 407-8008
(Signature)		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

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

APPLICANT COPY



Expense Claim

Employee Name: **Joanna Pawlyshyn** (Employee # [redacted] Section 17(1))
 Employee Position: **Vice President and Chief Operating Officer,
 Royal Alexandra Hospital and Diagnostic Services**
 Department: **Executive**
 Code:
 Date: **January 11, 2007**

September – December 2006

	Amount Claimed	
Mileage (travel log attached)	\$ 373.50	w
Parking/Taxi Fees (receipts attached)	\$ 150.05	109.05 41.
Travel (receipts/records attached)		
Hotel Expenses:		
- J&J Meetings in Cincinnati – Sept. 21 & 22/06	\$ ✓ 226.86	
- World Health Executive Forum in Ottawa – Oct. 30-Nov. 1/06	\$ 1,081.92	938.46 143.46
Flights Expenses:		
- to Ottawa (World Health Executive Forum Oct. 30-Nov. 1/06)	\$ 877.00	← CH paid
- to Halifax and return [redacted] Section 17(1)	\$ 116.00	← 2 over CH
<i>(Forum and vacation flights booked together – cost: \$877.00 – PAID BY CH subtracted original cost of what Edmonton-Ottawa run would be without vacation flight to Halifax – cost: \$761.00 = Difference: \$116.00 – paid by employee)</i>		
Home Fax (Telus Statements attached)	\$ 98.07	✓
Other		
Christmas Cards (receipt attached)	\$ 191.81	w
Dining Expenses (receipts attached – from trip to World Health Executive Forum in Ottawa – Oct. 30-Nov.1/06)	\$ 44.42	38.16 6.26
TOTAL CLAIM	\$ 2,927.03	
	2050.63	

Travel Log

Employee: **Joanna Pawlyshyn** [REDACTED] **Section 17(1)**
Vice President and Chief Operating Officer
RAH & Diagnostic Services

For the Period of: **September – December 2006**

Date	Destination	Destination	Destination	Destination	Kms
05-Sept-06	UAH	RAH	UAH		16.3
06-Sept-06	RAH	UAH	RAH		16.0
07-Sept-06	UAH	RAH			6.3
12-Sept-06	RAH	UAH			8.8
13-Sept-06	RAH	UAH	Trans Alt Bams		13.0
14-Sept-06	RAH	GN			16.5
18-Sept-06	RAH	UAH			6.9
20-Sept-06	RAH	UAH			6.6
21/22-Sept	Home	Airport	Home		61.4
25-Sept-06	UAH	RAH			6.6
26-Sept-06	RAH	UAH	RAH	UAH	25.0
27-Sept-06	RAH	UAH			6.7
28-Sept-06	UAH	RAH	UAH		20.7
29-Sept-06	RAH	UAH			9.5
02-Oct-06	RAH	UAH			9.0
05-Oct-06	UAH	RAH			6.6
06-Oct-06	UAH	RAH			6.4
10-Oct-06	RAH	UAH	Museum		15.9
11-Oct-06	RAH	UAH	RAH	Fairmont	16.0
12-Oct-06	UAH	RAH			6.2
16-Oct-06	UAH	RAH			6.2
18-Oct-06	UAH	RAH	UAH		15.4
19-Oct-06	UAH	RAH			6.4
24-Oct-06	RAH	UAH	RAH		13.6
25-Oct-06	RAH	UAH	RAH	MacDonald Hotel	17.5
26-Oct-06	UAH	RAH			6.6
27-Oct-06	UAH	RAH			6.4
29-Oct-06	Home	Airport	Home		60.0
06-Nov-06	Home	Airport	Home		60.0
07-Nov-06	RAH	UAH			6.2
09-Nov-06	RAH	UAH			6.4
10-Nov-06	UAH	RAH			6.3
15-Nov-06	RAH	UAH			13.6
16-Nov-06	UAH	RAH			6.3
17-Nov-06	RAH	Westlock	RAH		190.0
23-Nov-06	UAH	RAH			6.4
29-Nov-06	RAH	UAH	RAH		16.3
30-Nov-06	RAH	UAH	RAH	UAH	22.7
05-Dec-06	RAH	UAH			9.0
06-Dec-06	RAH	Petroleum Club	UAH	RAH	16.7
07-Dec-06	UAH	RAH			6.3
08-Dec-06	UAH	RAH			8.2
11-Dec-06	UAH	AH&W	UAH		9.0
12-Dec-06	RAH	EGH	RAH	UAH	15.7
13-Dec-06	RAH – UAH	RAH	Petroleum Club	UAH	21.4
18-Dec-06	UAH	RAH	MacDonald Hotel		9.4
19-Dec-06	UAH	RAH			6.3
20-Dec-06	RAH	UAH	RAH		13.6
21-Dec-06	UAH	RAH			6.3
TOTAL					868.60 x \$0.43./km \$373.50



The Platinum Card

APPLICANT COPY

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1-800-263-1616
(24 hours, toll free)

Statement of Account

Page 1 of 4

Prepared for
JOANNA PAWLYSHYN

Membership number
[REDACTED]

Closing Date
October 15, 2006

In Toronto or
International
Collect
905-474-8400

Amex Bank of Canada
Platinum Card Services
101 McNabb Street
Markham ON
L3R 4H8

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$ inc. Finance Charge, if any	=	New Balance \$	Amount Due \$
[REDACTED]	[REDACTED]	[REDACTED]	=	[REDACTED]	[REDACTED]

Statement includes payments and charges received by October 15, 2006

Payment Due Date
November 9, 2006

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 30

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
September 28 (September 28)	[REDACTED]		[REDACTED]
Total of Payment Activity			[REDACTED]
New Charges for JOANNA PAWLYSHYN			
September 22 (September 23)	DOUBLETREE GST SUTS SHARONVILLE OH	197.44 UNITED STATES DOLLAR	226.86
	ARRIVAL 09/21/06 DEPARTURE 09/22/06 NIGHTS 01		
September 25 (September 26)	[REDACTED]	AB	[REDACTED]
September 25 (September 26)	[REDACTED]	AB	[REDACTED]
September 30 (October 2)	[REDACTED]	AB	[REDACTED]
October 1 (October 3)	[REDACTED]	AB	[REDACTED]

J+J MEETINGS
IN CINCINNATI

↑ Please detach here ↑

AMERICAN EXPRESS

PAYMENT BY DUE DATE ENSURES NO FINANCE CHARGES ON NEW CHARGES. DETAILS ON REVERSE.

If paying by cheque please:

- date cheque in MM/DD/YY format.
 - write Membership Account Number clearly on the front of your cheque.
 - enclose this remittance portion of statement with your payment.
- Do Not Send Cash Through Mail

Membership Number [REDACTED]		
Payment Due Date November 9, 2006	Amount Due \$ [REDACTED]	Amount Paid \$



JOANNA PAWLYSHYN

Section 17(1)

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

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

APPLICANT COPY

PAWLYSHYN, JOANNA
 9929108TH ST
 EDMONTON, AB T5K1G8
 CA

327/NK1S
 09/21/06 4:03PM
 09/22/06

1/0
 \$115.00

RATE PLAN C-KCV
 HH#
 AL:
 BONUS AL: CAR:

Confirmation: 83247492

09/22/06 PAGE 1

Section 17(1)

09/21/06	1321946	EXT-#327		\$3.83
09/21/06	1321954	EXT-#327		\$38.15
09/21/06	1322181	GUEST ROOM		\$115.00
09/21/06	1322181	ROOM TAXES		\$18.41
WILL BE SETTLED TO AX *1006				\$175.39
EFFECTIVE BALANCE OF				\$0.00

+ Room Service
 + Phone Call to Rm

TOTAL: 226.86

AS PER AMEX

DOUBLE TREE GUEST SUITES (INTL.)
 THANKS FOR CHOOSING
 THE DISTRO

41 JESSE

TBL 027/1 CHK 188 DST 1
 SEP22'06 05:20PM

Rm SERV
 * ALL AMERICAN
 SAUSAGE 11.25

ROOM SALES 11.25
 TAX 0.87
 19% GROT 2.14
 05:23 TTL AME 14.26

DEBIT/ 3.01
 ROOM # 327
 SIGNATURE
 PRINT NAME

J. PAWLYSHYN

Nom et Adresse / Name and Address

PAWLYSHYN, JOANNA

Section 17(1)

Chambre / Room: 1910/K1EV
 Date d'arrivée / Arrival Date: 10/29/06 9:46PM
 Départ / Departure: 11/01/06

Adulte-enfant / Adult-child: 1/0
 Taux / Room Rate: 295.00 C-GCJ

RATE PLAN

HH#

AL:

CAR:

CONFIRMATION NUMBER : 3255497876

Facture / Invoice

11/01/06 PAGE 1

Date	Réf. / Ref.	Description	Montant / Amount
10/30/06	2299326	SERVICE AUX CHAMBRES	\$22.21
10/31/06	2300275	SERVICE AUX CHAMBRES	\$22.21
10/31/06	2300845	GUEST ROOM	\$295.00
10/31/06	2300845	TPSIGST	\$17.82
10/31/06	2300845	TVQPST	\$23.61
10/31/06	2300845	TAXE D'OCC - OCC. TAX	\$2.00
10/31/06	2300846	GUEST ROOM	\$295.00
10/31/06	2300846	TPSIGST	\$17.82
10/31/06	2300846	TVQPST	\$23.61
10/31/06	2300846	TAXE D'OCC - OCC. TAX	\$2.00
10/31/06	2301207	GUEST ROOM	\$295.00
10/31/06	2301207	TPSIGST	\$17.82
10/31/06	2301207	TVQPST	\$23.61
10/31/06	2301207	TAXE D'OCC - OCC. TAX	\$2.00
11/01/06	2301493	SERVICE AUX CHAMBRES	\$22.21
11/01/06	2301694	AX *1006	(\$1,081.92)
		** BALANCE **	\$0.00



Ouvert matin, midi et soir, le restaurant Arôme - grillades et fruits de mer vous propose de succulentes spécialités ainsi qu'une sélection impressionnante de vins au verre. Un air de jazz, une vue prenante, une formule citadine et accessible. De plus, profitez de notre terrasse en saison estivale. Arôme - grillades et fruits de mer; le choix d'une expérience mémorable!

Open daily for breakfast, lunch and dinner, Arôme - Seafood and Grill offers succulent specialties and a wide selection of wines by the glass. Jazzy melodies and an outstanding view, a feast of sound and sight! You can also enjoy our terrace in Summer. Arôme - Seafood and Grill: The choice of memorable and urban dining experiences!

Information et réservations:
 Information and reservations:
 (819) 790-6410



Le divertissement se poursuit au Bacchus du Hilton Lac-Leamy! Les amateurs de cigares, de portos et d'eaux de vie fines seront séduits par l'opulence de son petit salon ainsi que par l'ambiance feutrée où règnent confort et raffinement. Le Bacchus est ouvert tous les soirs.

Great entertainment continues at Hilton Lac-Leamy's Bacchus lounge! This oasis of warmth and refinement features an impressive selection of cigars, ports and fine liquors. Bacchus lounge is open every evening.

Information: / Information:
 (819) 790-6410



Ce casse-croûte à proximité de la piscine est ouvert en saison estivale. Venez déguster un cocktail exotique au son des Tropiques.

This snack bar features an array of exotic cocktails and is located by the exterior pool. Open in summer.

Ce relevé est votre seul reçu. Vous vous engagez à défrayer personnellement les sommes facturées advenant le défaut de paiement complet par la compagnie, l'association ou son représentant désigné responsable de l'événement auquel vous participez, le cas échéant. Vous serez également personnellement responsable des pertes et dommages à votre chambre et à son contenu. Vous consentez à payer toute somme due en espèces, par chèque certifié ou par carte de crédit. Tout solde impayé portera intérêt au taux de 1,5% par mois (18% par année, à compter du 30^e jour suivant votre départ.

L'hôtel décline toute responsabilité pour l'argent, les bijoux et les autres objets de valeur, à moins que ceux-ci ne soient déposés dans les coffres de sûreté mis à votre disposition à la réception de l'hôtel, auquel cas la responsabilité de l'hôtel sera limitée au montant prévu à l'article 2298 du Code civil du Québec.

This statement is your only receipt. You agree that you will be personally responsible for any charges which the company, association or designated representative responsible for the event at which you are participating fails to pay. As well, you are personally responsible for loss or damage to your hotel room and its contents. You agree to pay any amount owing in cash, by certified cheque or by credit card. Any unpaid balance will bear interest at the rate of 1.5% per month (18% per year), commencing on the 30th day following your check out date.

The hotel is not responsible for money, jewellery or other valuables unless same are deposited in the safety deposit boxes provided for that purpose at the front desk, in which case the limit of liability will be that provided by article 2298 of the Quebec Civil Code.

Signature

X

Date de facturation
 Date of charge

No. de chèque / Folio No.
 336030 A

Autorisation
 Authorization

Initiales
 Initials

Achats et services
 Purchases and services

Taxes

Pourboires et divers
 Tips and misc.

Montant total
 Total amount

0.00

APPLICANT COPY

Harrison, Charmaine

From: Gonzalez, Karen [karen.gonzalez@thomascook.ca]
Sent: Wednesday, October 11, 2006 11:37 AM
To: Harrison, Charmaine
Subject: Joana Pawlyshyn
Importance: High

Original cost of Edmonton-Ottawa Return:

AC 104A 29OCT Edmonton-Ottawa 800A 150P *
AC 143A 01NOV Ottawa-Edmonton 755P 1020P *

Fare including taxes: 761.00

Handwritten note: J over CH.

This is what we booked..

Handwritten note: > Difference - \$ 116.00

AC 172L 29OCT Edmonton-Toronto 120P 705P
AC 466L 29OCT Ottawa-Ottawa 810P 910P
AC 676L 01NOV Ottawa-Halifax 230P 508P
WS 833X 06NOV Halifax-Edmonton 445P 854P

You fare including taxes: 877.00 for these flights above.

Karen Gonzalez
Marlin Travel/Thomas Cook Travel
Senior Consultant
Phone: 780-425-8611
Fax: 780-426-5759

Handwritten note on lined paper: Charmaine / de
When you do my expenses
please show the me the
difference between Edm to Ottawa
+ Edm to Halifax.
I need CH # 116 - build it
into the weekly expense report
Thank
J

APPLICANT COPY

QTY	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	DC9032B	Aurora Bliss		
1	DC9031B	Color of the Season	01061718	36.00
1	DC9030B	Checking In At The Hilton	01061717	35.00
1	DC9025B	Trail's End	01061716	36.00
1	DC9021B	Santa's Yelpers	01061713	34.00
			01061712	35.00

INVOICE

CHRISTMAS CARDS

D DC066593 10/04/2006 070048-2

Thank you for your order! Remember, YOUR SATISFACTION IS GUARANTEED!
 For Billing questions, please call 1-800-317-9029
 For Customer Service questions, please call 1-800-323-4359.

SUB TOTAL	\$176.00
POSTAGE + HANDLING	\$5.25
TAX	\$10.56
TOTAL	\$191.81
AMOUNT PAID	\$0.00
BALANCE DUE	\$191.81

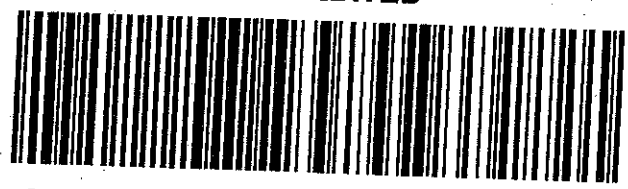
Tax Represents 6% G.S.T. (Additional 8% H.S.T. for NS, NB, NF)
 G.S.T. Registration #13029 1453 RT

PAGE 1

DUCKS UNLIMITED CANADA
 Holiday Card Center
 1151 Martingrove Rd
 Etobicoke, ON M9W 7W4

Payment due upon receipt.
 Thank You for Your Order!

