

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

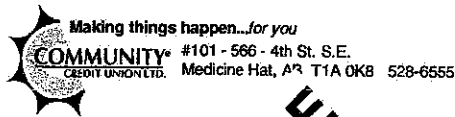
Cheque Total
\$129.50

Page 1
Cheque No. **87227329**
Cheque Date **Apr 07, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
04/06/04	APR 6/04	129.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87227329
Apr 07, 2004
GENERAL ACCOUNT

PAYS 129.50

\$129.50

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
of



APPLICANT COPY
Palisier Health Region

EXPENSE ACCOUNT CLAIM

43100

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman PERIOD 01

TRAVEL PURPOSE: Ambulance Planning

TRAVEL LOCATION: Edmonton

DEPARTURE TIME: Date: 06 April/04 Hour: 6:20 a.m.

RETURN TIME: Date: 06 April/04 Hour: 8:30 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____

AIR: Please attach receipt(s) \$ _____

TAXI: Please attach receipt(s) \$ 102.00

PARKING: Please attach receipt(s) \$ 3.00

OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____

PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at ~~\$6.00~~ ^{\$7.50} = \$ 7.50

LUNCH # of Lunches: _____ at \$8.00 = \$ _____

DINNERS # of Dinners: _____ at ~~\$16.00~~ ^{\$17.00} = \$ 17.00

MISCELLANEOUS:

Please specify: _____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ 129.50

LESS ADVANCE \$ ✓

AMOUNT DUE \$ 129.50

Employee's Signature: Tom Seaman

Authorization of Supervisor: _____

Date: 07 April/04

Dept Financial Code: 73010

For Accounting Department Only		
15200 - 00000	\$	8.47
73010 - 62400	\$	121.03
	\$	

RECEIPT

AMOUNT 50.00 DATE 06/04/04
FROM _____
TO _____
DRIVER [Signature] UNIT NO. 4113
- An Alberta Company -

RECEIPT

AMOUNT 52.00 DATE 06/04/04
FROM _____
TO _____
DRIVER [Signature] UNIT NO. 2103
- An Alberta Company -

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE
07/04/04
EXPIRATION TIME
05:47

AMOUNT PAID
\$ 3.00 14130000 05:47

DETACH RECEIPT FROM TICKET

DATE ISSUED
06/04/04
TIME ISSUED
05:47
AMOUNT PAID
\$ 3.00
CREDIT CARD NUMBER

NOT TRANSFERABLE 4422166

RECEIPT 4422166



Skyline Cabs (1982) Ltd.

468-4646

4824-72 Avenue, Edmonton, Alberta T6B 2K1



Skyline Cabs (1982) Ltd.

468-4646

4824-72 Avenue, Edmonton, Alberta T6B 2K1

OTHER SIDE UP

THIS TICKET PERMITS YOU TO PARK
IN ACCORDANCE WITH THE
REGULATIONS.
THIS TICKET MUST BE DISPLAYED
CLEARLY ON YOUR VEHICLE
DASHBOARD AND THE VEHICLE
PARKED CORRECTLY.

4422166

OTHER SIDE UP

THIS TICKET PERMITS YOU TO PARK
IN ACCORDANCE WITH THE
REGULATIONS.
THIS TICKET MUST BE DISPLAYED
CLEARLY ON YOUR VEHICLE
DASHBOARD AND THE VEHICLE
PARKED CORRECTLY.

4422166

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

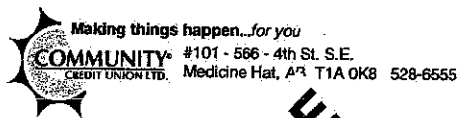
Cheque Total
\$104.00

Page 1
Cheque No. **87226084**
Cheque Date **Mar 17, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
03/16/04	MAR1604	104.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87226084
Mar 17, 2004
GENERAL ACCOUNT

PAYS 104.00

\$104.00

TOM SEAMAN

TWO SIGNATURES REQUIRED

PHR
MEDICINE HAT AB

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

43100



APPLICANT COPY
Paliser Health Region

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman 

TRAVEL PURPOSE: bd Meeting, Conference

TRAVEL LOCATION: Edmonton

DEPARTURE TIME: Date: 14 Mar/04 Hour: 11:00 a.m.

RETURN TIME: Date: 16 Mar/04 Hour: 7:30 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____

AIR: Please attach receipt(s) \$ _____

TAXI: Please attach receipt(s) \$ 80.00

PARKING: Please attach receipt(s) \$ _____

OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____

PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at \$6.00 = \$ _____

LUNCH # of Lunches: 1 at \$8.00 = \$ 8.00

DINNERS # of Dinners: 1 at \$16.00 = \$ 16.00

MISCELLANEOUS:

Please specify: _____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ 104.00

LESS ADVANCE \$ —

AMOUNT DUE \$ 104.00 

Employee's Signature: TA Seaman

Authorization of Supervisor: [Signature]

Date: 17 Mar/04

Dept Financial Code: 73010 - 62400

For Accounting Department Only		
15200 - 00000	\$	<u>6.81</u>
73010 - 62400	\$	<u>97.19</u>
	\$	

PRESTIGE
CABS

10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

462-4444

THANK YOU/MERCI

Date: 14/03 Amount/Montant \$ 50 Car/Voiture # 895

Driver/Chauffeur: AK G.S.T. # 886894528

From/De: 1Apt To/A: The Westin



PLEASE CALL AGAIN
AU PLAISER DE VOUS REVOIR

YELLOW
CAB

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

462-456

THANK YOU/MERCI

Date: 11/16 Amount/Montant \$ 15.00 Car/Voiture # 369

Driver/Chauffeur: WA GST# _____

From/De: Westin To/A: BSSO



RECEIPT

From: Bar X Hair

To: _____

Driver: RAY s.17(1), 17(4)(g)(i)

Amount: 15.00 Car# 24

Thank You

Have a Nice Day

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

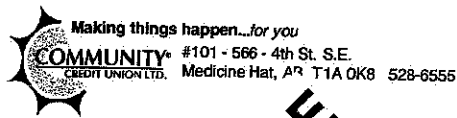
Cheque 1
\$70.00

Page 1
Cheque No. **87225586**
Cheque Date **Mar 10, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
02/25/04	FEB 25/04	70.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87225586
Mar 10, 2004
GENERAL ACCOUNT

PAY \$ 70.00

\$70.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

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PALLISER HEALTH REGION
666 - Fifth Street S.W.
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APPLICANT COPY

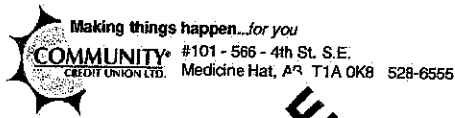
Cheque
\$80.00

Cheque No. **87225138**
Cheque Date **Mar 04, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
03/04/04	MAR01	80.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87225138
Mar 04, 2004

PAYS 80.00

GENERAL ACCOUNT

\$80.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
the
Order
of



APPLICANT COPY
Paliser Health Region
EXPENSE ACCOUNT CLAIM
 (To be submitted upon return from traveling)

43100

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: CEO's meeting & Meditech meeting

TRAVEL LOCATION: Edmonton, AB

DEPARTURE TIME: 01 Mar/04 Date: ~~6:00 am~~ Hour: 6:00 a.m.

RETURN TIME: 01 Mar/04 Date: 01 Mar/04 Hour: 8:45 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____

AIR: Please attach receipt(s) \$ _____

TAXI: Please attach receipt(s) \$ 53.00

PARKING: Please attach receipt(s) \$ 3.00

OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____

PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: 1 at \$6.00 = \$ 6.00

LUNCH # of Lunches: _____ at \$8.00 = \$ _____

DINNERS # of Dinners: 1 at \$16.00 = \$ 16.00

MISCELLANEOUS: Please specify: _____ \$ _____

TOTAL EXPENSES \$ 80.00

LESS ADVANCE \$ _____

AMOUNT DUE \$ 80.00

Employee's Signature: Tom Seaman

Authorization of Supervisor: _____

Date: 02 Mar/04

Dept Financial Code: 73010 - 62410

For Accounting Department Only		
15200 - 00000		\$ 5.24
73010 - 62400		\$ 74.76
		\$ _____

APPLICANT COPY

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET


EXPIRATION DATE: 02/03/04 05:53
EXPIRATION TIME: 05:53


DATE ISSUED: 02/03/04 05:53
TIME ISSUED: 05:53
AMOUNT PAID: \$ 3.00
CREDIT CARD NUMBER: 14130000 05:53

AMOUNT PAID: \$ 3.00 14130000 05:53

NOT TRANSFERABLE 4421899

RECEIPT 4421899


 From/De: ESO ON WALKER To/A: ESO
 Driver/Chauffeur: ES GST #: ES
 Date: 30 Amount/Montant \$ 11.00 Car/Voiture # 566
 10135-31 Avenue Edmont AB T6N 1C2
 ADMIN: 465-8500 FAX: 462-2722
YELLOW CAB
 462-456
 THANK YOU/MERCI


 From/De: ESO ON WALKER To/A: ESO
 Driver/Chauffeur: ES GST #: ES
 Date: 30 Amount/Montant \$ 11.00 Car/Voiture # 566
 10135-31 Avenue Edmont AB T6N 1C2
 ADMIN: 465-8500 FAX: 462-2722
YELLOW CAB
 462-456
 THANK YOU/MERCI

PALLISER HEALTH REC
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

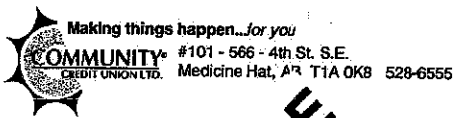
APPLICANT COPY Cheque Total
\$113.00

Page 1
Cheque No. **87222636**
Cheque Date **Jan 14, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
01/13/04	JAN 13/04	113.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87222636
Jan 14, 2004

GENERAL ACCOUNT

PAYS 113.00¢

\$113.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

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43100



OK

APPLICANT COPY
Paliser Health Region
EXPENSE ACCOUNT CLAIM
(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Lab Advisory Centre + PHAA Restructuring

TRAVEL LOCATION: Edmonton

DEPARTURE TIME: Date: 12 Jan/04 Hour: 6:05 a.m.

RETURN TIME: Date: 13 Jan/04 Hour: 7:00 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM: _____	at	\$0.35	per km =	\$ _____
AIR:	Please attach receipt(s)				\$ _____
TAXI:	Please attach receipt(s)				\$ <u>53.00</u>
PARKING:	Please attach receipt(s)				\$ <u>6.00</u>
OTHER:	Please specify: _____				\$ _____

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$ _____
PRIVATE ACCOMMODATION:	# of Nights: _____	at	\$14.00	=	\$ _____

MEAL EXPENSES:

BREAKFAST	# of Breakfasts: <u>2</u>	at	\$6.00	=	\$ <u>12.00</u>
LUNCH	# of Lunches: <u>1</u>	at	\$8.00	=	\$ <u>8.00</u>
DINNERS	# of Dinners: <u>2</u>	at	\$16.00	=	\$ <u>32.00</u>

MISCELLANEOUS:

Please specify: _____

TOTAL EXPENSES \$ 113.00

LESS ADVANCE m \$ _____

AMOUNT DUE \$ 113.00

Employee's Signature: TA Seaman

Authorization of Supervisor: [Signature]

Date: 14 Jan/04

Dept Financial Code: 73010 - 62410

For Accounting Department Only		
15200 - 00000		\$ 7.39
73010 - 62400		\$ 105.61
		\$ _____

PRESTIGE

10125 31 Avenue
Edm. Alberta T6N 1C2

CABS

ADMIN: 465-8500
FAX: 462-2722

462-4444

THANK YOU/MERCI

Date: Jan 13 Amount/Montant \$ 4.15 Car/Voiture # 949

Driver/Chauffeur: _____ G.S.T. # _____

From/De: USA# To/A: JAP



PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR

YELLOW

10125 31 Avenue
Edm. AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB



462-3456

THANK YOU/MERCI

Date: 13 Amount/Montant \$ 1.0 Car/Voiture # 333

Driver/Chauffeur: _____ GST# _____

From/De: _____ To/A: _____



LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME
13/01/04 05:35

AMOUNT PAID
\$ 3.00 14130000 05:35

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
12/01/04 05:35 \$ 3.00
CREDIT CARD NUMBER

NOT TRANSFERABLE 4421565

RECEIPT 4421565

OTHER SIDE UP

THIS TICKET PERMITS YOU TO PARK
IN ACCORDANCE WITH THE
REGULATIONS.
THIS TICKET MUST BE DISPLAYED
CLEARLY ON YOUR VEHICLE
DASHBOARD AND THE VEHICLE
PARKED CORRECTLY.

4421565

OTHER SIDE UP

THIS TICKET PERMITS YOU TO PARK
IN ACCORDANCE WITH THE
REGULATIONS.
THIS TICKET MUST BE DISPLAYED
CLEARLY ON YOUR VEHICLE
DASHBOARD AND THE VEHICLE
PARKED CORRECTLY.

4421565

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

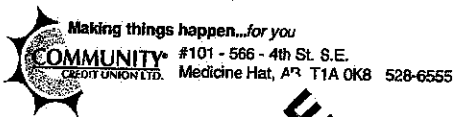
Cheque Total
\$333.50

Page 1
Cheque No. **87220392**
Cheque Date **Dec 03, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
12/01/03	DEC 1/03	208.50	
11/27/03	NOV 27/03	125.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87220392
Dec 03, 2003

PAYS 333.50¢

GENERAL ACCOUNT

\$333.50

TOM SEAMAN

PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON - NEGOTIABLE**

To
The
Order
of



APPLICANT COPY
Palliser Health Region
 EXPENSE ACCOUNT CLAIM
 (To be submitted upon return from traveling)

43100

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: AADAC Meeting re: Treatment Centre

TRAVEL LOCATION: Edmonton, AB.

DEPARTURE TIME: Date: 27 Nov/03 Hour: 6:00 a.m.

RETURN TIME: Date: 27 Nov/03 Hour: 7:30 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM: _____	at	\$0.35	per km =	\$ _____
AIR:	Please attach receipt(s)				\$ _____
TAXI:	Please attach receipt(s)				\$ <u>100.00</u>
PARKING:	Please attach receipt(s)				\$ <u>3.00</u>
OTHER:	Please specify: _____				\$ _____

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$ _____
PRIVATE ACCOMMODATION:	# of Nights: _____	at	\$14.00	=	\$ _____

MEAL EXPENSES:

BREAKFAST	# of Breakfasts: <u>1</u>	at	\$6.00	=	\$ <u>6.00</u>
LUNCH	# of Lunches: _____	at	\$8.00	=	\$ _____
DINNERS	# of Dinners: <u>1</u>	at	\$16.00	=	\$ <u>16.00</u>

MISCELLANEOUS: Please specify: _____

TOTAL EXPENSES \$125.00

LESS ADVANCE \$ _____

AMOUNT DUE \$125.00

Employee's Signature: T. Seaman
 Authorization of Supervisor: _____
 Date: 28 Nov/03
 Dept Financial Code: 73010 - 62410

For Accounting Department Only	
15200 - 00000	\$ 8.18
73010 - 62400	\$ 116.82
	\$ _____



APPLICANT COPY
Palisier Health Region

43100

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Non-Metro Governance Council

TRAVEL LOCATION: Calgary, AB

DEPARTURE TIME: Date: 01 Dec/03 Hour: 8:30 a.m.

RETURN TIME: Date: 01 Dec/03 Hour: 7:30 pm.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: 550 at \$0.35 per km = \$ 192.50

AIR: Please attach receipt(s) \$ _____

TAXI: Please attach receipt(s) \$ _____

PARKING: Please attach receipt(s) \$ _____

OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____

PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at \$6.00 = \$ _____

LUNCH # of Lunches: _____ at \$8.00 = \$ _____

DINNERS # of Dinners: 1 at \$16.00 = \$ 16.00

MISCELLANEOUS:

Please specify: _____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ 208.50

LESS ADVANCE \$

AMOUNT DUE \$208.50

Employee's Signature: Tom Seaman

Authorization of Supervisor: [Signature]

Date: 02 Dec/03

Dept Financial Code: 73010 - 62410

For Accounting Department Only		
15200 - 00000	\$	13.64
73010 - 62400	\$	194.86
	\$	

APPLICANT COPY

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE 28/11/03 EXPIRATION TIME 05:33

AMOUNT PAID \$ 3.00 14130000 05:33

DETACH RECEIPT FROM TICKET

DATE ISSUED 27/11/03 TIME ISSUED 05:33 AMOUNT PAID \$ 3.00 CREDIT CARD NUMBER

NOT TRANSFERABLE 4421335

RECEIPT 4421335

RECEIPT

AMOUNT 50.00 DATE Nov 27 03

FROM COPPER POT.

TO AIRROAD

DRIVER [Signature] UNIT NO. 403

At Alberta Company -

RECEIPT

AMOUNT 50.00 DATE NOV 27 2003

FROM AIRPORT

TO Gov & House

DRIVER [Signature] UNIT NO. 403

At Alberta Company -

OTHER SIDE UP

THIS TICKET PERMITS YOU TO PARK
IN ACCORDANCE WITH THE
REGULATIONS.

THIS TICKET MUST BE DISPLAYED
CLEARLY ON YOUR VEHICLE
DASHBOARD AND THE VEHICLE
PARKED CORRECTLY.

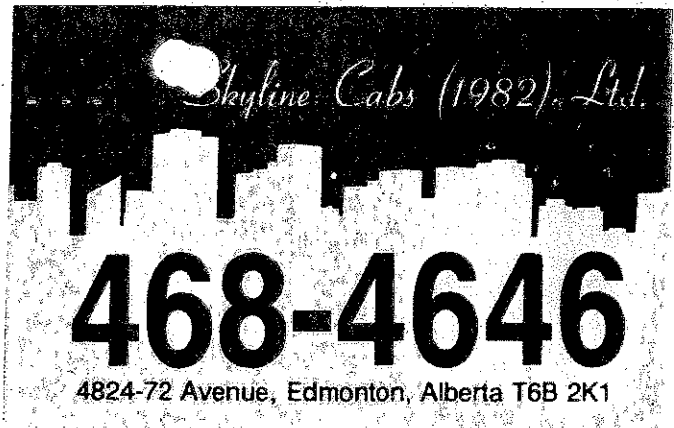
4421335

OTHER SIDE UP

THIS TICKET PERMITS YOU TO PARK
IN ACCORDANCE WITH THE
REGULATIONS.

