

APPLICANT COPY

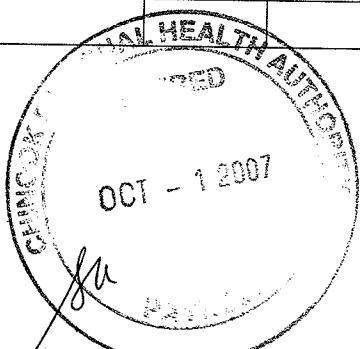


**Chinook Health  
Employee Expense Claim Voucher**

Name: Debra Ranage  
Employee Number: s.17(1), 17(4)(g)(i)

420408  
1000.711104500  
FRE 17/09/07  
HR.

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
	6750000	Public Relations			1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
		Moving Expenses		3,000.00	
<b>TOTAL</b>				3,000.00	
			1235		



TOTAL AMOUNT REQUESTED \$ 3,000.00

- ALL AMOUNTS PAID ON THIS FORM ARE NOT SUBJECT TO INCOME TAX.
- ACADEMIC COURSE FEES, PROFESSIONAL REGISTRATIONS AND HONORARIUMS WILL BE INCLUDED IN BOX 14 OF THE T4. THE FULL AMOUNT MAY BE ELIGIBLE TO CLAIM FOR TAX PURPOSES, THEREFORE PHOTOCOPIES OF THESE RECEIPTS ARE ACCEPTABLE.
- FORWARD THIS COMPLETED FORM WITH APPLICABLE ORIGINAL RECEIPTS TO PAYROLL.
- SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARDS

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <u>24/09/07</u>	CLAIMANT	APPROVAL <u>Pam Whitnack</u>
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FOR INSTRUCTIONS REGARDING USE OF THIS FORM,  
SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

1011 Relocation Reimbursement 3000.00

WILLIAMS MOVING & STORAGE CANADIAN UNIFORM HOUSEHOLD GOODS BILL OF LADING WILLIAMS ORDER NUMBER

BOOK NO. MEMBER MBR. NO. ORIGIN MEMBER MBR. NO. DESTINATION MEMBER MBR. NO. MEMBER NO. SEQUENCE NO. YEAR

WILLIAMS MOVING 0770 WILLIAMS MOVING 0770 WILLIAMS MOVING & STORAGE 0624 0770 08062 07

TEL. NO. 403-252-4431 TEL. NO. 403-252-4431 ADDRESS 3510 - 5TH AVE N TEL. NO. 403-327-3911

SHIP FROM FOR TRANSPORTATION AND DELIVERY TO

CONSIGNOR MR. & MRS. RAMAGE TEL. NO. CONSIGNEE MR. & MRS. RAMAGE TEL. NO. 000-000-0000

STREET APT. STREET APT.

CITY PROV. P.C. CITY PROV. P.C.

NOTIFY s.17(1), 17(4)(g)(i) TEL. NO. NOTIFY s.17(1), 17(4)(g)(i) TEL. NO.

PACK DATES LOAD DATES AUG 23 07 AGREED DELIVERY PERIOD FROM AUG 24 07 TO: AUG 24 07 MUST DELIVER ON AUG 24 07

**SUBJECT TO THE FOLLOWING CONDITIONS AND THOSE ON THE REVERSE HEREOF:**

- Rules, regulations, rates and charges in effect on day of loading shall govern this shipment. All charges will be audited and if necessary corrected by refund, or additional billing.
- The uniform Conditions of Carriage apply and the signature of Consignee for receipt of goods shall not preclude future claim for loss or damage made within the time limit as prescribed by the Bill of Lading.
- Unless payment has been otherwise arranged, the carrier will not relinquish possession of shipment until all charges are paid in cash, money order, or certified cheque, subject to Condition No. 14 on the reverse hereof.
- Notwithstanding any purchase order from a third party or any instructions to invoice a third party, the consignor remains jointly and severally liable for all charges. Interest on overdue accounts is payable at 2% (two percent) per month (24% per annum compounded annually) from the date of the invoice. If charges not C.O.D., send invoice to:

5. Carrier's Liability: Unless the Consignor expressly releases the shipment to a value of 60 cents per pound per article, the Carrier's maximum liability for loss or damage shall be the value declared by the Consignor, based on a minimum of \$5.00 per pound computed on the total weight of the shipment. Additional charges for each \$100.00 of value declared shall be paid in accordance with the carrier's tariff in effect at the date of loading. If \$5.00 per pound or more is chosen, the Carrier agrees that if there is loss or damage sustained while in its custody, it will pay the full cost of repair, or if repair is not possible, replacement without deduction for depreciation. Any items not purchased or currently purchasable in the commercial market of North America will be settled at their appraised value. This provision does not apply to tariffs in which the Carrier's released rate liability is fixed by such tariff. If shipment contains any documents, specie, jewellery or articles of extraordinary value, Consignor must list them here, or on an attachment hereto. NOTE: Replacement value protection is not available for motor vehicles, snowmobiles, trailers, campers, or boats (including outboard motors and PWCs).

NAME **CASH, CERT CHEQ OR CREDIT** CUSTOMER ACCT. CODE **9997**

ATTN OF: \_\_\_\_\_ P.O. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, PROV., P.C. \_\_\_\_\_

INVOICE TO BE ISSUED BY:  MEMBER OR  UVL

DECLARATION OF VALUE:  
RVP  REL  \$ **.60 per lb/art.** VEHICLE \$ \_\_\_\_\_

I warrant that this shipment of goods does not contain any dangerous substances as defined under the Transportation of Dangerous Goods Act of Canada or any Province or Territory, except such goods as are declared exempt by each applicable Act and regulations thereunder. I also warrant that all such goods are or will be in cartons marked "Consumer Products - Dangerous Goods Exempt" and shown as such on the inventory.

I am the legal owner of the furniture and effects referred to or the authorized agent thereof. I understand that the liability of the carrier and its employees, agents and representatives is limited by the Conditions of Carriage contained in this agreement and make the declaration of value set forth in Condition 5 above. I have been directed to read the Conditions on the reverse hereof.

CONSIGNOR OR HIS AGENT  DRIVER  DATE: \_\_\_\_\_

TARIFF <b>0050</b>	SPECIAL SVCS	AIRMILES #	B/L EXTENDED BY
SECTION <b>50</b>	<b>UR55</b>		MBR <b>070 CC</b>
MILES <b>135</b>			DATE <b>07/08/23</b>
MASS OF SHIPMENT (SCALE TICKETS ATTACHED) → SCALE <b>CAT SCALE</b>	TICKET NO. <b>157095</b>	SCALE <b>CAT SCALE</b>	TICKET NO. <b>157067</b>
TRANSPORTATION TOTAL			<b>2829.48</b>
ORIGINAL	RESCALE	NOTE: If vehicle is included in net mass of shipment or if vehicle is being transported at flat rate, please complete this section.	
GROSS WEIGHT <b>45660</b>			
TAR WEIGHT <b>36900</b>		VEHICLE MASS:	
NET WEIGHT <b>8760</b>		VEHICLE IN NET MASS <input type="checkbox"/> FLAT RATE <input type="checkbox"/>	

AREA SERVICE CHARGE <b>2.35 /CWT</b>	<b>0770 GH</b>	<b>205.86</b>	AREA SERVICE CHARGE	
VEHICLE TRANSPORTATION			<b>3.00% INSURANCE SURCH</b>	<b>84.88</b>
<b>ORIGIN LABOUR SURCHARG</b>	<b>0770 GH</b>	<b>262.80</b>		
<b>6.30% FUEL SURCHARGE</b>	<b>0770 GH</b>	<b>178.26</b>		
			<b>731.80</b>	

CARTON	QUANTITY	RATE	AMOUNT	CARTON	QUANTITY	RATE	AMOUNT	PACKING SERVICE TOTAL CHARGES
CHINA				SMALL APPLIANCES				Rates include packing, unpacking and the use of containers and material, or packing and containers in the event the consignee chooses to unpack and retain the containers.
NO. 2				NO. 4				
NO. 5				NO. 6				
LAMP SHADE				MIRROR (SMALL)				
MIRROR (LARGE)				SINGLE MATTRESS				
DOUBLE MATTRESS				WARDROBE				
PACKING CHGS CWT.				UNPACKING CHGS CWT.				

PACKED BY	UNPACKED BY	VALUATION CHARGE (ITEM 5) _____ @ \$/100.00	<b>RELEASED</b>
LOT NO. <b>694105</b>	TAG COLOR <b>RED</b>	VEHICLE VALUATION CHARGE _____ @ \$/100.00	
APPLIANCE ORIGIN		APPLIANCE DESTINATION	THIRD PARTY TOTAL CHARGES
THIRD PTY. S/C ORIGIN		THIRD PTY. S/C DESTINATION	

NAME	MBR. NO.	S.I.T. @	WEIGHT	RATE	MEMBER
ADDRESS	DATE	HANDLING			
CONTROL NUMBERS	ORIGIN	DESTINATION	D.N.D. D.D.R. NO.	STORAGE <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months	PICK-UP OR DELIVERY

LD/MEMB. NO.	VAN NO.	CARRIER	MAILED TO	DATE	MILEAGE	G-11/C/C/L	SUB TOTAL CHARGES
<b>770</b>	<b>G Home</b>	<b>wms</b>	<b>770</b>	<b>Aug 23/07</b>			<b>213.68</b>
<b>770</b>	<b>G Home</b>	<b>wms</b>	<b>Dist</b>	<b>Aug 24/07</b>	<b>135</b>		
G.S.T. No. R105694525							G.S.T. <b>ADST</b>
C.O.D. <input checked="" type="checkbox"/> P.D. <input type="checkbox"/> CHR.G. <input type="checkbox"/>							P.S.T.
AMERICAN EXPRESS <input type="checkbox"/>							TOTAL CHARGES
MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/>							<b>3774.96</b>
RECEIVED	DATE	MEMBER					
DEPOSIT							

CONTAINERS **8145 9208**  
**9130**

LD BY: **770 GH** DATE: **Aug 23/07**

UNLD BY: **770 GH** DATE: **Aug 24/07**

CONSIGNEE'S RECEIPT  
SERVICES ORDERED WERE PERFORMED AND SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY.

CONSIGNEE OR REPRESENTATIVE  **W Ramag** DATE OF DELIVERY: **Aug 24/07**

**BALANCE DUE PAYABLE TO: WILLIAMS MOVING & STORAGE**



**Chinook Health**

**Employee Expense Claim Voucher**

**RECEIVED**  
NOV 15 2007

*Nov 23/07*

Name: Debra Ramage *1000.711104500.40510*

Employee Number: s.17(1), 17(4)(g)(i)

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
	6750000	Public Relations			1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
<i>4477*LHF001</i>		<i>DreamLife</i>	\$7.22	\$140.00	
<i>4477*LHF08G</i>		<i>Tree Festival</i>	\$10.47	\$229.51	
<b>TOTAL</b>			\$17.69	369.51	
			1235		

*Dana Nov 15*

**TOTAL AMOUNT REQUESTED \$ 387.20**

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- FORWARD THIS COMPLETED FORM WITH APPLICABLE ORIGINAL RECEIPTS.
- SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARD.

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <i>09/11/07</i>	CLAIMANT <i>Debra Ramage</i>	APPROVAL <i>Fam Whitnack</i>
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FOR INSTRUCTIONS REGARDING USE OF THIS FORM, SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

CTF

PROGRESS CLOTHING  
NO CASH REFUNDS  
STORE CREDIT ONLY

10/30/07 #000001

BO 55.00  
SUBTTL 55.00  
TOTAL 55.00  
CASH 55.00

1 #ITEMS

0009

#01 #0001 11:57  
GST # R104321187

CTF

GREEN HAVEN  
GARDEN CENTRE  
LETHBRIDGE, AB

10/24/2007 000000  
#5460 4:53PM SERV.02 0002

DECORATIONS 11 \$7.99  
5 @ \$2.99  
DECORATIONS 11 \$14.95  
5 @ \$3.99  
DECORATIONS 11 \$19.95  
DECORATIONS 11 \$9.99  
DECORATIONS 11 \$9.99  
DECORATIONS 11 \$14.99  
MOUSE ST \$77.86  
-10%  
ST %- 11 -7.79  
MOUSE ST \$70.07  
GST \$4.20

CASH \$74.27

GST#R102190188  
PH: (403) 327-6172  
THANK YOU!