EXPEDITED



4200 0000 9199 6197 4198 6061 4115 07

MS JOANNA PAWL YSHYN



Section 17(1)

PKG ID: 06141150

070048-2

No receipt:

Oct. 11/06 - Fairmont Hotel
= \$11.00

Oct. 25/06 - Hotel MacDonald
= \$12.00

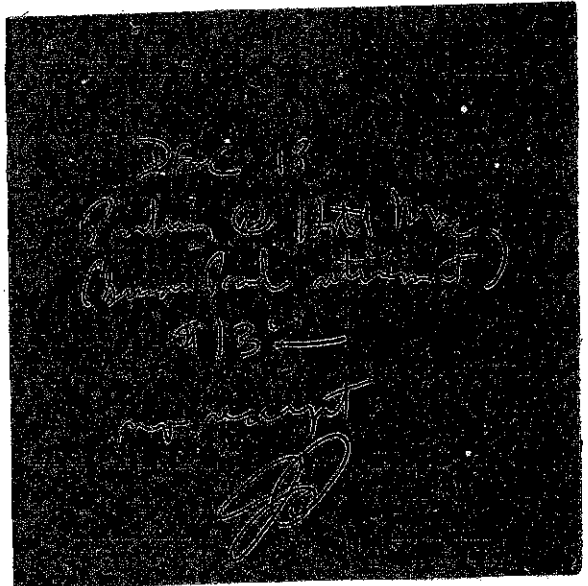
Parking / TAXI

Cinnanti
EDMONTON AIRPORTS
GST # R128599776
VALET PARKING
THANK YOU
HAVE A NICE DAY
Met w/ JFS

09/23/06 12:43PM
000#4305 A
SHIFT A

#0000000000867812
PARKING T4 \$40.00
MOSE ST \$40.00
G.S.T. \$2.40

CARD CH. \$42.40



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

JOHN PAWLYSHYN

3532

4270

10/28/06

AMERICAN EXPRESS

101 327026

Cardmember Copy

Establishment agrees to transfer to: Amex Bank of Canada (Amex) or Authorized Representative for payment. Marches, bills and / or services rendered on this card shall not be recouped by the cardholder.

Établissement s'engage à transférer à: Amex Bank of Canada (Amex) ou à son représentant autorisé pour le paiement. Les factures, factures et / ou services rendus sur cette carte ne seront pas remboursés par le titulaire de la carte.

AMBULATORY SUMMIT
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

11/12 12:30 AM

AMOUNT PAID

\$ 26.25 1521000007:57 AM



NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

09/12/06 07:57 AM \$ 26.25

CREDIT CARD NUMBER

55150

UNIVERSITY OF ALBERTA



RECEIPT

GST # R108102831

COULD NOT READ DISPLAY - ORIGINAL meeting @ Carleton

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

12/12/06 10:03

AMOUNT PAID

\$ 2.70 15360000 09:03

CARITAS HEALTH GROUP
CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.



CARITAS HEALTH GROUP NON TRANSFERABLE 0992096

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

12/12/06 09:03 \$ 2.70

CREDIT CARD NUMBER

55150

UNIVERSITY OF ALBERTA



RECEIPT

GST # R108102831

ORIGINAL meeting @ Carleton

HMSHost 3 SE 20654

Server : BYS68 AHMAD
 Check : 20654
 Table : 30
 Guests : 1

DUPLICATE RECEIPT

STORED ORDER

RICKS RED LRG DRAFT 6.59
 MR CANADA CHILI - BY 7.99

DINE IN 14.58
 GST .87
 PST .64
 Liquor .66
 Amount Due \$16.75

GST NUMBER: 187512901 RT0003

LUNCH - OTTAWA AIRPORT

Dining Expenses

RESTAURANT BANCO
 Le Casino vous remercie
 The Casino thanks you kindly
 35633 Richard
 Send to Backup
 5/1 2656

31OCT'06 19:31

***** MEMO TRANSACTION *****

Send to Backup

Siege #:2

1 Rickard's Red 4.56
 1/3 Calmars frits 2.32
 1 Scaupe oignon 5.95
 Sous-Total 12.83
 T.P.S./G.S.T. 0.77
 T.V.Q./P.S.T. 1.02
 Total \$14.62

Service non compris*not included
 Payez au serveur/Pay your server
 TPS R136268596 TVQ 1015799699

DINNER JP
 IN OTTAWA
 WOULD NLM EXEC FORUM

HMS HOST
 RED ROCKETS
 TORONTO PEARSON INT'L AIRPORT
 1030 FARID
 CHK 6295 OCT29'06 7:17PM

1 MUSHRM SW BURGER 8.59
 8.59 GST 217101 0.62
 8.59 PST 217010 0.69
 Payment 9.80
 Cash 20.00
 Change Due 10.20

GST # 864354915

DINNER - TORONTO AIRPORT

Please Pay Your Server
 *** Service non Compris ***
 *** Tips not Included ***

TELUS® Your TELUS Statement

Sep 28, 2006

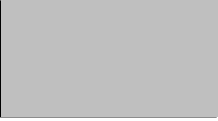
TELUS Communications Company

Page
1 of 2

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
Your TELUS Account ID



Section 17(1)

2

Here's what you owe this month: \$32.69

Amount of your last bill	\$30.48
Payment we processed on Sep 19 - Thank You	-30.48
Amount overdue from your last bill	.00

Thank you for keeping
your account up to date.

1 Residence Line Touchtone from Sep 28 to Oct 27	23.34
1 Number Non-Published Residence from Sep 28 to Oct 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.83

HOME
FAX

Total new charges

32.69

Total amount due by Oct 19

\$32.69

Additional Charges and Credits

57

E9-1-1 Municipal Call Answer Fee Sep 27	\$.44
E9-1-1 Provincial Network Fee Sep 27	.13
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Sep 28

4.95

Tear off here



APPLICANT COPY

Your TELUS Statement

Oct 28, 2006

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

J PAWLYSHYN
 Your account number
 Your TELUS Account ID

Section 17(1)

2

Here's what you owe this month: \$32.69

Amount of your last bill	\$32.69
Payment we processed on Oct 10 - Thank You	-32.69
Amount overdue from your last bill	.00

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Oct 28 to Nov 27	23.34
1 Number Non-Published Residence from Oct 28 to Nov 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.83
Total new charges	32.69

Total amount due by Nov 19 \$32.69

Additional Charges and Credits	.57
E9-1-1 Municipal Call Answer Fee Oct 27	\$.44
E9-1-1 Provincial Network Fee Oct 27	.13
Total additional charges and credits	\$.57

Long Distance Charges 4.95

Long Distance Administration Fee Oct 28 4.95

Tear off here

TELUS® Your TELUS Statement
Nov 28, 2006

TELUS Communications Company

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
Your TELUS Account ID



Section 17(1)

2

Here's what you owe this month: \$32.69

Amount of your last bill	\$32.69
Payment we processed on Nov 15 - Thank You	-32.69
Amount overdue from your last bill	.00
<hr/>	
1 Residence Line Touchtone from Nov 28 to Dec 27	23.34
1 Number Non-Published Residence from Nov 28 to Dec 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.83
<hr/>	
Total new charges	32.69
Total amount due by Dec 19	\$32.69

• Thank you for keeping
your account up to date.

HOME
FAX

Additional Charges and Credits

.57

E9-1-1 Municipal Call Answer Fee Nov 27	\$.44
E9-1-1 Provincial Network Fee Nov 27	.13
<hr/>	
Total additional charges and credits	\$.57

Long Distance Charges

4.95

Long Distance Administration Fee Nov 28

4.95

Tear off here



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services	Department: Executive	
Business Phone: 735-4101	Period From: January to February 2007	

Attachment

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0002	71110101001	62410000	(mileage/parking)		✓ \$236.31	<input checked="" type="checkbox"/>	
201	0002	71110101001	61000000 ³	(home fax)		✓ 65.38	<input checked="" type="checkbox"/>	
201	0002	71110101001	61030000	(course registration)		✓ 300.00	- <input checked="" type="checkbox"/>	
201	0002	71110101001	69500000	(dinner with candidate)		514.02	<input checked="" type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Less Cash Advance							<input type="checkbox"/>	
Total							\$1,115.71	<input checked="" type="checkbox"/>

932.1
81.5

Capital Health
RECEIVED
MAR 15 2007
ACCOUNTS PAYABLE

The information on this form is collected under section 10 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

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

Employee Signature: Date: March 5, 2007

Approved By: Sheila Weatherill (Print name)	Title: CEO, Capital Health	Phone # 407-8008
(Signature)		Date
Approved By:	Title:	Phone #
(Signature)		Date

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

APPLICANT COPY



Capital Health
EDMONTON AREA

Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [redacted] Section 17(1))
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Diagnostic Services
Department:	Executive
Code:	
Date:	March 5, 2007

January – February 2007

Amount Claimed

Mileage (travel log attached)	\$ 199.31
Parking/Taxi Fees (receipts attached)	\$ 37.00
Home Fax (Telus Statements attached)	\$ 65.38
Other	
▪ Healthy Mothers, Healthy Babies Conference Registration (Calgary, May 23-25/07) Section 17(1)	\$ 300.00
▪ Dinner with CH and [redacted] (Jack's Grill - Feb 6/07)	\$ 514.02
TOTAL CLAIM	\$ 1115.71

L POTENTIAL

CANDIDATE

- ATTENDEES :

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

DR RAY PADWELL
DR DAN BIRCH
MARIANNE STEWART
JOANNA PAWLYSHYN

Travel Log

Employee: **Joanna Pawlyshyn** [REDACTED] **Section 17(1)**
Vice President and Chief Operating Officer
RAH & Diagnostic Services

For the Period of: **January – February 2007**

Date	Destination	Destination	Destination	Destination	Kms
04-Jan-07	RAH	UAH	RAH		13.6
05-Jan-07	RAH	UAH			6.3
08-Jan-07	UAH	RAH	UAH		15.4
09-Jan-07	UAH	RAH	UAH		13.1
10-Jan-07	RAH	UAH	RAH	Westin	16.3
11-Jan-07	UAH	RAH	UAH		13.4
15-Jan-07	RAH	AH&W	RAH		6.0
16-Jan-07	RAH	UAH			6.3
17-Jan-07	RAH	UAH	Characters		12.2
18-Jan-07	UAH	RAH	UAH		16.7
22-Jan-07	Rah	UAH			9.3
23-Jan-07	UAH	RAH			8.7
24-Jan-07	UAH	RAH			6.3
25-Jan-07	UAH	RAH			6.3
26-Jan-07	RAH	UAH	RAH		16.4
27-Jan-07	Home	YMCA Retreat	Home		41.6
30-Jan-07	RAH	UAH	RAH	UAH	19.0
31-Jan-07	RAH	UAH	RAH	UAH	19.0
01-Feb-07	UAH	RAH			6.3
05-Feb-07	AH&W	RAH	UAH		9.0
06-Feb-07	RAH	UAH	Jack's Grill	Mettera Hotel	13.7
07-Feb-07	RAH	CHC	RAH		6.4
08-Feb-07	RAH	UAH	RAH		12.7
12-Feb-07	UAH	RAH			6.7
14-Feb-07	RAH	UAH	Grey Nun's		28.7
15-Feb-07	UAH	RAH	Moose Factory		30.2
16-Feb-07	RAH	Enoch	RAH		31.7
21-Feb-07	UAH	RAH	UAH		13.4
22-Feb-07	RAH	UAH	RAH		12.6
23-Feb-07	RAH	UAH	RAH		12.6
26-Feb-07	UAH	Metis Settlement	RAH		25.3
28-Feb-07	Lister Hall	RAH			8.3
TOTAL					463.5 x \$0.43./km
					\$199.31

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
APPLICANT COPY
 LIC. NO.: @ CMC
 AMOUNT: 10.00
754503
 THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT8001
 VISIT OUR WEBSITE AT www.Impark.com



Meeting w/
 ANW (Wayne
 Melenchuk)
 re: book club

DETACH RECEIPT FROM TICKET

DATE ISSUED: 2/2/07
 TIME ISSUED: 07:54 AM
 AMOUNT PAID: \$10.00
 CREDIT CARD NUMBER: 55150
 UNIVERSITY OF ALBERTA
 RECEIPT # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE: 01/03 12:00 AM
 AMOUNT PAID: \$10.00
 EXPIRATION TIME: 1521000007:54 AM
 UNIVERSITY OF ALBERTA
 NON TRANSFERABLE

TELUS PARKADE
 GST INC. R#122388333
 07FEB05 08:42 001 001
 07FEB05 07:51 / 0:51 #161008
 RATE 1 \$4.00
 TOTAL \$4.00
 CASH \$4.00
 MANAGED BY IMPERIAL PARKING

Ticket # 003480356

GRANT MACEWAN COLLEGE
 PARKING SERVICES
 JAN 15 2006
 PAID \$ 7.00

Imperial

Book Club Meeting
 @ ANW

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

OLD

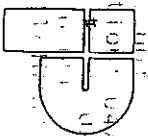
TICKET VOID IF RE-SOLD

TICKET VI

GST # 88731 5638 R1001

6:00AM

JAN 17, 2007



Impark
 IMPARK EDUCATION
 LOT 104
 Edmonton

TELUS® Your TELUS Statement

Dec 28, 2006

TELUS Communications Company

Questions? For customer service or bill inquiries,
please refer to page 2 for contact information.

J PAWLYSHYN

Your account number
Your TELUS Account ID



Section 17(1)

2

Here's what you owe this month: \$32.69

Amount of your last bill	\$32.69
Payment we processed on Dec 18 - Thank You	-32.69
Amount overdue from your last bill	.00

- Season's Greetings from TELUS.

1 Residence Line Touchtone from Dec 28 to Jan 27	23.34
1 Number Non-Published Residence from Dec 28 to Jan 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.83

Total new charges 32.69

Total amount due by Jan 19

\$32.69

HOME
FAX

Additional Charges and Credits .57

E9-1-1 Municipal Call Answer Fee Dec 27	\$.44
E9-1-1 Provincial Network Fee Dec 27	.13
Total additional charges and credits	\$.57

Long Distance Charges 4.95

Long Distance Administration Fee Dec 28	4.95
---	------

Tear off here

TELUS ^{APPLICANT COPY} **Your TELUS Statement**
 Jan 28, 2007

TELUS Communications Company

Page
1 of 2

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN

Section 17(1)

Your account number
 Your TELUS Account ID

2

Here's what you owe this month: \$32.69

Amount of your last bill	\$32.69
Payment we processed on Jan 09 - Thank You	-32.69
Amount overdue from your last bill	.00

- Thank you for keeping your account up to date.