THIS TICKET MUST BE DISPLAYED
CLEARLY ON YOUR VEHICLE
DASHBOARD AND THE VEHICLE
PARKED CORRECTLY.

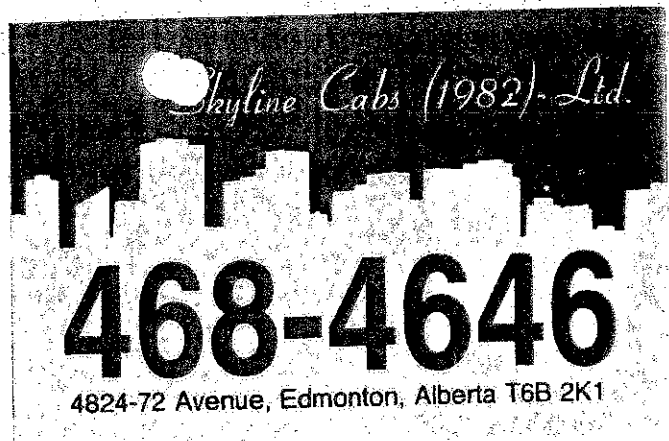
4421335



Skyline Cabs (1982) Ltd.

468-4646

4824-72 Avenue, Edmonton, Alberta T6B 2K1



Skyline Cabs (1982) Ltd.

468-4646

4824-72 Avenue, Edmonton, Alberta T6B 2K1

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

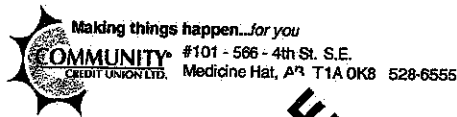
Cheque Total
\$105.00

Page 1
Cheque No. **87219963**
Cheque Date **Nov 26, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
11/25/03	NOV 25/03	105.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87219963
Nov 26, 2003

PAYS 105.00

GENERAL ACCOUNT

\$105.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON - NEGOTIABLE**

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Palliser Health Authority

EXPENSE ACCOUNT CLAIM
(To be submitted upon return from traveling)

NAME: Tom Seaman

PURPOSE: Deputy Minister meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00 a.m. DATE: 25 Nov/03.

RETURN TIME: HOUR: 6:30 p.m. DATE: 25 Nov/03

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: NUMBER OF KM _____ @ _____ /KM

AIR: ATTACH RECEIPTS _____

TAXI: ATTACH RECEIPTS (one from previous meeting) \$ 85.00

PARKING: ATTACH RECEIPTS \$ 3.00

OTHER: SPECIFY _____

ACCOMMODATION:

HOTEL/MOTEL: ATTACH RECEIPTS _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

NUMBER OF BREAKFASTS: 1 @ 6.00 6.00

NUMBER OF LUNCHES: 1 @ 8.00 8.00

NUMBER OF DINNERS: _____ @ _____

MISCELLANEOUS: (SPECIFY) _____

CLAIMANT T Seaman TOTAL EXPENSES 105.00

APPROVAL _____ LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 6240 AMOUNT DUE 105.00

TS

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>98.13</u>
	<u>1520000000</u>	\$ <u>6.87</u>
	_____	\$ _____

MAXIMUM RATES FOR EMPLOYEE TRAVEL AS OF JANUARY 1, 1996

TRANSPORTATION:

- 1) Actual cost of public transportation
- 2) Receipted cost of taxis, car rentals.
- 3) Mileage, private automobile per automobile, 0.28 per kilometer or per union/affiliation contract.
- 4) Receipted cost of parking.

ACCOMMODATION:

- 1) Receipted cost of hotel or motel.
- 2) \$14.00 per night in private accommodations.

MEALS:

- | | | |
|----|-------------------------|---------|
| 1) | Allowance per breakfast | \$ 6.00 |
| 2) | Allowance per luncheon | \$ 8.00 |
| 3) | Allowance per dinner | \$16.00 |

PALLISER HEALTH RE
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

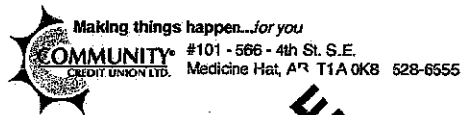
Cheque Total
\$272.73

Cheque No. **87219612**
Cheque Date **Nov 19, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
11/13/03	NOV 13/03	42.13	
11/18/03	NOV 18/03	230.60	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87219612
Nov 19, 2003
GENERAL ACCOUNT

PAY \$ 272.73

\$272.73

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



APPLICANT COPY

Palliser Health Region

CHEQUE REQUEST (43100)

* All requests received in the Accounting Department by Friday will be mailed out by the next Friday.

PLEASE: Complete all areas and deliver white copy to Accounting Services Department. Keep yellow copy for your records. Do not use this form if a Purchase Order has been completed.

Make cheque PAYABLE TO: Tom Seaman
Address:
Postal Code

Department Financial Code: 73010 49510

Description of purchase: Dr. Vaz Luncheon re: Peds
Net Amount: 42.13 Dr. Di Ninno + Tom Seaman

Add GST:
TOTAL PAYABLE: 42.13

Authorization of Supervisor: J.A. Pearson
Department: P.H.R. Admin Facility: m+hr it
Date: Nov. 13/02

For Accounting Department Only
73010-49510 \$ 39.37
15200-00000 \$ 2.76

PS4100114833 - April 2000

White copy: Accounting Services Yellow copy: Retain for your records

Vertical text on the right side of the page including: CARD NUMBER, EXPIRY DATE, CARD TYPE, DATE/TIME, RECEIPT NUMBER, AUTHORIZATION AMOUNT, TIP, TOTAL AMOUNT, and a signature for Tom Seaman.



APPLICANT COPY
Palliser Health Region
 EXPENSE ACCOUNT CLAIM
 (To be submitted upon return from traveling)

43100

EMPLOYEE NAME: Tom Seaman
 TRAVEL PURPOSE: Council of CEOs & Chairs & Non-Metro meeting
 TRAVEL LOCATION: Edmonton
 DEPARTURE TIME: Date: 16 Nov/03 Hour: 9:30 am.
 RETURN TIME: Date: 18 Nov/03 Hour: 7:15 p.m.

TRANSPORTATION:
 CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____
 AIR: Please attach receipt(s) \$ _____
 TAXI: Please attach receipt(s) \$ 77.00
 PARKING: Please attach receipt(s) \$ 6.00
 OTHER: Please specify: _____ \$ _____

ACCOMMODATION:
 HOTEL/MOTEL: Please attach receipt(s) \$ 117.60
 PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:
 BREAKFAST # of Breakfasts: 1 at \$6.00 = \$ 6.00
 LUNCH # of Lunches: 1 at \$8.00 = \$ 8.00
 DINNERS # of Dinners: 1 at \$16.00 = \$ 16.00

MISCELLANEOUS: Please specify: _____ \$ _____
 _____ \$ _____

TOTAL EXPENSES \$ 230.60

LESS ADVANCE \$ ✓

AMOUNT DUE JS \$ 230.60

Employee's Signature: T Seaman
 Authorization of Supervisor: _____
 Date: 19 Nov/03
 Dept Financial Code: 73010 - 62400

For Accounting Department Only	
15200 - 00000	\$ 15.09
73010 - 62400	\$ 215.51
	\$

APPLICANT COPY
THE VARSCONA HOTEL
 8208-106 STREET

Nov 18, 2003



EDMONTON, AB T6E 2R9
 Phone: (780)434-6111 Fax: (780)439-1195

Mr. TOM SEAMAN
 *
 *, **

Account #: 1930
 Room Number: 412
 Rate: \$105.00
 Pay Method:

MCRD

Arrival Date: Monday, November 17, 2003
 Departure Date: Tuesday, November 18, 2003

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

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
11/17/2003	Room postings	Auto Posted		412	\$105.00	
11/17/2003	ALBERTA RM TAX	Auto Posted		412	\$5.25	
11/17/2003	GST ROOM CHARGE	Auto Posted		412	\$7.35	
11/18/2003	MASTERCARD PAYM	CHECKED-OUT		412		\$117.60

Tax Summary	
ALBERTA RM	\$5.25
GST ROOM	\$7.35
CH	

Balance:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.
 G.S.T. # 887830792 RT 0001

Signature _____

APPLICANT COPY

VARSCONA
8208 106 ST
EDMONTON AB
S.17(1), 17(4)(e.1)

MASTERCARD 9562
2003/11/18 07:35:16
004
8058-395-006
\$117.60

AUTH. # 045418

CARD NUMBER
EXPIRY DATE
CARD TYPE
DATE/TIME
CLERK NUMBER
RECEIPT NUMBER
PURCHASE ADVICE
TOTAL AMOUNT

01 APPROVED 027
THANK YOU

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

CARDHOLDER SIGNATURE

AMOUNT PAID
18/11/03 09:18
\$ 3.00 14130000 09:18

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED
17/11/03 09:18 \$ 3.00
CREDIT CARD NUMBER

DETACH RECEIPT FROM TICKET
DATE ISSUED
TIME ISSUED
AMOUNT PAID

YELLOW CAB
ADMIN: 465-8500
FAX: 462-2722
462-3456
10135-31 Avenue
Edmonton, AB T6N 1C2
THANK YOU/MERCI

Date: 18/11/03 Amount: 17.00
G.S.T. # _____
Car/Volure # _____

Driver/Chauffeur: [Signature]
From/De: _____ To/A: _____

PLEASE CALL AGAIN
AU PLAISER DE VOUS REVOIR

Logos: Visa, MasterCard, American Express, Discover

PRESTIGE CABS
ADMIN: 465-8500
FAX: 462-2722
462-4444
10135 - 31 Avenue
Edmonton, Alberta T6N 1C2
THANK YOU/MERCI

Date: 18/11/03 Amount: 13
G.S.T. # _____
Car/Volure # 734

Driver/Chauffeur: [Signature]
From/De: _____ To/A: Varascona

PLEASE CALL AGAIN
AU PLAISER DE VOUS REVOIR

Driver # _____ Car # _____
To: _____
From: M
Date: 18/11/03 Amount: 17.00
GST # _____

EXPIRATION DATE
18/11/03 09:18
EXPIRATION TIME
AMOUNT PAID
\$ 3.00 14130000 09:18

DETACH RECEIPT FROM TICKET
DATE ISSUED
TIME ISSUED
AMOUNT PAID
17/11/03 09:18 \$ 3.00
CREDIT CARD NUMBER

NOT TRANSFERABLE 4421268

RECEIPT 4421268

APPLICANT COPY

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

DATE TIME AMOUNT PAID
ISSUED ISSUED

26/11/03 05:40

25/11/03 05:40 \$ 3.00

AMOUNT PAID
\$ 3.00 14130000 05:40

CREDIT CARD NUMBER

TRANSFERABLE 4421321

RECEIPT 4421321

YELLOW

10135-31 Avenue
Edmonton, 11C2

ADMIN: 465-8500
FAX: 462-2722

CAB



462-3456

THANK YOU/MERCI

Date: 25/11/03 Amount/Montant \$ 4.50 Car/Voiture # 59

Driver/Chauffeur: AR GST #

From/De: A. P. To/A: City



PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

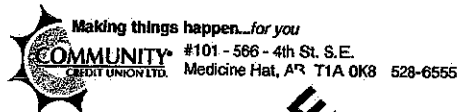
Cheque Total
\$65.00

Page 1
Cheque No. **87219265**
Cheque Date **Nov 12, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
11/06/03	NOV 6/03	65.00	/

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87219265
Nov 12, 2003

PAYS 65.00

GENERAL ACCOUNT

\$65.00

TWO SIGNATURES REQUIRED

TOM SEAMAN

PHR
MEDICINE HAT AB

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



APPLICANT COPY
Palliser Health Region

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

43100

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Health Policy Forum

TRAVEL LOCATION: Calgary

DEPARTURE TIME: Date: 04 Nov/03 Hour: 5:30 p.m.

RETURN TIME: Date: 06 Nov/03 Hour: 3:00 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____

AIR: Please attach receipt(s) \$ _____

TAXI: Please attach receipt(s) \$ 65.00

PARKING: Please attach receipt(s) \$ _____

OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____

PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at \$6.00 = \$ _____

LUNCH # of Lunches: _____ at \$8.00 = \$ _____

DINNERS # of Dinners: _____ at \$16.00 = \$ _____

MISCELLANEOUS:

Please specify: _____ \$ _____

TOTAL EXPENSES \$ 65.00

LESS ADVANCE \$ _____

AMOUNT DUE pm \$ 65.00

Employee's Signature: <u>Tom Seaman</u>	For Accounting Department Only	
Authorization of Supervisor: _____	15200 - 00000	\$ 4.26.
Date: <u>07 Nov/03</u>	73010 - 62400	\$ 60.74
Dept Financial Code: <u>73010 - 62400</u>		\$

Date: 11/1/03

Chauffeur: _____

Unit No.: _____ Amount: 23.00
G.S.T. INCLUDED

G.S.T. No.: _____

RECEIPT

DATE Nov 4/03

AMOUNT 17.00

FROM _____

TO Bar x 1 s.17(1), 17(4)(g)(i)

CAB #2 DRIVER DP

Thank You

APPLICANT COPY

Driver #	Phillip	Car #	901
To:	Esso	From:	Weyher
Date:	Nov 06/03	Amount:	25.00
GST #			

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$104.00

Page 1
Cheque No. **87218851**
Cheque Date **Nov 05, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
10/30/03	OCT 30/03	104.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Making things happen...for you

COMMUNITY
CREDIT UNION LTD.

#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

PAYS 104.00

Cheque No.

87218851

Nov 05, 2003

GENERAL ACCOUNT

\$104.00

TOM SEAMAN

PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



APPLICANT COPY

Palliser Health Region

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

43100

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: CEO meeting re: HMAA, Non-Metro I.T. + Future of PHAA

TRAVEL LOCATION: Edmonton - then to Calgary

DEPARTURE TIME: Date: 28 Oct/03 Hour: 6:05 am

RETURN TIME: Date: 30 Oct/03 Hour: 8:00 pm

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM:	at	\$0.35	per km =	\$
AIR:	Please attach receipt(s)				\$
TAXI:	Please attach receipt(s)				\$ 70.00
PARKING:	Please attach receipt(s)				\$ 6.00
OTHER:	Please specify:				\$

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$
PRIVATE ACCOMMODATION:	# of Nights:	at	\$14.00	=	\$

MEAL EXPENSES:

BREAKFAST	# of Breakfasts:	<u>2</u>	at	\$6.00	=	\$ 12.00
LUNCH	# of Lunches:		at	\$8.00	=	\$
DINNERS	# of Dinners:		at	\$16.00	=	\$ 16.00

MISCELLANEOUS:

Please specify: _____ \$
_____ \$

TOTAL EXPENSES \$ 104.00

LESS ADVANCE \$ -

AMOUNT DUE JS \$ 104.00

Employee's Signature: TA Seaman

Authorization of Supervisor: _____

Date: 31 Oct/03

Dept Financial Code: 73010

For Accounting Department Only		
15200 - 00000		\$ 6.81
73010 - 62400		\$ 97.19
		\$

APPLICANT COPY

THANK YOU FOR RIDING WITH CHECKER

Date: 0029/10/03 Amount: 45.00

From: westfair hotel

To: IAD Driver: [Signature]

GST# 139185722

PLEASE CALL AGAIN
484-8888

DATE 28/10/03 TIME 7:20 am

DRIVER Airport to Esso

UNIT NO. AMOUNT 15.00

G.S.T. NO. G.S.T. Included

YELLOW

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB



462-3456

THANK YOU/MERCI

Date: 00128/10/03 Amount/Montant \$ 10.00 Car/Voiture #

Driver/Chauffeur: GST#

From/De: To/A:



DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

29/10/03 05:31

28/10/03 05:31 \$ 4.00

DATE PAID

Schlumberger

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

29/10/03 05:31

28/10/03 05:31 \$ 3.00

DATE PAID

Schlumberger

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$195.00

Cheque No. **87216608**
Cheque Date **Sep 24, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
09/18/03	SEPT 18/03		79.00
09/19/03	SEPT 19/03		116.00

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Making things happen...for you
COMMUNITY #101 - 566 - 4th St. S.E.
CREDIT UNION LTD. Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87216608
Sep 24, 2003

GENERAL ACCOUNT

\$195.00

PAYS 195.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON - NEGOTIABLE**

To
The
Order
Of



APPLICANT COPY
Paliser Health Region
 EXPENSE ACCOUNT CLAIM
 (To be submitted upon return from traveling)

(43100)

EMPLOYEE NAME: Tom Seaman
 TRAVEL PURPOSE: Council of CEO's Cante on PTHAA
 TRAVEL LOCATION: Edmonton, AB
 DEPARTURE TIME: Date: 19 Sep/2003 Hour: 9:00 am
 RETURN TIME: Date: 19 Sep/2003 Hour: 8:00 pm

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM: _____	at	\$0.35	per km =	\$ _____
AIR:	Please attach receipt(s)				\$ _____
TAXI:	Please attach receipt(s)				\$ <u>97.00</u>
PARKING:	Please attach receipt(s)				\$ <u>3.00</u>
OTHER:	Please specify: _____				\$ _____

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$ _____
PRIVATE ACCOMMODATION:	# of Nights: _____	at	\$14.00	=	\$ _____

MEAL EXPENSES:

BREAKFAST	# of Breakfasts: _____	at	\$6.00	=	\$ _____
LUNCH	# of Lunches: _____	at	\$8.00	=	\$ _____
DINNERS	# of Dinners: <u>1</u>	at	\$16.00	=	\$ <u>16.00</u>

MISCELLANEOUS: Please specify: _____

TOTAL EXPENSES	\$ <u>116.00</u>
LESS ADVANCE	\$ <u>✓</u>
AMOUNT DUE	\$ <u>116.00</u>

Employee's Signature: Tom Seaman
 Authorization of Supervisor: [Signature]
 Date: 22 Sep/2003
 Dept Financial Code: 73010

For Accounting Department Only	
15200 - 00000	\$ 7.59
73010 - 62400	\$ 108.41
	\$

DISPL. THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

20/09/03 08:48

19/09/03 08:48 \$ 3.00

DATE PAID

Schlumberger

YELOW

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB 

462-3456

THANK YOU/MERCI

Date: 19 Sept 03 Amount/Montant \$ 40.00 Car/Voiture # _____

Driver/Chauffeur: _____ GST # _____

From/De: UPR Hosp To/A: INT



Driver: Agent to Gordon Date: 20 Sep
Unit No: Cavelin Amount: 15.00
(Gst included)

G.S.T. No. _____

"It is our pleasure to serve you. Please call again"

777-2222

777-1111

YELOW

10135-31 Avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB 

462-3456

THANK YOU/MERCI

Date: _____ Amount/Montant \$ 42.00 Car/Voiture # _____

Driver/Chauffeur: _____ GST # _____

From/De: JAP To/A: Ueha





APPLICANT COPY
Palliser Health Region
 EXPENSE ACCOUNT CLAIM
 (To be submitted upon return from traveling)

(43100)

EMPLOYEE NAME: Tom Seaman
 TRAVEL PURPOSE: Physician Recruitment
 TRAVEL LOCATION: Calgary
 DEPARTURE TIME: Date: 4/17 Sep/2003 Hour: 4:30 p.m.
 RETURN TIME: Date: 18 Sep/2003 Hour: 4:30 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____
 AIR: Please attach receipt(s) \$ _____
 TAXI: Please attach receipt(s) \$ 79.00
 PARKING: Please attach receipt(s) \$ _____
 OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____
 PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at \$6.00 = \$ _____
 LUNCH # of Lunches: _____ at \$8.00 = \$ _____
 DINNERS # of Dinners: _____ at \$16.00 = \$ _____

MISCELLANEOUS:

Please specify: _____ \$ _____
 _____ \$ _____

TOTAL EXPENSES \$ 79.00

LESS ADVANCE \$ _____

AMOUNT DUE \$79.00

Employee's Signature: <u>TA Seaman</u>	For Accounting Department Only	
Authorization of Supervisor: <u>[Signature]</u>	15200 - 00000	\$ 5.17
Date: <u>22 Sep/2003</u>	73010 - 62400	\$ 73.83
Dept Financial Code: <u>73010</u>		\$

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$89.00

Cheque No. **87215845**
Cheque Date **Sep 10, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
09/09/03	SEPT 9/03	89.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Making things happen...for you
COMMUNITY CREDIT UNION LTD. #101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

PAYS \$89.00

Cheque No.
87215845
Sep 10, 2003

GENERAL ACCOUNT

\$89.00

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON - NEGOTIABLE**



APPLICANT COPY
Paliser Health Region

43100

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Council of CEO's

TRAVEL LOCATION: Edmonton, AB.