OO APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

check with Amren Homes  
6 people  
APPLICANT COPY

\*\*\*\*\*  
DATE 11/01/07 TIME 2:46PM  
MID 452022474940

RIC'S GRILL  
103 Mayor McGrath Dr. S.  
Lethbridge, AB  
T1J 4M5  
(403) 317-7427

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

MASTCH S  
AUTH 164607 TBL 2 CHECK 70876  
PRE-AUTH DOWNSTAIRS ADDAM 45

AMOUNT 120.00  
TAX 7.22

SUBTOTAL \$ 127.22

TIP \$... 20.00

TOTAL \$... 147.22

CUSTOMER COPY

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==TRANSACTION RECORD==  
==FELEME DE TRANSACTION==

POS40545511 RE CLR64374202  
AMRN156219  
TOTAL 62190  
2260 32ND ST S  
LETHBRIDGE AB

AMRN156219  
CARD/CARTE: AIR MILES  
NO. 0014 171 1908  
TERK/EMPL: 001  
LED: 061 BATCH/LOT: 450  
2007-11/04 11:51 Tai

PURCHASE/ACHAT 110.71 \$  
BEFORE TX/AVANT TX 104.44 \$  
BONUS: 9612(1)  
BONUS MILES: 5

All AIR MILES reward miles, including Bonus miles, that you earn will appear on your AIR MILES collector account. This receipt cannot be exchanged for miles or rewards.

\*\*\*\*\*

T O T E M  
BUILDING SUPPLIES

2260 - 32nd, STREET SOUTH LETHBRIDGE  
PH: 403-361-9000 G.S.T.: R105328645

L1-C1A5116 Nov04/07 11:54 OPER: LINPH

243-460 CHAIN - BRASS SAFETY 1/0  
50 LIN @ 1.67 /LIN 83.50 T  
349-868 6 OUTLET SWITCHED POWER BAR  
1 EAC @ 10.47 /EAC 10.47 T  
349-868 6 OUTLET SWITCHED POWER BAR  
1 EAC @ 10.47 /EAC 10.47 T

SUB-TOTAL: 104.44

TAX ON 104.44 @ 6.0%: 6.27

TOTAL: 110.71

CASH: 120.01

CHANGE: 9.30

RETURNS ACCEPTED FOR REFUND WITHIN 90  
DAYS AND MUST BE ACCOMPANIED BY RECEIPT

THANK YOU

# APPLICANT COPY

Run Date 11/9/2007  
 Time 9:46:32AM  
 Store # 9

RIC'S GRILL & LOUNGE  
 Cashout & Revenue  
**Checks Report**

Page # 1  
 Version 1.40  
 Report CR 170

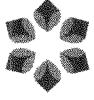
11/1/2007 Thursday

Check #: 70876	Table: 2	Table Size: 4	Adjusted: 0
Cashout Ref #: 4	Cashout Name: ADDAM - 345	Date / Time: 11/1/2007 12:58:00PM	
Member #:	Department: DOWNSTAIRS	To: 11/1/2007 3:21:36PM	

Seat	Description	Factor	Amount	Dept	Special Price	Extra Tax	Promo Description	Discount By
2	SPRITE	1.00	2.95	DOWNSTA	N	N		
3	TOMATO JUICE	1.00	3.25	DOWNSTA	N	N		
4	DIET COKE	1.00	2.95	DOWNSTA	N	N		
5	DIET COKE	1.00	2.95	DOWNSTA	N	N		
1	DIET COKE	1.00	2.95	DOWNSTA	N	N		
6	DIET COKE	1.00	2.95	DOWNSTA	N	N		
1	CAJUN CHIX QUESA	1.00	14.00	DOWNSTA	N	N		
1	SUB SPIN SAL	1.00	0.00	DOWNSTA	N	N		
2	SIR STEAK SAND	1.00	18.00	DOWNSTA	N	N		
2	MEDIUM	1.00	0.00	DOWNSTA	N	N		
2	SUB SPIN SAL	1.00	0.00	DOWNSTA	N	N		
3	SIR STEAK SAND	1.00	18.00	DOWNSTA	N	N		
3	MEDIUM	1.00	0.00	DOWNSTA	N	N		
3	SUB SPIN SAL	1.00	0.00	DOWNSTA	N	N		
4	SIR STEAK SAND	1.00	18.00	DOWNSTA	N	N		
4	MEDIUM	1.00	0.00	DOWNSTA	N	N		
4	SUB SPIN SAL	1.00	0.00	DOWNSTA	N	N		
5	CAESAR W/CALI	1.00	17.00	DOWNSTA	N	N		
6	SPIN W/SALMON	1.00	17.00	DOWNSTA	N	N		
	GST FOOD		7.22					
	NONE		0.00					
	SC		0.00					
	<b>Total:</b>		<b>127.22</b>					
	Covers: 6							s.17(1), 17(4)(e.1)
	MASTCH	-20.00	147.22					1646.7
	<b>Total:</b>		<b>127.22</b>					

RECEIVED  
NOV 2 2007

Nov 23/07



**Chinook Health**

**Employee Expense Claim Voucher**

Name: Debra Ramage 1000-711104500

Employee Number: \_\_\_\_\_

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
91071.819900000	4500000	Supplies - Food	2.22	37.78	1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
91071.819900000	6750000	Public Relations	1.77	31.56	1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
91071.819900000	6153000	Workshop Fees Public Relations		650.00	<del>1223</del>
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
<b>TOTAL</b>			3.990	722.34	<del>0.00</del>
			1235		

TOTAL AMOUNT REQUESTED \$ 0.00 726.33

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- SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARDS.

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy)	CLAIMANT	APPROVAL
30/10/07	<i>Debra Ramage</i>	<i>Pam Whitlock</i>

FOR INSTRUCTIONS REGARDING USE OF THIS FORM, SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

APPLICANT COPY

Attn: Tina Brown  
fax: 388-6604

\*FROM DAY FILE\*

GST # 866292121

NEW CUSTOMER

Ticket # 3

01/10/2007 10:55 AM ADELINE

Server: ADELINE

\*\*\* DELIVERY \*\*\*

388-6001  
BROWN, TINA  
HOSPITAL

Grid :  
Charity :  
Main Floor -  
Foundation  
Office in main  
lobby  
Timed Delivery  
12:15

Large 15.50  
Hand Tossed  
Pep Classic

Large 15.50  
Hand Tossed  
Veggie

Ital Garlic

Jal Ranch

EX Cheddar 0.50

Can	
Coca Cola	
Can	
Coca Cola	
Can	
Coca Cola	
Can	4.02
Diet Coke	
Can	
Diet Coke	
Can	
Diet Coke	
*****	
Subtotal	35.00
Delivery Charge	2.00
Pop Cans Deposit	0.36
GST	2.22
Total	40.00
Visa	40.00
Balance	0.00

Ticket # 3  
(#0310012504)

Thank you for choosing  
Panago at North Lethbridge

*Alaska OK'd  
- Tina, can you  
Provide "original" receipts  
for Panago Pizza as they are  
required for reimbursement.  
Also, the receipt for \$36.33  
shows "2" people. Maximum  
meal is \$28.00 with receipt.  
was the second person an  
employee?  
Thanks  
Jude  
Payroll*

*w Tina as  
no original was  
provided @  
delivery*

APPLICANT COPY

The Cheesecake Cafe  
904 2nd Avenue, South  
403-394-2253

The Cheesecake Cafe  
904 2nd Avenue, South  
403-394-2253

Server: jordan 721      DOB: 09/25/2007  
12:39 PM      09/25/2007  
Table 21/1      1/10002

Server: jordan 721      09/25/2007  
Table 21/1      12:33 PM  
Guests: 2      10002

M/C      s.17(1), 17(4)(e.1)      2097154  
Card #      Exp:  
Magnetic card present: BRUNS DEBRAMRS  
Approval: 143929

ROOT BEER      2.79  
DIET PEPSI      2.79  
AUTUMN SALAD      13.99  
LUNCH FEATURE      9.99

Sub Total      29.56

Amount:      31.33  
+ Gratuity:      5 ✓  
= Total:      36.33

GST      Inclusive Tax      1.77

Total      31.33

Balance Due      \$ 31.33

X \_\_\_\_\_  
Signature Required  
Approval: 143929

Thank You !  
Hope to see you again soon!  
GST      8827 RT0001  
Please      Your Server.

Thank You !  
Hope to see you again soon!  
GST #89320 8827 RT0001  
Please Pay Your Server.

Customer Copy



**Ramage, Debra Lynn**

**From:** AFP Calgary - National Philanthropy Day Luncheon Tickets - November 13 2007 - Hyatt Regency  
 Calgary [afp@telus.net]  
**Sent:** Wednesday, October 24, 2007 2:23 PM  
**To:** Ramage, Debra Lynn  
**Subject:** National Philanthropy Day Luncheon - Ticket Purchase Confirmation

10/24/2007 01:22 PM (PT)

Thank you for purchasing tickets for our National Philanthropy Day luncheon. Tickets will be mailed two weeks prior to the event.

**Registration Summary:**

Registration Category	Quantity	Cost
Table (10 tickets)	1	CAN\$650.00
<b>Total Cost:</b>		<b>\$650.00</b>

Name: **Debra Ramage**  
 Address: **960 - 19 Street South**  
 City: **Lethbridge**  
 State: **XX**  
 Zip: **T1J 1W5**

Username: s.17(1), 17(4)(g)(i)  
 Password:

**AFP Calgary contact information:**  
 Email Address: [afp@telus.net](mailto:afp@telus.net)

If you have technical questions, please submit them to <http://customersupport.kintera.org>.

*Tom +  
 MacLaughlan  
 "Business lunch"*

**Headrick, Judy**

---

**From:** Headrick, Judy  
**Sent:** November 9, 2007 8:18 AM  
**To:** Ramage, Debra Lynn  
**Subject:** Expense Claim

Debra

We received your expense claim for Food and Public Relations in the amount of \$726.33. As per the policy we require original receipts for reimbursement therefore, I spoke with Heather Lyon regarding the faxed receipt that was attached for backup. Tina Brown advised when the pizza arrived no receipt was available and was only able to get a copy from Panago faxed to her. Heather has agreed to reimburse but, in future we do require original receipts in order to reimburse.

Thanks

*Judy Headrick*

*Finance*

*388-6111 (1730)*

RECEIVED  
Feb 8/08

**Chinook Health**  
**Employee Expense Claim Voucher**

Name: Debra Ramage 1000.711104500

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

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
91071.819900000	4900000	Supplies - Education		200.00	1224
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	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
4477*LHF 080		CTF - Fabric		55.00	
<b>TOTAL</b>				<b>255.00</b>	
				1235	

Judy to JV

Eoc 490000

Dana to JV  
(Jan 28)

4951000

maximised -

TOTAL AMOUNT REQUESTED \$ 255.00

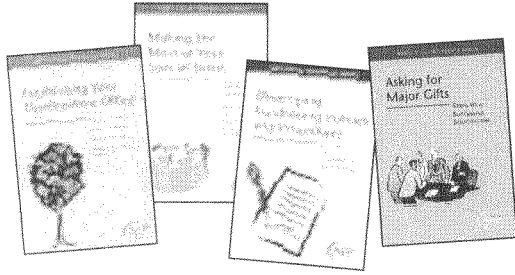
- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
- EXPENSE CLAIMS RECEIVED BY THE 13th OF THE MONTH WILL BE PAID ON THE LAST PAYDAY OF THE SAME MONTH (USUALLY THE 25th). EXPENSE CLAIMS RECEIVED BY THE 29th OF THE MONTH WILL BE PAID ON THE FIRST PAYDAY OF THE FOLLOWING MONTH (USUALLY THE 10th).
- ALL AMOUNTS PAID ON THIS FORM ARE NOT SUBJECT TO INCOME TAX.
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I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <u>22/01/08</u>	CLAIMANT <u>Debra Ramage</u>	APPROVAL <u>Pam Whiteack</u>
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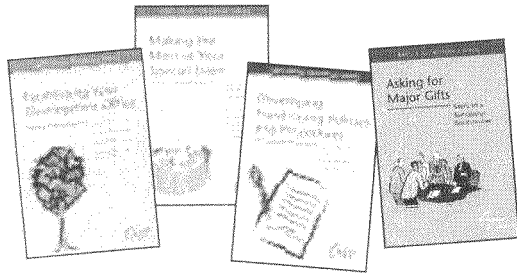
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*Available in  Spanish!*
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 ADDRESS 960-19 Street South  
Lethbridge, AB, Canada  
 CITY/STATE OR PROVINCE/COUNTRY/ZIP  
403-388-6028  
 PHONE  
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Bill To:

Debra L. Ramage
Chinook Regional Hospital Foundation
960 19th St S
Lethbridge, AB T1J-1W5
Canada

Bill Date: January 2, 2008
Batch Name: MIX-00010487
Invoice #: 1-000126414
Id Number #: 478091
PO Ref:

Table with 5 columns: Code, Description, Quantity, Price, Amount. Rows include Publication - The Nonprofit Policy Sampler, Second Edition and Shipping. Summary rows for Total Charges, Payments, and Balance Due.