1 Residence Line Touchtone from Jan 28 to Feb 27	23.34
1 Number Non-Published Residence from Jan 28 to Feb 27	2.00
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.83

HOME
FAX

Total new charges 32.69

Total amount due by Feb 19 \$32.69

Additional Charges and Credits .57

E9-1-1 Municipal Call Answer Fee Jan 27	\$.44
E9-1-1 Provincial Network Fee Jan 27	.13

Total additional charges and credits \$.57

Long Distance Charges 4.95

Long Distance Administration Fee Jan 28 4.95

Tear off here

Transactions from January 18 to February 17, 2007

Your payments

Trans date	Post date	Description	Amount(\$)
[REDACTED]			
Total payments			[REDACTED]

Your interest

Trans date	Post date	Description	Annual interest rate	Amount(\$)
[REDACTED]				
Total interest this period				

Your new charges and credits

Trans date	Post date	Description	Spend Categories	Amount(\$)
Card number		Section 17(1),(4)(e.i)		
Jan 23	Jan 24	BUKSA ASSOCIATES INC EDMONTON AB	Professional and Financial Services	300.00
Total for 4505 5150 0220 1472				300.00

REGISTRATION LOW BIRTH WEIGHT CONFERENCE
CALGARY MAY 07

CIBC CreditSmart™ Spend Report

Spend Categories	This month				Year-to-date	
	Transactions	Amount(\$)	Budget (\$)	Difference (\$)	Transactions	Amount (\$)
Professional and Financial Services	1	300.00	-	-	2	329.00
Transportation	0	0.00	-	-	1	6.00
Health and Education	0	0.00	-	-	1	148.50
Total	1	300.00			4	\$483.50

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

	Amount(\$)	Budget (\$)	Difference (\$)
Total Monthly Budget	300.00		

Information about your CIBC Select Visa account

If you find an error in this statement you must tell us within 30 days of the last day of the statement period shown on the front of this statement. If you do not, we may regard this statement as final (except for credits which have been posted in error).

How we charge interest: a) **On purchases:** For non-Quebec residents, no interest is charged on a New Purchase appearing on this statement if we receive payment for your full Balance by the payment due date and we have received payment for the full Balance shown on your previous monthly statement by the payment due date. For Quebec residents, no interest is charged on a New Purchase appearing on this statement if we receive payment for your full Balance on this statement by the payment due date. Regardless of residency, if interest is charged on a New Purchase, it will be charged from the transaction date until we receive a payment which covers the New Purchase.
b) **On Cash Advances, Convenience Cheques and Balance Transfers:** Interest is charged on Cash Advances beginning on the day they are taken. For Balance Transfers and Convenience Cheques, interest is charged beginning on the day these are posted to your Visa Account. We stop charging interest on Cash Advances, Balance Transfers and Convenience Cheques on the day we receive a payment which covers the amount of the transaction in question in accordance with the Cardholder Agreement.

1. This agreement, including any changes to the agreement, will apply to you if you are a resident of Canada or the United States. If you are a resident of another country, this agreement will apply to you only if you are also a resident of that country.

2. This agreement is subject to the terms and conditions of the Visa Account Opened Agreement.

3. This agreement is subject to the terms and conditions of the Visa Account Opened Agreement.

4. This agreement is subject to the terms and conditions of the Visa Account Opened Agreement.

APPLICANT COPY

BUKSA ASSOCIATES
SUITE 307, 10328-81 AVE.
EDMONTON AB Section 17(1),(4)(e.i)

CARD [REDACTED]
CARD TYPE VISA
DATE 2007/01/23
TIME 0856 09:41:44
RECEIPT NUMBER
M34537598-001-193-001-0

PURCHASE
TOTAL-CAD
\$300.00

APPROVED
AUTH# 043289 01-027
THANK YOU

CARDHOLDER COPY

*I. PAULYSTYN FOR
REGISTRATION HEALTH
ALBERTA PERMANENT
PROGRAM IN CALGARY
MAY 23-25/07*

APPLICANT COPY



Healthy Mothers, Healthy Babies:
 How to Prevent Low Birth Weight
 May 23 to 25, 2007
 The Sheraton Suites Calgary Eau Claire

RECEIPT

GST # R124072513

Date	Receipt No.
01/23/2007	A000002

Payer:

Joanna Pawlyshyn
 Royal Alexandra Hospital, 10240 Kingsway Avenue
 Edmonton, AB T5H 3V9

Inv No.	Description	Total Fees	Tax	Applied Amount
A0000004	Registration for Joanna Pawlyshyn for the event: <i>Healthy Mothers, Healthy Babies</i>	\$300.00		\$300.00
		GST = \$0.00	Total Fees w/Tax	\$300.00
	Visa: [REDACTED]		Total Paid	\$300.00
	<i>Section 17(1),(4)(e.i)</i>		Total Applied	\$300.00
			Unapplied Balance	0.00

Thank you for your payment received on 01/23/2007.

Note: If you paid by credit card, your statement will read *BUKSA Assoc. (780) 436-0983 Edm.*

Healthy Mothers, Healthy Babies: How to Prevent Low Birth Weight
 c/o BUKSA Conference Management and Program Development
 Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
 Phone: (780) 436-0983 ext. 229 Fax: (780) 437-5984 E-mail: lowbirthweight@BUKSA.com



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services	Department: Executive	
Business Phone: 735-4101	Period From: March to June 2007	

Attachment

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000	(mileage/parking)		\$659.67	<input checked="" type="checkbox"/>
201	0002	71110101001	61000000	(home fax)		137.19	<input checked="" type="checkbox"/>
201	0002	71110101001	69500000	(dinner/golfing)		534.23	<input checked="" type="checkbox"/>
		69600	410.03	5800			<input type="checkbox"/>
		69500	74.20				<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,331.09	<input checked="" type="checkbox"/>

639.6
20.0
w

Capital Health
RECEIVED
AUG 03 2007
ACCOUNTS
PAYABLE

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

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

Employee Signature: Date: July 23, 2007

Approved By: Sheila Weatherill (Print name)	Title: CEO, Capital Health	Phone # 407-8008
(Signature)		Date
Approved By:	Title:	Phone #
(Signature)		Date

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

APPLICANT COPY



Capital Health
EDMONTON AREA

Expense Claim

Section 17(1)

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED])
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Diagnostic Services
Department:	Executive
Code:	
Date:	July 23, 2007

March – June 2007

Amount Claimed

Mileage (travel log attached)		\$ 375.52	✓
Parking/Taxi Fees (receipts attached)	264.15 20.00	\$ 284.15	✓
Home Fax (Telus Statements attached)		\$ 137.19	✓
Other			
▪ Dinner with CH and Dr. Sharma (Murrieta's – June 3/07)		\$ 460.03	410.03 50.00
▪ Golf with Dale Sheard/Glenda Coleman-Miler/Lois Stefaniuk		\$ 74.20	74.20
TOTAL CLAIM		\$ 1,331.09	



Employee: **Joanna Pawlyshyn** [redacted] **Section 17(1)**
Vice President and Chief Operating Officer
RAH & Diagnostic Services

For the Period of: **March – June 2007**

Date	Destination	Destination	Destination	Destination	Kms
01-Mar-07	UAH	RAH	UAH		15.7
02-Mar-07	RAH	MIS	RAH	UAH	33.5
05-Mar-07	RAH	Spruce Grove	RAH	UAH	82.0
07-Mar-07	RAH	UAH	RAH		13.4
08-Mar-07	RAH	UAH			6.4
09-Mar-07	RAH	Edm. Native Friendship Centre	UAH		9.6
12-Mar-07	RAH	UAH	RAH	Dr. Dick's office – Westin Hotel	21.9
13-Mar-07	UAH	RAH			6.2
14-Mar-07	RAH	UAH			6.4
15-Mar-07	UAH	RAH			6.4
16-Mar-07	RAH	UAH			6.2
19-Mar-07	UAH	Petroleum Club			6.1
20-Mar-07	UAH	RAH	UAH		13.7
21-Mar-07	RAH	UAH	RAH	GN	32.6
22-Mar-07	UAH	RAH	UAH		15.1
28-Mar-07	UAH	RAH			6.4
29-Mar-07	RAH	UAH	RAH		13.6
02-Apr-07	UAH	RAH	UAH		15.2
03-Apr-07	RAH	UAH			8.9
04-Apr-07	RAH	CHC	RAH		5.5
05-Apr-07	RAH	UAH			6.3
10-Apr-07	RAH	CHC	UAH		6.7
11-Apr-07	RAH	UAH	CHC	RAH	13.3
12-Apr-07	RAH	UAH	RAH	Shaw	15.8
13-Apr-07	RAH	UAH			6.2
18-Apr-07	RAH	Sorrentino's			4.5
19-Apr-07	UAH	RAH			6.4
23-Apr-07	UAH	RAH			6.5
26-Apr-07	UAH	RAH			6.3
27-Apr-07	UAH	RAH			6.4
01-May-07	RAH	GN	RAH		38.0
02-May-07	UAH	RAH	Petroleum Club		9.0
03-May-07	UAH	RAH	Shaw		12.0
07-May-07	RAH	UAH			8.9
09-May-07	UAH	RAH	UAH	RAH	28.2
10-May-07	UAH	RAH			9.4
11-May-07	UAH	RAH	UAH		13.6
14-May-07	UAH	RAH	UAH		19.3
15-May-07	RAH	UAH	RAH	Union Bank	17.7
16-May-07	UAH	RAH	UAH		13.6
23-May-07	Home	Airport	UAH	RAH	73.9
24-May-07	UAH	RAH			6.4
25-May-07	Home	Airport	Home		61.0
28-May-07	UAH	RAH			10.9
29-May-07	UAH	RAH	Characters		8.4
30-May-07	UAH	RAH	UAH	RAH	19.7
31-May-07	UAH	RAH	Petroleum Club	RAH	8.6

APPLICANT COPY

Date	Destination	Destination	Destination	Destination	Kms
05-Jun-07	Derrick	RAH			24.6
06-Jun-07	RAH	UAH	RAH		15.1
19-Jun-07	UAH	RAH	CBC		9.5
20-Jun-07	RAH	UAH			6.4
21-Jun-07	RAH	UAH	RAH	Ft. Edmonton	31.3
22-Jun-07	UAH	RAH			9.3
27-Jun-07	RAH	UAH	RAH		15.3
TOTAL					873.30 x \$0.43./km \$375.52

APPLICANT COPY

MURRIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check #: 66891

Server: Olivia Date: 06/03/2007
Table: 81 Time: 22:08
Client: 6

2	Nugan Durif	96.12
2	Romaine Leaves	15.92
3	Bison Tenderloin	101.01
2	Cheese Platter	19.90
2	Dinner Courtyard	14.06
1	Coffee	2.66
2	gls Schug Chardonnay	23.20
2	Bowl of Soup	11.34
2	Catch of the Day	58.94
1	Cappuccino	3.97
1	Rack of Lamb	36.66
1	Espresso	3.04

SUB-TOTAL: 386.82
GST: 23.21

TOTAL: 410.03

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

*DINNER WITH DE SHARMA,
Alicia BOWLING (COM), Bill Dicko,
LOIS STEFANIK, TERRY TRUPAN,
J. PAWLYSHYN*

MURRIETA'S EDMONTON

10612 82nd Ave.
Tel: 780-438-4100
Check: 66891

Server: Olivia Date: 06/03/2007
Table: 81 Time: 22:15

AMEX

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

PAWLYSHYN/JOANNA

AUTH 525723 ONLINE
MERCHANT# 9999

SUBTOTAL \$ 410.03

TIP \$ 50.00

TOTAL \$ 460.03

** CUSTOMER COPY **

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

APPLICANT COPY

Royal Mayfair Golf Club

----- Chit Details -----

Guest : Guest
Server: Mike
Area: Golf Shop
Chit #: 01067954
Date: Jun 26/07 Time: 2:18pm

905001 35.00
Cart Rental 18 Holes
905001 35.00
Cart Rental 18 Holes

Sub-Total: 70.00
GST # 119322980 4.20

Chit Total: \$74.20
=====

VISA \$74.20-

GOLF WITH DOLE SNEALD,

GLANDA COLLE-MAN MILLER,

LOIS STEFANIK

J. PAWLYSHYN

End of Chit

APPLICANT COPY

impark
your parking authority
James - J+J
606711

\$2.00
29 MAY 07
**FACE UP
ON DASH**

**WARNING - YOUR RISK
SEE BACK**

606711
DETACH RECEIPT
TICKET PRICE INCLUDES GST. REG. #887315638RT0001

DETACH THIS PORTION FOR VALIDATION

impark
RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976
880549
LIC. NO.: *30 May 07*
AMOUNT: *6.00*
THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

Alberta Collage

Cashier # 2
05/23/07 19:42
05/23/07 21:17 - 01:35
45203009 / #032597
Rate 3.00
TOTAL 3.00
3.00

Parking - Park 3rd - Alberta Collage
James

Parking re: LBW Conf
EDMONTON AIRPORTS
GST # R128599776
VALET PARKING

05/23/2007 10:36AM 0001
000000#0048 SHIFT A

#890604
PARKING 14 \$30.00
NDSE ST \$30.00
GSTAX \$1.80
CARD CH \$31.80

EDMONTON - AIRPORTS
GST # R128599776
VALET PARKING

Row South Mt Conf
05/25/2007 1:29PM 0001
000000#0054 SHIFT A

#890795
PARKING 14 \$30.00
NDSE ST \$30.00
GSTAX \$1.80
CARD CH \$31.80
=====

impark
IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976
836046

READ CONDITIONS CAREFULLY
• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO. **AD**
OUTSIDE PAID
IN: **2.00**
AMOUNT:

**PLACE THIS SIDE
UP ON DASH**

DETACH THIS PORTION FOR VALIDATION

impark
RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976
836046
LIC. NO.: **PAID**
AMOUNT: **00**
THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY
 DINNER w/ Director 546699 APR 18 @ 6:00
DETACH RECEIPT
 TICKET PRICE INCLUDES GST REG. #887315638RT0001
 CANDIDATE - LINDA HOLLESTWHITE

Impark
 IMPERIAL PARKING CANADA CORPORATION
 10239 - 107th STREET
 EDMONTON, ALBERTA 420-1976
 LIC. NO.: 835329
READ CONDITIONS CAREFULLY
 • Vehicles not displaying valid ticket on dash will be towed or charged at owner's expense.
 • Vehicles and contents left at owner's risk. • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

DETACH THIS PORTION FOR VALIDATION
RECEIPT OR VALIDATION
Impark
 IMPERIAL PARKING CANADA CORPORATION
 10239 - 107th STREET
 EDMONTON, ALBERTA 420-1976
 LIC. NO.: **CNC**
 AMOUNT: **10.00**
757792
 THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
 VISIT OUR WEBSITE AT www.impark.com

DETACH THIS PORTION FOR VALIDATION
RECEIPT OR VALIDATION
Impark
 IMPERIAL PARKING CANADA CORPORATION
 10239 - 107th STREET
 EDMONTON, ALBERTA 420-1976
 LIC. NO.: 2007
 AMOUNT: **3.50**
835329
 THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
 VISIT OUR WEBSITE AT www.impark.com

PRECISE PARKLINK™
 NON TRANSFERABLE 11283156
 AMOUNT PAID \$ 4.05
 02/02/07 11:58
 EXPIRATION DATE 02/02/07 10:28
 EXPIRATION TIME 50195
 CREDIT CARD NUMBER
RECEIPT 11283156

Impark
 IMPARK EDMONTON
 DAY PERMIT
 Transaction: 05530
 Machine #: 02000401
 Ticket #: 7244
 3/26/07
Impark
 APR 12, 2007
 7:08PM

Impark
 IMPARK EDMONTON
 Transaction: 060215
 Machine #: 02000401
 Ticket #: 7244
 3/26/07
 Cost: \$20.00
 Valid until
 APR 26, 2007
 5:00PM

APPLICANT COPY

JOANNA PAWLIKOWSKA to LBU
 864766134 Conf
 #1366
 05 23 07
 05 554
 1120451678910
 581591 (09/03)
 VISA
 TOTAL \$ 30.00
 CDN CAN

Information on this page redacted: Section 17(1),(4)(e.i)

AMERICAN EXPRESS
 363740
 Cardmember Copy
 Exemple de copie

Low Birth Wt Conf

= TRANSACTION RECEIPT =

The Checker Group
 316 Meridian Road SE
 Calgary, AB T2A 1X2
 403 299-9999

ACCT TYPE: CREDIT CARD
 CARD NUMBER: [REDACTED]

CARD TYPE: AMEX
 DATE/TIME:
 07/05/25 12:08:52
 AUTHORIZATION: 584368.