DEPARTURE TIME: Date: 08 Sep/2003 Hour: 6:15 pm

RETURN TIME: Date: 09 Sep/2003 Hour: 7:00 pm

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM: _____	at	\$0.35	per km =	\$ _____
AIR:	Please attach receipt(s)				\$ _____
TAXI:	Please attach receipt(s)				\$ <u>64.00</u>
PARKING:	Please attach receipt(s)				\$ <u>3.00</u>
OTHER:	Please specify: _____				\$ _____

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$ _____
PRIVATE ACCOMMODATION:	# of Nights: _____	at	\$14.00	=	\$ _____

MEAL EXPENSES:

BREAKFAST	# of Breakfasts: <u>1</u>	at	\$6.00	=	\$ <u>6.00</u>
LUNCH	# of Lunches: _____	at	\$8.00	=	\$ _____
DINNERS	# of Dinners: <u>1</u>	at	\$16.00	=	\$ <u>16.00</u>

MISCELLANEOUS:

Please specify: _____
\$ _____
\$ _____

TOTAL EXPENSES \$ 89.00

LESS ADVANCE \$ _____

AMOUNT DUE \$ 89.00

Employee's Signature: T.A. Beave

Authorization of Supervisor: _____

Date: 10 Sep/2003

Dept Financial Code: 73010

For Accounting Department Only	
15200 - 00000	\$ 5.82.
73010 - 62400	\$ 83.18
	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

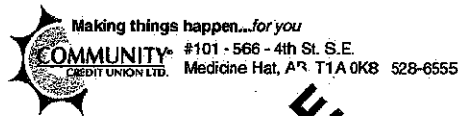
Cheque Total
\$67.00

Page 1
Cheque No. **87215452**
Cheque Date **Sep 03, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
08/26/03	AUG 26/03	67.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87215452
Sep 03, 2003

GENERAL ACCOUNT

PAYS 67.00

\$67.00

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

**COPY
NON - NEGOTIABLE**

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair



APPLICANT COPY
Palliser Health Region

(43100)

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Council of Chairs

TRAVEL LOCATION: Edmonton, AB.

DEPARTURE TIME: Date: 1:00 p.m. Hour: 25 Aug/2003

RETURN TIME: Date: 9:00 pm Hour: 26 Aug/2003

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM:	at	\$0.35	per km =	\$
AIR:	Please attach receipt(s)				\$
TAXI:	Please attach receipt(s)				\$ 45.00
PARKING:	Please attach receipt(s)				\$ 6.00
OTHER:	Please specify:				\$

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$
PRIVATE ACCOMMODATION:	# of Nights:	at	\$14.00	=	\$

MEAL EXPENSES:

BREAKFAST	# of Breakfasts:	at	\$6.00	=	\$
LUNCH	# of Lunches:	at	\$8.00	=	\$
DINNERS	# of Dinners: <u>1</u>	at	\$16.00	=	\$ 16.00

MISCELLANEOUS:

Please specify:		\$
		\$

TOTAL EXPENSES \$ 67.00

LESS ADVANCE \$ -

AMOUNT DUE \$ 67.00

Employee's Signature: Tom Seaman

Authorization of Supervisor: [Signature]

Date: 27 Aug/2003

Dept Financial Code: 730.10

For Accounting Department Only	
15200 - 00000	\$ 4.39
73010 - 62400	\$ 62.61
	\$

RECEIPT

AMOUNT 7.00 DATE Aug 25 2003

FROM _____

TO _____

DRIVER A. J. [Signature] UNIT NO. 403
— An Alberta Company —

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

26/08/03 12:48

25/08/03 12:48 \$ 3.00

DATE

PAID

Schlumberger

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

26/08/03 12:48

25/08/03 12:48 \$ 3.00

DATE

PAID

Schlumberger

PALLISER HEALTH REG
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

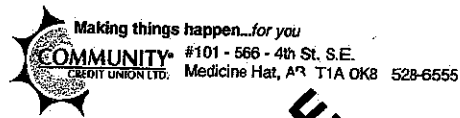
Cheque Total
\$117.00

Page 1
Cheque No. - **87215194**
Cheque Date **Aug 27, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
08/19/03	AUG 19/03	117.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87215194
Aug 27, 2003
GENERAL ACCOUNT

PAYS 117.00

\$117.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
of



APPLICANT COPY
Palliser Health Region

43100

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: CEO Meeting - AMA & I.S. System

TRAVEL LOCATION: Edmonton

DEPARTURE TIME: Date: 19 Aug/2003 Hour: 6:05 a.m.

RETURN TIME: Date: 19 Aug/2003 Hour: 10:00 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____

AIR: Please attach receipt(s) \$ _____

TAXI: Please attach receipt(s) \$ 84.00

PARKING: Please attach receipt(s) \$ 3.00

OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____

PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: 1 at \$6.00 = \$ 6.00

LUNCH # of Lunches: 1 at \$8.00 = \$ 8.00

DINNERS # of Dinners: 1 at \$16.00 = \$ 16.00

MISCELLANEOUS: Please specify: _____ \$ _____

TOTAL EXPENSES \$ 117.00

LESS ADVANCE \$ _____

AMOUNT DUE \$ 117.00

Employee's Signature: <u>TA Seaman</u>	For Accounting Department Only	
Authorization of Supervisor: <u>[Signature]</u>	15200 - 00000	\$ 7.66
Date: <u>Aug/20/2003</u>	73010 - 62400	\$ 109.34
Dept Financial Code: <u>73010</u>		\$

Schlumberger

DATE PAID
 19/08/03 05:33 \$ 3.00
 20/08/03 05:33
 EXPIRATION TIME
 DISPLAY THIS SIDE UP ON DASHBOARD

YELLOW

1013 - avenue
Edmonton, AB T6N 1C2

ADMIN: 465-8500
FAX: 462-2722



462-3456
THANK YOU/MERCI

Date: Aug 19 Amount/Montant \$ 42.00 Car/Voiture # 551

Driver/Chauffeur: M GST # 136047008

From/De: YEG To/A: _____



PRESTIGE

10135 - avenue
Edmonton, Alberta T6N 1C2

ADMIN: 465-8500
FAX: 462-2722

CABS

462-4444
THANK YOU/MERCI

Date: 19.08.03 Amount/Montant \$ 42 Car/Voiture # _____

Driver/Chauffeur: _____ G.S.T. # _____

From/De: D. Town To/A: Airport



PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

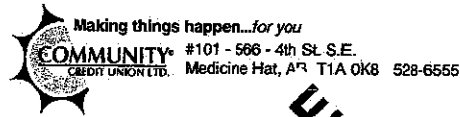
Cheque Total
\$38.00

Page 1
Cheque No. **87213651**
Cheque Date **Jul 16, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
07/15/03	JULY 15/03	38.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87213651
Jul 16, 2003
GENERAL ACCOUNT

PAYS 38.00

\$38.00

TWO SIGNATURES REQUIRED

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON - NEGOTIABLE**



APPLICANT COPY

43100

Palliser Health Region

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME:

Tom Geaman

TRAVEL PURPOSE:

Non-Metro CEO Meeting, + Council of Chairs

TRAVEL LOCATION:

Calgary

DEPARTURE TIME:

Date: 14 July/03 Hour: 9:30 a.m.

RETURN TIME:

Date: 15 July/03 Hour: 6:00 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM:	at	\$0.35	per km =	\$
AIR:	Please attach receipt(s)				\$
TAXI:	Please attach receipt(s)				\$
PARKING:	Please attach receipt(s)				\$ 14.00
OTHER:	Please specify:				\$

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$
PRIVATE ACCOMMODATION:	# of Nights:	at	\$14.00	=	\$

MEAL EXPENSES:

BREAKFAST	# of Breakfasts:	at	\$6.00	=	\$
LUNCH	# of Lunches:	at	\$8.00	=	\$ 8.00
DINNERS	# of Dinners:	at	\$16.00	=	\$ 16.00

MISCELLANEOUS:

Please specify:	\$
	\$

TOTAL EXPENSES \$ 38.00

LESS ADVANCE \$

AMOUNT DUE \$ 38.00

Employee's Signature: Tom Geaman
 Authorization of Supervisor: [Signature]
 Date: 16 July/03
 Dept Financial Code: 73010

For Accounting Department Only		
15200 - 00000	\$	2.48
73010 - 62400	\$	35.52
	\$	

APPLICANT COPY

LEARY AIRPORT
Terminal Package
GST No. R122556174

RECEIPT H4
ENTRY DATE/TIME:
07/15/03 08:16:04
EXIT DATE/TIME:
07/15/03 14:26:55
PAID: \$ 14.00
LENGTH OF STAY:
0 06:10
METHOD OF PAYMENT:
CASH

THANK YOU FOR YOUR
VISIT

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

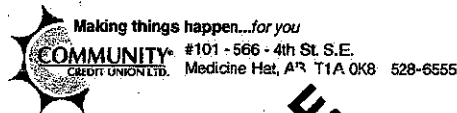
Cheque Total
\$75.00

Cheque No. **87212721**
Cheque Date **Jun 25, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
06/17/03	JUNE 17/03	75.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87212721
Jun 25, 2003

GENERAL ACCOUNT

PAYS 75.00

\$75.00

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

TOM SEAMAN /
PHR
MEDICINE HAT AB

To
The
Order
Of



APPLICANT COPY

Palliser Health Region

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

43100

EMPLOYEE NAME:

Tom Seaman

TRAVEL PURPOSE:

Meeting with Deputy Minister & Council of CEOs

TRAVEL LOCATION:

Edmonton, AB.

DEPARTURE TIME:

Date: 17 June/2003 Hour: 7:00 am

RETURN TIME:

Date: 17 June/2003 Hour: 8:30 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise)	# of KM: _____	at	\$0.35	per km =	\$ _____
AIR:	Please attach receipt(s)				\$ _____
TAXI:	Please attach receipt(s)				\$ <u>53.00</u>
PARKING:	Please attach receipt(s)				\$ _____
OTHER:	Please specify: _____				\$ _____

ACCOMMODATION:

HOTEL/MOTEL:	Please attach receipt(s)				\$ _____
PRIVATE ACCOMMODATION:	# of Nights: _____	at	\$14.00	=	\$ _____

MEAL EXPENSES:

BREAKFAST	# of Breakfasts: <u>1</u>	at	\$6.00	=	\$ <u>6.00</u>
LUNCH	# of Lunches: _____	at	\$8.00	=	\$ _____
DINNERS	# of Dinners: <u>1</u>	at	\$16.00	=	\$ <u>16.00</u>

MISCELLANEOUS:

Please specify: _____	\$ _____
_____	\$ _____

TOTAL EXPENSES \$ 75.00

LESS ADVANCE \$ _____

AMOUNT DUE gc TM \$ 75.00

Employee's Signature: Tom Seaman

Authorization of Supervisor: [Signature]

Date: 18 June/2003


Dept Financial Code: 73010 - 62410





For Accounting Department Only	
15200 - 00000	\$ 4.91
73010 - 62400	\$ 70.09
	\$ _____

APPLICANT COPY

Driver # B-5 Car # 725
 To: _____
 From: _____
 Date: JUNE 17/03 Amount \$17.00
 GST # _____

~~June 17/03~~ Amount \$10
 Moutant GST included
 From/De _____
 To/A _____
 To/A _____
 Driver [Signature] Car # 881
 Chauffeur Voiture
425-8310 www.co-optaxi.com **425-2525**

YELLOW 10135-31 A
 Edmonton, AB IC2
 ADMIN: 465-8500 **CAB**  **462-3456**
 FAX: 462-2722 THANK YOU/MERCI
 Date: 17/6/03 Amount/Montant \$ 12.00 Car/Voiture # _____
 Driver/Chauffeur: [Signature] GST # _____
 From/De: _____ To/A: _____

Driver # B. J Car # 1130
 To: Heaton Colliers
 From: Quick Air
 Date: June 17, 03 Amount: \$15.00
 GST # 86492-1457

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque total
\$94.00

Page 1
Cheque No. **87212398**
Cheque Date **Jun 18, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
06/11/03	JUNE 11/03	94.00 /	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Making things happen...for you.

COMMUNITY #101 - 566 - 4th St. S.E.
CREDIT UNION LTD. Medicine Hat, AB T1A 0K8 528-6555

Cheque No.

87212398

Jun 18, 2003

GENERAL ACCOUNT

\$94.00

PAYS 94.00¢

TOM SEAMAN /

**PHR
MEDICINE HAT AB**

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



APPLICANT COPY
Palliser Health Region
EXPENSE ACCOUNT CLAIM
 (To be submitted upon return from traveling)

(43100)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Costing Conference

TRAVEL LOCATION: Edmonton

DEPARTURE TIME: Date: 10 June Hour: 6:30 p.m.

RETURN TIME: Date: 11 June Hour: 7:00 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____
 AIR: Please attach receipt(s) \$ _____
 TAXI: Please attach receipt(s) \$ 75.00
 PARKING: Please attach receipt(s) \$ 3.00
 OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____
 PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at \$6.00 = \$ _____
 LUNCH # of Lunches: _____ at \$8.00 = \$ _____
 DINNERS # of Dinners: 1 at \$16.00 = \$ 16.00

MISCELLANEOUS: Please specify: _____ \$ _____
 _____ \$ _____

TOTAL EXPENSES \$ 94.00

LESS ADVANCE \$ —

AMOUNT DUE \$ 94.00

Employee's Signature: Tom Seaman
 Authorization of Supervisor: [Signature]
 Date: 12 June / 2003
 Dept Financial Code: 73010 - 62400

For Accounting Department Only		
15200 - 00000	\$	6.15
73010 - 62400	\$	87.85
	\$	

APPL **YELLOW**

10135-31 Avenue
Edmonton, AB T6C 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB



462-3456

THANK YOU/MERCI

Date: 11/11 Amount/Montant \$ 10 Car/Voiture # 607

Driver/Chauffeur: [Signature] GST # _____

From/De: _____ To/A: _____



YELLOW

10135-31 Avenue
Edmonton, AB T6C 1C2

ADMIN: 465-8500
FAX: 462-2722

CAB



462-3456

THANK YOU/MERCI

Date: 10/06/03 Amount/Montant \$ 45.00 Car/Voiture # 24

Driver/Chauffeur: R.D GST # _____

From/De: F.A.P To/A: West Inn



Driver #	<u>John</u>	Car #	<u>John</u>
To:	<u>AIRPORT</u>		
From:	<u>Quick Air</u>		
Date:	<u>10/06/03</u>	Amount:	<u>\$20.00</u>
GST #	<u>88980041</u>		

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME

11/06/03 17:48

10/06/03 17:48 \$ 3.00

DATE

PAID

Schlumberger

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

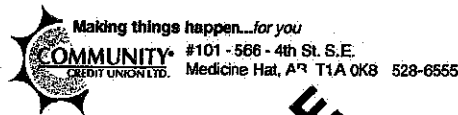
Cheque Total
\$86.00

Page 1
Cheque No. **87210854**
Cheque Date **May 21, 2003**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
05/14/03	MAY 14/03	85.00	EDMONTON MEETING

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87210854
May 21, 2003
GENERAL ACCOUNT

PAYS \$86.00

\$86.00

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**



(43100)

APPLICANT COPY
Palliser Health Region

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Bd. Orientation Sessions

TRAVEL LOCATION: Edmonton

DEPARTURE TIME: Date: 12 May/03 Hour: 9:00 a.m.

RETURN TIME: Date: 14 May/03 Hour: 3:30 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____

AIR: Please attach receipt(s) \$ _____

TAXI: Please attach receipt(s) (one prior taxi bill) \$ 86.00

PARKING: Please attach receipt(s) \$ _____

OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____

PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at \$6.00 = \$ _____

LUNCH # of Lunches: _____ at \$8.00 = \$ _____

DINNERS # of Dinners: _____ at \$16.00 = \$ _____

MISCELLANEOUS: Please specify: _____ \$ _____

TOTAL EXPENSES \$ 86.00

LESS ADVANCE \$ 0.00

AMOUNT DUE \$ 86.00

Employee's Signature: Tom Seaman

Authorization of Supervisor: [Signature]

Date: 15 May/03

Dept Financial Code: 23010 - 62410

For Accounting Department Only		
15200 - 00000		\$ 5.62
73010 - 62400		\$ 80.38
		\$



APPLICANT COPY (43100)^{Total}
Palliser Health Region

EXPENSE ACCOUNT CLAIM

(To be submitted upon return from traveling)

EMPLOYEE NAME: Tom Seaman

TRAVEL PURPOSE: Bd. Orientation Sessions

TRAVEL LOCATION: Edmonton

DEPARTURE TIME: Date: 12 May/03 Hour: 9:00 a.m.