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Ship To:

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Canada

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DATE            2007/10/30  
TIME            - 7780 11:55:32  
RECEIPT NUMBER  
S30639672-001-072-006-0

PURCHASE  
TOTAL-CAD

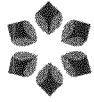
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# Chinook Health Employee Expense Claim Voucher

**RECEIVED**  
JAN 16 2008  
4:10 8/08

Name: Debra Ranage 1000.711104500

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

SV

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
91071.819900000	4900000	Supplies - Education	12.75	254.95	1224
	4951000	Supplies - Departmental			1225
	6750000	Public Relations			1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
<b>TOTAL</b>			\$0.00	0.00	
			1235		

TOTAL AMOUNT REQUESTED \$ 0.00 267.70

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I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <u>14/01/08</u>	CLAIMANT <u>Debra Ranage</u>	APPROVAL <u>Pam Whitnack</u>
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**Ramage, Debra Lynn**

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**Subject:** Your Chapters-Indigo Order, OR31288167

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Item(s) Subtotal: \$212.00  
Shipping: \$42.95  
GST: \$12.75

=====  
TOTAL: \$267.70  
OWING: \$267.70

*Paid by  
Visa*

This item(s) will ship to:  
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Expédition : 42,95\$

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TOTAL: 267,70\$

MONTANT DÛ : 267,70\$

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Canada

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**Chinook Health  
Employee Expense Claim Voucher**

**RECEIVED**  
MAY 07 2008  
*May 23/08*

Name: Debra Ramage 1000.7111045000  
Employee Number: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
	6750000	Public Relations			1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
	91071.819900000	675000 PR	7.09	167.75	
	4476*LHF060	Telethon	6.87	158.45	
<b>TOTAL</b>			<b>13.96</b>	<b>326.20</b>	
			1235		

*Yes ✓  
to IV  
Eam  
Dana*

**TOTAL AMOUNT REQUESTED \$ 340.16**

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I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <b>28/04/08</b>	CLAIMANT <i>Debra Ramage</i>	APPROVAL <i>Pam Whitlock</i>
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*Dana  
May 13 ✓*

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1264 3RD AVENUE SOUTH  
LETHBRIDGE AB

COCO PAZZO  
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LETHBRIDGE AB

0013 Table 16 #Party 3  
PETER M SvrCk: 6 12:13 03/18/08  
Separate checks: 1-of-1

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

CARD  
CARD TYPE VISA  
DATE 2008/04/25  
TIME 6304 12:44:19  
RECEIPT NUMBER  
S30653948-001-336-004-0

PRE-AUTHORIZATION  
AMOUNT \$144.32

TIP 21.  
TOTAL-CAD 165.32

1 SOFT DRINK 2.25  
2 COFFEE 3.90  
1 GRILLED ARUGULA 18.75  
1 CHICKEN PARMIGIANA, no choice 10.25  
1 PAZZO STEAK, medium rare,  
no choice 12.95  
1 HALIBUT, no choice 21.95

Sub Total: 70.05  
GST: 3.50

03/18 13:14 TOTAL: 73.55

CARD  
CARD TYPE VISA  
DATE 2008/03/18  
TIME 3442 13:20:35  
RECEIPT NUMBER  
S30653948-001-300-011-0

PRE-AUTHORIZATION  
AMOUNT \$73.55

TIP 10.00  
TOTAL-CAD 889.55

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AUTH# 025872 01-027  
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AUTH# 086710 01-027  
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DATE 4/16/08 TIME 12:59PM  
MID 452022474940

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RIC'S GRILL  
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Lethbridge, AB  
T1J 4M5  
(403) 317-7427

0011 Table 17 #Party 10  
PATRICK H SvrCk: 3 11:36 04/25/08

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

VISA S  
AUTH 047012 TBL 12 CHECK 89757  
PRE-AUTH DOWNSTAIRS CHRIS T 41

5 COFFEE 9.75  
4 SOFT DRINK 9.00  
ICED TEA 2.25  
SPUMANTE/LUNCH SIZE 8.95  
CANN/COMBO, side tossed,  
sundried vin 8.50  
CARBONARA/LUNCH SIZE 17.90  
GNOCCHI BOLD/LUNCH SIZE 9.50  
BEEF DIP, white, side caesar 10.25  
PESTO CHICKEN SALAD 15.95  
BERRY BEEF SALAD 31.90  
CAPRI PIZZE 13.50  
MODS 0.00

AMOUNT 71.70  
TAX 3.59

Sub Total: 137.45  
GST: 6.87

SUBTOTAL \$ 75.29

TIP \$ 10

TOTAL \$ 85.29

4/25 12:42 TOTAL: 144.32

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PLEASE PAY SERVER!

\*\*\*\*\*

GST#R130580691  
1264 3RD AVENUE S  
LETHBRIDGE, AB T1J 0J9

APPLICANT COPY

\*\*\*\*\*  
CHECK # 89757                      DATE 4/16/08  
TABLE # 12                              TIME 12:54PM  
=====

-- DOWNSTAIRS : CHRIS T 41 --

ITEMS ORDERED	AMOUNT
1 STARTER SPINACH	6.00
1 ADD SALMON	8.00
1 CHICKEN CLUB	14.00
1 SALMON PLATTER	16.00
1 L PRN /SCLP LING	17.00
1 BREAD	1.00
1 LEMONADE	3.75
1 SODA	2.95
1 COFFEE	3.00

\*\*\*\*\*

SUBTOTAL                      71.70  
TAX                                      3.59

-----  
TOTAL DUE                      75.29  
-----

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3.59





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ID: 98918341  
STORE: 818341  
SLIP #: 1263

CALL 877.788

SIGNATURE: *Debra Ramage*

VISA  
s.17(1), 17(4)(e.1)  
SFC 846801801803 WITH 803326 ISO -403  
APPROVED  
DATE May 28 2008 TIME 07:16 PM

SOLD BY		COD	CHARGE	ON ACCT.	ACCT. FWD. REPORTÉ
VENDU PAR		C.R.	DÉBITER	ACOMPTÉ	
Date <i>May 20/08</i>					
M <i>Debra Ramage</i>					
<i>2 letters openers</i>					
2			<i>@ 37</i>	<i>74.00</i>	
3			<i>CS</i>	<i>3.70</i>	
4					
5				<i>77.70</i>	
6					
7			<i>pd VISA</i>		
8					
9					
10					
11					
12					
13					
14					
15					

22

©Rediform®, 2006

CARDHOLDER COPY

APPROVED  
AUTH# 085563 01-027  
THANK YOU

TOTAL-CAD *823.05*

TIP *15*

PRE-AUTHORIZATION AMOUNT \$108.05

CARD TYPE VISA  
DATE 2008/05/22  
TIME 6:39:13:26:19  
RECEIPT NUMBER S30653948-001-361-019-0

COCO PRAZZO ITALIAN CAFE  
1264 3RD AVENUE SOUTH  
LETHBRIDGE AB  
S.17(1), 17(4)(e.1)

PLEASE PAY /ERI

05/22 13:13 TOTAL: 108.05

Sub Total: 102.90

GST: 5.15

1 MARGHERITA, add baby sir tmp, fresh tomato, basil pesto, art hearts 17.50  
1 ESPRESSO 2.00

1 PIZZA BRUSCHETTA 9.25

1 CANN/COMBO, side tossed, honey cum th 8.50

1 PIZZ/ BRUSCHETTA 11.50

1 LUNCH CREATION 8.25

1 LUNCH CREATION 8.25

1 LUNCH CREATION 8.25

1 LUNCH CREATION 8.25

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1 LUNCH CREATION 8.25

1 LUNCH CREATION 8.25

1 LUNCH CREATION 8.25

1 LUNCH CREATION 8.25

GST #R13063  
1264 3RD AVENUE S  
LETHBRIDGE, AB T1J 0J9  
329-8979

0018 Table 23 #Party 10  
DANIEL W SWCK: 4 12:09 05/22/08

COCO PRAZZO  
ITALIAN CAFE



APPLICANT COPY



**Chinook Health  
Employee Expense Claim Voucher**

**RECEIVED**  
MAY 15 2008  
June 10/08

Name: Debra Ramage <sup>OSM</sup> 1000711104500  
Employee Number: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

JV

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
	91671.819900000	Public Relations	5.61	172.21	1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
<b>TOTAL</b>			5.61 ✓	172.21 ✓	
			1235		

**TOTAL AMOUNT REQUESTED \$** 177.82

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
- EXPENSE CLAIMS RECEIVED BY THE 13th OF THE MONTH WILL BE PAID ON THE LAST PAYDAY OF THE SAME MONTH (USUALLY THE 25th). EXPENSE CLAIMS RECEIVED BY THE 29th OF THE MONTH WILL BE PAID ON THE FIRST PAYDAY OF THE FOLLOWING MONTH (USUALLY THE 10th).
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- SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARDS.