VEH/DRV: 1082 / 0182
 GST#: 126131507
 TXN ID: 2252555

AMOUNT: \$ 30.00
 TIP: \$ 5.00
 TOTAL: \$ 35.00

*Jason - Low Birth Weight
 Conf to Calgary Airport*

= TRANSACTION RECEIPT =

The Checker Group
 316 Meridian Road SE
 Calgary, AB T2A 1X2
 403 299-9999

ACCT TYPE: CREDIT CARD
 CARD NUMBER: [REDACTED]

CARD TYPE: VISA
 DATE/TIME:
 07/05/23 08:58:32
 AUTHORIZATION: 051585.

VEH/DRV: 0424 / 5552
 GST#: 887999308
 TXN ID: 2247950

AMOUNT: \$ 30.00
 TIP: \$ 5.00
 TOTAL: \$ 35.00

Questions? For customer service or bill inquiries,
 please refer to page 2 for contact information.

J PAWLYSHYN

Section 17(1)

Your account number
 Your TELUS Account ID

2

Here's what you owe this month: \$32.52

Amount of your last bill	\$32.69
Payment we processed on Feb 19 - Thank You	-32.69
Amount overdue from your last bill	.00

Thank you for keeping
 your account up to date.

1 Residence Line Touchtone from Feb 28 to Mar 27	23.34
1 Number Non-Published Residence from Feb 28 to Mar 27	2.00
Additional Charges and Credits (see details below)	.41
Long Distance Charges (see details below)	4.95
GST (Registration 812758878) at 6%	1.82
Total new charges	32.52

HOMF
 FAX

Total amount due by Mar 19

\$32.52

Additional Charges and Credits

.41

Quality of Service Rebate Feb 21	\$.16
E9-1-1 Municipal Call Answer Fee Feb 27	.44
E9-1-1 Provincial Network Fee Feb 27	.13
Total additional charges and credits	\$.41

Long Distance Charges

4.95

Tear off here

TELUS® Your TELUS statement
Mar 28, 2007

TELUS Communications Company

Page
1 of 3

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID
Section 17(1)

Total amount you owe.....\$32.69

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.52
Payment processed Mar 13 - Thank You	-32.52
<hr/>	
Balance forward	.00

Thank you for keeping
your account up to date.

New charges

Monthly services	25.91
Usage charges	4.95
GST (Registration 812758878)	1.83
<hr/>	
Total new charges	32.69

Total amount due by Apr 22, 2007 \$32.69

HOME FAX

Tear off here

APPLICANT COPY
Apr 28, 2007

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Total amount you owe.....\$32.81

Your TELUS Account ID
Section 17(1)

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.69
Payment processed Apr 23 - Thank You	-32.69
Balance forward	.00

Thank you for keeping your account up to date.

New charges

Monthly services	25.91
Usage charges	5.07
GST (Registration 812758878)	1.83
Total new charges	32.81

Total amount due by May 20, 2007

\$32.81

HOME
PAY

Tear off here

Jun 28, 2007

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe.....\$39.17

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.81
Payment processed Jun 14 - Thank You	-32.81
<hr/>	
Balance forward	.00

• Thank you for keeping your account up to date.

New charges

Monthly services	25.91
Usage charges	11.07
GST (Registration 812758878)	2.19
<hr/>	
Total new charges	39.17

Total amount due by Jul 24, 2007

\$39.17

HOME FAX

Tear off here



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

Section 17(1)

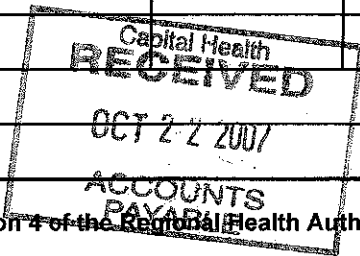
Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services		Department: Executive
Business Phone: 735-4101	Period From: July to September 2007	

Attachment

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62710000	(mileage/parking)		\$126.18	<input checked="" type="checkbox"/>
201	0002	71110101001 <i>602003</i>	64000000	(home fax)		65.79	<input checked="" type="checkbox"/>
201	0002	71110101001	69500000	(Edn Event)		220.00	<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$411.97	<input checked="" type="checkbox"/>

175
453



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

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

Employee Signature: *[Signature]* **Date:** October 9, 2007

Approved By: Sheila Weatherill <i>(Print name)</i>	Title: CEO, Capital Health	Phone # 407-8008
<i>(Signature)</i> <i>[Signature]</i>		Date
Approved By: <i>(Print name)</i>	Title:	Phone #
<i>(Signature)</i>		Date

NOTE:

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



Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED])	Section 17(1)
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Diagnostic Services	
Department:	Executive	
Code:		
Date:	October 9, 2007	

July – September 2007

	Amount Claimed
Mileage (travel log attached)	\$ ✓ 101.48 ✓
Parking/Taxi Fees (receipts attached)	\$ ✓ 24.70 ✓
Home Fax (Telus Statements attached)	\$ ✓ 65.79 ✓
Other	
▪ Lois Hole Hospital Foundation Event "What A Girl Wants"	\$ ✓ 182.00
▪ Entertainment Hosting at "What A Girl Wants" event (Ann McLelland/Alice Chapman/Carolyn Clarke) + parking → no receipts	\$ 38.00 ✓
TOTAL CLAIM	\$ 411.97

175.00 ✓ 7.00

Employee: **Joanna Pawlyshyn** [REDACTED] **Section 17(1)**
Vice President and Chief Operating Officer
RAH & Diagnostic Services

For the Period of: **July – September 2007**

Date	Destination	Destination	Destination	Destination	Kms
17-Jul-07	RAH	UAH	RAH		12
18-Jul-07	RAH	UAH			6
19-Jul-07	RAH	UAH	RAH		12
23-Jul-07	RAH	UAH	RAH		12
25-Jul-07	RAH	UAH	RAH	UAH	18
22-Aug-07	RAH	UAH	RAH		12
27-Aug-07	RAH	Petroleum Club	RAH		1
29-Aug-07	RAH	UAH			6
30-Aug-07	UAH	RAH	UAH		12
31-Aug-07	RAH	UAH	RAH		12
04-Sept-07	UAH	RAH	UAH		12
05-Sept-07	RAH	UAH	CHC	RAH	12
06-Sept-07	UAH	RAH			6
11-Sept-07	RAH	UAH			6
12-Sept-07	RAH	UAH	RAH		12
13-Sept-07	UAH	RAH			6
14-Sept-07	UAH	RAH	UAH		12
17-Sept-07	UAH	RAH			6
19-Sept-07	RAH	CHC	RAH	Winspear	9
20-Sept-07	UAH	RAH			6
21-Sept-07	UAH	RAH	UAH		12
24-Sept-07	UAH	RAH	Petroleum Club		7
26-Sept-07	RAH	UAH	RAH	GMCC - RAH	15
27-Sept-07	UAH	RAH			6
28-Sept-07	RAH	UAH			6
TOTAL					236 x \$0.43./km \$101.48

Jul 28, 2007

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Total amount you owe.....\$32.69

Your TELUS Account ID
Section 17(1)

Summary of your account

Previous charges and credits

Amount of your last bill	\$39.17
Payment processed Jul 23 - Thank You	-39.17
Balance forward	.00

▪ Thank you for keeping your account up to date.

New charges

Monthly services	25.91
Usage charges	4.95
GST (Registration 812758878)	1.83
Total new charges	32.69

Total amount due by Aug 18, 2007

\$32.69

HOME FAX

Tear off here

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe.....\$65.79

Summary of your account (details start on page 3)

Previous charges and credits

Amount of your last bill	\$32.69
Balance forward	32.69

▪ Notice - Overdue is payable now. If payment has been made, thank you.

New charges

Monthly services	25.91
Additional charges and credits	.41
Usage charges	4.95
GST (Registration 812758878)	1.83
Total new charges	33.10

Total amount due by Sep 19, 2007

\$65.79

HOME FAX

Tear off here



APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services		Department: Executive
Business Phone: 735-4101	Period From: October to December 2007	

Attachment

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000	mileage + parking		\$455.77	<input checked="" type="checkbox"/>
201	0002	71110101001	61000000	home fax		127.50	<input checked="" type="checkbox"/>
201	0002	71110101001	69500000	dinner hosting		261.95	<input checked="" type="checkbox"/>
201	0002	71110101001	66020000	membership fees		425.00	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance							<input type="checkbox"/>
Total						\$1,270.22	<input checked="" type="checkbox"/>

690

226.95
35.00

Capital Health
RECEIVED
MAR 07 2008
ACCOUNTS PAYABLE

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

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.	
Employee Signature:	Date: February 27, 2008

Approved By: Sheila Weatherill <small>(Print name)</small>	Title: CEO, Capital Health	Phone # 407-8008
(Signature)		Date Mar 4/08
Approved By:	Title:	Phone #
(Signature)		Date

NOTE:

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



Capital Health
EDMONTON AREA

Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED] Section 17(1))
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Diagnostic Services
Department:	Executive
Code:	
Date:	February 27, 2008

October - December 2007

	Amount Claimed	
Mileage (travel log attached)	\$ 265.27	w tax 6%
Parking/Taxi Fees (receipts attached)	\$ 190.50	w tax 6%
Home Fax (Telus Statements attached)	\$ 127.50	w tax 6%
Other		
▪ Dinner with Co-Chairs for "Speaking of Women's Health" Conference (Nov. 26/07) 6%	\$ 261.95	226.95 35.00
▪ CCHSE Purchase Receipt	\$ 425.00	n
TOTAL CLAIM	\$ 1,270.22	

DETACH THIS PORTION FOR APPLICANT COPY

RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10289-107th STREET
EDMONTON, ALBERTA T4E 1P76

PLIC. NO.:
CNC
AMOUNT:
16.00



*\$15 Valet
Oct. 17/07
Behind RACH
Amount*

Alberta College
Terminal # 1 Cashier # 2
10/10/07 16:56
10/10/07 18:06 - 01/10
57980199 / #646854
Rate 6.00
TOTAL 6.00
Brent + Janet Bentley

DETACH THIS PORTION FOR VALIDATION
RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10289-107th STREET
EDMONTON, ALBERTA T4E 1P76
L.I.C. NO.:
CNC
AMOUNT:
12.00
THIS FEE INCLUDES G.S.T. REG. #98731 5638 RT0001
VISIT OUR WEBSITE AT WWW.IMPARK.COM

DETACH THIS PORTION FOR VALIDATION
RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10289-107th STREET
EDMONTON, ALBERTA T4E 1P76
L.I.C. NO.:
CNC
AMOUNT:
18.00
THIS FEE INCLUDES G.S.T. REG. #98731 5638 RT0001
VISIT OUR WEBSITE AT WWW.IMPARK.COM

UNIVERSITY OF ALBERTA 1095344
NON TRANSFERABLE
AMOUNT PAID
\$ 2.70 1521000004:47 PM
EXPIRATION DATE
23/10/05:47 PM
DISPLAY THIS SIDE UP ON DASHBOARD

Imperial Parking 780-420-1976
Lot 002-154
GST # R731 5638 RT0001
Machine Serial # 00004481011
EXPIRY DATE AND TIME
EXP 10:56am
NOV 02,2007
TICKET # 00012796 LOT # 00020154
MACH# 001
FOLLOW INSTRUCTIONS ON SIGN POSTED
Park 3 Hrs \$9.00
Pay from your cell phone.
423 1922 Location 9805
www.ImparkWireless.com

UNIVERSITY OF ALBERTA 1095344
RECEIPT
GST # R108102831
CREDIT CARD NUMBER
55150
DATE ISSUED - TIME ISSUED AMOUNT PAID
23/10/07 04:47 PM \$ 2.70
DETACH RECEIPT FROM TICKET
Westminster Hall Cemetery

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

APPLICANT COPY
 Name Meeting w/ John [unclear]
 Amount Pd: 13.07
 Licence 8-02 Prov. 14:19
 Make _____ Color _____
 Date Nov 19 2007
No 4,045

Name Donat [unclear] @ CNC
 Amount Pd: 10
 Licence _____ Prov. _____
 Make NOV 07 2007 Color 11:57
 Date _____ 14:13
No 3,867

Name Meeting w/ John / Karina /
John @ CNC 8-02
 Amount Pd: _____
 Licence _____ Prov. _____
 Make _____ Color _____
 Date _____
No 4,499

CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

Rcpt# 42467
 11/06/07 16:55 L# 2 AM 12 Txn#139856
 11/06/07 12:43 In 11/06/07 16:55 Out
 Tkt# 302498
 Regular Rate \$ 11.32
 Total Tax \$ 0.68
 Total Fee \$ 12.00
 CASH PAID \$ 12.00-
 Cash Tender \$ 20.00
 Change Due \$ 8.00

THANK YOU
 COME AGAIN

*Quality Meeting w/
 Allan Drabek
 @ Inde Centre*

RECYCLABLE

DETACH THIS PORTION FOR VALIDATION

impark
 889385

RECEIPT OR VALIDATION
 IMPERIAL PARKING
 CANADA CORPORATION
 10728 - 107th STREET
 EDMONTON, ALBERTA 420-1976

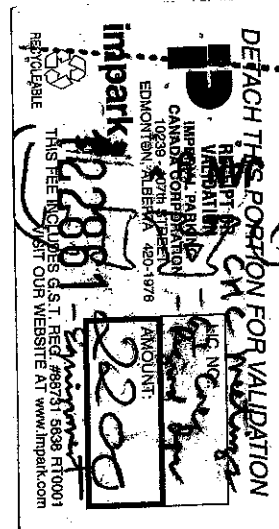
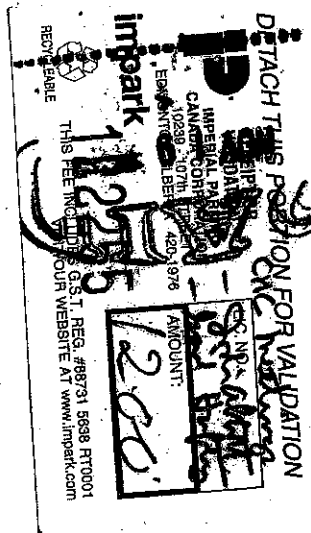
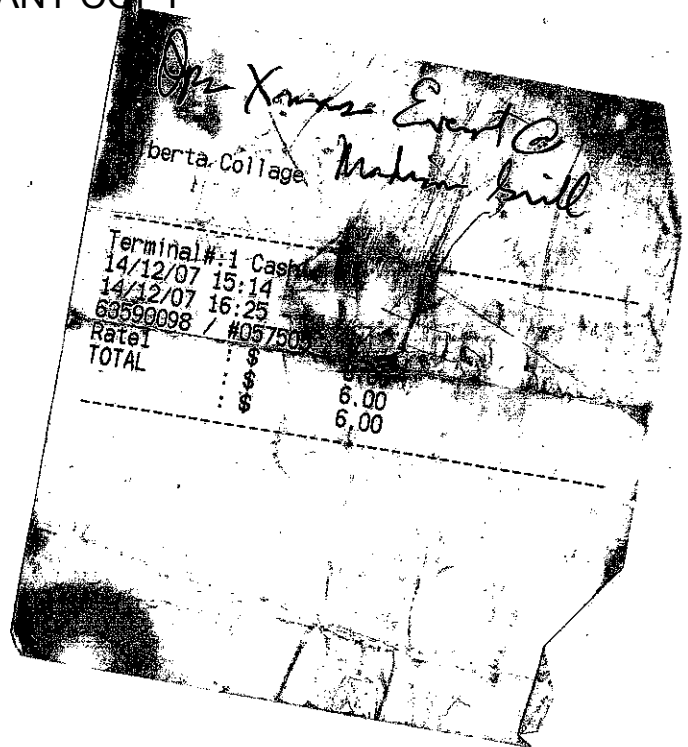
AMOUNT: 13.07
 LIC NO.: CNC

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
 VISIT OUR WEBSITE AT www.impark.com

DSAC Meeting - Calgary
 EDMONTON AIRPORTS
 GST # R128599776
 VALET PARKING

11/19/2007 5:17PM 0002
 000000#0011 SHIFT B

#905758
 PARKING T: \$30.00
 MOSE ST \$30.00
 GSTAX \$1.80
 CARD CH **\$31.80**



Thank you
Very much!