RETURN TIME: Date: 14 May/03 Hour: 3:30 p.m.

TRANSPORTATION:

CAR: (@ \$0.35 unless Collective dictates otherwise) # of KM: _____ at \$0.35 per km = \$ _____
 AIR: Please attach receipt(s) \$ _____
 TAXI: Please attach receipt(s) (one prior taxi bill) \$ 86.00
 PARKING: Please attach receipt(s) \$ _____
 OTHER: Please specify: _____ \$ _____

ACCOMMODATION:

HOTEL/MOTEL: Please attach receipt(s) \$ _____
 PRIVATE ACCOMMODATION: # of Nights: _____ at \$14.00 = \$ _____

MEAL EXPENSES:

BREAKFAST # of Breakfasts: _____ at \$6.00 = \$ _____
 LUNCH # of Lunches: _____ at \$8.00 = \$ _____
 DINNERS # of Dinners: _____ at \$16.00 = \$ _____

MISCELLANEOUS:

Please specify: _____ \$ _____
 _____ \$ _____

TOTAL EXPENSES \$ 86.00

LESS ADVANCE \$ ✓

AMOUNT DUE \$ 86.00

Employee's Signature: Tom Seaman
 Authorization of Supervisor: [Signature]
 Date: 15 May/03
 Dept Financial Code: 73010 - 62410

For Accounting Department Only	
15200 - 00000	\$ 5.62
73010 - 62400	\$ 80.38
	\$

APPLICANT COPY

YELLOW

10135-21 Avenue
Edmonton T6N 1C

ADMIN: 465-8500
FAX: 462-2722



462-3451
THANK YOU/MERCI

Date: 12 May 03 Amount/Montant \$ 8.00 Car/Voiture # 398

Driver/Chauffeur: _____ GST# _____

From/De: _____ To/A: _____



14 April 2003

RECEIPT
A. N. D. N. T.

To: _____
Driver: VHUC Car# 17
Amount: 15.00
Thank You
Have a Nice Day

PRESTIGE

10135-21 Avenue
Edmonton T6N 1C

ADMIN. 463-7520
FAX: 462-2722



462-4444
THANK YOU/MERCI

Date: May 14/03 Amount/Montant \$ 10.00 Car/Voiture # 964

Driver/Chauffeur: J. Bede G.S.T. # _____

From/De: Westin To/A: Esso Branta



PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR

RECEIPT

AMOUNT 48.00 May 12 13
FROM _____
TO _____
DRIVER MSF UNIT NO. 113
— An Alberta Company —

THANK YOU FOR RIDING WITH C. _____ ER

Date: May 12 03 Amount: 45.00
From: Airport
To: Westin
Unit: 9401 Driver: SAM

GST# 139185722

PLEASE CALL AGAIN
484-8888

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$66.00

Page 1
Cheque No. **87245557**
Cheque Date **Mar 16, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
03/15/05	MAR 15/05	66.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Making things happen...for you

Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87245557
Mar 16, 2005

GENERAL ACCOUNT

PAYS 66.00

\$66.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____

**COPY
NON - NEGOTIABLE**

o
he
rder
f



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Council of Chans, HBA Meeting

LOCATION: Edmonton AB

DEPARTURE TIME: HOUR: 11:00 am DATE: 13 May/05

RETURN TIME: HOUR: 2:30 pm DATE: 15 May/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km OK

AIR: attach receipts _____

TAXI: attach receipts \$41.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 2 @ 9.50 19.00

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period @ \$6.00/day 6.00

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 66.00

APPROVAL [Signature] LESS ADVANCE -

CHARGE TO ACCOUNT 73010 AMOUNT DUE 66.00

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>61.68</u>
	<u>15200 00000</u>	\$ <u>4.32</u>
		\$ _____

for
SOCA
disposition re:
counter at
information:
attorney's

MAXIMUM RATES FOR EMPLOYEE TRAVEL AS OF APRIL 1, 2004

TRANSPORTATION

1. Actual cost of public transportation
2. Receipted cost of taxis, car rentals.
3. Mileage, private automobile of \$0.35 per kilometer or per union/affiliation contract.
4. Receipted cost of parking.

ACCOMMODATION

1. Receipted cost of hotel or motel.
2. \$16.50 per night in private accommodations.

MEALS

- | | |
|----------------------------|---------|
| 1. Allowance per breakfast | \$ 7.50 |
| 2. Allowance per luncheon | \$ 9.50 |
| 3. Allowance per dinner | \$17.00 |

INCIDENTAL PERSONAL EXPENSE

\$6.00/per full 24-hour period – see Human Resources Policy - Employee Travel VIII-10 for claim eligibility.

#14904-Apr 1, 2004

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$143.00

Page 1
Cheque No. **87245072**
Cheque Date **Mar 09, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
03/02/05	MAR 2/05	143.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87245072
Mar 09, 2005

GENERAL ACCOUNT

PAYS 143.00¢

\$143.00

TWO SIGNATURES REQUIRED

PER _____

PER _____

**COPY
NON-NEGOTIABLE**

TOM SEAMAN
PHR
MEDICINE HAT AB

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: Meetings - Ministers of Health & Infrastructure, AAAC + AMU

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 2:00 pm DATE: 01 March/05

RETURN TIME: HOUR: 11:30 pm DATE: 02 March/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 116.00

PARKING: attach receipts 4.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period 1 ✓ @ \$6.00/day 6.00

MISCELLANEOUS: (specify) pm

CLAIMANT TA Seaman TOTAL EXPENSES 143.00

APPROVAL _____ LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 143.00

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>133.64</u>
	<u>15200 00000</u>	\$ <u>9.36</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$22.00

Cheque No. **87244592**
Cheque Date **Mar 03, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
02/22/05	FEB 22/05	22.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87244592
Mar 03, 2005

GENERAL ACCOUNT

PAYS 22.00

\$22.00

TWO SIGNATURES REQUIRED

PER _____

PER _____

**COPY
NON-NEGOTIABLE**

TOM SEAMAN
PHR
MEDICINE HAT AB

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: "Putting Patients First" w/s

LOCATION: Edmond

DEPARTURE TIME: HOUR: 6:00 am DATE: Feb 22

RETURN TIME: HOUR: 6:00 pm DATE: Feb 22

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts

OTHER: specify _____

22.00

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

_____ @ \$6.00/day

SCCELLANEOUS: (specify) _____

CLAIMANT: Tom Seaman

APPROVAL: 73010-1 H. Kawa

TOTAL EXPENSES

LESS ADVANCE

AMOUNT DUE

422.00

422.00

CHARGE TO ACCOUNT: 73010

ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>20.56</u>
	<u>15200 00000</u>	\$ <u>1.44</u>
		\$ _____

OR
Date: _____
To: _____

MAXIMUM RATES FOR EMPLOYEE TRAVEL AS OF APRIL 1, 2004

TRANSPORTATION

1. Actual cost of public transportation
2. Receipted cost of taxis, car rentals.
3. Mileage, private automobile of \$0.35 per kilometer or per union/affiliation contract.
4. Receipted cost of parking.

ACCOMMODATION

1. Receipted cost of hotel or motel.
2. \$16.50 per night in private accommodations.

MEALS

- | | |
|----------------------------|---------|
| 1. Allowance per breakfast | \$ 7.50 |
| 2. Allowance per luncheon | \$ 9.50 |
| 3. Allowance per dinner | \$17.00 |

INCIDENTAL PERSONAL EXPENSE

\$6.00/per full 24-hour period – see Human Resources Policy - Employee Travel VIII-10 for claim eligibility.

#14904 –Apr 1, 2004

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$128.50

Page 1
Cheque No. **87243981**
Cheque Date **Feb 16, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
02/14/05	FEB 14/05	128.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87243981
Feb 16, 2005

PAYS 128.50¢

GENERAL ACCOUNT

\$128.50

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____

PER _____

**COPY
NON - NEGOTIABLE**

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Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: DSAC Meeting

LOCATION: AMA Hldy - Edmonton

DEPARTURE TIME: HOUR: 6:00 am DATE: 14 Feb/05

RETURN TIME: HOUR: 7:30 pm DATE: 14 Feb/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts 100.00

PARKING: attach receipts 4.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 7.50 7.50

Number of LUNCHES _____ @ _____ _____

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day PM

MISCELLANEOUS: (specify) _____

CLAIMANT T. Seaman TOTAL EXPENSES 128.50

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 128.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>120.09</u>
	<u>15200 00000</u>	\$ <u>8.41</u>
	_____	\$ _____

Amount/Montt
per Chauffeur: MS
C.A.

MAXIMUM RATES FOR EMPLOYEE TRAVEL AS OF APRIL 1, 2004

TRANSPORTATION

1. Actual cost of public transportation
2. Receipted cost of taxis, car rentals.
3. Mileage, private automobile of \$0.35 per kilometer or per union/affiliation contract.
4. Receipted cost of parking.

ACCOMMODATION

1. Receipted cost of hotel or motel.
2. \$16.50 per night in private accommodations.

MEALS

- | | |
|----------------------------|---------|
| 1. Allowance per breakfast | \$ 7.50 |
| 2. Allowance per luncheon | \$ 9.50 |
| 3. Allowance per dinner | \$17.00 |

INCIDENTAL PERSONAL EXPENSE

\$6.00/per full 24-hour period – see Human Resources Policy - Employee Travel VIII-10 for claim eligibility.

#14904 –Apr 1, 2004

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$52.00

Page 1
Cheque No. **87243124**
Cheque Date **Feb 03, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
01/26/05	JAN 26/05	52.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 520-6555

Cheque No.
87243124
Feb 03, 2005
GENERAL ACCOUNT

PAYS 52.00

\$52.00

TWO SIGNATURES REQUIRED

PER _____

PER _____

**COPY
NON-NEGOTIABLE**

TOM SEAMAN
PHR
MEDICINE HAT AB

To
The
Order
Of



43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Seaman Tom

PURPOSE: MLA's Orientation Day

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 3:00pm DATE: Jan 25

RETURN TIME: HOUR: 7:00pm DATE: Jan 26

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts 48

PARKING: attach receipts 4

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT TA Deaman

TOTAL EXPENSES 652.00

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT 73010-62400

AMOUNT DUE 52.00

FOR ACCOUNTING ONLY:	<u>73010</u>	<u>62400</u>	\$	<u>48.60</u>
	<u>15200</u>	<u>00000</u>	\$	<u>3.40</u>
			\$	

500
LES
CA
Amount/Montant \$
Revis
HAP

MAXIMUM RATES FOR EMPLOYEE TRAVEL AS OF APRIL 1, 2004

TRANSPORTATION

1. Actual cost of public transportation
2. Receipted cost of taxis, car rentals.
3. Mileage, private automobile of \$0.35 per kilometer or per union/affiliation contract.
4. Receipted cost of parking.

ACCOMMODATION

1. Receipted cost of hotel or motel.
2. \$16.50 per night in private accommodations.

MEALS

1. Allowance per breakfast \$ 7.50
2. Allowance per luncheon \$ 9.50
3. Allowance per dinner \$17.00

INCIDENTAL PERSONAL EXPENSE

\$6.00/per full 24-hour period – see Human Resources Policy - Employee Travel VIII-10 for claim eligibility.

#14904 –Apr 1, 2004

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

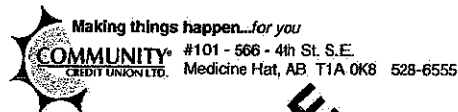
Cheque Total
\$71.50

Page 1
Cheque No. **87242815**
Cheque Date **Jan 26, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
01/20/05	JAN 20/05	71.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87242815
Jan 26, 2005

GENERAL ACCOUNT

PAYS 71.50¢

\$71.50

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

TOM SEAMAN
PHR
MEDICINE HAT AB

To
The
Order
Of



43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: (1) CEO Meeting - Calgary - Jan 11

LOCATION: (2) Meeting & Deputy Minister - Edmonton Jan 20

DEPARTURE TIME: HOUR: 7:00 am - 7:45 pm DATE: Jan 11

RETURN TIME: HOUR: 9:00 am - 12:00 DATE: Jan 20

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR:	Number of km _____ @ _____ / km	_____
AIR:	attach receipts	_____
TAXI:	attach receipts	<u>20.00</u>
PARKING:	attach receipts <u>4.00 x 2</u>	<u>8.00</u>
OTHER:	specify _____	_____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS	<u>1</u> @ <u>7.50</u>	<u>7.50</u>
Number of LUNCHES	<u>2</u> @ <u>9.50</u>	<u>19.00</u>
Number of DINNERS	<u>1</u> @ <u>17.00</u>	<u>17.00</u>

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day _____

MISCELLANEOUS: (specify) FM _____

CLAIMANT: T Seaman TOTAL EXPENSES 71.50

APPROVAL: [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010-62400 AMOUNT DUE 71.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>66.82</u>
	<u>15200</u>	\$ <u>4.68</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

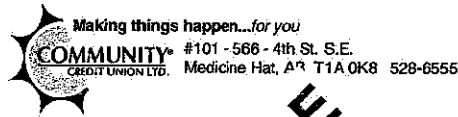
APPLICANT COPY
Cheque Total
\$25.00

Page 1
Cheque No. **87240734**
Cheque Date **Dec 15, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
12/13/04	DEC 13/04	25.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87240734
Dec 15, 2004
GENERAL ACCOUNT

PAYS 25.00¢

\$25.00

TWO SIGNATURES REQUIRED

TOM SEAMAN
PHR
MEDICINE HAT AB

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



Expense Account Claim

(to be submitted upon return from travelling)

APPLICANT COPY 43100

NAME: Tom Seaman

PURPOSE: Meeting with Iris Evans

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 9:00 a.m. DATE: 13 Dec/04

RETURN TIME: HOUR: 8:00 p.m. DATE: 13 Dec/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 25.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman

TOTAL EXPENSES 25.00

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT 73010

AMOUNT DUE _____

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>23.36</u>
	<u>15200 00000</u>	\$ <u>1.64</u>
		\$ _____

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque
\$89.50

Page 1
Cheque No. **87240299**
Cheque Date **Dec 08, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
12/02/04	DEC 2/04	89.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Making things happen...for you
COMMUNITY #101 - 566 - 4th St. S.E.
CREDIT UNION LTD. Medicine Hat, AB T1A 0K8 528-6555

Cheque No.

87240299

Dec 08, 2004

GENERAL ACCOUNT

PAYS 89.50

\$89.50

TOM SEAMAN

PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____
Board Chair

**COPY
NON-NEGOTIABLE**



Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: Diagnostic Sew. Centre

LOCATION: Edmonton - RHH

DEPARTURE TIME: HOUR: 9:30 am DATE: Dec 02/04

RETURN TIME: HOUR: 8:30 pm DATE: Dec 02/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 60.00

PARKING: attach receipts 3.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 1 @ 9.50 9.50

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman

TOTAL EXPENSES 89.50

APPROVAL [Signature]

LESS ADVANCE [Signature]

CHARGE TO ACCOUNT 73010

AMOUNT DUE 89.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>83.64</u>
	<u>15200 00000</u>	\$ <u>5.86</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

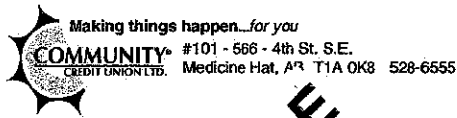
APPLICANT COPY
Cheque No. **\$115.00**

Page 1
Cheque No. **87239088**
Cheque Date **Nov 17, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
11/16/04	NOV 16/04	115.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No. **87239088**
Nov 17, 2004
GENERAL ACCOUNT

PAYS 115.00

\$115.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
of



43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Boards of AB

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 7:30 pm DATE: 15 Nov/04

RETURN TIME: HOUR: 7:30 pm DATE: 16 Nov/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts _____ 95.00

PARKING: attach receipts _____ 3.00

OTHER: specify _____



ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 115.00

APPROVAL _____ LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 115.00

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>107.47</u>
	<u>15200 00000</u>	\$ <u>7.53</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

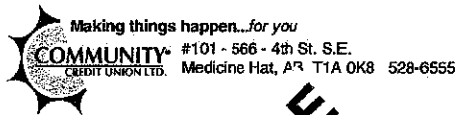
APPLICANT COPY
Cheque No. **\$115.00**

Cheque No. **87239088**
Cheque Date: **Nov 17, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
11/16/04	NOV 16/04	115.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No. **87239088**
Nov 17, 2004
GENERAL ACCOUNT

PAYS 115.00

\$115.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
of



43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Hboards of AB

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 7:30 pm DATE: 15 Nov/04

RETURN TIME: HOUR: 7:30 pm DATE: 16 Nov/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts _____ 95.00

PARKING: attach receipts _____ 3.00

OTHER: specify _____



ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 115.00

APPROVAL _____ LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 115.00

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>107.47</u>
	<u>15200 00000</u>	\$ <u>7.53</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

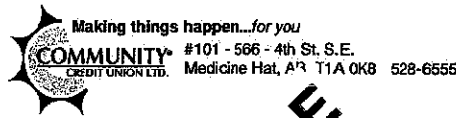
Cheque Total
\$356.36

Page 1
Cheque No. **87237484**
Cheque Date **Oct 21, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
10/12/04	OCT 12/04	127.50	✓
10/16/04	OCT 16/04	228.86	✓

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87237484
Oct 21, 2004
GENERAL ACCOUNT

PAYS 356.36

\$356.36

TWO SIGNATURES REQUIRED

TOM SEAMAN
PHR
MEDICINE HAT AB

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: CEO Meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00am DATE: 12 04/04

RETURN TIME: HOUR: 7:20 pm DATE: 12 04/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts

OTHER: specify _____



100.00
3.00

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ ~~6~~ 7.50

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 17.00

7.50
17.00

DENTAL PERSONAL EXPENSES:

_____ /per full 24-hour period @ \$6.00/day

OTHER: (specify) _____

APPLICANT: Tom Seaman

TOTAL EXPENSES 127.50

LESS ADVANCE _____

AMOUNT DUE 127.50

DEBIT TO ACCOUNT 73010

ACCOUNTING ONLY:

<u>73010 62400</u>	\$ <u>119.16</u>
<u>15200 00000</u>	\$ <u>8.34</u>
_____	\$ _____

Doc No. 7484
21, 2004
ACCOUNT

\$356.00

ED

43100

Expense Account Claim
(to be submitted upon return from travelling)

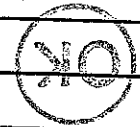
NAME: Tom Seaman

PURPOSE: Patient Safety Conference

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00 am DATE: 15 Oct/04

RETURN TIME: HOUR: 7:30 pm DATE: 16 Oct/04



(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 15.50

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: 164.86

MEAL EXPENSES:

Number of BREAKFASTS 2 @ 7.50 15.00

Number of LUNCHES _____ @ _____

Number of DINNERS 2 @ 17.00 34.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day AD

MISCELLANEOUS: (specify) _____

CLAIMANT T Seaman

APPROVAL J Wasin

TOTAL EXPENSES 228.86

LESS ADVANCE _____

CHARGE TO ACCOUNT 73010

AMOUNT DUE

228.86

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>213.89</u>
	<u>15200 00000</u>	\$ <u>14.97</u>
		\$ _____

APPLICANT COPY



10135 100th Street * Edmonton, AB CAN T5J 0N7 * Ph (780)426-3636 Fax (780)428-1454

MR Tom Seaman
 666 5 ST SW
 Medicine Hat AB T1A 4H5
 CA

Arrival 10/15/04
 Departure 10/16/04
 Payment Method MC

Room 1220
 Cashier
 Page 1
 Starwood Pref.#
 Airline Partner
 Folio No. s.17(1), 17(4)(g)(i)

** INFORMATION ** The Westin Edmonton, 10/15/04

Date	Description	Room	Charges	Credits
10/15	Room Charge			
10/15	Room Tax 5%	1220	130.00	
10/15	Room GST 7%		6.50	
10/15	Parking GST 7%		9.10	
10/15	Expert Self Park		1.26	
			18.00	
	Total		164.86	
	Balance		164.86 \$	

Room GST 9.10
 F&B GST 0.00
 Other GST 1.26
 Total GST 10.36

GST Vendor R101577591

an SPG member you have earned
 points for your stay.
 s.17(1), 17(4)(g)(i)
 Gives you more staying power.