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <u>13/05/08</u>	CLAIMANT <u>Debra Ramage</u>	APPROVAL <u>[Signature]</u>
------------------------------------	---------------------------------	--------------------------------

**FOR INSTRUCTIONS REGARDING USE OF THIS FORM,  
SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET**

APPLICANT COPY

**RECEIPT**

May. 13, 2008  
CANHOST Group Inc.  
210A - 12 A Street N., Suite 361  
Lethbridge, AB  
Canada  
Phone: (403) 380-3467 Fax: (403) 380-3418

**Payer:**

Mrs. Debra Ramage  
Chinook Regional Hospital Foundation

960 - 19 Street South  
Lethbridge, AB T1J 1W5  
Canada

**Registration**

	<b>Registration Fees</b>	<b>GST #</b>
Economic Trends & Indicators Forecast Lunch - Guest	\$60.00	\$0.00
Sub Total:	\$60.00	\$0.00
<b>Total Registration Fees:</b>		<b>\$60.00</b>

**Payments**

Visa		
2008-05-12		\$60.00
<b>Total Payments:</b>		<b>\$60.00</b>
<b>Balance:</b>		<b>\$0.00</b>

APPLICANT COPY

STAPLES Business Depot  
 Store # 118  
 501 1st Avenue South  
 Lethbridge, AB T1J4J9  
 403-317-4530

Sale

00006 2 006 26014  
 0118 05/13/08 11:33

1	ENVIRO-BAG 718103081948	0.99G
1	SM 2 DRAWER ORGNZR 071691187226	6.58G
1	tORG:CMBR BUSINESS 043100066729	8.12G
1	PARCHMENT A2 ENVEL 634680656952	8.98G
1	PARCHMENT A2 ENVEL 634680656952	8.98G
1	PARCHMENT A2 ENVEL 634680656952	8.98G
1	PARCHMENT A2 ENVEL 634680656952	8.98G
1	PARCHMENT BUSCARD 634680655160	7.80G
1	PARCHMENT POST CAR 634680656945	13.92G
1	AWARD SEALS ASSORT 634680656259	12.96G
1	AWARD SEALS ASSORT 634680656259	12.96G
1	AWARD SEALS ASSORT 634680656259	12.96G
	Subtotal	112.21
	GST 5.00%	5.61
	Total	\$117.82

Visa s.17(1), 17(4)(e.1) 117.82

Visa	Swiped	Purchase
Authorization Number		010334
0010013840	26014	66058732
06	05/13/08	11:27:00
01/027 APPROVED - THANK YOU		

\*\*\*\*\*



**Chinook Health  
Employee Expense Claim Voucher**

*Aug 10/08*

Name: Debra Ramage 1000 71110 / 500 . 6750000

Employee Number: \_\_\_\_\_

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
<i>J</i>	<i>91071.819900000</i>	Public Relations	<i>8.45</i>	<i>169.20</i>	1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
	<i>4477 *LHF 001</i>	<i>DreamLife</i>	<i>10.80</i>	<i>215.86</i>	
<b>TOTAL</b>			<b>19.26</b>	<b>385.06</b>	
			1235		

*Maralla \$ 177.66*

*Data to JV*

**TOTAL AMOUNT REQUESTED \$ 404.32**

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
- EXPENSE CLAIMS RECEIVED BY THE 13th OF THE MONTH WILL BE PAID ON THE LAST PAYDAY OF THE SAME MONTH (USUALLY THE 25th). EXPENSE CLAIMS RECEIVED BY THE 29th OF THE MONTH WILL BE PAID ON THE FIRST PAYDAY OF THE FOLLOWING MONTH (USUALLY THE 10th).
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- SUBMIT THIS FORM A.S.A.P. **DO NOT** SUBMIT WITH TIMECARDS.

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <i>July 16/08</i>	CLAIMANT <i>Debra Ramage</i>	APPROVAL <i>[Signature]</i>
--------------------------------------	---------------------------------	--------------------------------

FOR INSTRUCTIONS REGARDING USE OF THIS FORM, SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

APPLICANT COPY

WAL\*MART

WAL\*MART

*DLL*

WAL-MART  
ALWAYS  
COUNT ON US  
STORE # 3048  
LETHBRIDGE, ALBERTA

WAL-MART  
ALWAYS  
COUNT ON US  
STORE # 3048  
LETHBRIDGE, ALBERTA

ST# 3048 OP# 00009044 TE# 44 TR# 03364		
18 CUSHION 077311418186	\$14.97	J
18 CUSHION 077311418186	\$14.97	J
18 CUSHION 077311418186	\$14.97	J
18 CUSHION 077311418186	\$14.97	J
TW COMFO BRN 078304857923	\$29.97	J
BATMAN THROW 077826792974	\$19.93	J
DORA THROW 077826790205	\$14.22	J
3PC DORA SET 070722644954	\$10.97	J
DORA PLUSH P 007355846293	\$17.97	J
SUBTOTAL		\$152.94
GST 5%		\$7.65
TOTAL		\$160.59
VISA TEND		\$160.59

ST# 3048 OP# 00009044 TE# 44 TR# 02935		
BATMAN PILL 077826792973	\$25.87	J
TUMBLER 070722649445	\$4.97	J
TUMBLER 070722649445	\$4.97	J
PLATE 070722649443	\$4.97	J
PLATE 070722649443	\$4.97	J
NAPKINS 24PK 006251518575	\$2.97	J
CLR OPTCSTEM 070722636695	\$1.50	A
CLR OPTCSTEM 070722636695	\$1.50	A
DINNER PLATE 070722636691	\$1.50	A
DINNER PLATE 070722636691	\$1.50	A
DINNER PLATE 070722636691	\$1.50	A
DINNER PLATE 070722636691	\$1.50	A
SALAD PLATE 005570520766	\$1.30	A
SALAD PLATE 005570520766	\$1.30	A
SALAD PLATE 005570520766	\$1.30	A
SALAD PLATE 005570520766	\$1.30	A
SUBTOTAL		\$62.92
GST 5%		\$3.15
TOTAL		\$66.07
DEBIT TEND		\$66.07
DEBIT CASH BACK		\$40.00
CHANGE DUE		\$40.00

ACCOUNT # s.17(1), 17(4)(e.1)  
 APPROVAL #054753  
 TRANS ID -0168196857295242  
 VALIDATION -NN78  
 PAYMENT SERVICE - E  
 CHANGE DUE \$0.00  
 GST/HST 137466199 RT 0001  
 QST 1016551356 TQ 0001

GST/HST 137466199 RT 0001  
 QST 1016551356 TQ 0001

# ITEMS SOLD 9

*Staging for Tent Trailer*

TC# 4151 5658 0401 7781 3106 6



THANK YOU FOR SHOPPING WITH US  
07/14/08 17:48:48

\*\*\*CUSTOMER COPY\*\*\*

*Dream*

PURCHASE TRANSACTION RECORD  
106.07 s.17(1), 17(4)(e.1)

CHEQUING  
 DEBIT CASH BACK 40.00  
 RRN # : 009055003  
 AUTH #: 290518  
 OO APPROVED-THANK YOU  
 TERMINAL ID: WALCADDILXU  
 07/12/08 09:55:03

# ITEMS SOLD 16

*Staging for Tent Trailer*

TC# 4627 5833 9761 1065 6825



THANK YOU FOR SHOPPING WITH US  
07/12/08 09:55:06

*Dream*

APPLICANT COPY

PR

Public Relations

STAPLES Business Depot  
Store # 118  
501 1st Avenue South  
Lethbridge, AB T1J4J9  
403-317-4530

THE ENGRAVERS INC  
407B 5TH ST SOUTH T1J2B6  
LETHBRIDGE AB  
22859694

Sale 00032 4 005 40132  
0118 07/15/08 02:26

|||| PURCHASE ||||  
07-15-2008 13:27:47  
Acct # S  
Exp Date Card Type VI  
Name: DEBRA L RAMAGE s.17(1), 17(4)(e.1)

\*\*\*\*\*  
\*\*\*\*\*

ENTER TO WIN!  
\$1,000 STAPLES SHOPPING SPREE  
\*\*\*\*\*  
\*\*\*\*\*

Trace # 740003  
FS2285969401  
Auth # 023851 RRN 001414003

Simply log on to  
www.staples-survey.com  
or call 1-866-684-2549  
Take a short survey and be  
entered into a monthly drawing.

Total \$144.90

Your survey code: 0800 3974 5565 0769

Customer copy

Open to Canadian residents who have  
reached the age of majority in the  
province of residence at the time  
the receipt is printed.  
Survey code expires  
07/22/2008.

\*\*\*\*\*  
\*\*\*\*\*

1	PASTEL YELLOW ENVE	7.80G
	634680654675	
1	PINK ENVELOPES #10	7.80G
	634680654767	
1	FIESTA STATIONERY	7.80G
	634680654446	
1	FIESTA STATIONERY	7.80G
	634680654446	
	Subtotal	31.20
	GST 5.00%	1.56
	Total	\$32.76

Visa s.17(1), 17(4)(e.1) 32.76

Visa Swiped Purchase



APPLICANT COPY

THE ENGRAVERS

407B 5th St. S.

Lethbridge, AB.

TU 2DC

312657

DATE	May 22 2008
TAX REG. NO.	

TO	CHR Foundation	SHIP TO	
		ADDRESS	
	AN Debra		

ORDER	SOLD BY	TERMS	FOB	VIA
-------	---------	-------	-----	-----

QTY	DESCRIPTION	PRICE	UNIT	AMOUNT
2	Letter Opener's Engraved	1500		3000
	Engraving done			
	at the Bocora			
	Members'			
	33			
		327654278	GST	130

INVOICE

**The Engravers**  
 407B 5th Street South  
 Lethbridge, AB T1J 2B6

312721

DATE	June 12, 2008
TAX REG. NO.	

SOLD TO	Alberta Regional Hosp. Foundation	SHIP TO	
ADDRESS		ADDRESS	
	47th. Terra Centre		

CUSTOMER'S ORDER	SOLD BY	TERMS	FOB	VIA

QUANTITY	DESCRIPTION	PRICE	UNIT	AMOUNT
12	name badges	9.00		108.00
	Name Badges - Beera Member			
	827654278		GST	5.40
			PST	
			<b>TOTAL</b>	<b>113.40</b>

INVOICE

51E



**Chinook Health  
Employee Expense Claim Voucher**

**RECEIVED**  
AUG 25 2008  
Aug 25/08

Name: Debra Ramage 1000-7111045000  
Employee Number: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
	6750000	Public Relations			1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
<u>4477*LHF 102</u>		<u>Italian Open</u>		<u>7,425<sup>00</sup></u>	
<b>TOTAL</b>				<u>7425<sup>00</sup></u>	
				1235	

TOTAL AMOUNT REQUESTED \$ 7,425.00

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
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- SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARDS.

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy)	CLAIMANT	APPROVAL
	<u>Debra Ramage</u>	<u>[Signature]</u>

FOR INSTRUCTIONS REGARDING USE OF THIS FORM,  
SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

Done Aug 13

**Morgex - Edmonton**  
 11120 178th Street  
 EDMONTON, AB T5S 1P2  
 Phone : 800-272-8848

**Chinook Hospital Foundation**  
 Debra Ramage  
 960 - 19 street South  
 Lethbridge, AB T2J 1W5

<b>INVOICE #</b>		<b>63964</b>	Page 1
<b>ACCOUNT NO.</b>	<b>OP</b>	<b>DATE</b>	
<b>CHINO-1</b>	<b>HA</b>	<b>07/18/08</b>	
<b>HOLE IN ONE</b>			
<b>POLICY #</b>			
<b>423857G</b>			
<b>COMPANY</b>			
<b>American Hole'N One</b>			
<b>PRODUCER</b>			
<b>Brad Gibson</b>			
<b>EFFECTIVE</b>	<b>EXPIRATION</b>	<b>BALANCE DUE ON</b>	
<b>08/13/08</b>	<b>08/13/08</b>	<b>08/13/08</b>	

itm #	Due Date	Trn	Type	Policy #	Description	Amount
99SK6B	08/13/08	MEM	HOLE	423857G	\$250,000 Hole in One	\$ 7,425.00
Invoice Balance:						\$ 7,425.00
Account Balance:						\$ 7,425.00

*Hole-in-one insurance for 2008 Val Matteotti; Italian Open  
 Aug 13<sup>th</sup> @ Lethbridge country club.*

*Debra Ramage*

Paid in full. Thank you.