THANK YOU FOR JOINING US
AT SORRENTINOS
G.S.T.#889541298

11 TOBY

TBL 41/1 CHK 801 GST 7
NOV26'07 08:10PM

4 .PELIGRINO LG	26.00
3 CAPPUCCINO	14.85
1 GLS.NERO AVOLA	9.50
2 GLS.CHARDONNAY	18.50
1 SOUP OF THE DAY	7.00
1 GOAT CHEESECAKE	15.00
1 MACARONI	19.00
3 PENNE ARRABBIATE	54.00
2 LINGUINE DI MARE	42.00
1 COFFEE	2.75
1 CAFE LATTE	5.50
SUBTOTAL	214.10
G S T	12.85
TOTAL DUE	226.95

PLEASE PAY SERVER
THANK - YOU

DINNER WITH @ FRI/S/PK
 SPENDING OF WOMEN'S MONEY
 CHEF - DONNA & SALAM JAMES
 SORRENTINO'S DOWNTOWN
 10162-100 STREET SE
 EDMONTON, AB T5J 0P5
 780-424-7500
 SALLY'S
 WANDA
 JOHANNA

Merchant ID: 4652053 Batch#: 362
 Term ID: 04652053 Shift#: 001
 Employee ID: 11

Pre-Auth

MASTERCARD
 Inv #: 0000019519 Seq#: 362001001063

Amount Section 17(1),(4)(e.1) 226.95

Tip: \$ 35.00

Total: \$ 261.95

001/ APPROVED 025849

26-Nov-07 20:34:13

Customer Copy
SORRENTINO'S GIFT CARDS THE PERFECT GIFT

Sep 28, 2007

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe.....\$29.92

Summary of your account

Previous charges and credits

Amount of your last bill	\$65.79
Total payments processed	-65.79
Adjustments	-2.73
GST (Registration 812758878) adj	16
Balance forward	-2.89

• Thank you for keeping your account up to date.

New charges

Monthly services	25.91
Usage charges	5.07
GST (Registration 812758878)	1.83
Total new charges	32.81

Total amount due by Oct 22, 2007

\$29.92

HOME FAX

Tear off here

Oct 28, 2007

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

[Redacted]

Your TELUS Account ID

[Redacted] Section 17(1)

Total amount you owe.....\$32.20

Summary of your account

Previous charges and credits

Amount of your last bill	\$29.92
Payment processed Oct 24 - Thank You	-29.92
Quality of Service Adjustment Oct 26	-.46
GST (Registration 812758878) adj	-.03
Balance forward	-.49

▪ Thank you for keeping your account up to date.

New charges

Monthly services	25.91
Usage charges	4.95
GST (Registration 812758878)	1.83
Total new charges	32.69

Total amount due by Nov 19, 2007

\$32.20

HOME FAX

Tear off here

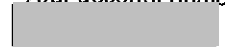
Nov 28, 2007

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number



Your TELUS Account ID



Section 17(1)

Total amount you owe.....\$32.69

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.20
Payment processed Nov 20 - Thank You	-32.20
Balance forward	.00

• Thank you for keeping your account up to date.

New charges

Monthly services	25.91
Usage charges	4.95
GST (Registration 812758878)	1.83
Total new charges	32.69

Total amount due by Dec 19, 2007

\$32.69

HOME FAX

Tear off here



APPLICANT COPY Your TELUS statement

TELUS Communications Company

Page
1 of 3

Dec 28, 2007

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe.....\$32.69

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.69
Payment processed Dec 10 - Thank You	-32.69
Balance forward	.00

New charges

Monthly services	25.91
Usage charges	4.95
GST (Registration 812758878)	1.83
Total new charges	32.69

Total amount due by Jan 18, 2008

\$32.69

HOME FAX

▪ Thank you for keeping your account up to date.

Tear off here

APPLICANT COPY

Armstrong, Marilyn

From: Canadian College of Health Service Executives [cchse@cchse.org]
Sent: Wednesday, November 28, 2007 11:05 AM
To: Pawlyshyn, Joanna
Subject: CCHSE Purchase Receipt

INTERNET PURCHASE RECEIPT - CCHSE

Order Date: 11/28/2007 1:05:25 PM
Order Number: 2008-024464
Bank Auth Number: 050469
Order Total: 425.00 ←

Name on Card: Joanna Pawlyshyn
Email Address: Joanna.Pawlyshyn@capitalhealth.ca

BILL TO:

Name: Joanna Pawlyshyn, CHE
Address Line 1: 10240 Kingsway Room 1102 Address Line 2:
City: Edmonton
State/Province: AB
Zip/Postal Code: T5H 3V9
Country: CA
Phone Number: 780-735-4101

MERCHANT INFO:

Merchant Name: Canadian College of Health Service Executives
Address: 292 Somerset Street West
City: Ottawa
Province: ON
Postal Code: K2P0J6
Country: CA
Phone Number: 613-235-7218

2008 MEMBERSHIP

CCHSE -

VISA

FOR
EXPENSE
CLAIM



Employee: **Joanna Pawlyshyn** Section 17(1)
Vice President and Chief Operating Officer
RAH & Diagnostic Services

For the Period of: **October – December 2007**

Date	Destination	Destination	Destination	Destination	Kms
01-Oct-07	UAH	RAH	UAH	Jack's Grill	17.3
03-Oct-07	UAH	RAH			6.0
09-Oct-07	UAH	RAH	UAH		12.0
10-Oct-07	RAH	CHC	RAH	Union Bank Inn	30.0
11-Oct-07	UAH	RAH			6.0
15-Oct-07	UAH	RAH			6.0
16-Oct-07	RAH	Edm Aviation Centre			1.5
17-Oct-07	RAH	Hotel Macdonald			5.0
18-Oct-07	UAH	RAH			6.0
19-Oct-07	RAH	UAH			6.0
22-Oct-07	RAH	UAH			6.0
23-Oct-07	RAH	UAH	Characters		13.6
24-Oct-07	RAH	UAH	CHC	RAH	12.0
25-Oct-07	UAH	RAH			6.0
26-Oct-07	Home	Mayfair			16.5
29-Oct-07	UAH	RAH			6.0
30-Oct-07	RAH	UAH			6.0
31-Oct-07	RAH	CHC	RAH		6.0
01-Nov-07	UAH	Petroleum Club	RAH		9.0
02-Nov-07	Coast Hotel	RAH	UAH		9.0
05-Nov-07	UAH	RAH	UAH		12.0
06-Nov-07	RAH	World Trade Centre			6.6
07-Nov-07	Home	Westview Health Centre	RAH	CHC – RAH	86.0
08-Nov-07	UAH	RAH			6.0
09-Nov-07	UAH	RAH	CHC		9.0
13-Nov-07	RAH	UAH	RAH	UAH	18.0
14-Nov-07	RAH	UAH			6.0
15-Nov-07	UAH	RAH	Misericordia	RAH	30.7
16-Nov-07	RAH	UAH	RAH		12.0
19-Nov-07	CHC	WMC	Airport	Home	61.0
20-Nov-07	UAH	RAH	AI Office	UAH	18.3
22-Nov-07	UAH	RAH			6.0
23-Nov-07	RAH	UAH			6.0
27-Nov-07	RAH	UAH			6.0
28-Nov-07	UAH	RAH			6.0
05-Dec-07	CHC	UAH			3.0
06-Dec-07	UAH	RAH	Fort Edmonton		19.0
07-Dec-07	UAH	RAH			6.0
10-Dec-07	UAH	RAH	Petroleum Club		7.0
11-Dec-07	RAH	Petroleum Club			1.0
12-Dec-07	RAH	UAH	B. Poole's Home		43.7
13-Dec-07	UAH	Petroleum Club			7.0
14-Dec-07	RAH	UAH	Madison's Grill	Plaza 124	16.7
17-Dec-07	UAH	RAH	UAH		12.0
19-Dec-07	RAH	CHC	UAH	Petroleum Club	13.0
20-Dec-07	UAH	Petroleum Club			7.0
21-Dec-07	UAH	RAH			6.0
					616.90 x \$0.43/km
					\$265.27

(MT-05-ARR)
APPLICANT COPY
Payment Requisition



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

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

Invoice Date 13-Jun-05 (DD-MMM-YY)	Invoice Number N/A	Section 17(1)
Vendor Number (or S.I.N.)	Payee Name JOANNA PAWLYSHYN	
Address RAH, ATC, ROOM 1102		City EDMONTON
Province/State ALBERTA	Postal Code T5H 3V9	Country CANADA

II PAYMENT DETAILS

Reason for payment **AS PER ATTACHED EXPENSE CLAIM** PO # **n/a**

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

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

Have goods / services been received? Yes, When? **13-Jun-05** No

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

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	0002	71110101001	62410000			\$216.43
201	0002	71110101001	69500000			\$375.98
201	0002	71110101001	61000000			\$101.61
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">Capital Health RECEIVED JUN 20 2005 ACCOUNTS PAYABLE</p> </div>						
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			TOTAL			\$694.02

IV AUTHORIZATION

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

Requisitioned by (Print name) Aileen Viloria	Phone # 735-4707
(Signature)	Date 13-Jun-05
Approved by (Print name) Joanna Pawlyshyn	Phone # 735-4101
(Signature)	Date 20 JUN 05
Approved by (Print name) Sheila Weatherill	Phone # 735-8008
(Signature)	Date

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

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



Expense Claim

Employee Name: **Joanna Pawlyshyn** (Employee # [redacted] **Section 17(1)**)
Employee Position: **Chief Operating Officer, Royal Alexandra Hospital**
Department: **Executive**
Code:
Date: **13 June, 2005**

	Amount Claimed	
Mileage (travel log attached)	\$152.08	✓
Taxi Cab (receipts attached)	\$14.00	✓
Parking Fees (receipts attached)	\$50.35	✓
Gaye Hanson Dinner – Apr 26/05 (receipt attached)	\$375.98	335.98 40.2
Home Fax (Telus Statements attached)	\$101.61	✓
TOTAL CLAIM	\$694.02	



Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **March 2005**

Date	Destination	Destination	Destination	Destination	Kms
Mar 3	UAH	RAH			6.2
Mar 4	UAH	RAH	UAH		13.0
Mar 7	RAH	UAH			9.8
Mar 8	RAH	AH&W			2.5
Mar 10	UAH	RAH			6.4
Mar 11	RAH	Holiday Inn	RAH	UAH	30.2
Mar 16	Home	Airport	Home		60.0
Mar 17	UAH	RAH	MIS	RAH	32.8
Mar 18	UAH	RAH	UAH		19.1
Mar 21	UAH	RAH	Petroleum Club		7.3
Mar 22	UAH	RAH			6.2
Mar 23	RAH	UAH	RAH	UAH	21.9
Mar 24	UAH	RAH			6.2
Mar 30	RAH	CHC	UAH	CHC	12.7

234.3
x \$0.35/km
\$82.01

MAR

03 UAH → RAH 6.2
 04 UAH → RAH 13.0
 07 RAH → UAH 9.8
 08 RAH → AH&W 2.5
 10 UAH → RAH 6.4
 11 RAH → Holiday Inn → UAH 30.2
 16 Home → Airport 60.0
 17 UAH → RAH → MIS 32.8
 18 UAH → RAH 19.1
 21 UAH → RAH → P Club 7.3
 22 UAH → RAH 6.2
 23 RAH → UAH x 1/2 21.9
 24 UAH → RAH 6.2
 30 RAH → CHC → UAH 12.7



Travel Log

Employee: **Joanna Pawlyshyn** [redacted] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **April 2005**

Date	Destination	Destination	Destination	Destination	Kms
Apr 1	RAH	UAH			9.3
Apr 4	UAH	RAH	UAH	RAH	27.4
Apr 7	UAH	RAH			15.7
Apr 8	RAH	UAH			6.2
Apr 11	UAH	RAH	UAH	Alumni House	6.3
Apr 12	UAH	RAH			6.7
Apr 14	UAH	RAH			6.7
Apr 26	UAH	RAH	UAH	RAH - Characters	25.2
Apr 28	RAH	UAH	RAH		13.0
Apr 29	RAH	UAH			6.7

123.2
x \$0.35/km
\$43.12

APK

01	RAH → UAH	9.3
04	UAH → RAH x 2	27.4
07	UAH → RAH	15.7
08	RAH → UAH	6.2
11	UAH → RAH	6.3
12	UAH → RAH	6.7
14	UAH → RAH	6.7
26	UAH → RAH x 2 → Characters	25.2
28	RAH → UAH	13.0
29	RAH → UAH	6.7



Travel Log

Employee: **Joanna Pawlyshyn** [REDACTED] Section 17(1)
 Chief Operating Officer
 RAH & Diagnostic & Equipment Services

For the Period of: **May 2005**

Date	Destination	Destination	Destination	Destination	Kms
May 2	UAH	RAH			6.7
May 3	RAH	UAH			8.7
May 4	RAH	UAH	RAH	UAH	19.2
May 6	UAH	RAH			6.2
May 9	UAH	RAH			6.3
May 12	UAH	RAH			6.4
May 16	UAH	RAH			6.4
May 19	UAH	RAH			6.4
May 30	UAH	RAH			6.4
May 31	RAH	YMCA Board			4.3

77.0
x \$0.35/km
\$26.95

MAY

02	UAH → RAH	6.7
03	RAH → UAH	8.7
04	RAH → UAH → RAH	19.2
06	UAH → RAH	6.2
09	UAH → RAH	6.3
12	UAH → RAH	6.4
16	UAH → RAH	6.4
19	✓	6.4
30	UAH → RAH	6.4
31	RAH → YMCA Board	4.3

Medicaid Stop Meeting @ M.I.S.