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

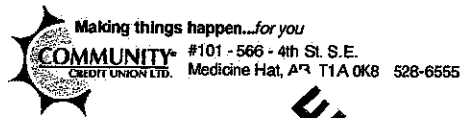
Cheque Total
\$154.50

Page 1
Cheque No. **87236279**
Cheque Date **Sep 29, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
09/27/04	SEPT 27/04	154.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87236279
Sep 29, 2004
GENERAL ACCOUNT

PAY \$ 154.50

\$154.50

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of

APPLICANT COPY

43100

Expense Account Claim
(to be submitted upon return from travelling)

Tom Seaman

POISE: Meeting with Dep. Minister

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00 am DATE: 27 Sept/04

RETURN TIME: HOUR: 8:30 pm DATE: 27 Sept/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km @ / km
AIR: attach receipts
TAXI: attach receipts 130.00
PARKING: attach receipts
OTHER: specify

ACCOMMODATION:

HOTEL / MOTEL: attach receipts
PRIVATE ACCOMMODATION:

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 7.50 7.50
Number of LUNCHES @
Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period @ \$6.00/day

MISCELLANEOUS: (specify)

CLAIMANT TA Reamer TOTAL EXPENSES 154.50

APPROVAL [Signature] LESS ADVANCE

CHARGE TO ACCOUNT 73010 AMOUNT DUE 154.50

FOR ACCOUNTING ONLY:	73010 62400	\$ 144.39
	15200 00000	\$ 10.11
		\$

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

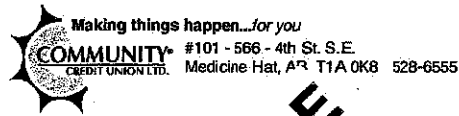
Cheque Total
\$45.00

Page 1
Cheque No. **87233902**
Cheque Date **Aug 11, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
08/10/04	AUG 10/04	45.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87233902
Aug 11, 2004
GENERAL ACCOUNT

PAYS 45.00¢

\$45.00

TWO SIGNATURES REQUIRED

TOM SEAMAN
PHR
MEDICINE HAT AB

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: CEO meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 1:00 p.m DATE: 09 Aug

RETURN TIME: HOUR: 5:00 pm DATE: 10 Aug.

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts 28.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 7.50

Number of LUNCHES 1 @ 9.50

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 45.00

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 62410 AMOUNT DUE 45.00

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>42.05</u>
	<u>15200 00000</u>	\$ <u>2.95</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

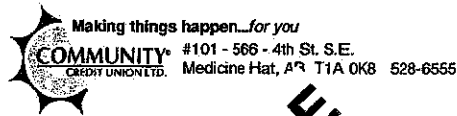
APPLICANT COPY
Cheque total
\$36.50

Page 1
Cheque No. **87234547**
Cheque Date **Aug 25, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
08/24/04	AUG 24/04	36.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87234547
Aug 25, 2004
GENERAL ACCOUNT

PAYS 36.50

\$36.50

TWO SIGNATURES REQUIRED

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

**COPY
NON-NEGOTIABLE**

PER _____
PRESIDENT
PER _____
Board Chair



43100

Expense Account Claim
(to be submitted upon return from travelling)

OK

NAME: Tom Seaman

PURPOSE: Now-Metro CEO meeting

LOCATION: Nisku

DEPARTURE TIME: HOUR: 6:00 am DATE: 24 Aug/04

RETURN TIME: HOUR: 6:30 pm DATE: 24 Aug/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 9.00

PARKING: attach receipts 3.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 7.50 7.50

Number of LUNCHES _____ @ _____ _____

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT T A Seaman TOTAL EXPENSES 36.50

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 62400 AMOUNT DUE 36.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>34.11</u>
	<u>15200 00000</u>	\$ <u>2.39</u>
	_____	\$ _____

PALLISER HEALTH REGION
66 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

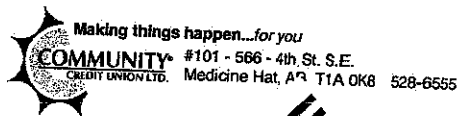
APPLICANT COPY
Cheque
\$230.50

Page 1
Cheque No. **87231162**
Cheque Date **Jun 16, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
06/11/04	JUNE 11/04	230.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87231162
Jun 16, 2004
GENERAL ACCOUNT

PAY \$230.50

\$230.50

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

43100



Expense Account Claim
(to be submitted upon return from travelling)

Tom Seaman

NAME: CEO Meeting

PU5N: Edmonton

DEPARTURE TIME: HOUR: 10:15 am

DATE: 11 June/04

RETURN TIME: HOUR: 10:00 pm

DATE: 11 June/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km 300 @ 35 / km 105.00

AIR: attach receipts _____

TAXI: attach receipts 99.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 1 @ 9.50 9.50

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT T.A. Reayya TOTAL EXPENSES 230.50

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 62400 AMOUNT DUE 230.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>215.42</u>
	<u>15200 00000</u>	\$ <u>15.08</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$202.00

Page 1
Cheque No. **87230748**
Cheque Date **Jun 09, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
06/08/04	JUNE 8/04	202.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Making things happen...for you
COMMUNITY #101 - 566 - 4th St. S.E.
CREDIT UNION LTD. Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87230748
Jun 09, 2004

GENERAL ACCOUNT

PAYS 202.00

\$202.00

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
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To
The
Order
Of

Expense Account Claim APPLICANT COPY

(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: Performance Measurement Conference

LOCATION: Vancouver, BC

DEPARTURE TIME: HOUR: 4:00 pm DATE: 06 June/04

RETURN TIME: HOUR: 11:00 pm DATE: 08 June/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km 300 @ 35 / km 105.00

AIR: attach receipts _____

TAXI: attach receipts _____

PARKING: attach receipts 80.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman

APPROVAL [Signature]

TOTAL EXPENSES 202.00

LESS ADVANCE _____

AMOUNT DUE 202.00

CHARGE TO ACCOUNT 73010 62400

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>13.21</u>
	<u>15200 00000</u>	\$ <u>188.79</u>
		\$ _____

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

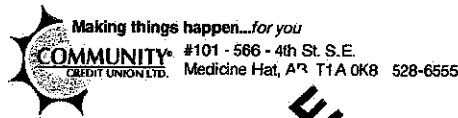
Cheque Total
\$127.50

Cheque No. **87229360**
Cheque Date **May 12, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
05/11/04	MAY 11/04	127.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87229360
May 12, 2004
GENERAL ACCOUNT

PAY \$ 127.50

\$127.50

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman
PURPOSE: Ambulance Meeting
LOCATION: Edmonton AB
DEPARTURE TIME: HOUR: 6:05 a.m. DATE: 11 May 04
RETURN TIME: HOUR: 8:30 p.m. DATE: 11 May 04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____
AIR: attach receipts _____
TAXI: attach receipts \$100.00
PARKING: attach receipts \$ 3.00
OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____
PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 7.50 7.50
Number of LUNCHES _____ @ _____ _____
Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day _____

MISCELLANEOUS: (specify) _____ pm _____

CLAIMANT TA Seaman TOTAL EXPENSES 127.50
APPROVAL [Signature] LESS ADVANCE _____
CHARGE TO ACCOUNT 73010 AMOUNT DUE 127.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>119.16</u>
	<u>15200 00000</u>	\$ <u>8.34</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

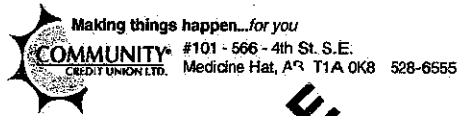
Cheque Total
\$137.00

Page 1
Cheque No. **87228887**
Cheque Date **May 05, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
05/04/04	MAY 4/04	137.00	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87228887
May 05, 2004
GENERAL ACCOUNT

PAYS 137.00

\$137.00

TWO SIGNATURES REQUIRED

TOM SEAMAN
PHR
MEDICINE HAT AB

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Lab Advisory Unit & APP Consultation

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00 a.m. DATE: 04 May/04

RETURN TIME: HOUR: 7:00 pm DATE: 04 May/04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 100.00

PARKING: attach receipts 3.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 7.50 7.50

Number of LUNCHESES 1 @ 9.50 9.50

Number of DINNERS 1 @ 17.00 17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day

MISCELLANEOUS: (specify) _____

CLAIMANT T. Seaman

TOTAL EXPENSES 137.00

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT 73010

AMOUNT DUE 137.00

FOR ACCOUNTING ONLY:	<u>7301062400</u>	\$ <u>128.04</u>
	<u>1520000000</u>	\$ <u>8.96</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

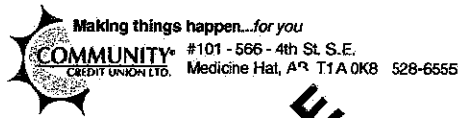
Cheque total
\$127.50

Cheque No. **87228458**
Cheque Date **Apr 28, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
04/27/04	APR 27/04	127.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87228458
Apr 28, 2004
GENERAL ACCOUNT

PAYS 127.50

\$127.50

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of

APPLICANT COPY.

43100

Expense Account Claim
(to be submitted upon return from travelling)

Tom Seaman

PURPOSE:

Em S Meeting

LOCATION:

Edmonton

DEPARTURE TIME:

HOUR: 6:00 am

DATE:

27 April 04

RETURN TIME:

HOUR: 8:30 p.m.

DATE:

27 April 04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts

\$100.00

PARKING: attach receipts

3.20

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS

1 @ 7.50

7.50

Number of LUNCHES

@ _____

Number of DINNERS

1 @ 17.00

17.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period

@ \$6.00/day

MISCELLANEOUS: (specify) _____

CLAIMANT

TA Seaman

TOTAL EXPENSES

127.50

APPROVAL

[Signature]

LESS ADVANCE

CHARGE TO ACCOUNT

73010

AMOUNT DUE

127.50

FOR ACCOUNTING ONLY:

73010 62400

\$ 119.16

15200 00000

\$ 8.34

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

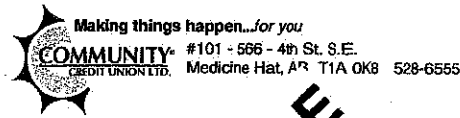
Cheque Total
\$144.50

Page 1
Cheque No. **87228117**
Cheque Date **Apr 21, 2004**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
04/20/04	APR 20/04	144.50	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



Cheque No.
87228117
Apr 21, 2004
GENERAL ACCOUNT

PAY \$ 144.50

\$144.50

TWO SIGNATURES REQUIRED

TOM SEAMAN
PHR
MEDICINE HAT AB

PER _____
PRESIDENT
PER _____
Board Chair

**COPY
NON-NEGOTIABLE**

To
The
Order
Of



43100

Expense Account Claim
(to be submitted upon return from travelling)

PERIOD 01

NAME: Tom Seaman

PURPOSE: Council of Chairs

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00 pm DATE: 19 April 04

RETURN TIME: HOUR: 8:30 pm DATE: 20 April 04

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 100.00

PARKING: attach receipts 3.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 7.50 7.50

Number of LUNCHES _____ @ _____

Number of DINNERS 2 @ 17.00 34.00

INCIDENTAL PERSONAL EXPENSES:

\$6.00/per full 24-hour period _____ @ \$6.00/day

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman

TOTAL EXPENSES 144.50

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT 73010

AMOUNT DUE 144.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>135.05</u>
	<u>15200 00000</u>	\$ <u>9.45</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY
Cheque Total
\$118.15

Page 1 of 1
Cheque No. **87266346**
Cheque Date **Mar 22, 2006**

DESCRIPTION	AMOUNT
03/14/06 MAR 14/06	118.15 ✓

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-5555

Cheque No.
87266346
Mar 22, 2006

GENERAL ACCOUNT

PAY \$118.15

\$118.15

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: HBA Conference Meeting

LOCATION: Edmonton, AB.

DEPARTURE TIME: HOUR: 2:00 pm DATE: 12 Mar/06

RETURN TIME: HOUR: 5:00 pm DATE: 14 Mar/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts \$ 87.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 18.25 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 2 @ \$6.45/day 12.90

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 118.15

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 118.15

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>110.42</u>
	<u>15200 00000</u>	\$ <u>7.73</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY
Cheque Total
\$135.75

Cheque No. **87264624**
Cheque Date **Feb 22, 2006**

DESCRIPTION		AMOUNT
02/16/06	FEB 16/06	135.75 ✓

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87264624
Feb 22, 2006

GENERAL ACCOUNT

PAY \$135.75

\$135.75

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Pension Plan Advisory Cmte & Brooks 9/11 Bd. Meeting

LOCATION: Edmonton, AB. + Brooks

DEPARTURE TIME: HOUR: 4:00 p.m. DATE: 15 Feb/06

RETURN TIME: HOUR: 7:00 p.m. DATE: 16 Feb/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 103.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.05 8.05

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 18.25 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 1 @ \$6.45/day 6.45

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman

APPROVAL [Signature]

TOTAL EXPENSES 135.75

LESS ADVANCE 0

CHARGE TO ACCOUNT 73010

AMOUNT DUE 135.75

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>126.87</u>
	<u>15200</u>	\$ <u>8.88</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$72.70

Cheque No. **87263379**
Cheque Date **Feb 01, 2006**

DESCRIPTION	AMOUNT
01/24/06 JAN 24/06	72.70 ✓

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Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87263379
Feb 01, 2006

GENERAL ACCOUNT

PAY \$72.70

\$72.70

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

43100

NAME: Tom Seaman

PURPOSE: RSHIP Strategy Meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 3:00 p.m DATE: 23 Jan/06

RETURN TIME: HOUR: 8:00 p.m DATE: 24 Jan/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts 40.00

PARKING: attach receipts 8.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ _____ 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 1 @ \$6.45/day 6.45

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 72.70

APPROVAL [Signature] LESS ADVANCE —

CHARGE TO ACCOUNT 23010 AMOUNT DUE 72.70

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>67.94</u>
	<u>15200 00000</u>	\$ <u>4.76</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$264.10

Cheque No. **87260320**
Cheque Date **Dec 07, 2005**

DESCRIPTION	AMOUNT
12/02/05 DEC 2/05	264.10 ✓

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Phone 403-5298057

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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87260320
Dec 07, 2005

GENERAL ACCOUNT

PAYS 264.10

\$264.10

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

***** COPY *****
NON-NEGOTIABLE

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman
PURPOSE: H&A Health Plan Mtng + Mtng with Member
LOCATION: Calgary
DEPARTURE TIME: HOUR: 3:00 p.m. DATE: 30 Nov/05
RETURN TIME: HOUR: 4:00 pm DATE: 02 Dec/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km 600 @ 38 / km 228.00
AIR: attach receipts
TAXI: attach receipts (from 21 Nov/05 Mtng with Ad Ed Member in Edmonton) 13.00
PARKING: attach receipts
OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts
PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____
Number of LUNCHES 1 @ 10.20 10.20
Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 2 @ \$6.45/day 12.90

MISCELLANEOUS: (specify) _____

CLAIMANT: TA Seaman
APPROVAL: [Signature]
CHARGE TO ACCOUNT: 73010
TOTAL EXPENSES: 264.10
LESS ADVANCE: _____
AMOUNT DUE: 264.10

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>246.82</u>
	<u>15200 00000</u>	\$ <u>17.28</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY Cheque Total
\$118.70

Cheque No. **87259047**
Cheque Date **Nov 16, 2005**

DESCRIPTION	AMOUNT
11/15/05 NOV 15/05	118.70 ✓

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Medicine Hat, Alberta T1A 4H6
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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87259047
Nov 16, 2005

GENERAL ACCOUNT

\$118.70

PAY \$118.70

***** COPY *****
NON-NEGOTIABLE

TOM SEAMAN
PHR
MEDICINE HAT AB

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)



NAME: Tom Seaman

PURPOSE: HBA Chairs Mtg

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 3:00 pm DATE: 14 Nov/05

RETURN TIME: HOUR: 7:45 pm DATE: 15 Nov/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 90.00

PARKING: attach receipts 4.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 18.25 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 1 @ \$6.45/day 6.45

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 118.70

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 118.70

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>118.93</u>
	<u>15200</u>	\$ <u>7.77</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$390.80

Cheque No. **87257784**
Cheque Date **Oct 26, 2005**

DESCRIPTION		AMOUNT
10/22/05	OCT 22/05	264.50
10/25/05	OCT 25/05	126.30

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666 - Fifth Street S.W.
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Phone 403-5298057

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Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87257784
Oct 26, 2005

GENERAL ACCOUNT

PAY \$390.80

\$390.80

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

***** COPY *****
NON-NEGOTIABLE



43100

Expense Account Claim
(to be submitted upon return from travelling)



NAME: Tom Seaman

PURPOSE: Diag. Service Advisory Centre

LOCATION: Edmonton, AB

DEPARTURE TIME: HOUR: 6:00 a.m. DATE: 25 Oct/05

RETURN TIME: HOUR: 7:00 pm DATE: 25 Oct/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 96.00

PARKING: attach receipts 4.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.05 8.05

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 18.25 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day

MISCELLANEOUS: (specify) Tom

CLAIMANT Tom Seaman

APPROVAL [Signature]

CHARGE TO ACCOUNT 73010

TOTAL EXPENSES 126.30

LESS ADVANCE _____

AMOUNT DUE 126.30

FOR ACCOUNTING ONLY:	<u>7301062400</u>	\$ <u>118.04</u>
	<u>15200</u>	\$ <u>8.26</u>
	_____	\$ _____



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: H. Safety Conference

LOCATION: Calgary, Ab.