APPLICANT COPY

NUMBER INSURANCE  
11120 178 STREET  
EDMONTON AB

CARD  
CARD TYPE VISA  
DATE 2008/07/22  
TIME 4294 13:07:45  
RECEIPT NUMBER  
MS4000732-001-687-010-0

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

PURCHASE  
TOTAL-CAD

**\$7,425.00**

APPROVED

AUTH# 023711 01-027  
THANK YOU

CARDHOLDER COPY



DAY-TIMERS of CANADA™  
1151 Martin Grove Road  
Rexdale, ON M9W 4W7

ABRUIGANT COPY  
DAY-TIMER 53MBX07 N

004 065 576 391619 **78291**

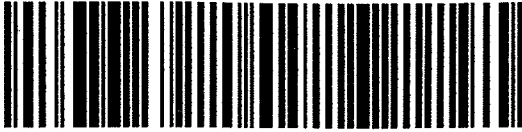
DEBRA L RAMAGE  
CHINOOK REGIONAL HOSPITAL FDN.  
960 - 19 STREET SOUTH  
LETHBRIDGE AB T1K 7L2

CTN BX07 *	VIA EXP B	WEIGHT POIDS 3	ORDER 40779175 0018
ACTUAL WEIGHT POIDS ACTUEL 2.99	00014		<b>C</b>
11-72			
PRINTED DATE: 08/28/08			96-73
REQUESTED DATE: 08/28/08			EXP B
			<b>AB</b>
OT: RG CC: V			

403-388-6028

EXP B

407791750018802102900000



**\*\* INVOICE/FACTURE \*\***

**Ship To/Expédié à:**

DEBRA L RAMAGE  
CHINOOK REGIONAL HOSPITAL FDN.  
960 - 19 STREET SOUTH  
LETHBRIDGE AB T1K 7L2

**Bill To/Facteuré à:**

DEBRA L RAMAGE  
CHINOOK REGIONAL HOSPITAL FDN.  
960 - 19 STREET SOUTH  
LETHBRIDGE AB T1K 7L2

PAGE 01	Customer / Client 004 065 576
Via <b>EXP</b>	
Invoice/Facteuré 40779175	
Order Date/ Date de Commande 08/28/08	

QTY/QTE	PRODUCT #	DATE/COLOUR	LOCATION	STYLE/DESCRIPTION	UNIT PRICE	TOTALS/TOTAUX
1	+92135	JAN09	A23D	DESK FULL-YEAR SCHEDULE SHEETS	6.99	6.99
1	*12425	JUL08	A26Q	DESK REAL ESTATE AGENT 2PPW REFILL	21.99	21.99
1	+80313	BURG	A29E	DESK 1 IN ANTIQUE VINYL OPEN BINDER	40.99	40.99
1	+32340	BLACK	B52U	JOURNAL 5.5 X 8.5 TOP WIRED JRNL SET/3	10.99	10.99
				SHIPPING & HANDLING	11.72	11.72
				GS TAX	4.05	4.05
				CREDIT CARD CHARGE VISA		96.73-
						<b>** PAID **</b>

*July  
Please check  
for me  
this  
H.*

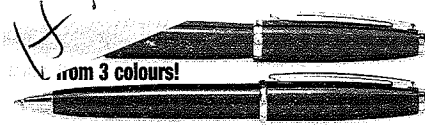
*39.97 ✓  
2 -  
41.97  
11.72  
53.69*

*39.97  
4.05 GST  
44.02  
+ 1/2 of  
5.86  
5.86*

For Easy  
**INVC**

PLEASE SEE  
Veuillez voir au v.

From:



**Ballpoint Pen and Rollerball Set Reg. \$24.99**  
This gorgeous pen set is an unbelievable value!  
Hand-applied lacquer over a solid brass base  
produces a deep, lustrous color. The twist-action  
ballpoint writes in medium  
black; the rollerball has a  
twist-off cap and writes in  
fine-point black.



**SAVE 25%  
WHEN YOU  
ORDER WITHIN  
30 DAYS**  
Now **\$18.69**



DAY-TIMERS OF CANADA  
PO Box T57138C, Postal Stn A  
Toronto, ON M5W 5M5

40779175 INVOICE # Facturé	004 065 576 CUSTOMER Client	\$ .00 PAY THIS AMOUNT Payer ce montant
----------------------------------	-----------------------------------	---

YES! Please send me my Lacquer Writing Set  Key #501958  
(Product  #60043 Red,  #64211 Black,  #60523 Pink) for \$18.69  
 OUI! Veuillez m'envoyer mon ensemble d'écriture laquée  
(Produit  #60043 Rouge,  #64211 Noir,  #60523 Rose) pour 18,69 \$.  
 CHARGE to Card # / Chargez à Carte # Expir. /  
 Visa  MasterCard  American Express

Signature \_\_\_\_\_  
 SEND NO MONEY/NE PAS ENVOYER D'ARGENT COMPTANT  
You will be billed for the total amount due, on approval of credit.  
Vous serez facturer pour le montant total dès que l'approbation de crédit sera reçue.



Remit To/Remise à:  
DAY-TIMERS of CANADA™  
PO Box T57138C, Postal Stn A  
Toronto, ON M5W 5M5

ORDER # 40779175001

39  
0040655761 000000000 26 407791750015

APPLICANT COPY

COCO PAZZO  
ITALIAN CAFE

0021 Table 4 #Party 6  
ALEXANDRA R SVRCK: 9 11 19 10/06/08

SOFT DRINK	6.75
PAZZO STEAK, medium well, side caesar	13.95
PASTA, SALAD & BREAD, alfredo sc, fettucine, side caesar	9.45
GRILLED CHICKEN SANDWICH, white, side tossed, balsamic vin	9.95
GRILLED CHICKEN SANDWICH, white, sundried vin, 1 side caesar	17.00
Sub Total: 74.95	
GST: 3.75	
10/06 13:10 TOTAL :	78.70

PLEASE PAY SERVER!

GST#R130580691  
1264 3RD AVENUE S  
LETHBRIDGE, AB T1J 0J9

40

COCO PAZZO ITALIAN CAFE  
1264 AVENUE SOUTH  
LETHBRIDGE AB  
s.17(1), 17(4)(e.1)

CARD TYPE: VISA  
DATE: 10/06  
TIME: 09:14:20  
RECEIPT NUMBER:  
30653948-001-437-017-0

PRE-AUTHORIZATION  
AMOUNT \$78.70

TIP 11  
TOTAL-CAD 89.70

APPROVED

AUTH# 022226 01-027  
THANK YOU





**Chinook Health  
Employee Expense Claim Voucher**

**RECEIVED**  
OCT 22 2008  
Oct 24/08

Name: Debra Ramage 1000.711104500  
Employee Number: \_\_\_\_\_ s.17(1), 17(4)(g)(i)

SV

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
	91071.819900000	Public Relations	4.92	113.95	1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
	4476*LHF 020	← Italian Open	9.64	221.35	
<b>TOTAL</b>			14.56 ✓	335.30	
			1235		

SV

**TOTAL AMOUNT REQUESTED \$ 349.86 ✓**

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
- EXPENSE CLAIMS RECEIVED BY THE 13th OF THE MONTH WILL BE PAID ON THE LAST PAYDAY OF THE SAME MONTH (USUALLY THE 25th). EXPENSE CLAIMS RECEIVED BY THE 29th OF THE MONTH WILL BE PAID ON THE FIRST PAYDAY OF THE FOLLOWING MONTH (USUALLY THE 10th).
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- FORWARD THIS COMPLETED FORM WITH APPLICABLE ORIGINAL RECEIPTS (NOT CREDIT/DEBIT CARD SLIPS) TO PAYROLL.
- SUBMIT THIS FORM A.S.A.P. **DO NOT SUBMIT WITH TIMECARDS.**

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <u>30/09/08</u>	CLAIMANT <u>Debra Ramage</u>	APPROVAL <u>[Signature]</u>
------------------------------------	---------------------------------	--------------------------------

**FOR INSTRUCTIONS REGARDING USE OF THIS FORM,  
SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET**

# APPLICANT COPY

0050  
Server: PAIGE S  
08/22/08 14:09, Swiped

Rec: 36  
Terminal: 2

## COCO PAZZO ITALIAN CAFE

COCO PAZZO ITALIAN CAFE  
1264 3RD AVENUE SOUTH  
LETHBRIDGE AB  
s.17(1), 17(4)(e.1)

BOSTON PIZZA LETHBRIDGE  
2041 Mayor Magrath Dr S  
Lethbridge, AB  
(403)327-4590  
MERCHANT #: 020515219

0025 Table 20 #Party 2  
SEAN G SvrCk: 4 12:26 09/26/08

CARD  
CARD TYPE VISA  
DATE 2008/09/26  
TIME 6343 13:32:19  
RECEIPT NUMBER  
030653948-001-487-020-0

\*\*\*Duplicate Copy\*\*\*

- 3 SOFT DRINK 6.75
- 2 MANI/COMBO, 1 side caesar, 1 side caesar 17.90
- 1 PIZZA & SALAD, side tossed, sundried vin 8.95
- 3 COFFEE 5.85

PRE-AUTHORIZATION  
AMOUNT \$41.42

Transaction Record

Sub Total: 39.45  
GST: 1.97

TIP 6-

Tran #: 5719  
Visa Pre-Auth Purchase  
S  
s.17(1), 17(4)(e.1)  
Amount \$33.65

09/26 13:19 TOTAL: \$41.42

TOTAL-CAD 47.42

PLEASE PAY SERVER!

GST#R130580691  
1264 3RD AVENUE S  
LETHBRIDGE, AB T1J 0J9  
403-329-8979

APPROVED  
AUTH# 062456 01-027  
THANK YOU

Tip \$ 4.50

TOTAL \$ 38.15

45.45  
1.97

CARDHOLDER COPY

APPROVED 073562  
00-001 073562  
BP015002/BP150001

42  
Smzre! Cia!

APPLICANT COPY

COCO PAZZO  
ITALIAN CAFE

0011 Table 16 #Party 2  
MELISSA V SvrCk: 4 12:02 09/23/08

2 SOFT DRINK 4.50  
1 CREAM SOUP 5.25  
1 LUNCH CREATION 8.25  
1 CANN/COMBO, side tossed,  
sundried vin 8.95

Sub Total: 26.95  
GST: 1.35

09/23 13:12 TOTAL: 28.30

PLEASE PAY SERVER!

GST#R130580691  
1264 3RD AVENUE S  
LETHBRIDGE, AB T1J 0J9  
403-329-8979

Mtg. c Tom M  
(Board business)

COCO PAZZO ITALIAN CAFE  
1264 3RD AVENUE SOUTH  
LETHBRIDGE AB  
s.17(1), 17(4)(e.1)

CARD  
CARD TYPE VISA  
DATE 2008/09/23  
TIME 4838 13:18:44

RECEIPT NUMBER  
S30653948-001-484-013-0

PRE-AUTHORIZATION  
AMOUNT \$28.30

TIP 5  
TOTAL-CAD 33.30

APPROVED

AUTH# 050256 01-027  
THANK YOU

CARDHOLDER COPY



LETHBRIDGE #150

0050 Table 53 #Party 3  
PAIGE S SvrCk: 11 13:17 08/22/08

N.S. POP 2.65  
N.S. POP 2.65  
N.S. POP 2.65  
ON. SOUP COMBO, w/caesar 9.20  
6" PIZZA COM, 6" 3 top com,  
k-pepperoni, k-mushrooms, 7.65  
k-grn peppr, w/tossed 7.25  
1/2 BRUTE COMBO, w/tossed

Sub Total: 32.05  
GST: 1.60

08/22 13:57 TOTAL: 33.65

THANK YOU JOINING US AT BOSTON PIZZA  
GST # 872676713  
PLEASE PAY SERVER

JOIN US FOR PASTA TUESDAY!  
ALL MIX & MATCH PASTA ONLY \$6.95

\*\*\*\*\*  
Win \$1000 in a Daily Draw !!!  
And/or an Ipod in a Daily Draw!!!  
To Enter Complete our  
Guest Satisfaction Survey.  
Receive Ten Chances of Winning By  
Visiting www.bostonpizzasurvey.com  
or Receive 1 Chance of Winning By  
Calling 1-888-649-0825

Please Respond Within 3 Days  
Of receiving This Invitation.  
Keep This Receipt For Reference  
While Answering The Survey.  
Full Rules & Regulations Can Be Found at  
www.bostonpizzasurvey.com

\*\*\*\*\*

Lunch meeting c  
Tom M

APPLICANT COPY

360 INSPIRED CUISINE  
100 5TH STREET SOUTH  
LETHBRIDGE, AB  
S.17(1), 17(4)(e.1)

360 INSPIRED CUISINE  
LETHBRIDGE, AB  
GST#-815235478RT001

CARD  
CARD TYPE VISA  
DATE 2008/09/24  
TIME 4239 13:59:48  
CLERK ID 001  
RECEIPT NUMBER  
S30669942-001-425-010-0

18 DEREK

TBL 5/1 CHK 614 GST 8  
SEP24'08 11:11AM

PRE-AUTHORIZATION  
AMOUNT \$202.39

TIP

TOTAL-CAD

28-  
230.99

\*\*\*\* SEAT 1 \*\*\*\*  
5 BOWL SOUP 35.00  
1 GLS COOK CHARD 8.00  
2 L-THAI SHRIMP 28.00  
1 SALMON PENNE 13.00  
2 QUESADILLA 26.00  
1 360 CLUB 13.00  
1 REUBEN 12.00  
1 BBQ PULLED FORK 12.00  
3 GLS HEART SHIRAZ 27.00  
5 COFFEE-REG 11.25  
3 ESPRESSO 7.50  
PLUS GST 9.64  
YOUR TOTAL.. 202.39