LEAVE ON DASH - THIS SIDE UP

EXPIRATION TIME
17/03 07:22 PM

AMOUNT PAID
\$ 5.00 16480000 05:22 PM

CARITAS HEALTH GROUP
CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE 108889



CARITAS HEALTH GROUP
RECEIPT 108889

DETACH RECEIPT FROM TICKET

DATE ISSUED
17/03 07:22 PM

CREDIT CARD NUMBER
5019

RNA Conf
APPLICANT COPY
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 93485
03/14/05 12:08 LH 2 AH 36 Txn#326007
03/14/05 06:51 In 03/14/05 12:08 Out
Tkt# 093264
Regular Rate \$ 11.21
Total Tax \$ 0.79
Total Fee \$ 12.00
CASH PAID \$ 12.00
Cash Tender \$ 20.00
Change Due \$ 8.00
THANK YOU
COME AGAIN

Yellowknife
re: NW T Centre
EDMONTON APPROX
LET # 8128199776
VALET PARKING
THANK YOU
HAVE A NICE DAY

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

01 [REDACTED]
0006277
VALET BY ✓
\$1000000000076891
VALET \$412.00
PARKING \$411.22
MONEY \$23.22
GST \$1.63
CARD IN. \$24.85

GST INCLUDED
GST #119326270
HAVE A NICE DAY

50041138240
RATE 2.00
TOTAL 2.00
Cash 2.00

05MAR29 20:55 019 002
05MAR29 18:36 01
/ 2:19 #116569

Thank You For
Parking At Commerce
Place Parkade

Meeting
YMCA BA

Dawn Dinner

Name _____
Amount Pd: 5.00
Licence W 200 Prov. _____
Make at CN Centre Color _____
Date _____
No 79508

GST #897727657RT
HAVE A NICE DAY

APPLICANT COPY

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

Joanna Pamilyshyn
Joanna Pamilyshyn
Joanna Pamilyshyn
CHARACTERS REST
10257 - 105 STREET
EDMONTON, AB.
T5J 1E3

780-421-4100
GST# 89206-4429
7/26/05 09:40PM

Date: [REDACTED]
Card Type: [REDACTED]
Acct #: [REDACTED]
Exp. Date: [REDACTED]
Auth. Code: 507187
Check: 327
Table: 11/1
Server: 137 ELOCK
JOANNA PAMILYSHYN

Subtotal: 335.98
GRATUITY: 40.00
TOTAL: 375.98

SIGNATURE
** Merchant Copy **

DISPATCHER
873-4444

Yellowknife - NWT Contract

CITY CAB (1993) LTD.

To serve you is our pleasure.

CAR # 42

Date: *Mar. 16/05.* Amount \$ *14.00*

GST Included

TELUS® Your TELUS Statement
Mar 28, 2005

Section 17(1)

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

J PAWLISHYN

Your TELUS Account ID

Section 17(1)

Section 17(1)

Here's what you owe this month: \$33.68

Amount of your last bill \$33.56
 Payment we processed on Mar 14 - Thank You -33.56
 Amount overdue from your last bill00

▪ Thank you for keeping your account up to date.

1 Residence Line Touchtone from Mar 28 to Apr 27 23.86
 1 Number Non-Published Residence from Mar 28 to Apr 27 2.00
 Additional Charges and Credits (see details below)58
 Long Distance Charges (see details below) 5.07
 GST (Registration 100652692) at 7% 2.17

HOME
FAX

Total new charges 33.68

Total amount due by Apr 19

\$33.68

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Mar 27 \$.44

E9-1-1 Provincial Network Fee Mar 2714

Total additional charges and credits \$.58

Long Distance Charges

5.07

Long Distance Administration Fee Mar 28

4.95

Tear off here

APPLICANT COPY

TELUS® Your TELUS Statement

TELUS Communications Inc.

Page 1 of 2

APPLICANT COPY

Section 17(1)

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

J PAWLISHYN

Section 17(1)

Your account number

Your TELUS Account ID

HOME FAX

Here's what you owe this month: \$34.13

Amount of your last bill

\$33.68

• Thank you for keeping your account up to date.

Payment we processed on Apr 19 - Thank You

-33.68

Amount overdue from your last bill

.00

1 Residence Line Touchtone from Apr 28 to May 27

23.86

1 Number Non-Published Residence from Apr 28 to May 27

2.00

Additional Charges and Credits (see details below)

.58

Long Distance Charges (see details below)

5.49

GST (Registration 100652692) at 7%

2.20

Total new charges

34.13

Total amount due by May 19

\$34.13

Additional Charges and Credits

.58

E9-1-1 Municipal Call Answer Fee Apr 27

\$.44

E9-1-1 Provincial Network Fee Apr 27

.14

Total additional charges and credits

\$.58

Long Distance Charges

5.49

Long Distance Administration Fee Apr 28

4.95

TELUS® Your TELUS Statement

May 28, 2005

Section 17(1)

Questions? For customer service or bill inquiries, please refer to page 2 for contact information.

Section 17(1)

J PAWLYSHYN

Your account number

Your TELUS Account ID

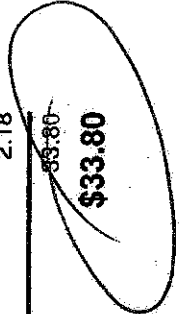
Here's what you owe this month: \$33.80

Amount of your last bill	\$34.13	
Payment we processed on May 09 - Thank You	-34.13	
Amount overdue from your last bill	.00	

• Thank you for keeping your account up to date.

1 Residence Line Touchtone from May 28 to Jun 27	23.86
1 Number Non-Published Residence from May 28 to Jun 27	2.00
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	5.18
GST (Registration 100632692) at 7%	2.18
Total new charges	33.80

HOMF
FAX



Total amount due by Jun 19

Additional Charges and Credits		.58
E9-1-1 Municipal Call Answer Fee May 27		\$.44
E9-1-1 Provincial Network Fee May 27		.14
Total additional charges and credits		\$.58

Long Distance Charges

5.18

Long Distance Administration Fee May 28

4.95

Tear off here



Travel & Employee Expense Claim Form
(In Canadian Dollars)

Section 17(1)

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name:
Position: VP & COO, RAH & Diagnostic Services	Department: Executive	
Business Phone: 735-4101	Period From: January to March 2008	

Attachment

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

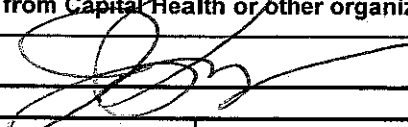
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	0002	71110101001	62410000	(mileage + parking)		\$339.55	<input checked="" type="checkbox"/>
201	0002	71110101001	61000000	(home fax)		97.11	<input checked="" type="checkbox"/>
201	0002	71110101001	69500000	(misc.)		2,771.44	<input checked="" type="checkbox"/>
						3,271.44	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Less Cash Advance						3708.10	<input type="checkbox"/>
Total						3,208.10	<input checked="" type="checkbox"/>

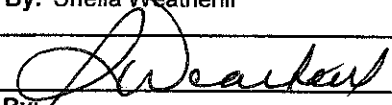
819.02
1452.4

Capital Health
RECEIVED
APR 10 2008
ACCOUNTS PAYABLE

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

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

Employee Signature:  Date: April 10, 2008

Approved By: Sheila Weatherill (Print name)	Title: CEO, Capital Health	Phone # 407-8008
(Signature) 		Date
Approved By:	Title:	Phone #
(Signature)		Date

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

APPLICANT COPY



Capital Health
EDMONTON AREA

Expense Claim

Section 17(1)

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED])
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Diagnostic Services
Department:	Executive
Code:	
Date:	April 10, 2008

January – March 2007

	Amount Claimed	
Mileage (travel log attached)	\$ ✓ 250.05	w
Parking/Taxi Fees (receipts attached)	\$ ✓ 89.50	w
Home Fax (Telus Statements attached)	\$ ✓ 97.11	w
Other		
▪ 2 cancelled personal appointments due to last minute work schedule changes (out of pocket cost)	\$ 100.00	n
▪ EECC 2008 Annual Luncheon featuring Aboriginal Leaders – tabled purchased for CH (March 19/08) *list of individual attendees attached	\$ 525.00	n
▪ Inuit Arctic Tour – Dinner hosted by CH at LaBoheme (April 6/08) *list of individual attendees attached	\$ 2,146.44	1819.02
		327.42n
TOTAL CLAIM	\$ 3208.10	

• MANI GALA - TICKETS (SEE AMEX)

500.00 n

3708.10

APPLICANT COPY



Capital Health
ROYAL ALEXANDRA HOSPITAL

Travel Log

Section 17(1)

Employee: **Joanna Pawlyshyn** [REDACTED]
Vice President and Chief Operating Officer
RAH & Diagnostic Services

For the Period of: **January – March, 2008**

Date	Destination	Destination	Destination	Destination	Kms
03-Jan-08	UAH	RAH			6.0
04-Jan-08	RAH	UAH			6.0
07-Jan-08	UAH	RAH	UAH		12.0
08-Jan-08	RAH	CN Tower			3.0
09-Jan-08	RAH	CHC			3.0
10-Jan-08	UAH	RAH	Il Portico		9.0
11-Jan-08	RAH	UAH			6.0
17-Jan-08	UAH	RAH			6.0
18-Jan-08	RAH	UAH			6.0
21-Jan-08	RAH	UAH			6.0
22-Jan-08	RAH	Petroleum Club			1.0
23-Jan-08	RAH	UAH			6.0
04-Feb-08	UAH	RAH			6.0
06-Feb-08	RAH	UAH	Petroleum Club		7.0
07-Feb-08	UAH	RAH			6.0
08-Feb-08	RAH	UAH			6.0
12-Feb-08	RAH	UAH			6.0
13-Feb-08	RAH	UAH			6.0
14-Feb-08	Edmonton	Calgary			300.0
19-Feb-08	UAH	RAH	UAH		12.0
20-Feb-08	RAH	UAH	RAH		12.0
21-Feb-08	UAH	RAH			6.0
22-Feb-08	RAH	UAH	CHC	UAH – Mayfair	17.2
27-Feb-08	RAH	UAH			6.0
28-Feb-08	UAH	RAH	UAH		12.0
03-Mar-08	RAH	UAH			6.0
04-Mar-08	RAH	UAH			6.0
05-Mar-08	RAH	UAH	RAH		12.0
07-Mar-08	RAH	UAH			6.0
10-Mar-08	RAH	UAH	RAH		12.0
11-Mar-08	RAH	Southgate Mall	RAH		19.3
12-Mar-08	UAH	RAH	Characters		8.3
13-Mar-08	McKay Ave School	RAH			4.7
17-Mar-08	Coast Plaza	UAH			5.0
18-Mar-08	UAH	RAH			6.0
19-Mar-08	UAH	RAH			6.0
25-Mar-08	RAH	UAH			6.0
28-Mar-08	RAH	UAH	RAH		12.0
TOTAL					581.50 x \$0.43./km \$250.05

Name _____
 Amount Pd: 6 **APPLICANT COPY**
 Licence DLML Resident Prov. AB
Melis @ CNC 13:68
 Make _____ Color _____
 Date _____

No **10,690**

DSAC - CALGARY
EDMONTON AIRPORTS
 GST # R128599776
VALET PARKING

02/14/2008 5:35PM 0002
 000000#0016 SHIFT B
 #917236
 PARKING \$30.00
 MDSE ST \$30.00
 GSTAX \$1.50
 CARD CH **\$31.50**

DETACH THIS PORTION FOR VALIDATION
RECEIPT OR VALIDATION
IMPERIAL PARKING
 CANADA CORPORATION
 10239 - 107th STREET
 EDMONTON, ALBERTA 420-1976
 AMOUNT: **1261.90**
 THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
 VISIT OUR WEBSITE AT www.impark.com

TICKET VOID IF RE-SOLD
 Meeting w/ Jodi @ CNC
IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter **impark**
 Trans: 00002558

PLACE THIS SIDE UP ON DASH

Time: 10:27A APR 04

Price: \$ 7.50
 Card: _____
 Exp.: _____
 Expires: _____

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

RECEIPT
 Welcome to Diamond Parking
 on dashboard
 Rate: Early Bird 9.50
 Payment Type: Card
 Auth #: 06349
 Purchase Date/Time: 07:51am Mar 13, 2008
 Operation Date/Time: 05:59pm Mar 13, 2008
 License Plate: 99 50
 Card: Visa
 Card #: 017609484
 Card Exp: 02/25
 Card Name: DE25
 Please place face up on dashboard
 Add Time #: 169033
 Expiration Date/Time: MAR 13, 2008
 Exp 05:59PM
 GST #89876 3089 RT0001

TICKET VOID IF RE-SOLD
 11:57AM FR
 APR 04 08
 INSTRUCTIONS ON BACK
 GST NO. 887315638 RT0001
impark

PLACE THIS SIDE UP ON D

EXP 06:00pm
MAR 17, 2008
 Imperial Parking 780-420-1976
 Lot 0002-154
 GST #88731 5638 RT0001
 Machine Serial #000004403011
 TICKET# 00020150
 LOT# 00020154
 CC \$0008.00 Visa MACH# 001
 FOLLOW INSTRUCTIONS ON SIGNS POSTED
 Purchase Time: s.17(1), 17(4)(e.1)
 Early Bird \$8.00
 Pay from your cell phone.
 Location 9805.
 www.imparkWireless.com

CIS. Vanda Demm

DISPLAY FACE UP ON DASH RECEIPT

Imperial Parking 780-420-1976

Lot 0002-154

GST #88731 5638 RT0001

Machine Serial #:00000448101

EXPIRY DATE AND TIME

EXP 06:00pm

MAR 26,2008

EXP 06:00pm

MAR 26,2008

TICKET#

LOT#

00020618

00020154

LOT# 00020154

MACH# 001

TIC# 00020618

CC \$0008.00

MAR26,2008

CC \$0008.00 Visa

MACH# 001

7:57am

FOLLOW INSTRUCTIONS ON SIGNS POSTED

Purchase Time

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

Early Bird \$8.00

Pay from your cell phone.

423-1922 Location 9805.

goto www.ImparkWireless.com

DISPLAY FACE UP ON DASH RECEIPT

Feb 28, 2008

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe.....\$32.36

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.38
Payment processed Feb 12 - Thank You	-32.38
911 adj Feb 11	-.01
Balance forward	-.01

• Thank you for keeping your account up to date

New charges

Monthly services	25.90
Usage charges	4.95
GST (Registration 812758878)	1.52
Total new charges	32.37

Total amount due by Mar 20, 2008

\$32.36

HOME FAX

Tear off here

Jan 28, 2008

For Customer Service please call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe.....\$32.38

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.69
Payment processed Jan 14 - Thank You	-32.69
Balance forward	.00

▪ Thank you for keeping your account up to date.

New charges

Monthly services	25.91
Usage charges	4.95
GST (Registration 812758878)	1.52
Total new charges	32.38

Total amount due by Feb 18, 2008

\$32.38

None Fax

Tear off here

Your TELUS statement

Mar 28, 2008

TELUS Communications Company

For Customer Service please visit www.telus.com or call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Your account number

Your TELUS Account ID

Section 17(1)

Total amount you owe **\$32.37**

Summary of your account

Section 17(1)

Previous charges and credits

Amount of your last bill	\$32.36
Payment processed Mar 18 - Thank You	-32.36
Balance forward	.00

New charges

Monthly services	25.90
Usage charges	4.95
GST (Registration 812758878)	1.52
Total new charges	32.37

Total amount due by Apr 18, 2008

\$32.37


HOME FOX

Tear off here

APPLICANT COPY

JOANNA PAWLYSKA

- PERSONAL EXPENSE
- 2 CANCELLED APPOINTMENTS
DUE TO LAST MINUTE
WORK SCHEDULE CHANGES
- OUT OF POCKET COST
\$ 100.00


29 FEB 08



The Platinum Card

APPLICANT COPY

www.americanexpress.ca
Customer Service or
Lost or Stolen Card
1-800-263-1616
(24 hours, toll free)

Statement of Account

Page 1 of 6

Prepared for
JOANNA PAWLYSHYN

Closing Date
March 15, 2008

In Toronto or
International
Collect
905-474-8400

Amex Bank of Canada
Platinum Card Services
101 McNabb Street
Markham ON
L3R 4H8

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$ inc. Finance Charge, if any	New Balance \$	Amount Due \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Statement includes payments and charges received by March 15, 2008

Payment Due Date
April 9, 2008

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 29

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
March 3 (March 3)	[REDACTED]		[REDACTED]
March 3 (March 3)	[REDACTED]		[REDACTED]
Total of Payment Activity			[REDACTED]
New Charges for JOANNA PAWLYSHYN			
February 17 (February 18)	[REDACTED]		[REDACTED]
February 18 (February 18)	[REDACTED]		[REDACTED]
February 18 (February 18)	[REDACTED]		[REDACTED]
February 26 (March 1)	WWW.GOBIGEVENT.COM EDMONTON AB		525.00
March 3 (March 3)	[REDACTED]		[REDACTED]

*EEIC fundation
fostering Aboriginal leaders*

*purchase table
for CH
Individuals who
attended: see
attached list.*

↑ Please detach here ↑

AMERICAN EXPRESS

PAYMENT BY DUE DATE ENSURES NO FINANCE CHARGES
ON NEW CHARGES. DETAILS ON REVERSE.