DEPARTURE TIME: HOUR: 3:30 p.m. DATE: 20 Oct/05

RETURN TIME: HOUR: 6:00 p.m. DATE: 22 Oct/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km 600 @ .38 / km 228.00

AIR: attach receipts _____

TAXI: attach receipts _____

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 2 @ 18.25 36.50

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day _____

MISCELLANEOUS: (specify) fm

CLAIMANT T.A. Seaman TOTAL EXPENSES 264.50

APPROVAL [Signature] LESS ADVANCE -

CHARGE TO ACCOUNT 73010 AMOUNT DUE 264.50

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>247.20</u>
	<u>15200</u>	\$ <u>17.30</u>
		\$ _____

PALLISER HEALTH REG
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$33.05

Cheque No. **87257436**
Cheque Date **Oct 19, 2005**

DESCRIPTION	AMOUNT
10/12/05 OCT 12/05	33.05

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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87257436
Oct 19, 2005

GENERAL ACCOUNT

PAY \$33.05

\$33.05

TOM SEAMAN
PHR
MEDICINE HAT AB

To
The
Order
Of

***** COPY *****
NON-NEGOTIABLE



43109

Expense Account Claim
(to be submitted upon return from travelling)

NAME: TOM Seaman
 PURPOSE: Meeting with Dep. Premier Shirley McClellan
 LOCATION: Edmonton
 DEPARTURE TIME: HOUR: 6:45 am DATE: 12 Oct/05
 RETURN TIME: HOUR: 3:00 pm DATE: 12 Oct/05

(For maximum expense rates see back of page)



TRANSPORTATION:

CAR: Number of km _____ @ _____ / km
 AIR: attach receipts _____
 TAXI: attach receipts 25.00
 PARKING: attach receipts _____
 OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____
 PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.05 8.05
 Number of LUNCHES _____ @ _____
 Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 33.05
 APPROVAL [Signature] LESS ADVANCE _____
 CHARGE TO ACCOUNT 73010 AMOUNT DUE 33.05

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>30.88</u>
	<u>15200 00000</u>	\$ <u>2.17</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$116.25

Page 1 of 1
Cheque No. **87254808**
Cheque Date **Aug 31, 2005**

DESCRIPTION	AMOUNT
08/30/05 AUG 30/05	116.25

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PALLISER HEALTH REGION
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Phone 403-5298057

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Community Credit Union Ltd.
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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87254808
Aug 31, 2005
GENERAL ACCOUNT

PAYEE 116.25

\$116.25

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

***** COPY *****
NON-NEGOTIABLE



43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: 10M Seaman

PURPOSE: Meeting with Minister re: Capital Plans

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 5:55 a.m. DATE: 30 Aug/05

RETURN TIME: HOUR: 10:15 pm DATE: 30 Aug/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 94.00

PARKING: attach receipts 4.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 18.25 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day

MISCELLANEOUS: (specify) _____

CLAIMANT IA Seaman TOTAL EXPENSES 116.25

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 116.25

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>108.64</u>
	<u>15200 00000</u>	\$ <u>7.61</u>
	_____	\$ _____

PALLISER HEALTH REG

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Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$119.70

Cheque No. **87253104**
Cheque Date **Jul 27, 2005**

DESCRIPTION	AMOUNT
07/19/05 JULY 19/05	119.70

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PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

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Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87253104
Jul 27, 2005

GENERAL ACCOUNT

PAY \$119.70

\$119.70

To
The
Order
Of

TOM SEAMAN
PHR
MEDICINE HAT AB

***** COPY *****
NON-NEGOTIABLE



43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: B HBA Board Meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:30 p.m. DATE: 18 July/05

RETURN TIME: HOUR: 7:15 p.m. DATE: 19 July/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 91.00

PARKING: attach receipts 4.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 18.25 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day 6.45

MISCELLANEOUS: (specify) _____

CLAIMANT T A Seaman

TOTAL EXPENSES 119.70

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 62410

AMOUNT DUE 119.70

FOR ACCOUNTING ONLY:	<u>15200 00000</u>	\$ <u>5.96</u>
	<u>73010 62410</u>	\$ <u>113.74</u>
	_____	\$ _____

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$18.20

Cheque No. **87249313**
Cheque Date **May 18, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
05/10/05	MAY 10/05	18.20	

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Medicine Hat, Alberta T1A 4H6
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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.

87249313

May 18, 2005

GENERAL ACCOUNT

PAYS 18.20

\$18.20

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____

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To
The
Order
Of



43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: 2 May 10 - Council CEOs (2) May 11 - Council Chair (HSA)

LOCATION: Calgary

DEPARTURE TIME: HOUR: _____ DATE: _____

RETURN TIME: HOUR: _____ DATE: _____

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts _____

PARKING: attach receipts 4.00 x 2 8.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 1 @ _____ 10.20

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 18.20

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 18.20

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>17.01</u>
	<u>15200 00000</u>	\$ <u>1.19</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY Cheque Total
\$92.10

Page 1
Cheque No. **87248873**
Cheque Date **May 11, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
05/05/05	MAY 5/05	92.10	

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666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



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Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87248873
May 11, 2005

PAYS 92.10

GENERAL ACCOUNT

\$92.10

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT

PER _____

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43100

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Fit-Health Symposium

LOCATION: Calgary

DEPARTURE TIME: HOUR: 10:30 am DATE: 03 May/05

RETURN TIME: HOUR: 2:30 pm DATE: 05 May/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts \$69.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 1 @ 10.20 10.20

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 2 @ \$6.45/day 12.90

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman

TOTAL EXPENSES 92.10

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT 73010

AMOUNT DUE 92.10

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>86.07</u>
	<u>15200 00000</u>	\$ <u>6.03</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$126.90

Cheque No. **87247722**
Cheque Date **Apr 20, 2005**

DATE	INVOICE NUMBER	INVOICE ACCOUNT	DETAILS
04/19/05	APR 19/05	126.90	

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057



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Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
87247722
Apr 20, 2005

GENERAL ACCOUNT

PAYS 126.90

\$126.90

TOM SEAMAN
PHR
MEDICINE HAT AB

TWO SIGNATURES REQUIRED

PER _____
PRESIDENT
PER _____

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NON-NEGOTIABLE**

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

PERIOD 01

NAME: Tom Seaman

PURPOSE: Health Policy Summit

LOCATION: Toronto, Ont.

DEPARTURE TIME: HOUR: 10:00 am DATE: 17 April/05

RETURN TIME: HOUR: 11:00 pm DATE: 19 April/05

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts \$ 114.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 2 @ \$6.45/day \$ 12.90

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES \$ 126.90

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE \$ 126.90

FOR ACCOUNTING ONLY:	<u>73010 62400</u>	\$ <u>118.60</u>
	<u>15200 00000</u>	\$ <u>8.30</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY Cheque Total
\$233.30

Page 1 of 1
Cheque No. **18958**
Cheque Date **Mar 14, 2007**

DESCRIPTION	AMOUNT
MAR 13/07 13/03/07	233.30 0.00 233.30

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

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Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
18958
Mar 14, 2007

PAY \$233.30

GENERAL ACCOUNT

\$233.30

To
The
Order
Of
TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)



NAME: Tom Seaman

PURPOSE: HBA Forum

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 4:00 pm DATE: Mar 11/07

RETURN TIME: HOUR: 6:00 pm DATE: Mar 13/07

(For maximum expense rates see back of page)

TRANSPORTATION: - to Calgary

CAR: Number of km 290 @ .43 / km 124.70

AIR: attach receipts _____

TAXI: attach receipts 95.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHESES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 2 @ \$6.80/day 13.60

MISCELLANEOUS: (specify) _____

CLAIMANT TA Beanna TOTAL EXPENSES 233.30

APPROVAL Adwasw LESS ADVANCE -

CHARGE TO ACCOUNT PAOM TRAV AMOUNT DUE 233.30

FOR ACCOUNTING ONLY:	_____	\$ _____
	<u>PAOM TRAV</u>	\$ <u>220.09</u>
	<u>GST</u>	\$ <u>13.21</u>

sw

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$27.70

Cheque No. **18521**
Cheque Date **Mar 07, 2007**

DESCRIPTION		AMOUNT
MAR 2/07	02/03/07	27.70 ✓
		0.00
		27.70

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

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Community Credit Union Ltd.
#101 - 586 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
18521
Mar 07, 2007

GENERAL ACCOUNT

\$27.70

PAY \$27.70

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

***** COPY *****
NON-NEGOTIABLE

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: RSHIP Planning

LOCATION: Lodge Nisku

DEPARTURE TIME: HOUR: 5:45 a.m. DATE: 02 Mar/07

RETURN TIME: HOUR: 7:30 p.m. DATE: 02 Mar/07

(For maximum expense rates see back of page)

TRANSPORTATION:

- CAR: Number of km _____ @ _____ / km
- AIR: attach receipts _____
- TAXI: attach receipts _____
- PARKING: attach receipts _____
- OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS	<u>1 @ 8.50</u>	<u>8.50</u>
Number of LUNCHES	<u>_____ @ _____</u>	<u>_____</u>
Number of DINNERS	<u>1 @ 19.20</u>	<u>19.20</u>

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period _____ @ \$6.80/day _____

MISCELLANEOUS: (specify) _____ *fm*

CLAIMANT TA Seaman

APPROVAL [Signature]

CHARGE TO ACCOUNT PAOM - TRAV

TOTAL EXPENSES 27.70

LESS ADVANCE _____

AMOUNT DUE 27.70

FOR ACCOUNTING ONLY:	<u>PAOM TRAV</u>	\$ <u>26.13</u>
	<u>GST</u>	\$ <u>1.57</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
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Phone 403-5298057

APPLICANT COPY
Cheque Total
\$69.00

Page 1 of 1
Cheque No. **16475**
Cheque Date **Jan 31, 2007**

DESCRIPTION	AMOUNT
JAN 25/07 25/01/07	69.00 0.00 69.00

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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
16475
Jan 31, 2007

GENERAL ACCOUNT

PAY \$69.00

\$69.00

To
The
Order
Of
TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

COPY *
NON-NEGOTIABLE**



Expense Account Claim

(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Meeting with Minister Hancock

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 11:00 am DATE: 24 Jan/07

RETURN TIME: HOUR: 7:00 pm DATE: 25 Jan/07

(For maximum expense rates see back of page)

TRANSPORTATION:



CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

2x T-Seaman
2x C. Secordrak

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 4 @ 10.75 43.00

Number of DINNERS 1 @ 19.20 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 1 @ \$6.80/day 6.80

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman

TOTAL EXPENSES 69.00

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT PADM TRAV

AMOUNT DUE 69.00

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>65.09</u>
	<u>GST</u>	\$ <u>3.91</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
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APPLICANT COPY

Cheque Total
\$53.75

Cheque No. **15580**
Cheque Date **Jan 17, 2007**

DESCRIPTION	AMOUNT
JAN 15/07	53.75
15/01/07	0.00
	53.75

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Cheque No. **15580**
Jan 17, 2007

PAY \$53.75

GENERAL ACCOUNT

\$53.75

To
The
Order
Of

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

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NON-NEGOTIABLE



Expense Account Claim

(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: 2 Trips - Jan 08/07 Paddy Meade Meeting - Jan 15/07 RSH11

LOCATION: Edmonton & Leduc

DEPARTURE TIME: HOUR: 5:45 AM DATE: Jan 08th

RETURN TIME: HOUR: 4:00 pm DATE: Jan 09th

(For maximum expense rates see back of page) 7:30 pm Jan 15th

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 2 @ _____ Jan 15 (1) 17.00

Number of LUNCHES 1 @ _____ Jan 8 (1) 10.75

Number of DINNERS 1 @ 9 Jan 15th 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 1 @ \$6.80/day 6.80

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman

TOTAL EXPENSES 53.75

APPROVAL 2 Seaman

LESS ADVANCE _____

CHARGE TO ACCOUNT PADM TRAV

AMOUNT DUE 53.75

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>50.70</u>
	<u>GST</u>	\$ <u>3.05</u>
		\$ _____

PALLISER HEALTH REGION
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Phone 403-5298057

APPLICANT COPY

Cheque Total
\$90.00

Page 1 of 1
Cheque No. **12381**
Cheque Date **Nov 22, 2006**

DESCRIPTION	AMOUNT
NOV 21/06 21/11/06	90.00 0.00 90.00

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Cheque No.
12381
Nov 22, 2006

GENERAL ACCOUNT

PAY \$90.00

\$90.00

To
The
Order
Of
TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

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NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: RSHD & Council of Chairs

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 5:30 a.m. DATE: 20 Nov/06

RETURN TIME: HOUR: 8:00 pm DATE: 21 Nov/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ OK / km _____

AIR: attach receipts _____

TAXI: attach receipts 47.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 2 @ 8.50 17.00

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 19.20 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 1 @ \$6.80/day 6.80

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 90.00

APPROVAL [Signature] LESS ADVANCE -

CHARGE TO ACCOUNT PADM TRAU AMOUNT DUE 90.00

FOR ACCOUNTING ONLY:	<u>PADM TRAU</u>	\$ <u>84.90</u>
	<u>GST</u>	\$ <u>5.10</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY
Cheque Total
\$94.40

Cheque No. **12010**
Cheque Date **Nov 15, 2006**

DESCRIPTION		AMOUNT
NOV 9/06	09/11/06	94.40
		0.00
		94.40

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Phone 403-5298057

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Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
12010
Nov 15, 2006

GENERAL ACCOUNT

PAYS \$94.40

\$94.40

To
The
Order
Of

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

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NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Meditech Review

LOCATION: Los Angeles

DEPARTURE TIME: HOUR: 9:15 am DATE: 07 Nov/06

RETURN TIME: HOUR: 11:00 pm DATE: 09 Nov/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts _____

PARKING: attach receipts 6.00

OTHER: specify gas for rental vehicles 12.30

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 2 @ 10.75 21.50

Number of DINNERS 1 @ 19.20 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 3 @ \$6.80/day 20.40

MISCELLANEOUS: (specify) valet parking (no receipts) 15.00

CLAIMANT T A Seaman TOTAL EXPENSES 94.40

APPROVAL _____ LESS ADVANCE _____

CHARGE TO ACCOUNT PADM-TRAV AMOUNT DUE 94.40

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$	<u>89.05</u>
	<u>GST</u>	\$	<u>5.35</u>
		\$	

PALLISER HEALTH REGION
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APPLICANT COPY

Cheque Total
\$166.70

Page 1 of 1
Cheque No. **10753**
Cheque Date **Oct 25, 2006**

DESCRIPTION		AMOUNT			
AUG 31/06	31/08/06	PARKADE PARKING	9.00	0.00	9.00 ✓
OCT 19/06	19/10/06		157.70	0.00	157.70 ✓

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Cheque No. **10753**
Oct 25, 2006
GENERAL ACCOUNT

PAY \$166.70

\$166.70

To
The
Order
Of

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

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ION

Tom Seaman
APPLICANT COPY

DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta T2E 6Z8
Tel.: (403) 291-2600 • Fax: (403) 291-3419
G.S.T. REGISTRATION # 139445290



ARRIVAL/ARRIVÉE FOLIO NUMBER N° DOSSIER
000122
DEPARTURE/DÉPART BALANCE/SOLDE
.00

FOLIO/DOSSIER

NAME/NOM: Parking Charges
NIGHTS/NUITS: 0
STATUS/STATUT: Open
DATE: 25 FEB, 06 10:02a
TIME/HEURE: SR
ADDRESS/ADRESSE:
GUARANTEED BY/GARANTI PAR:
REMARKS/REMARQUES: CA DO NOT ACCEPT CREDIT CRD

CASH ONLY

CAN

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE REFERENCE	AMOUNT MONTANT	ID
----------------------	------	-----------------	-------------	------------------------	-------------------	----

001	31AUG	/	Parkade Parking		9.00+	AR
002	31AUG	/	Cash Payment		9.00-	AR

fm

PADM TRAV

Luada \$9.00
40 is
Tom's
next
add this to exp
feature expenses
claim.

----- G.S.T. SUMMARY ----- Amounts indicated with a "B" include G. S. T.
B .51+

PARTIAL FOLIO B

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)
Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectués avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)

X



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: LAMP Strategy Workshop

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 3:20 p.m. DATE: 18 Oct/06

RETURN TIME: HOUR: 7:30 pm DATE: 19 Oct/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 104.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ _____ 8.50

Number of LUNCHES _____ @ _____

Number of DINNERS 2 @ 19.20 38.40

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 1 @ \$6.80/day 6.80

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 157.70

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT PADM TRAV AMOUNT DUE 157.70

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>148.77</u>
	<u>GST</u>	\$ <u>8.93</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY
Cheque Total
\$268.75

Page 1 of 1
Cheque No. **9136**
Cheque Date **Sep 27, 2006**

DESCRIPTION	AMOUNT
SEPT 25/06 25/09/06	268.75 0.00 268.75

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Cheque No.
9136
Sep 27, 2006

GENERAL ACCOUNT

PAYS \$268.75

\$268.75

To
The
Order
Of
TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)



NAME: Tom Seaman.