APPROVED

AUTH# 081208 01-027  
THANK YOU

CARDHOLDER COPY

\*\*\*\*\* ALL \*\*\*\*\*



Chinook Health

Employee Expense Claim Voucher

**RECEIVED**  
 2008  
 Dec 10/08

Name: Debra Ramage 1000.7111 of 500

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

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
JV 91071. 819900000	6750000	Public Relations	7.14	1286 150.00	1228
	6152000	Academic Course Fees		INCLUDED ON T4	1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations		INCLUDED ON T4	1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums		INCLUDED ON T4	1000
TOTAL			—	150.00	
			1235		

TOTAL AMOUNT REQUESTED \$ 150.00

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
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I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy)	CLAIMANT	APPROVAL
31/10/08	<i>Debra Ramage</i>	<i>[Signature]</i>

FOR INSTRUCTIONS REGARDING USE OF THIS FORM, SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

AFP CALGARY  
Ste 200 - 1301 8th Street SW  
Calgary, AB T2R 1B7  
878664796 RP0001

Payment: VISA s.17(1), 17(4)(e.1)  
DEBRA RAMAGE  
Date: Oct 08, 2008  
Authorization Result: OK:605146:N

Invoice #:

TRANSACTION AMOUNT

150.00

Sub-Total	150.00
GST	0.00
Total	150.00

Please Note: 5% GST included in Ticket Price

GST #87866 4796 RT0001

Customer Signature \_\_\_\_\_

*Tickets for National  
Philanthropy Day  
Luncheon*

APPLICANT COPY



# Chinook Health Employee Expense Claim Voucher

*Feb 25/09*

Name: Debra Ramage 1001 711104500

Employee Number: s.17(1), 17(4)(g)(i)

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
<i>91071.819900000</i>	4500000	Supplies - Food	<i>4.35</i>	<i>101.90</i>	1222
	4820000	Supplies - Therapeutic			1223
<i>91071.819900000</i>	4900000	Supplies - Education	<i>2.23</i>	<i>44.56</i>	1224
<i>91071.819900000</i>	4951000	Supplies - Departmental	<i>2.27</i>	<i>58.07</i>	1225
	6750000	Public Relations			1228
	6152000	Academic Course Fees	INCLUDED ON T4		1227
	6153000	Workshop Fees			1233
	6154000	Conference Fees			1201
	6602000	Professional Registrations	INCLUDED ON T4		1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums	INCLUDED ON T4		1000
			<b>TOTAL</b>	<b>8.85</b>	<b>204.47</b>
					<i>204.47</i>

TOTAL AMOUNT REQUESTED \$ 213.32

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
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- SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARDS.

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <i>11/02/2009</i>	CLAIMANT <i>Debra Ramage</i>	APPROVAL <i>[Signature]</i>
--------------------------------------	---------------------------------	--------------------------------

FOR INSTRUCTIONS REGARDING USE OF THIS FORM,  
SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

**Silver Creek Press**  
**Box 44 9920 63 Ave NW**  
**Edmonton, Alberta**  
**T6E 0G9**  
**780 423 3032**



**SOLD TO:**  
Debra Ramage

**SHIP TO:**  
Chinook Regional Hospital Founda  
Debra Ramage  
960 - 19 Street South  
Lethbridge, T1J 1W5  
Alberta, Canada

403-388-6028 s.17(1), 17(4)(g)(i)  
[dramage@chr.ab.ca](mailto:dramage@chr.ab.ca)

**Payment Method:** PayPal (including Credit Cards and Debit Cards)

Products	Model	Tax	Price (ex)	Price (inc)	Total (ex)	Total (inc)
1 x Great Boards Plus Workbook SET		5%	<b>\$35.00</b>	<b>\$36.75</b>	<b>\$35.00</b>	<b>\$36.75</b>
						Sub-Total: \$35.00
						Table Rate (Best Way): \$9.50
						GST 5.0%: \$2.23
						<b>Total: \$46.73</b>

*Hi Heather,  
would you please review  
& approve these 2 expense  
claims for Debra,  
if you have question pls.  
call her @ 6028  
Thanks, Tina(6001)*

*Paid Jan 5, 2009  
Silent*



DAY-TIMERS of CANADA™  
 1151 Martin Grove Road  
 Rexdale, ON M9W 4W7

DAY-TIMER®  
 APPLICANT COPY  
 003 989 669 393693  
 PBX07 A

003 989 669 393693 **75465**

DEBRA L RAMAGE  
 CHINOOK REGIONAL HOSPITAL FOUN  
 960 19TH STREET SOUTH  
 LETHBRIDGE AB T1J 1W5

CTN <b>BX07 *</b>	VIA <b>EXP B</b>	WEIGHT POIDS <b>4</b>	ORDER <b>40865213 0019</b>
ACTUAL WEIGHT POIDS ACTUEL <b>3.99</b>	<b>00069</b>		<b>C</b>
<b>12-64</b>			
PRINTED DATE: <b>01/08/09</b>		60-34	
REQUESTED DATE: <b>01/07/09</b>		<b>EXP B</b>	
<b>B</b>		OT: RG CC: V	

403-388-6028

EXP B

408652130019802103900000



**\*\* INVOICE/FACTURE \*\***

Ship To/Expédié à:

DEBRA L RAMAGE  
 CHINOOK REGIONAL HOSPITAL FOUN  
 960 19TH STREET SOUTH  
 LETHBRIDGE AB T1J 1W5

Bill To/Facteuré à:

DEBRA L RAMAGE  
 CHINOOK REGIONAL HOSPITAL FOUN  
 960 19TH STREET SOUTH  
 LETHBRIDGE AB T1J 1W5

PAGE <b>01</b>	Customer / Client <b>003 989 669</b>
Via <b>EXP</b>	
Invoice/Facteuré <b>40865213</b>	
Order Date/ Date de Commande <b>01/07/09</b>	

QTY/QTE	PRODUCT #	DATE/COLOUR	LOCATION	STYLE/DESCRIPTION	UNIT PRICE	TOTALS/TOTAUX
1	*30800	JAN09	B36A	JOURNAL 2PPD REF REFILL	36.99	36.99
1	+32338		B55C	JOURNAL NOTES SET/3	8.44	8.44
SHIPPING & HANDLING						12.64
GS TAX						2.27
CREDIT CARD CHARGE VISA						60.34-
						<b>** PAID **</b>

**\*\* INVOICE/FACTURÉ \*\***

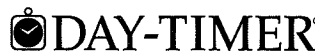
For Easy On-Line Ordering 24 hours a day, Shop our Webstore at [www.daytimer.ca](http://www.daytimer.ca)

GST 853 544 336 RT0001

**INVOICE/FACTURÉ**

FOR INQUIRIES CONCERNING THIS INVOICE  
 CALL 1-800-465-5501

PLEASE SEE REVERSE SIDE FOR RETURNS OR EXCHANGES  
 Veuillez voir au verso pour les détails de retours ou échanges



Remit To/Remise à:

DAY-TIMERS of CANADA  
 PO Box T57138C, Postal Stn A  
 Toronto, ON M5W 5M5

From:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RFID-Blocking Boarding Pass Case**



**\$19.99**

This durable ballistic nylon boarding pass case has a fold-over flap with a snap closure to keep your travel documents secure, plus a unique lining that blocks radio frequency interception by unauthorized parties. Three interior pockets; adjustable neck strap. Includes mini ballpoint pen. 127 x 140 x 19mm.

Deboss with up to 3 initials for only \$4.99. Initials \_\_\_\_\_

<b>40865213</b> INVOICE # Facturé	<b>003 989 669</b> CUSTOMER Client	<b>\$00</b> PAY THIS AMOUNT Payer ce montant
---	--	--

- YES! Please send me my RFID Blocking Boarding Pass (Product #20397) for \$19.99 Key #502650
- OUI! Veuillez me faire parvenir mon étui avec filtre pour carte d'embarquement et passeport (produit #20397 à 19,99 \$)
- CHARGE to Card # / Chargez à Carte # Expir. \_\_\_/\_\_\_

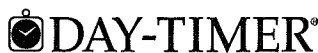
\_\_\_\_\_

Visa  MasterCard  American Express

Signature \_\_\_\_\_

SEND NO MONEY/NE PAS ENVOYER D'ARGENT COMPTANT  
 You will be billed for the total amount due, on approval of credit.  
 Vous serez facturer pour le montant total dès que l'approbation de crédit sera reçue.

DP578



Remit To/Remise à:

DAY-TIMERS of CANADA™  
 PO Box T57138C, Postal Stn A  
 Toronto, ON M5W 5M5

ORDER # 40865213001

0034096694 000000000 26 408652130016

APPLICANT COPY

COCO PAZZO  
ITALIAN CAFE

010 Table 17 #Party 10  
INDSAY Z SvrCk: 1 12:04 01/07/09

TEA	1.75
HERBAL TEA	3.90
CAFE LATTE	3.50
LUNCH CREATION	8.25
PIZZA & SALAD, 1 side tossed, lemon dill, 1 side tossed, sundried vin	17.90
GRILLED CHICKEN SANDWICH, roast onion, side soup, tort in brodo	9.95
PAZZO STEAK, medium, side tossed, blueberry vin	13.95
LASA/COMBO, 1 side caesar, 1 side caesar	19.90
COFFEE	7.80

Sub Total: 86.90  
GST: 4.35

11/07 13:33 TOTAL: \$ 91.25

*X-mas  
tree festival  
wrap up.*

50

COCO PAZZO ITALIAN CAFE  
1264 3RD AVENUE SOUTH  
LETHBRIDGE AB  
s.17(1), 17(4)(e.1)

CARD  
CARD TYPE VISA  
DATE 2009/01/07  
TIME 4599 13:50:03  
RECEIPT NUMBER  
F30653948-001-584-016-0

PRE-AUTHORIZATION  
AMOUNT \$91.25

TIP 15

TOTAL-CAD 106.25

CHIP CARD SWIPED  
APPROVED

AUTH# 080768 01-027  
THANK YOU

CARDHOLDER COPY

PLEASE PAY SERVER



**Chinook Health  
Employee Expense Claim Voucher**

Name: Debra Ramago 1000.7111045 02

Employee Number: s.17(1), 17(4)(g)(i)

**RECEIVED**  
Feb 13 2009  
Feb 25/09

Department	EOC	Description	GST	AMOUNT EXCLUDING GST	PAYROLL CODE
	4100000	Supplies - Office			1221
	4500000	Supplies - Food			1222
	4820000	Supplies - Therapeutic			1223
	4900000	Supplies - Education			1224
	4951000	Supplies - Departmental			1225
	6750000	Public Relations			1228
	6152000	Academic Course Fees		EXCLUDED ON T4	1227
	6153000	Workshop Fees			1233
91071.8199000000	6154000	Conference Fees	23.55	1373.11	1201
	6602000	Professional Registrations		+ 325.77	1200
	6601000	Vehicle Insurance			1202
	6850100	Honorariums			1000
				61298	1200 Hotel
				<del>169888</del>	
		<b>TOTAL</b>	<b>23.55</b>	<del>1373.11</del>	

Mar Ramo  
167533  
SV

Marcella  
Sub 12/09

TOTAL AMOUNT REQUESTED \$

~~1391.66~~ /  
\$169888

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
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- SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARDS.