If paying by cheque please:

- write Membership Account Number clearly on the front of your cheque.
- enclose this remittance portion of statement with your payment.

Do Not Send Cash Through Mail

Membership Number	[REDACTED]	
Payment Due Date	Amount Due \$	Amount Paid \$
[REDACTED]	[REDACTED]	[REDACTED]



JOANNA PAWLYSHYN

Section 17(1)

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

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



Statement of Account

Prepared for
JOANNA PAWLYSHYN

Membership number
[REDACTED]

Closing Date
March 15, 2008

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
March 4 (March 5)	[REDACTED]		[REDACTED]
March 7 (March 9)	[REDACTED]		[REDACTED]
March 8 (March 9)	[REDACTED]		[REDACTED]
March 8 (March 9)	[REDACTED]		[REDACTED]
March 9 (March 9)	[REDACTED]		[REDACTED]
March 9 (March 9)	[REDACTED]		[REDACTED]
March 10 (March 11)	CH HEART INSTITUTE EDMONTON AB	<i>Edm tickets re: MARI Opening Celebration</i>	500.00
March 14 (March 15)	[REDACTED]		[REDACTED]
March 15 (March 15)	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]
February 16 (February 17)	[REDACTED]		[REDACTED]
February 16 (February 17)	[REDACTED]		[REDACTED]
February 17 (February 19)	[REDACTED]		[REDACTED]
February 20 (February 22)	[REDACTED]		[REDACTED]
February 20 (February 22)	[REDACTED]		[REDACTED]
February 21 (February 22)	[REDACTED]		[REDACTED]
February 21 (February 23)	[REDACTED]		[REDACTED]
February 22 (February 23)	[REDACTED]		[REDACTED]
February 22 (February 25)	[REDACTED]		[REDACTED]
February 23 (February 26)	[REDACTED]		[REDACTED]
February 25 (February 26)	[REDACTED]		[REDACTED]

01644 JGCA9206 0623

APPLICANT COPY

Please Provide the following information about the people attending the EEDC 2008 Annual Luncheon

	First Name	Last Name	Company	E-Mail Address
1:	John	McPhail	Capital Health	
2:	Joy	Myskiw	Capital Health	
3:	Karen	Karbeszewski	Capital Health	
4:	Wayne	Labonte	Capital Health	
5:	Carol	Brzezicki	Capital Health	
6:	Susan	Miskiman		
7:	Violet	White		
8:	Gerald	Cunningham		
9:	Allan	Wells		10th. Kris Gladue
<input type="button" value="Save Information"/>				

APPLICANT COPY

La Boheme

Date : 04-06-2008

Time : 19:24:26

Table : 1

Server: 1

Katie

INDUIT ARTIC
TOUR - DINNER
** CUSTOMER/CLIENT ** KISMED
BOHEME CAFE GALERIE BY CH
EDMONTON, AB
780 474 5693

PARTICIPANT LIST

TERM #: ATTACHE D 25200454

NER/MAR #: 9321040150

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

SALE

BATCH/LOT: 000381 INVOICE/FACTURE: 709823
DATE: APR 06, 08 TIME/HEURE: 18:27

TRANS: 0003 AUTHN: 16

Approved/Approuve

AMT/MONT \$2146.44
TIP/POURB \$0.00

TOTAL \$2146.44

JOANNA PAMLYSHVH

001 Group Menu	1209.00
001 Traditional	5.75
001 Traditional	5.75
001 Traditional	5.75
001 Traditional	5.75
001 Traditional	5.75
001 Traditional	5.75
001 Kokanee	5.75
001 Kokanee	5.75
001 House Bottle	360.00
001 Well Highball	6.50
001 Well Highball	6.50
001 Well Highball	6.50
001 Caesar	6.95
001 Caesar	6.95
001 Soft drink	2.95
001 Soft drink	2.95
001 Soft drink	2.95
001 Soft drink	2.95
001 Soft drink	2.95
001 Soft drink	2.95
001 Veg. juice	3.25
001 Veg. juice	3.25
001 Tea	2.75
001 Tea	2.75
001 Tea	2.75
001 Tea	2.75
001 COFFEES	49.50
001 15%service	327.42

2059.82 Tax 86.62 Total 2146.44

Sub Total 2059.82
Sales Tax 86.62
Grand Total 2146.44

Please Pay Your Server

You are invited to see our luxury
Bed & Breakfast suites upstairs.
Please ask your waiter which
suites are open.
Visit La Boheme's website at :
www.laboHEME-edmonton.com

Merci et a bientot !!

Sal.	First Name	Last Name	Title	Department	Branch / Section
	Inuit Tapiriit Kanatami				
	Inuit Arctic Tour Participants				
	April 22-27, 2007				
	<u>2008 Inuit Arctic Tour Participants / Inuvialuit Settlement Region</u>				
1	Mr. Stefan	Matiation	Analyst	Privy Council Office	Social Development Policy
2	Ms. Marie-France	Berard	Regional Director General	Health Canada	Quebec Region
3	Mr. Robert C	Clarke PhD	Assistant Deputy Minister	Public Health Agency of Canada	Office of the Deputy Chief Public Health Officer
4	Mr. Robert	Lesser	Director General	Public Safety Canada	Operations
5	Ms. Carolina	Gilberli	Assistant Deputy Minister	Health Canada	
6	Mr. John	McKenirey	Assistant Deputy Minister	Indian and Northern Affairs Canada	Aboriginal Economic Development Sector
7	Ms. Trish	Merrithew-Mercredi	Regional Director General	Indian and Northern Affairs Canada	Northwest Territories Region
8	Ms. Catherine	Conrad	Senior Director	Human Resources and Social	Learning Branch
9	Mr. John	Kozij	Director	Indian and Northern Affairs Canada	Strategic Policy and Integration Directorate
10	Mr. Eric	Marion	Director	Indian and Northern Affairs Canada	Devolution and Major Programs Directorate
11	Mr. Robert	Fortin	Director	Indian and Northern Affairs Canada	International Polar Year
12	Ms. Nicole	Bourget	Assistant Deputy Minister	Canadian Heritage	Public and Regional Affairs
13	Mr. Eric	Marion	Director	Indian and Northern Affairs Canada	Devolution and Major Programs Directorate
14	Mr. John	Hannaford	Deputy Legal Advisor and Director General	Foreign Affairs and International	Legal Affairs Bureau
15	Ms. Marielle	Doyon	Director General	Indian and Northern Affairs Canada	Human Resources
16	Mr. Jim	Quinn	Chief Financial Officer	Indian and Northern Affairs Canada	Chief Financial Officer Sector
17	Ms. Maryse	Pesant	Director General	Indian and Northern Affairs Canada	Communications Branch
18	Mr. Stephen J	Lloyd	Director General	Service Canada	Employment Policy and Programs Operations
19	Ms. Sally	Thornton	Executive Secretary	Treasury Board Secretariat	Communications
20	Mr. Paul	Landy	Director	Indian and Northern Affairs Canada	Legislative Projects - Lands Branch
21	Ms. Evelyne	Power-Reid	Director	Service Canada	Eastern Ontario
22	Ms. Claire	Dansereau	Associate Deputy Minister	Department of Fisheries and Oceans	
23	Mr. Alrick	Huebener	Director	Natural Resources Canada	Policy, Economic Analysis and Planning Division
21	Ms. Rosemary	Cooper	Political Advisor	Inuit Tapiriit Kanatami	Executive
22	Ms. Belinda	Webb	Director Social & Economic Development	Inuit Tapiriit Kanatami	SED
23	Ms. Onalee	Randell	Director Health & Environment	Inuit Tapiriit Kanatami	Health
24	Mr. Stephen	Hendrie	Director	Inuit Tapiriit Kanatami	Communications
25	Ms. Melissa	Irwin	Communications Officer	Inuit Tapiriit Kanatami	Communications

PLUS CH STAFF: JOANNA PARVISHYN
 WENDY MORGAN-ECKLEY
 DONNA STEWART
 2 OF WENDY'S STAFF
 BILL (FROM LAGA HOUSE)

APPLICANT COPY

Daily Itinerary: Inuit Arctic Tour

Ottawa, Ontario
Edmonton, Alberta

Sunday April 6, 2008
(All times local)

08:00	Air Canada flight 193 departs Ottawa
10:25	Air Canada flight 193 arrives Edmonton
11:00	Pick-up at Edmonton Airport - Chartered bus
11:30	Check-in Executive Royal Inn
12:30	Lunch at Hotel
13:30	Transportation to Royal Alexandra Hospital - Chartered bus
14:00	Tour Royal Alexandra Hospital
15:30	Transportation to Larga Edmonton - Chartered bus
15:45	Tour Larga Edmonton
17:00	Cocktails at Petroleum Club, Hosted by Capital Health <i>LA BONEME</i>
17:45	Dinner at Petroleum Club, Hosted by Capital Health
19:30	Transportation to Executive Royal Inn
20:00	End of day

Hotel:

Executive Royal Inn
8450 Sparrow Drive, Leduc, Alberta T9E 7G4
Tel: (780) 986-1840
Toll Free: 1-888-202-3770
Fax: (780) 986-1864
http://www.executivehotels.net/home/home_low.htm



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

Attachment #2

Section 17(1)

CAPITAL HEALTH

Name: Joanna Pawlyshyn	Employee Number: [REDACTED]	Union Name: AUC
Position: VP & COO, RAH & Lab Services	Department: Executive	
Business Phone: 735-4101	Period From: April to June 2008 + July 11/08	

Attachment

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
201	0002	71110101001	62410000	(mileage/parking)		\$476.89	<input checked="" type="checkbox"/>	
201	0002	71110101001	61000000	(fax)		97.37	<input checked="" type="checkbox"/>	
201	0002	71110101001	69500007	(flowers)		250.95	<input checked="" type="checkbox"/>	
201	0002	71110101001	62414000	(Chicago trip)	903.65	932.93	<input type="checkbox"/>	
201	9000	71110101001	69600000	(staff function)		2,212.64	<input checked="" type="checkbox"/>	
Less Cash Advance								<input type="checkbox"/>
Total							\$3,970.78	<input checked="" type="checkbox"/>

473.89
3.00

212.64
100.00

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

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

Employee Signature: *[Signature]* Date: July 28, 2008

Approved By: Deb Gordon
 (Print name) *Alexandra Merati* Title: Interim Executive Vice President & COO, Health Services CFO Phone # 407-1848-407-3725
 (Signature) *[Signature]* Date Aug 5/08
 Approved By: _____ Title: _____ Phone # _____
 (Signature) _____ Date _____

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



Capital Health
EDMONTON AREA

Expense Claim

Employee Name:	Joanna Pawlyshyn (Employee # [REDACTED]) Section 17(1)
Employee Position:	Vice President and Chief Operating Officer, Royal Alexandra Hospital and Laboratory Services
Department:	Executive
Code:	
Date:	July 28, 2008

April - June, 2008 (& July 11/08)

	Amount Claimed	
Mileage (travel log attached) ✓	\$ 359.74	
Parking/Taxi Fees (receipts attached) - summary @ end	\$ 117.15	476.89
Home Fax (Telus Statements attached) - summary @ end	\$ 97.37 w	114.15 3.00
Other (receipts/credit card statements attached)		
▪ Flowers (Wild Orchid Ltd.) - CHILD HLTH / SEC WASH summary @ end	\$ 250.95 w	
▪ Expenses from trip to Chicago	\$ ✓932.93 CAD n	
(Accenture and Prentiss Hospital visit - June 25-27)		
▪ Taxi from Airport to Hotel- June 25/08	\$ 43.05 (US) n	
▪ Hotel - June 25-27/08 203.65	\$860.60 (US)	
▪ TGIF at Murrieta's for Corporate Staff and VP's - July 11/08	\$ 2,212.64 2112.64	100.00
TOTAL CLAIM	\$ 3,970.78	

APPLICANT COPY



Travel Log

Employee: **Joanna Pawlyshyn** [REDACTED] Section 17(1)
 Vice President and Chief Operating Officer
 RAH & Laboratory Services

For the Period of: **April - June, 2008**

Date	Destination	Destination	Destination	Destination	Kms
01-Apr-08	RAH	UAH	RAH		12.0
02-Apr-08	RAH	UAH			6.0
03-Apr-08	UAH	RAH			6.0
04-Apr-08	RAH	CHC	RAH		6.0
07-Apr-08	UAH	RAH	UAH		12.0
09-Apr-08	RAH	UAH	RAH		12.0
10-Apr-08	UAH	RAH			6.0
15-Apr-08	RAH	UAH			6.0
24-Apr-08	UAH	RAH			6.0
28-Apr-08	UAH	RAH			6.0
29-Apr-08	UAH	RAH			6.0
30-Apr-08	UAH	RAH	CHC	UAH	12.0
01-May-08	RAH	UAH	RAH		12.0
02-May-08	RAH	UAH			6.0
05-May-08	UAH	RAH	UAH		12.0
06-May-08	RAH	Hole's Greenhouse	RAH		34.1
07-May-08	RAH	UAH			6.0
08-May-08	UAH	RAH			6.0
12-May-08	UAH	RAH	UAH		12.0
14-May-08	UAH	RAH			6.0
29-May-08	UAH	RAH	UAH		12.0
30-May-08	UAH	AH&W	RAH		7.2
02-Jun-08	UAH	RAH	CHC	UAH - Timms	13.4
03-Jun-08	Mayfair	RAH	CHC - UAH	P-Club - RAH	18.6
04-Jun-08	RAH	UAH	RAH		12.0
09-Jun-08	UAH	RAH	Mayfair		17.7
10-Jun-08	RAH	City Hall	RAH		4.0
12-Jun-08	RAH	UAH			6.0
13-Jun-08	UAH	RAH	UAH		12.0
16-Jun-08	UAH	RAH			6.0
17-Jun-08	CHC	GN	RAH	Canada Place - UAH	37.6
25&27-Jun	Kenora, Ont	Winnipeg Airport	<i>(RE: CHICAGO TRIP)</i>		500.0
TOTAL					836.6 x \$0.43/km \$359.74

APPLICANT COPY

NAME: PAULYSNIN
 #1: GOLBLOSC

CHECKER (Edmonton) Inc. (780) 484-8888
 Bolted Taxi Ltd. (780) 489-7777
 ADMINISTRATION (780) 466-6600

DRIVER: [Redacted] UNIT NO. [Redacted]

FARE	14.00
INTL.	
GRATUITY	3.00
TOTAL	17.00

4036818

MEMBER'S SIGNATURE: [Signature]

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

June 10, '08.
 City Hall Parking
 meter parking \$5.00
 \$15.00
 MEETING WITH
 CHARLOTTE ROBB