PURPOSE: RSTH Red Deer - electronic ribbon cutting

LOCATION: Red Deer

DEPARTURE TIME: HOUR: 7:00 a.m. DATE: 25 Sept/06

RETURN TIME: HOUR: 4:00 pm DATE: 25 Sept/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km 600 @ .43 / km 258.00

AIR: attach receipts _____

TAXI: attach receipts _____

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 1 @ 10.75 10.75

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period _____ @ \$6.80/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT TA Regwa TOTAL EXPENSES 268.75

APPROVAL VLOL LESS ADVANCE _____

CHARGE TO ACCOUNT PADM TRAV AMOUNT DUE 268.75 TM

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>253.53</u>
	<u>GST</u>	\$ <u>15.22</u>
	_____	\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$136.50

Cheque No. **8778**
Cheque Date **Sep 20, 2006**

DESCRIPTION	AMOUNT
SEPT 19/06 19/09/06	136.50 0.00 136.50 ✓

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PALLISER HEALTH REGION
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Community Credit Union Ltd.
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Medicine Hat, AB T1A 0K8 528-6555

Cheque No. **8778**
Sep 20, 2006

GENERAL ACCOUNT

\$136.50

PAY \$136.50

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

To
The
Order
Of

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: RSTIP & H&A Council of Chans

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 5:45 am. DATE: 18 Sept/06

RETURN TIME: HOUR: 7:30 pm DATE: 19 Sept/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts _____ 102.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____ 8.50

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____ 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period _____ @ \$6.80/day 6.80

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES 136.50

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT PADM TRAV AMOUNT DUE 136.50

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>128.77</u>
	<u>GST</u>	\$ <u>7.73</u>
		\$ _____

PALLISER HEALTH REGION
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Phone 403-5298057

APPLICANT COPY

Cheque Total
\$127.50

Page 1 of 1
Cheque No. **8368**
Cheque Date **Sep 13, 2006**

DESCRIPTION		AMOUNT
SEPT 12/06	12/09/06	127.50
		0.00
		127.50 ✓

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Phone 403-5298057

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Community Credit Union Ltd.
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Medicine Hat, AB T1A 0K8 528-6555

Cheque No. **8368**
Sep 13, 2006
GENERAL ACCOUNT

PAY \$127.50

\$127.50

To
The
Order
Of

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

*** COPY ***
NON-NEGOTIABLE



APPLICANT COPY

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman
 PURPOSE: 2 RSHIP CEOs & Council of CEOs
 LOCATION: Edmonton
 DEPARTURE TIME: HOUR: 3:20 pm DATE: 11 Sept /06
 RETURN TIME: HOUR: 7:30 pm DATE: 12 Sept /06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km
 AIR: attach receipts
 TAXI: attach receipts
 PARKING: attach receipts
 OTHER: specify _____



893.00

ACCOMMODATION:

HOTEL / MOTEL: attach receipts
 PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.50 8.50
 Number of LUNCHES _____ @ _____
 Number of DINNERS 1 @ 19.20 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 1 @ \$6.80/day 6.80

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman
 APPROVAL [Signature]

TOTAL EXPENSES 127.50
 LESS ADVANCE _____
 AMOUNT DUE 127.50

CHARGE TO ACCOUNT PAOM TRAU

FOR ACCOUNTING ONLY:		
	PAOM TRAU	\$ 120.28
	GST	\$ 7.22

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$149.50

Cheque No. **7728**
Cheque Date **Aug 30, 2006**

DESCRIPTION	AMOUNT
AUG 25/06 25/08/06	149.50 0.00 149.50

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION

666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

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Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.

7728

Aug 30, 2006

GENERAL ACCOUNT

PAY \$149.50

\$149.50

To
The
Order
Of

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Meeting with Minister of Health & Wellness

LOCATION: Edmonton, AB.

DEPARTURE TIME: HOUR: 3:00 pm DATE: 24 Aug/06

RETURN TIME: HOUR: 7:00 pm DATE: 25 Aug/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts \$115.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.50 8.50

Number of LUNCHESES _____ @ _____ _____

Number of DINNERS 1 @ 19.20 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 1 @ \$6.80/day 6.80

MISCELLANEOUS: (specify) _____

CLAIMANT T A Seaman

APPROVAL [Signature]

CHARGE TO ACCOUNT PAOM TRAV

TOTAL EXPENSES 149.50

LESS ADVANCE -

AMOUNT DUE 149.50

FOR ACCOUNTING ONLY:	<u>PAOM TRAV</u>	\$ <u>141.03</u>
	<u>GST</u>	\$ <u>8.47</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY Cheque Total **\$126.30**

Cheque No. **1621**
Cheque Date **May 10, 2006**

DESCRIPTION	AMOUNT
MAY 9/06 09/05/06	126.30 0.00 126.30

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

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Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.

1621

May 10, 2006

GENERAL ACCOUNT

PAY \$126.30

\$126.30

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB T1A 4H6

***** COPY *****
NON-NEGOTIABLE

To
The
Order
Of



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: CEO Meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 5:45 am DATE: 09 May/06

RETURN TIME: HOUR: 7:30 pm DATE: 09 May/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts \$100.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.05

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day _____

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 126.30

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT PADM TRAV AMOUNT DUE 126.30

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>118.04</u>
	<u>GST</u>	\$ <u>8.26</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$129.70

Page 1 of 1
Cheque No. **196**
Cheque Date **Apr 19, 2006**

DESCRIPTION	AMOUNT				
APRIL 17/06	17/04/06	BARGAINING MEETING	129.70	0.00	129.70
			129.70	0.00	129.70

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
196
Apr 19, 2006
GENERAL ACCOUNT

PAY \$129.70

\$129.70

To
The
Order
Of

TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB T1A 4H6

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim APPLICANT COPY

(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Council of Chairs + A.M.A. Bargaining

LOCATION: Edmonton, AB

DEPARTURE TIME: HOUR: 3:00 p.m. DATE: 17 April /06

RETURN TIME: HOUR: 7:30 p.m. DATE: 18 April /06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 100.00

PARKING: attach receipts 5.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ _____ 18.25

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period 1 @ \$6.45/day 6.45

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 129.70

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 129.70

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>121.21</u>
	<u>GST</u>	\$ <u>8.49</u>
		\$ _____

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

APPLICANT COPY

Cheque Total
\$83.25

Page 1 of 1
Cheque No. **164**
Cheque Date **Apr 19, 2006**

DESCRIPTION	AMOUNT
APR 13/06 13/04/06	83.25 0.00 83.25
	83.25 0.00 83.25

Please Detach Before Presenting for Payment

PALLISER HEALTH REGION
666 - Fifth Street S.W.
Medicine Hat, Alberta T1A 4H6
Phone 403-5298057

Making things happen...for you
Community Credit Union Ltd.
#101 - 566 - 4th St. S.E.
Medicine Hat, AB T1A 0K8 528-6555

Cheque No.
164
Apr 19, 2006

GENERAL ACCOUNT

PAY \$83.25

\$83.25

To
The
Order
Of
TOM SEAMAN
CORPORATE ADMINISTRATION
MEDICINE HAT REGIONAL HOSPITAL
MEDICINE HAT, AB T1A 4H6

***** COPY *****
NON-NEGOTIABLE



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: RSHIP presentation to Rural Careers

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 7:30 p.m DATE: 12 Apr/06

RETURN TIME: HOUR: 2:30 pm DATE: 13 Apr/06

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts  60.00

PARKING: attach receipts 5.00

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:


Number of BREAKFASTS 1 @ _____ 8.05

Number of LUNCHES 1 @ _____ 10.20

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$6.45/per full 24-hour period _____ @ \$6.45/day

MISCELLANEOUS: (specify) _____ 

CLAIMANT TA Seaman TOTAL EXPENSES 83.25

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT 73010 AMOUNT DUE 83.25

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>77.80</u>
	<u>GST</u>	\$ <u>5.45</u>
		\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDIGINE HAT, AB

EP #: EP42011
 Payment Date: 22/02/08
 Payment Amount: \$ 141.75

Invoice Number	Date	Particulars	Amount	Deductions	Balance
FEB 12/08	12/02/08		141.75	0.00	141.75
Totals			141.75	0.00	141.75

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: CEO Mtg

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00 am DATE: 12 Feb/08

RETURN TIME: HOUR: 7:45 pm DATE: 12 Feb/08

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 102.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS	<u>1 @ 8.80</u>	<u>8.80</u>
Number of LUNCHES	<u>1 @ 11.10</u>	<u>11.10</u>
Number of DINNERS	<u>1 @ 19.85</u>	<u>19.85</u>

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT <u>TA Seaman</u>	TOTAL EXPENSES <u>141.75</u>
APPROVAL <u>Johnson</u>	LESS ADVANCE _____
CHARGE TO ACCOUNT <u>PADM</u>	AMOUNT DUE <u>141.75</u>

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>134.98</u>
	<u>GST</u>	\$ <u>6.77</u>
		\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP40359
 Payment Date: 23/01/08
 Payment Amount: \$ 180.05

Invoice Number	Date	Particulars	Amount	Deductions	Balance
JAN 16/08	16/01/08		42.05	0.00	42.05
JAN 22/08	22/01/08		138.00	0.00	138.00
Totals			180.05	0.00	180.05

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4K6
 Phone: 403-529-8057
 Fax: 403-529-8148

APPLICANT COPY

Expense Account Claim (to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Managers Mtg - "Shifting 40 Wellness"
LOCATION: Edmonton

DEPARTURE TIME: HOUR: 9:45 am DATE: 21 Jan/08

RETURN TIME: HOUR: 7:50 pm DATE: 22 Jan/08

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km @ / km
AIR: attach receipts
TAXI: attach receipts
PARKING: attach receipts
OTHER: specify

4100.00

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION:

MEAL EXPENSES:

Number of BREAKFASTS @
Number of LUNCHES 1 @ 11.10
Number of DINNERS 1 @ 19.85

11.10
19.85

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period 1 @ \$7.05/day

7.05

MISCELLANEOUS: (specify)

CLAIMANT: T Seaman

APPROVAL: Jance Blair

CHARGE TO ACCOUNT: PADM TRAV

TOTAL EXPENSES 138.00
LESS ADVANCE
AMOUNT DUE 138.00

FOR ACCOUNTING ONLY:

PADM TRAV \$ 131.41
GST \$ 6.59

Expense Account Claim

(to be submitted upon return from travelling)

Tom Seaman

PURPOSE: Ministers Quarterly Meeting

LOCATION: Calgary

DEPARTURE TIME: HOUR: 2:30 pm

DATE: 15 Jan 08

RETURN TIME: HOUR: 1:00 pm

DATE: 16 Jan 08

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 2 @ 11.10

C-Secondish & myself

22.20

Number of DINNERS 1 @ 19.85

19.85

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

42.05

MISCELLANEOUS: (specify) _____

SM

CLAIMANT Tom Seaman

TOTAL EXPENSES 42.05

APPROVAL [Signature]

LESS ADVANCE _____

CHARGE TO ACCOUNT PADM - TRAV

AMOUNT DUE 42.05

FOR ACCOUNTING ONLY:

PADM TRAV

\$ 40.04

GST

\$ 2.01

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP37309
 Payment Date: 06/12/07
 Payment Amount: \$ 78.65

Invoice Number	Date	Particulars	Amount	Deductions	Balance
DEC 4/07	04/12/07		78.65	0.00	78.65
Totals			78.65	0.00	78.65

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148

Expense Account Claim
(to be submitted upon return from travelling)



NAME: TOM Seaman

PURPOSE: RSHIP Transition Mtg & HTA Meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 5:50 a.m. DATE: 04 Dec/07

RETURN TIME: HOUR: 11:15 p.m. DATE: 04 Dec/07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts \$50.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80 \$ 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 19.85 19.85

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) PM

CLAIMANT T.A. Seaman TOTAL EXPENSES 78.65

APPROVAL James Blair LESS ADVANCE _____

CHARGE TO ACCOUNT PADM - TRAV AMOUNT DUE \$ 78.65

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>74.19</u>
	<u>GST</u>	\$ <u>4.46</u>
		\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP36307
 Payment Date: 22/11/07
 Payment Amount: \$ 98.45

Invoice Number	Date	Particulars	Amount	Deductions	Balance
NOV 13/07	13/11/07		8.80	0.00	8.80
NOV 9/07	09/11/07		89.65	0.00	89.65
Totals			98.45	0.00	98.45

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-529-8148



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: CEO Mtg

LOCATION: Calgary

DEPARTURE TIME: HOUR: 5:30 am DATE: 13 Nov/07

RETURN TIME: HOUR: 3:30 pm DATE: 13 Nov/07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts _____

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT T A Seaman TOTAL EXPENSES 8.80

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT PADM-TRAV AMOUNT DUE 8.80

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>8.30</u>
	<u>GST</u>	\$ <u>.50</u>
		\$ _____



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Meeting with A.M. re. RSTHP.

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 5:50 am DATE: 09 Nov / 07

RETURN TIME: HOUR: 7:30 pm DATE: 09 Nov / 07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts 61.80

PARKING: attach receipts

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 19.85 19.85

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 89.65

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT PADM - TRAV AMOUNT DUE 89.65

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$	<u>84.57</u>
	<u>GST</u>	\$	<u>5.08</u>
		\$	

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP33068
 Payment Date: 05/10/07
 Payment Amount: \$ 23.80

Invoice Number	Date	Particulars	Amount	Deductions	Balance
OCT 4/07	04/10/07		23.80	0.00	23.80
Totals			23.80	0.00	23.80

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148



Expense Account Claim

(to be submitted upon return from travelling)

NAME: TOM Seaman

PURPOSE: Meeting with Minister Hancock

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 6:00 am DATE: 04 Oct/07

RETURN TIME: HOUR: 4:00 pm DATE: 04 Oct/07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts \$15.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT T A Seaman TOTAL EXPENSES 23.80

APPROVAL Janae Blair LESS ADVANCE _____

CHARGE TO ACCOUNT PADM - TRAV AMOUNT DUE 23.80

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>22.45</u>
	<u>GST</u>	\$ <u>1.35</u>
		\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP32191
 Payment Date: 21/09/07
 Payment Amount: \$ 161.90

Invoice Number	Date	Particulars	Amount	Deductions	Balance
SEPT 18/07	18/09/07		161.90	0.00	161.90
Totals			161.90	0.00	161.90

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148



Expense Account Claim

(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: RSHIP & HBA Chairs Mtg

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 9:45am DATE: 17 Sept/07

RETURN TIME: HOUR: 8:00pm DATE: 18 Sept/07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km _____

AIR: attach receipts _____

TAXI: attach receipts 135.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 19.85 19.85

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period 1 @ \$7.05/day 7.05

MISCELLANEOUS: (specify) pay

CLAIMANT T Seaman TOTAL EXPENSES 161.90

APPROVAL pay LESS ADVANCE _____

CHARGE TO ACCOUNT PADM - TRAV AMOUNT DUE 161.90

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>152.73</u>
	<u>GST</u>	\$ <u>9.17</u>
	_____	\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP28593
 Payment Date: 20/07/07
 Payment Amount: \$ 118.80

Invoice Number	Date	Particulars	Amount	Deductions	Balance
JULY 11/07	11/07/07		118.80	0.00	118.80
Totals			118.80	0.00	118.80

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148

APPLICANT COPY



Palliser Health Region

Expense Account Claim
(to be submitted upon return from travelling)



NAME: Tom Seaman

PURPOSE: D.M. - Meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 3:00 p.m. DATE: 10 July 07

RETURN TIME: HOUR: 10:00 a.m. DATE: 11 July 07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts \$110.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT Tom Seaman TOTAL EXPENSES \$118.80

APPROVAL [Signature] LESS ADVANCE _____

CHARGE TO ACCOUNT PADM AMOUNT DUE \$118.80 PM

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>112.07</u>
	<u>Gst</u>	\$ <u>6.73</u>
		\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP27711
 Payment Date: 06/07/07
 Payment Amount: \$ 28.80

Invoice Number	Date	Particulars	Amount	Deductions	Balance
JUNE 21/07	21/06/07		28.80	0.00	28.80
Totals			28.80	0.00	28.80

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148



Palliser Health Region

Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: HBA Meeting with Minister of Health

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 3:30 pm DATE: 20 June 07

RETURN TIME: HOUR: 3:30 pm DATE: 21 June 07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts 20.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 28.80

APPROVAL Seaman Jun 22/07 LESS ADVANCE _____

CHARGE TO ACCOUNT PADM - TRAV AMOUNT DUE 28.80

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>27.17</u>
	<u>GST</u>	\$ <u>1.63</u>
		\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP25866
 Payment Date: 06/06/07
 Payment Amount: \$ 105.00

Invoice Number	Date	Particulars	Amount	Deductions	Balance
MAY 30/07	30/05/07		105.00	0.00	105.00
Totals			105.00	0.00	105.00

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148



APPLICANT COPY

Palliser Health Region

Expense Account Claim (to be submitted upon return from travelling)

NAME: TOM Seaman

PURPOSE: Dinner Meeting with Psychiatrists re: federal Mental Health Council

LOCATION: Med Hat

DEPARTURE TIME: HOUR: DATE:

RETURN TIME: HOUR: DATE: May 30 / 07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km @ / km
AIR: attach receipts
TAXI: attach receipts
PARKING: attach receipts
OTHER: specify

ACCOMMODATION:

HOTEL / MOTEL: attach receipts
PRIVATE ACCOMMODATION:

MEAL EXPENSES:

Number of BREAKFASTS @
Number of LUNCHES @
Number of DINNERS @

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period @ \$7.05/day

MISCELLANEOUS: (specify) \$105.00

CLAIMANT: Tom Seaman TOTAL EXPENSES: 105.00

APPROVAL: [Signature] LESS ADVANCE

CHARGE TO ACCOUNT: PADM AMOUNT DUE: 105.00

Table with 3 columns: Description, Amount, Total. Rows include PADM TRAV (\$99.05) and GST (\$5.95).