I hereby certify that all particulars of this claim are correct:

DATE (dd/mm/yy) <u>07/01/09</u>	CLAIMANT <u>Debra Ramago</u>	APPROVAL <u>[Signature]</u> <i>This has been approved by Board Chair. Please see attached</i>
------------------------------------	---------------------------------	---

FOR INSTRUCTIONS REGARDING USE OF THIS FORM, SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET

APPLICANT COPY

**AFP International Conference  
New Orleans, Louisiana  
March 28 – April 1, 2008**

**Projected Expenses**

Registration

\$850.00 US @ 1.277529 \$1,085.90  
(Includes conference registration fee (595.00),  
full day intensive management workshop (\$190.00)  
awards dinner (\$65.00)

Flight

Air Canada - (D) March 27 – (R) April 2 \$ 561.75

Hotel

\$199 US/night + tax X 6 nights  
= \$1,194 US @ 1.277529 = \$1,525 + taxes \$2,000.00

Meals/ Taxis / Miscellaneous Costs

\$400 US @ 1.277529 \$ 511.00

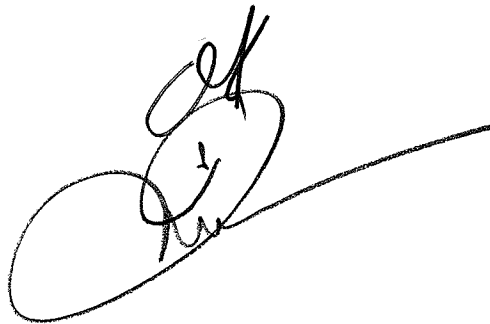
\$4,158.65

Financial Reimbursement from AFP

\$2,000.00

Balance – CRH Foundation

\$2,158.65

A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a long horizontal line extending to the right.

Your booking is confirmed.

**Please print this itinerary/receipt for your reference.**

Thank you for choosing Air Canada and we look forward to welcoming you on board.



**New Orleans Offers**

**Hotels**

- **Iberville Suites**
- **The Canal Street Hotel**
- **Lexington Hotel O and Suites - French Quarter**
- More hotels...

from (per night):

- \$ **205.27 (CAD)**
- \$ **42.51 (CAD)**
- \$ **97.17 (CAD)**

**Hertz car Rentals:**

- **Compact - \$ 232.86 (USD)** (Weekly)
- **Midsize - \$ 238.38 (USD)** (Weekly)
- **Full-Size - \$ 267.36 (USD)** (Weekly)
- More cars...
- **Learn about other special offers**

**Quoted rates include your aircanada.com discount.**

**Travel Insurance | City Attractions and Services**



**Bring along your favourite headset**

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You can now take the initiative to directly offset the carbon emissions of your flight. Air Canada and Zerofootprint have partnered to allow you to make a difference for the environment.  
 Offset now | [Learn more](#)

**Booking Information**



**Booking Reference:** **KSEKQE**

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Mrs Debra L Ramage

Home: s.17(1), 17(4)(g)(i)  
 Work: 1-403-3886028  
 Mobile:

**Customer Care**

**Air Canada**  
 1-888-247-2262

**Flight Arrivals and Departures**  
 1-888-422-7533

**Online Services**

- **Manage** my booking online (view/change my booking; select seats\*).
- **Alert me** of flight status changes directly to my mobile phone or email.
- **Flight Arrivals & Departures** - check online if my flight is on time.
- **Check-in online** and print my boarding pass.

\* Can my booking be changed online?



**Advance Passenger Information**

Your current flight itinerary includes travel to a country that requires additional passenger information. You are required to provide this information at the time of check-in.

To enjoy a quick and easy check-in process, we strongly encourage you to provide this information ahead of time from the comfort of your home or office with our secure online form.

**Flight Itinerary**

## APPLICANT COPY

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal*
AC8490*	<b>Lethbridge (YQL)</b> Fri 27-Mar 2009 05:50	<b>Calgary (YYC)</b> Fri 27-Mar 2009 06:34	0	9hr57	DH1	Tango Plus	
AC5664*	<b>Calgary (YYC)</b> Fri 27-Mar 2009 07:35	<b>Chicago, O'Hare Int'l (ORD)</b> Fri 27-Mar 2009 11:56 - Terminal 1	0		737	Tango Plus	

**Flight AC5664 is operated by United Airlines. Please check in directly at the United Airlines counter. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.**

AC4714*	<b>Chicago, O'Hare Int'l (ORD)</b> Fri 27-Mar 2009 14:30 - Terminal 1	<b>New Orleans, New Orleans Int'l (MSY)</b> Fri 27-Mar 2009 16:47	0		E70	Tango Plus	
---------	---	---	---	--	-----	------------	--

**Flight AC4714 is operated by United Express/Shuttle America. Please check in directly at the United Express/Shuttle America counter. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.**

AC5989*	<b>New Orleans, New Orleans Int'l (MSY)</b> Thu 02-Apr 2009 08:30	<b>Denver, Denver International (DEN)</b> Thu 02-Apr 2009 10:24	0	8hr19	32S	Tango Plus	
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**Flight AC5989 is operated by United Airlines. Please check in directly at the United Airlines counter. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.**

AC5161*	<b>Denver, Denver International (DEN)</b> Thu 02-Apr 2009 11:25	<b>Calgary (YYC)</b> Thu 02-Apr 2009 13:55	0		737	Tango Plus	
---------	---	--	---	--	-----	------------	--

**Flight AC5161 is operated by United Airlines. Please check in directly at the United Airlines counter. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.**

AC7231*	<b>Calgary (YYC)</b> Thu 02-Apr 2009 15:05	<b>Lethbridge (YQL)</b> Thu 02-Apr 2009 15:49	0		BEH	Tango Plus	
---------	--	---	---	--	-----	------------	--

**Flight AC7231 is operated by Central Mountain Air. Please check in directly at the Central Mountain Air counter. Certain smaller carriers conduct airport operations through the ticketing counters of larger airlines.**

- \*Operated by Jazz
- \*Operated by United Airlines
- \*Operated by United Express/Shuttle America
- \*Operated by Central Mountain Air

### Passenger Information

#### Passenger 1: Adult

Name: **Mrs Debra L Ramage** Frequent Flyer Pgm : **Air Canada - Aeroplan**  
 Ticket Number: **0142165748684-85** Program Number: **s.17(1), 17(4)(g)(i)**  
 Meal Preference: **None** Special Needs: **None**  
 Sport equipment(s): **None**  
 Seat Selection: **AC8490 5C**  
 Credit Card: **s.17(1), 17(4)(e.1)**

### Purchase Summary

#### Fare Summary

Passenger Type	Adult
Departing Flight - Tango Plus	<b>219.00</b>
Returning Flight - Tango Plus	<b>219.00</b>
Surcharges	<b>15.00</b>

**Taxes, Fees and Charges**

Canada Airport Improvement Fee	10.00
U.S.A Transportation Tax	37.80
U.S Agriculture Fee	6.14
Air Travellers Security Charge (ATSC)	7.94
U.S Passenger Facility Charge	5.52
Canada Goods and Services Tax (GST/HST #10009-2287)	23.55
September 11 Security Fee	9.21
U.S.A Immigration User Fee	8.59
<b>Total airfare and taxes before options (per passenger)</b>	<b>561.75</b>
Number Of Passengers	1
<b>Total</b>	<b>561.75</b>
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$561.75</b>

The following charges (tax inclusive) will appear on your credit card statement:

- Air Canada: \$561.75 (Airfare - per ticket)

Ticket number(s): 0142165748684-85

**Fare Rules**

**Departing Flight** Lethbridge (YQL) To New Orleans (MSY) - **Tango Plus**

- Tickets are **non-refundable** and **non-transferable**.
- **Change Fee** per direction is \$50 CAD plus applicable taxes and any additional fare difference.
- **Airport Same-day change** (subject to availability) is permitted at a flat fee of \$50 CAD/USD. No change fee for fare difference. Same-day flights only.
- **Changes** can be made up to 2 hours prior to departure. **Cancellations** can be made up to 45 minutes prior to departure. Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a \$50 CAD/USD change fee per direction, plus taxes and any fare difference if applicable, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance seat selection** on Air Canada (subject to availability).
- **Same day standby** is not permitted.
- Earn 100% Air Canada Status Miles
- **Flight AC4714:** This flight is a **codeshare** flight with United Express/Shuttle America. **A fee for checked bags** is charged by United Airlines for codeshare flights it operates between Canada and the U.S. If your itinerary includes a **connecting flight**, the fee applies only if your first flight is operated by United/United Express. For important information on United Express policies, please visit [www.united.com](http://www.united.com).
- **Flight AC5664:** This flight is a **codeshare** flight with United Airlines. **A fee for checked bags** is charged by United Airlines for codeshare flights it operates between Canada and the U.S. If your itinerary includes a **connecting flight**, the fee applies only if your first flight is operated by United/United Express. For important information on United Airlines policies, please visit [www.united.com](http://www.united.com).

**Returning Flight** New Orleans (MSY) To Lethbridge (YQL) - **Tango Plus**

- Tickets are **non-refundable** and **non-transferable**.
- **Change Fee** per direction is \$50 CAD plus applicable taxes and any additional fare difference.
- **Airport Same-day change** (subject to availability) is permitted at a flat fee of \$50 CAD/USD. No change fee for fare difference. Same-day flights only.
- **Changes** can be made up to 2 hours prior to departure. **Cancellations** can be made up to 45

**Ramage, Debra Lynn**

**From:** Association of Fundraising Professionals [Registrant\_Services@experient-inc.com] on behalf of Association of Fundraising Professionals [frp@experient-inc.com]  
**Sent:** Friday, October 31, 2008 7:15 PM  
**To:** Ramage, Debra Lynn  
**Subject:** Acknowledgment-Association of Fundraising Professionals (0903FRPMSY-000910) Revised



Association of Fundraising Professionals  
 Ernest N. Morial Convention Center  
 New Orleans, Louisiana  
 March 29 – April 1, 2009



Registration Sponsored by The Grizzard Agency:  
 "First in Fundraising"(Booth 512)

**Name**

DEBRA RAMAGE CFRE  
 EXECUTIVE DIRECTOR  
 CHINOOK REGIONAL HOSPITAL FOUNDATION  
 960 - 19 STREET SOUTH  
 LETHBRIDGE, AB T1J 1W5  
 CANADA

Your Reference ID number is: 910

**\*\* Revised \*\***

Phone: 403-388-6028

**Important Information**

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

**HOUSING**

- Deadline is February 20, 2009.
- Changes to reservations, based on availability are made through *Experient* until March 2, 2009 5PM CT.
- If you missed the March 2, 2009 deadline, you may contact your hotel directly beginning March 12.
- **SEE YOUR ASSIGNED HOTEL CANCEL POLICY BELOW**

**REGISTRATION**

- All Registration Cancellation Requests must be made in writing. No exceptions.
- "Additional Offerings" and Pre Conference Intensive Workshop fees are **NON-REFUNDABLE**.
- Registration Cancellation Requests received before February 18, 2009, will be eligible for full refunds less a \$100 administrative fee.
- Registration Cancellation Requests received after February 18, 2009 will not be eligible for refunds.
- Registrations made after February 18, 2009 are not eligible for a refund if cancelled.
- Refunds will be processed six to eight weeks after the conference.

**BADGES**

- Badges and any tickets will be mailed to all attendees who have registered prior to February 20, 2009. Watch your mail for this envelope and bring it with you onsite for an easy registration experience in New Orleans. Those who register after February 20, 2009 will need to pick up their badges and tickets at the Registration area located in the Ernest N. Morial Convention Center.



- Please use the information above or visit [www.afpnet.org](http://www.afpnet.org) for more information 24 hours / 7 days a week.

Click [here](#) to review or modify your arrangements.  
For questions or correspondence, please [see below](#).