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

Meeting w/ FNINB

CANADA PLACE PARKADE
 OPERATED BY IMPERIAL PARKING
 FOR THE CITY OF EDMONTON

CUSTOMER COPY

Meeting w/ HR re: Point Director

IMPERIAL PARKING
 PHONE 420-1976
 HOURLY PARKER
 Meter 101 363

Trans: 0000/888
 Time: 7:30A JUN 17

Price: \$10.00
 Card: [Redacted]
 Exp.: [Redacted]
 Expires: [Redacted]

impark

Rcpt# 1942
 06/17/08 15:17 LN 3 AM 43 Txn# 4378
 06/17/08 14:29 In 06/17/08 15:17 Out
 Regular Rate \$ 3.81
 Total Tax \$ 0.19
 Total Fee \$ 4.00
 CASH PAID \$ 4.00-
 Cash Tender \$ 4.00
 Change Due \$ 0.00
 THANK YOU
 WE APPRECIATE YOUR BUSINESS
 COME AGAIN

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

RECEIPT

CREDIT CARD NUMBER: 55130
 Meeting w/ Clerk

DATE ISSUED: 17/06/08 08:59
 TIME ISSUED: 08:59
 AMOUNT PAID: \$5.50

DETACH RECEIPT FROM TICKET

RECEIPT

HEALTH GROUP NON TRANSFERABLE 2238625

AMOUNT PAID: \$5.50 15370000 08:59

EXPIRATION DATE: 17/06/08 09:59
 EXPIRATION TIME: 09:59

LEAVE ON DASH - THIS SIDE UP

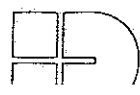
Media with King @ Am W
 IMPARK LTD. #10108353
 TELUS PLAZA PARKADE
 420-1976 5638 RT0001

05-30-2008 FMT #1
 05-30-2008 010108353
 1 HOUR 2.90
 2 HOUR 0.00
 CASH 0.00

ITEM 1
 JCL 2008 11:40 AM

18
 5:00PM Mon
 This is your receipt
 and proof of purchase

RE-SOLD



PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

RED

DETACH THIS PORTION FOR VALIDATION
 RECEIPT OR VALIDATION
 IMPERIAL PARKING CANADA CORPORATION
 10239-107th STREET
 EDMONTON, ALBERTA 420-1976
 AMOUNT: 130668
 REC.#88731 5638 RT0001
 VISIT OUR WEBSITE AT www.Impark.com

DETACH RECEIPT FROM TICKET
 TICKET PRICE INCLUDES GST REG. #887319638RT0001
 286570
 25 Apr 08 2:00
 impark
 your parking authority
 Meeting re
 Washburn
 FACE UP ON DASH
 WARNING - YOUR RISK SEE BACK

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 02/06
 EXPIRATION TIME 06:37 PM
 AMOUNT PAID \$ 2.90

1969000005:37 PM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

GST# R108102831

RECEIPT

ALBERTA UNIVERSITY OF
 769889

55150 CREDIT CARD NUMBER
 MARI - GARA

01/05/08 04:41 PM \$ 3.75
 AMOUNT PAID

DATE ISSUED TIME ISSUED AMOUNT PAID

DETACH RECEIPT FROM TICKET

DETACH RECEIPT FROM TICKET

DATE ISSUED 02/06/08
 TIME ISSUED 05:37 PM
 AMOUNT PAID \$ 2.90

CREDIT CARD NUMBER

55150

For Hole
 Bob found



UNIVERSITY OF ALBERTA

RECEIPT

GST# R108102831

ALBERTA UNIVERSITY OF
 769889

15210000 04:41 PM \$ 3.75
 AMOUNT PAID

02/05 06:45 PM
 EXPIRATION DATE

EXPIRATION TIME

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH THIS PORTION FOR VALIDATION
 RECEIPT OR VALIDATION
 IMPERIAL PARKING CANADA CORPORATION
 10239-107th STREET
 EDMONTON, ALBERTA 420-1976
 AMOUNT: 129060
 REC.#88731 5638 RT0001
 VISIT OUR WEBSITE AT www.Impark.com

Apr 28, 2008

For Customer Service please visit www.telus.com or call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

[Redacted]

Total amount you owe.....\$32.37

Your TELUS Account ID

[Redacted] Section 17(1)

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.37
Payment processed Apr 07 - Thank You	-32.37
<hr/>	
Balance forward	.00

- Thank you for keeping your account up to date.

New charges

Monthly services	25.90
Usage charges	4.95
GST (Registration 812758878)	1.52
<hr/>	
Total new charges	32.37

Total amount due by May 19, 2008 \$32.37

HOME FAX

Tear off here

TELUS® Your **TELUS** statement
APPLICANT COPY
May 28, 2008

TELUS Communications Company

Page
1 of 1

For Customer Service please visit www.telus.com or call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

Total amount you owe.....\$32.50

Your TELUS Account ID

Section 17(1)

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.37
Payment processed May 15 - Thank You	-32.37
Balance forward	.00

• Thank you for keeping
your account up to date

New charges

Monthly services	25.90
Usage charges	5.07
GST (Registration 812758878)	1.53
Total new charges	32.50

Total amount due by Jun 20, 2008 \$32.50

HOME FAX

Tear off here

Jun 28, 2008

For Customer Service please visit www.telus.com or call 310-2255
From outside the province call Toll-free 1-888-811-2323

J PAWLYSHYN

Section 17(1)

Your account number

[Redacted]

Your TELUS Account ID

[Redacted]

Section 17(1)

Total amount you owe.....\$32.50

Summary of your account

Previous charges and credits

Amount of your last bill	\$32.50
Payment processed Jun 17 - Thank You	-32.50
<hr/>	
Balance forward	.00

▪ Thank you for keeping your account up to date

New charges

Monthly services	25.90
Usage charges	5.07
GST (Registration 812758878)	1.53
<hr/>	
Total new charges	32.50

Total amount due by Jul 19, 2008 \$32.50

HOME FAX

Tear off here



Statement of Account

Page 1 of 5

Prepared for
JOANNA PAWLYSHYN

Closing Date
May 15, 2008

In Toronto or
International
Collect
905-474-8400

Amex Bank of Canada
Platinum Card Services
101 McNabb Street
Markham ON
L3R 4H8

Previous Balance \$	Payments & Credits \$	New Charges/Adjustments \$ inc. Interest, if any	=	New Balance \$	Amount Due \$
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]

Statement includes payments and charges received by May 15, 2008

Payment Due Date
June 9, 2008

WE VALUE YOUR MEMBERSHIP. PLEASE PAY THE BALANCE IN FULL. THANK YOU.

Billing days this period: 30

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
------------------------------------	---------	------------------	-----------

[REDACTED]

Total of Payment Activity

[REDACTED]

New Charges for JOANNA PAWLYSHYN

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
April 15 (April 16)	WILD ORCHID LTD. EDMONTON AB <i>Child Health Amb. Clinic</i>		85.05
April 17 (April 18)	WILD ORCHID LTD. EDMONTON AB <i>Secretary's Week</i>		165.90
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

↑ Please detach here ↑

AMERICAN EXPRESS

PLEASE PAY BY PAYMENT DUE DATE TO ALLOW YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. DETAILS ON REVERSE.

If paying by cheque please:

- write Membership Account Number clearly on the front of your cheque.
- enclose this remittance portion of statement with your payment.

Do Not Send Cash Through Mail

Membership Number	[REDACTED]	
Payment Due Date	Amount Due \$	Amount Paid \$
June 9, 2008	[REDACTED]	[REDACTED]



JOANNA PAWLYSHYN

[REDACTED]


Section 17(1)

Amex Bank of Canada/
Banque Amex du Canada
PO Box 2000
West Hill ON M1E 5H4

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

PLEASE ATTACH METER RECEIPT

Customer Account Number


CHICAGO CARRIAGE CAB
 EXECUTIVE LUXURY
 TAXICAB RATES
 FIRST CLASS SERVICE
 312-326-2221
 AMX D.C. Disc MC VISA Other
 Authorized Signature: *[Signature]*

Voucher # 925814

Date	June 30	Time		Res #		Cab #	
Name	CHICAGO DRAGE			C.L. #			
Credit Card #	AIRPORT TO						
Expiration Date	MAY 1					Meter	38 05
Pickup Point						Extras Meter / 2	
Final Destination						Fiat Rate	
Approval Code	653 mdr					Misc.	
	035688					Tip	5 00
						TOTAL	43 05

per attached exchange rate chart

999 393971 PASSENGER COPY
\$ 44.51 (Cdn)

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

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

Oracle Applications - Production

File Edit View Folder Tools Window Help



Daily Rates

Currency		Conversion				
From	To	Date	Type	USD To CAD	CAD To USD	
USD	CAD	27-JUN-2008	Spot	1.0335	.9675858732	
USD	CAD	26-JUN-2008	Spot	1.0318	.9691800737	
USD	CAD	25-JUN-2008	Spot	1.0338	.967305088	

Enter by Date Range...

Action Order



From: Olafson, Desiree
Sent: Monday, July 28, 2008 1:24 PM
To: Atienza, Ethelene
Subject: FW: US Exchange Rate

Can you answer this question in Mark Paika's absence? Thx.

From: Olafson, Desiree
Sent: Monday, July 28, 2008 1:23 PM
To: Paika, Mark



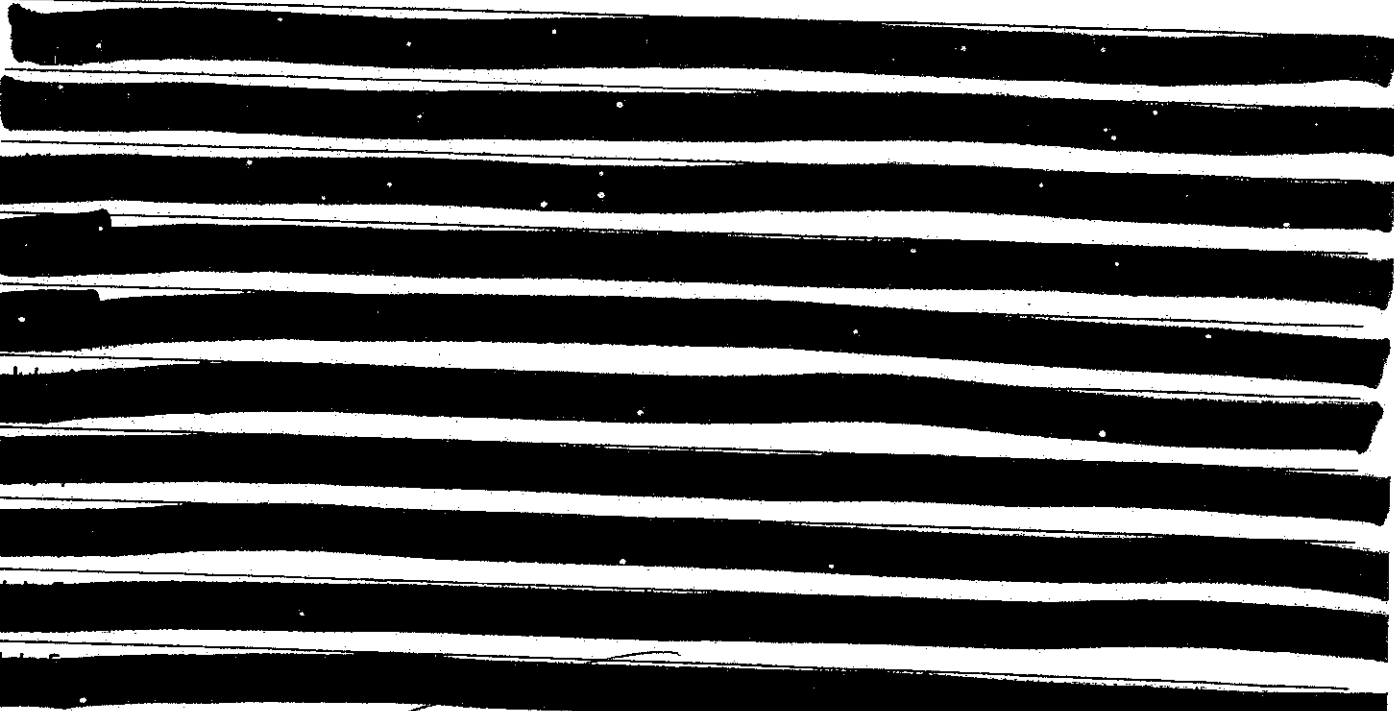
Statement of Account

Prepared for
JOANNA PAWLYSHYN



Closing Date
July 15, 2008

Transaction Date (Posting Date)	Details	Foreign Spending	Amount \$
June 30 (July 1)	THE FAIRMONT HOTEL CHIC CHICAGO	33.10 UNITED STATES DOLLAR	34.17
	ARRIVAL 06/25/08 DEPARTURE 06/27/08 NIGHTS		
June 30 (July 1)	THE FAIRMONT HOTEL CHIC CHICAGO	827.50 UNITED STATES DOLLAR	854.25
	ARRIVAL 06/25/08 DEPARTURE 06/27/08 NIGHTS		



July 11 (July 12)	MURRIETA'S EDMONTON EDMONTON <i>Corporate office toll + all VPS. (see invoice attached)</i>	AB - T&F - July 11	2,212.64
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APPLICANT COPY



200 NORTH COLUMBUS DRIVE
CHICAGO, ILLINOIS, USA 60601
T 312 565 6689 F 312 856 9020

Room : 0818
Folio # : 227032
Cashier # : 15
Page # : 1 of 1

Carlson Wagonlit Travel
Joanna Pawlyshyn

Arrival : 06-25-08
Departure : 06-27-08

CA

Date	Description	Additional Information	Charges	Credits
06-25-08	In Room Dining	#0818 : CHECK #2631	27.92	
06-25-08	Room Charge		332.10	
06-25-08	Room State Tax		39.52	
06-25-08	Room City Tax		11.62	
06-26-08	In Room Dining	#0818 : CHECK #2670	33.10	
06-26-08	Room Charge		332.10	
06-26-08	Room State Tax		39.52	
06-26-08	Room City Tax		11.62	
06-27-08	American Express	[REDACTED] Section 17(1),(4)(e.i)		827.50
06-27-08	In Room Dining	#0818 : CHECK #2792	33.10	
06-27-08	American Express	[REDACTED] Section 17(1),(4)(e.i)		33.10
Total			860.60	860.60
Balance Due			0.00	

US FUNDS
888.42 (Cdn)
* see attached AMEX statement

Guest signature X _____
For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414

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, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month (19.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

I have accepted delivery of The New York Times. Had I refused, I would have been eligible for a \$5.00 (Mon - Sat) and \$2.00 (Sun) credit to my account. (At participating hotels).

Thank you for choosing to stay with Fairmont Hotels & Resorts

APPLICANT COPY

MURRIETA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check: 100563

Server: Alexis D.
Table: 82

Date: 07/11/2008
Time: 19:33

AMEX

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

PAWLYSHYN/JOANNA

AUTH

505613

ONLINE

MERCHANT#

9999

SUBTOTAL \$ 2112.64
(Gratuity Included)

TIP \$ 100.00
(Optional Additional Gratuity)

TOTAL \$ 2212.64

TGRIF for all corporate staff +

** CUSTOMER COPY **

VP's in recognition of difficult week with S. Hetherill termination.

GST#857377576RT0001

Thank You

Murrieta's Bar & Grill.

(see attached cheque)

Parking

5.00 } non receipt

15.00

19.00

4.00

16.00

3.50

6.00

2.90

8.00

22.00

10.00

6.00

2.00

3.75

117.15

Home Fair

32.37

32.50

32.50

97.37

Flowers

85.05

165.90

250.95