**Housing**

**NEW ORLEANS HILTON RIVERSIDE**

Status	Category	Room Type Request
Confirmed	Classic	Single (1 person)
Arrival	Departure	Guests in Room
Friday Mar 27	Thursday Apr 02	DEBRA RAMAGE CFRE
Daily Rate	Room Tax	Deposit
199.00	13.00%	150.00
Hotel Cancellation Policy		
NONREFUNDABLE WITHIN 48 HOURS OF ARRIVAL		
Comments		
Request NON-Smoking RQST 1 BED		
Hotel Address	Phone	Fax
2 Poydras Street New Orleans, LA 70140	504-561-0500	504-568-1721

**Events for DEBRA RAMAGE CFRE**

- Registration MEMBER By November 2 1 @ \$510.00 \$510

**Financial Summary**

TOTAL	\$ 660.00
- Credit Card Payments	660.00
BALANCE DUE	\$0.00

*US*

**For Questions or Correspondence**

Experient Phone: 847-996-5882  
568 ATRIUM DR Fax: 847-940-2386  
VERNON HILLS, IL 60061-1731 Email: [frp@experient-inc.com](mailto:frp@experient-inc.com)

Your Reference ID number is: 910 \*\* Revised \*\*

*+ 255 US for  
\* Management School.  
\* Awards Dinner  
Jan 14 / 08*

**Ramage, Debra Lynn**

**From:** Association of Fundraising Professionals [Registrant\_Services@experient-inc.com] on behalf of Association of Fundraising Professionals [frp@experient-inc.com]  
**Sent:** Tuesday, January 13, 2009 12:02 PM  
**To:** Ramage, Debra Lynn  
**Subject:** Acknowledgment-Association of Fundraising Professionals (0903FRPMSY-000910) Revised



Association of Fundraising Professionals  
 Ernest N. Morial Convention Center  
 New Orleans, Louisiana  
 March 29 - April 1, 2009



Registration Sponsored by The Grizzard Agency:  
 "First in Fundraising"(Booth 512)

**Name**

DEBRA RAMAGE CFRE  
 EXECUTIVE DIRECTOR  
 CHINOOK REGIONAL HOSPITAL FOUNDATION  
 960 - 19 STREET SOUTH  
 LETHBRIDGE, AB T1J 1W5  
 CANADA

Your Reference ID number is: 910

\*\* Revised \*\*

Phone: 403-388-6028

**Important Information**

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

**HOUSING**

- Deadline is February 20, 2009.
- Changes to reservations, based on availability are made through *Experient* until March 2, 2009 5PM CT.
- If you missed the March 2, 2009 deadline, you may contact your hotel directly beginning March 12.
- **SEE YOUR ASSIGNED HOTEL CANCEL POLICY BELOW**

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**BADGES**

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- Please use the information above or visit [www.afpnet.org](http://www.afpnet.org) for more information 24 hours / 7 days a week.

[Click here](#) to review or modify your arrangements.  
For questions or correspondence, please [see below](#).

**Housing**

**NEW ORLEANS HILTON RIVERSIDE**

Status	Category	Room Type Request
Confirmed	Classic	Single (1 person)
Arrival	Departure	Guests in Room
Friday Mar 27	Thursday Apr 02	DEBRA RAMAGE CFRE
Daily Rate	Room Tax	Deposit
199.00	13.00%	150.00
Hotel Cancellation Policy		
NONREFUNDABLE WITHIN 48 HOURS OF ARRIVAL		
Comments		
Request NON-Smoking RQST 1 BED		
Hotel Address	Phone	Fax
2 Poydras Street New Orleans, LA 70140	504-561-0500	504-568-1721

**Events for DEBRA RAMAGE CFRE**

- AC03 SATURDAY AFP PRE-CONFERENCE INTENSIVE WORKSHOP MANAGEMENT SCHOOL 1 @ \$180.00 \$180
- Registration MEMBER By November 2 1 @ \$510.00 \$510
- SE01 - AWARDS FOR PHILANTHROPY BANQUET 1 @ \$75.00 \$75

**Financial Summary**

TOTAL	\$ 915.00
- Credit Card Payments	915.00
BALANCE DUE	\$0.00

**For Questions or Correspondence**

Experient  
568 ATRIUM DR  
VERNON HILLS, IL 60061-1731

Phone: 847-996-5882  
Fax: 847-940-2386  
Email: [frp@experient-inc.com](mailto:frp@experient-inc.com)

Your Reference ID number is: 910      **\*\* Revised \*\***

To: Susan From: Debra  
297-1035

APPLICANT COPY



[Map](#) | [Hotel Descriptions](#) | [Calendar](#) | [Help](#)

## 6.1 Confirmation

### CONFIRMATION

Your Confirmation ID number is **910**. Using this number, you may return to this site in the future arrangements.

Please print this page for your records.

You should receive an email message confirming your reservation shortly. If you do not receive an email message, contact us via email at [frp@experient-inc.com](mailto:frp@experient-inc.com) or by phone at 847 940-2155 to verify your reservation.

Print Page

**Confirmation ID Number: 910**

#### Personal Information

**Name:** Debra Ramage CFRE

**First Name:** Debra

**Middle Initial:**

**Last (Family) Name:** Ramage

**Suffix:** CFRE

**Position:** Executive Director

**Company:** Chinook Regional Hospital Foundation  
960 - 19 Street South

**Address:** Lethbridge, AB T1J 1W5  
Canada

**Phone:** (403) 3886028

**Fax:** (403) 3886604

**Email Address:** [dramage@chr.ab.ca](mailto:dramage@chr.ab.ca)

#### Hotel Reservation 1

**Hotel:** New Orleans Hilton Riverside  
2 Poydras Street  
New Orleans, LA 70140

**Deposit:** \$150.00

**Room Category:** Classic

## APPLICANT COPY

**Nightly Rate:** \$199.00 / Night**Room Tax:** 13.00%**Bedding Requested:** One Bed**Arrival:** Friday, March 27, 2009**Departure:** Wednesday, April 01, 2009**Guest List:** Debra Ramage CFRE**Room Request(s):** Non Smoking Room**Credit Card****Credit Card Type:** Visa**Credit Card Number:**

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

**Today's Charge:** \$660.00 (US)**Card Holder:** Debra Ramage CFRE**Fee Summary****Description****Debra Ramage CFRE****Member - Advanced Reg. Full Conference****Special Events / Courses****Hotel Reservations****New Orleans Hilton Riverside****Classic****3/27/2009 - 4/1/2009****Nightly Rate: \$199.00 plus Tax****Deposit****Persons occupying room****Fee Total**

**Help Us To Improve!** Debra Ramage CFRE, your suggestions are always welcome. If you have any comments on the International Conference on Fundraising Online Registration process, please **click here** to send an e-mail message to our registration and housing company. Thank you!

**Hotel Cancellation/Change Policy**

Changes to reservations, based on availability are made through Experient until 3/2/2009 5PM CT. If you miss the deadline, you may contact your hotel directly beginning March 12. SEE CONFIRMATION FOR YOUR ASSIGNMENT POLICY.

**Registration Cancellation Policy:**

Additional Offerings and Pre Conference Intensive Workshop fees are NON-REFUNDABLE. All Registration Cancellations must be made in writing. No exceptions. Registration Cancellation Requests received before Feb. 18, 2009, will receive a refund less a \$100 administrative fee. Registration Cancellation Requests received after Feb. 18, 2009 will not be eligible for a refund. Registrations made after Feb. 18, 2009 are not eligible for a refund if cancelled. Refunds will be processed after the conference.



Jan. 13, 2009 Jan. 15, 2009 FUNDRAISING DEPOSIT 800-424-5249 IL

\$325.77

\$255.00 US DOLLAR @ 1.277529

Oct. 31, 2008 Nov. 03, 2008 FUNDRAISING DEPOSIT 800-424-5249 IL

\$834.91

\$660.00 US DOLLAR @ 1.265015

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

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

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



**Account Details - CIBC VISA\***

<https://www.cibconline.cibc.com>

January 07, 2009 at 10:54am Eastern time



APPLICANT COPY

AFP Calgary Chapter
Professional Development & Advancement
Financial Reimbursement Application

Approved

Applicant Name Debra Ramage

What is the course or conference for which you are seeking a financial reimbursement? I am apply for the Chamberlain Scholarship and chapter funding to attend the International Conference in New Orleans.

Are you an AFP member? Yes X No

Year of entry into fundraising? 1990

Please describe your volunteer experience with AFP. Board Member 2001 - present; Co-Chair NPD - 2002; Chair, Chapter Services Committee - 2003; President - 2006/2007; Immediate Past President - 2007/2008; Member, AFP Canada Council (2005 - present); Member, Delegates Assembly (2005 and 2006); Member, AFP Leadership Academy Task Force 2007 and 2008); AFP Teaching Faculty - Essentials of Fundraising, First Course in Fundraising, CFRE Preparation.

Have you made a donation to the AFP Every Member Campaign (EMC) this year? Yes X No

Are you a CFRE? Yes X No

Job Title Executive Director

Employer Chinook Regional Hospital Foundation

Business Address 960 - 19 Street South

City Lethbridge Province Alberta Postal Code T1J 1W5

Bus. Telephone (403) 388-6028 Bus. Fax (403) 388-6604

Email Address dramage@chr.ab.ca

Please complete this conference budget section as best you can.

Table with 4 columns: Item, Amount, Currency, Total. Rows include Registration (\$595 US), Travel (\$1,050 CAN), Accommodation (\$1,100 US), Meals (\$250 US), and Miscellaneous (\$150 US). Total: \$3,145 (\$3600 Canadian approx). Includes instruction: Please attach supporting documents (ie. flight fares, registration fee schedule, etc)

\$2000 to be received from AFP



Chinook Health

Employee Expense Claim Voucher

RECEIVED MAR 10 2009

RECEIVED MAR 04 2009

Name: Debra Ramage 1000.711104560

Employee Number: s.17(1), 17(4)(g)(i)

Table with columns: Department, EOC, Description, GST, AMOUNT EXCLUDING GST, PAYROLL CODE. Includes rows for Supplies - Office, Food, Therapeutic, Education, Departmental, Public Relations, Academic Course Fees, Workshop Fees, Conference Fees, Professional Registrations, Vehicle Insurance, Honorariums, and a TOTAL row.

JV

TOTAL AMOUNT REQUESTED \$ 100.00

- PAYMENT WILL BE INCLUDED WITH PAYROLL DIRECT DEPOSIT.
• EXPENSE CLAIMS RECEIVED BY THE 13th OF THE MONTH WILL BE PAID ON THE LAST PAYDAY OF THE SAME MONTH (USUALLY THE 25th).
• ALL AMOUNTS PAID ON THIS FORM ARE NOT SUBJECT TO INCOME TAX.
• ACADEMIC COURSE FEES, PROFESSIONAL REGISTRATIONS AND HONORARIUMS WILL BE INCLUDED IN BOX 14 OF THE T4.
• FORWARD THIS COMPLETED FORM WITH APPLICABLE ORIGINAL RECEIPTS (NOT CREDIT/DEBIT CARD SLIPS) TO PAYROLL.
• SUBMIT THIS FORM A.S.A.P. DO NOT SUBMIT WITH TIMECARDS.

I hereby certify that all particulars of this claim are correct:

Form with fields: DATE (dd/mm/yy) 25/02/09, CLAIMANT Debra Ramage, APPROVAL [Signature]

FOR INSTRUCTIONS REGARDING USE OF THIS FORM, SEE THE PAYROLL WEBSITE ON THE CHINOOK HEALTH INTRANET



FAX 403 388 6604  
APPLICANT COPY  
Flowers on 9th Inc.



1508 - 9th Avenue South  
LETHBRIDGE AB T1J 1V8  
phone: (403) 327-8766  
fax: (403) 327-9573

Ph. W 388 6028 Date Feb 24 2009

NAME "Debra Ramose"

ADDRESS [Redacted]

OVERDUE ACCOUNTS ARE SUBJECT TO MONTHLY SERVICE CHARGE.

Sundale for					87.74
Home SIMP					7.50
G.S.T.					4.76
<b>TOTAL</b>					100.00

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

104 - Remember our friends  
The boxes are  
Staff of Chiro's Regional Hospital

PHONE 403-380 4223  
# 19985

SUN. P.M.

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

FLOWERS on 9th Inc. (next to Stubb's Pharmacy) GST # 857690309  
1508 - 9th Avenue South, Lethbridge, Alberta, T1J 1V8  
toll free: (888) 320-8766 • email: Service@Flowerson9th.com • www.Flowerson9th.com

Debra Ramose

Sent by fax - no original <sup>65</sup> Phone order.