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP22402
 Payment Date: 23/04/07
 Payment Amount: \$ 208.21

Invoice Number	Date	Particulars	Amount	Deductions	Balance
APR 13/07	13/04/07		135.50	0.00	135.50 ✓
APR 16/07	16/04/07		72.71	0.00	72.71 ✓
Totals			208.21	0.00	208.21

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148



Expense Account Claim
(to be submitted upon return from travelling)

PERIOD 01

NAME: Tom Seaman

PURPOSE: Meeting - Premier - Dynacore Kasper + Workforce Planning

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 9:30 am

DATE: 12 April 107

RETURN TIME: HOUR: 7:30 pm

DATE: 13 April 107

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts

OTHER: specify _____

101.00

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ _____

8.50

19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period 1 @ \$6.80/day

6.80

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman

APPROVAL [Signature]

CHARGE TO ACCOUNT ADM TRAV

TOTAL EXPENSES 135.50

LESS ADVANCE _____

AMOUNT DUE 135.50 ^{fm}

FOR ACCOUNTING ONLY:

PADM TRAV

GST

\$ 127.83

\$ 7.67



Expense Account Claim (to be submitted upon return from travelling)

PERIOD 01

NAME: Tom Seaman

PURPOSE: RSHIP Meeting

LOCATION: Ledue

DEPARTURE TIME: HOUR: 5:45 am DATE: 16 April 07

RETURN TIME: HOUR: 8:00 pm DATE: 16 April 07

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km @ / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts

OTHER: specify

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION:

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 9.50

Number of LUNCHES @

Number of DINNERS 1 @ 19.20

INCIDENTAL PERSONAL EXPENSES:

\$6.80/per full 24-hour period @ \$6.80/day

MISCELLANEOUS: (specify) gas for rental car 45.01

CLAIMANT T A Seaman TOTAL EXPENSES 72.71

APPROVAL LESS ADVANCE

CHARGE TO ACCOUNT ADM TRAV AMOUNT DUE 72.71

FOR ACCOUNTING ONLY:	PADM TRAV	\$ 68.59
	GST	\$ 4.12
		\$

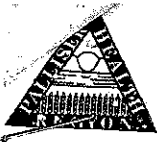
Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP51293
 Payment Date: 09/07/08
 Payment Amount: \$ 303.67

Invoice Number	Date	Particulars	Amount	Deductions	Balance
JULY 7/08	09/07/08		303.67	0.00	303.67
Totals			303.67	0.00	303.67 -

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4K6
 Phone: 403-529-8057
 Fax: 403-528-8148



Expense Account Claim
(to be submitted upon return from travelling)



NAME: Tom Seaman

PURPOSE: _____

LOCATION: _____

DEPARTURE TIME: HOUR: _____ DATE: _____

RETURN TIME: HOUR: _____ DATE: _____

(For maximum expense rates see back of page)

Outstanding

TRANSPORTATION:

CAR: Number of km _____ @ \$0.505 / km

AIR: attach receipts

TAXI: attach receipts

PARKING: attach receipts \$ 11 + 6 + 6

OTHER: specify Physician Recruitment Meet

18.00
87.49

ACCOMMODATION:

HOTEL / MOTEL: attach receipts Health Workforce Summit

PRIVATE ACCOMMODATION: _____

183.02

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES _____ @ _____

Number of DINNERS _____ @ _____

15.16

INCIDENTAL PERSONAL EXPENSES:

\$7.35/per full 24-hour period _____ @ \$7.35/day

VISCELLANEOUS: (specify) _____

CLAIMANT J A Deanna

APPROVAL J Wilson

TOTAL EXPENSES

LESS ADVANCE

CHARGE TO ACCOUNT PADM- TRAV

AMOUNT DUE

\$ 303.67

FOR ACCOUNTING ONLY:

_____	\$	_____
<u>PADM TRAV</u>	\$	<u>289.18</u>
<u>GST</u>	\$	<u>14.49</u>

MAYFIELD

APPLICANT COPY

at We

Tom Seaman
 666 5th St SW
 Medicine Hat, AB
 T1A 4H6

THE BEEFEATER STEAK HO
 3286 13TH AVE SE T1B4H8
 MEDICINE HAT AB
 21120857

Rec: 16
 Term: 2

✓****

|||| PRE AUTH PURCHASE ||||
 06 23-2008 13:01:07
 Acct # S
 Exp Date Card Type VI
 Name: TOM SEAMAN
 s.17(1), 17(4)(e.1)

Trace # 420006
 FS2112085701

Inv. # 10268
 Auth # 031991 RRR 001240003

P. Auth Purchase \$77.49
 Tip 10.00
Total 87.49

Customer copy

Date	Description	
06-18-08	On Command Movies	MOVIE
06-18-08	Miscellaneous GST	
06-18-08	Room	
06-18-08	Rooms GST	
06-18-08	Alberta Tourism Levy	
06-18-08	Destination Marketing Fee	

T
 T
 B

ON DASH



Net Amount	166.99
Rooms GST	7.68
Alberta Tourism Levy	6.08
Destination Marketing Fee	1.52
	0.00
Miscellaneous GST	0.75
Total Charges	183.02
	CAD
GST Registration # 86563 0222 RT0001	

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP50267
 Payment Date: 24/06/08
 Payment Amount: \$ 274.20

Invoice Number	Date	Particulars	Amount	Deductions	Balance
JUNE 10/08	10/06/08		148.65	0.00	148.65
JUNE 19/08	19/06/08		125.55	0.00	125.55
Totals			274.20	0.00	274.20

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148



Expense Account Claim
(to be submitted upon return from travelling)



NAME: Tom Seaman

PURPOSE: CEO Mtg + AHSB Meeting

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 5:20 am DATE: 10 June/08

RETURN TIME: HOUR: 7:20 pm DATE: 10 June/08

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts

TAXI: attach receipts 120.00

PARKING: attach receipts

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS 1 @ 19.85 19.85

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 148.65

APPROVAL PADM - TRAV LESS ADVANCE _____

CHARGE TO ACCOUNT _____ AMOUNT DUE 148.65

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>141.56</u>
	<u>GST</u>	\$ <u>7.09</u>
		\$ _____



Expense Account Claim
(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Health Workforce Planning

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 4:00 pm DATE: 18 June/08

RETURN TIME: HOUR: 11:30 pm DATE: 19 June/08

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts _____

PARKING: attach receipts _____

OTHER: specify _____

70.00

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 8.80

Number of LUNCHES _____ @ _____

Number of DINNERS 2 @ 19.85

8.80
39.70

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

7.05

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman

APPROVAL [Signature]

TOTAL EXPENSES 125.55

LESS ADVANCE _____

CHARGE TO ACCOUNT PADM TRAV

AMOUNT DUE 125.55

FOR ACCOUNTING ONLY:

_____	\$ _____
<u>PADM TRAV</u>	\$ <u>119.56</u>
<u>GST</u>	\$ <u>5.99</u>

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP49281
 Payment Date: 09/06/08
 Payment Amount: \$ 40.95

Invoice Number	Date	Particulars	Amount	Deductions	Balance
MAY 30/08	30/05/08		40.95	0.00	40.95
Totals			40.95	0.00	40.95

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4K6
 Phone: 403-529-8057
 Fax: 403-528-8148

Expense Account Claim APPLICANT COPY
(to be submitted upon return from travelling)

NAME: Tom Seaman
 PURPOSE: AHSB Meeting OK
 LOCATION: Red Deer

DEPARTURE TIME: HOUR: 5:00 am DATE: 30 May/08
 RETURN TIME: HOUR: 7:00 pm DATE: 30 May/08

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ \$0.46 / km
 AIR: attach receipts _____
 TAXI: attach receipts _____
 PARKING: attach receipts _____
 OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____
 PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS 1 @ 9.20
 Number of LUNCHES 1 @ 11.60
 Number of DINNERS 1 @ 20.15

INCIDENTAL PERSONAL EXPENSES:

\$7.35/per full 24-hour period _____ @ \$7.35/day

MISCELLANEOUS: (specify) _____

CLAIMANT TA Seaman TOTAL EXPENSES 40.95
 APPROVAL [Signature] LESS ADVANCE _____
 CHARGE TO ACCOUNT PADM TRAV AMOUNT DUE 40.95

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$ <u>38.99</u>
	<u>GST</u>	\$ <u>1.96</u>
		\$ _____

Electronic Payment Notice

Vendor # s.17(1), 17(4)(g)(i)
 Vendor: TOM SEAMAN
 CORPORATE ADMINISTRATION
 MEDICINE HAT, AB

EP #: EP48377
 Payment Date: 23/05/08
 Payment Amount: \$ 85.95

Invoice Number	Date	Particulars	Amount	Deductions	Balance
MAY 12/08	12/05/08		✓ 85.95	0.00	85.95
Totals			85.95	0.00	85.95

Palliser Health Region
 666-5th Street SW Medicine Hat, Alberta T1A 4H6
 Phone: 403-529-8057
 Fax: 403-528-8148



Expense Account Claim

(to be submitted upon return from travelling)

NAME: Tom Seaman

PURPOSE: Meeting with Minister Liepert

LOCATION: Edmonton

DEPARTURE TIME: HOUR: 8:30 am DATE: 12 May/08

RETURN TIME: HOUR: 10:30 pm DATE: 12 May/08

(For maximum expense rates see back of page)

TRANSPORTATION:

CAR: Number of km _____ @ _____ / km

AIR: attach receipts _____

TAXI: attach receipts \$55.00

PARKING: attach receipts _____

OTHER: specify _____

ACCOMMODATION:

HOTEL / MOTEL: attach receipts _____

PRIVATE ACCOMMODATION: _____

MEAL EXPENSES:

Number of BREAKFASTS _____ @ _____

Number of LUNCHES 1 @ _____ 11.10

Number of DINNERS 1 @ _____ 19.85

INCIDENTAL PERSONAL EXPENSES:

\$7.05/per full 24-hour period _____ @ \$7.05/day

MISCELLANEOUS: (specify) _____

CLAIMANT T A Seaman TOTAL EXPENSES 85.95

APPROVAL Seaman LESS ADVANCE _____

CHARGE TO ACCOUNT PADM - TRAV AMOUNT DUE 85.95

FOR ACCOUNTING ONLY:	<u>PADM TRAV</u>	\$	<u>81.85</u>
	<u>GST</u>	\$	<u>4.10</u>
		\$	

COMMUNITY SAVINGS APPLICANT COPY

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

Summary for Account:			
Previous Balance	731.83	Statement Date:	NOV 04, 2003
Total Credits	- 0.00	Payment Due Date:	NOV 19, 2003
Total Debits	+ 1,790.55	Account Credit Limit:	
Interest	+ 17.43	Available Credit:	17,333.00
New Balance	2,539.81	Interest Rates	
Min. Payment Due:	99.00	Purchases:	18.90%
		Cash Advances:	18.90%

Rewards Summary

Previous Points Balance		1,102
MasterCard Points	+	897
New Points Balance	-	1,999

YOUR PAYMENT WAS NOT RECEIVED BY THE STATEMENT DATE. PLEASE REMIT THE MINIMUM PAYMENT. IF PAID, PLEASE DISREGARD.

OUR ACCOUNT NUMBER SYSTEM HAS CHANGED! SEE YOUR NEW NUMBER ABOVE.

THE MASTERCARD PRICELESS MEMORIES SWEEPSTAKES IS HERE. EACH TIME YOU USE YOUR MASTERCARD CARD ANYWHERE IN CANADA FROM NOVEMBER 1 THROUGH DECEMBER 31, 2003, YOU'RE AUTOMATICALLY ENTERED FOR THE CHANCE TO WIN ONE OF 3 GRAND PRIZE GET-TOGETHER TRIPS OR ONE OF 25 FIRST PRIZE WEEKENDS. FOR MORE INFORMATION, VISIT WWW.MASTERCARD.CA.

WE RECENTLY CONVERTED OUR CARD-PROCESSING PLATFORM, TO BETTER SERVE YOU. WE SINCERELY APOLOGIZE IF THE IMPLEMENTATION OF THIS PLATFORM INCONVENIENCED YOU IN ANY WAY. WE'RE WORKING TO RESOLVE ISSUES AND TO MINIMIZE THEIR IMPACT TO OUR CARDHOLDERS. WE APPRECIATE YOUR PATIENCE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR CONTACT CENTRE AT 1-800-561-7849.

PLEASE BE ADVISED THAT THE FAX NUMBER FOR CHARGEBACK INQUIRIES DISPLAYED ON THE REVERSE SIDE OF PAGE ONE OF YOUR STATEMENT IS INCORRECT. THE CORRECT FAX NUMBER IS 1-306-566-1655.

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

Name		Card Number	
SEAMAN, TOM			
Slip Date	Post Date	Description	Amount
OCT 03	OCT 06	# THE VINEYARD ON FIRST MEDICINE HAT OD	97.58
OCT 18	OCT 20	# EARL'S MEDICINE HAT MEDICINE HAT OD	89.14

You can choose...

Use your card and earn points for FREE travel and merchandise



www.choicerewards.ca

*Approved
T. Seaman*

FOR GENERAL INQUIRIES OR TO REPORT A LOST OR STOLEN CARD, CALL 1-800-561-7849

To check your CHOICE REWARDS points balance or other financial information visit www.cucardsonline.com





CU CREDIT® MasterCard®

Provider of Credit Union MasterCard Cards



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

TOM SEAMAN
666 5 TH STREET SW
MEDICINE HAT AB T1A 4H6

004171

Account:	
Payment Due Date:	NOV 19, 2003
Amount Past Due:	22.00
New Balance:	2,539.81
Min. Payment Due:	99.00
Amount Paid: \$	3594.58

CU CREDIT
Payment
Processing
P.O. Box 5200
STN A
Calgary, AB
T2H 3A6

1005000000 -
(3594.58)
⑆24799⑆900⑆

Paid Nov 14/03
7301062400 - 3359.50
1520000000 - 235.08 96



CU CREDIT® MasterCard®

Provider of Credit Union MasterCard Cards



Slip Date	Post Date	Description	Amount
OCT 20	OCT 23	# MARIO'S MEDICINE HAT CD	294.62
OCT 21	OCT 23	# THE VINEYARD ON FIRST MEDICINE HAT CD	416.10
OCT 22	OCT 24	# ESSO TCH/SOUTH HWY DR. REDCLIFF CD	19.39
OCT 24	OCT 28	# TUMBLEWEEDS CAFE MEDICINE HAT CD	51.10
OCT 28	OCT 29	# CORPORATE EXPRESS AIRL CALGARY CD	173.34
OCT 28	OCT 30	# HY'S STEAK LOFT EDMONTON CD	115.97
OCT 30	NOV 02	# HAMPTON INN & SUITES CALGARY CD	138.88
OCT 29	NOV 03	# WESTIN HOTELS - EDMONT EDMONTON CD	226.65
OCT 30	NOV 03	# CHILI'S TEXAS GRILL CALGARY CD	38.98
OCT 31	NOV 03	# JACK ASTOR'S BAR & GRI CALGARY CD	43.70
OCT 30	NOV 04	# HERTZ CANADA CALGARY CD	85.10
NOV 04	NOV 04	INTEREST	17.43

CU CREDIT
Payment
Processing
P.O. Box 5200
STN A
Calgary, AB
T2H 3A6

EVERY RETAIL PURCHASE CHARGED TO YOUR CREDIT



HERTZ CANADA LIMITED

RENTAL: 10-29-83 1847 CALGARY AIRPORT
DUE: 10-30-83 1851 CALGARY AIRPORT

0812511
0812511

FORM# 966397666-01

THOMAS ANDRE
PAID BY: HC

CNP:

AUTH: \$135.00/23 DAYS

RATE PLAN: WLKC

RATE CLASS: R
\$ 37.00 / KM

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

DL: 29023660
03 GRAND CARAVAN SE

LIC: F11348
LOT/ROW/STALL:

VEH CLASS: R

OWN/VEH: 08193/2354629
KMS OUT: 22486 FUEL:

8/8 TK CAP: 76.0

EX HOURS
KM CHG

\$ 26.00 / KM
\$ 8.00

* THIS VEHICLE MUST BE RETURNED TO CALGARY AIRPORT ON 10-30-83
AT 1847 OR A HIGHER RATE AND/OR INTER CITY FEE WILL APPLY.

* OPTIONAL SERVICES OF:
-LDW ACCEPTED AT \$26.00 PER DAY WITH ZERO DEDUCTIBLE (B)
-P&P ACCEPTED AT \$6.95 PER DAY (N)
-W/A DECLINED
-FPO DECLINED - FUEL & SVC CHARGES APPLY

PST
GST FUEL & SVC (G) \$ 7.00%
VLF RECOVERY (B) \$ 2.290 /LITRE
\$.53 PER DA

* NO ADDITIONAL AUTHORIZED OPERATORS WITHOUT HERTZ' PRIOR WRITTEN APPROVAL

* VLF RECOV. INCL REG/PLATING COSTS

ACSRG (G) \$.71/DAY
CFR (B) \$ 12.368

BY YOUR INITIALS YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CONDITIONS: *TAS*

ROAD SERVICE 1800-654-5860

CUSTOMER SERVICES 416-620-5271

BILLING INQ. 403 221-1681

NOTICE: SUBJECT TO THE BASIC REQUIREMENTS OF ANY APPLICABLE 'NO FAULT' LAW, YOU ARE RESPONSIBLE FOR ALL LOSS OF OR DAMAGE TO THE RENTED VEHICLE EVEN IF SOMEONE ELSE CAUSED IT OR THE CAUSE IS UNKNOWN, EXCEPT FOR ACCIDENTAL FIRE OR ACTS OF NATURE. YOU ARE RESPONSIBLE FOR THE COST OF REPAIR UP TO THE VALUE OF THE VEHICLE, PLUS LOSS OF USE, TOWING, STORAGE, IMPOUND FEES, AND AN ADMINISTRATIVE CHARGE. THIS MAY BE CHARGED AS PART OF YOUR RENTAL CHARGES. YOUR OWN INSURANCE MAY COVER ALL OR PART OF YOUR RESPONSIBILITY. HERTZ WILL HOLD YOU RESPONSIBLE ONLY FOR THE DEDUCTIBLE AMOUNT, IF ANY, IF YOU BUY THE OPTIONAL DAMAGE WAIVER. THIS WAIVER WILL NOT PROTECT YOU IF YOU USE THE CAR AS PROHIBITED UNDER PARAGRAPH 5 OF THE AGREEMENT. BY SIGNING THIS AGREEMENT, YOU AGREE AND UNDERSTAND THE ABOVE AND ALL TERMS, CONDITIONS AND YOUR OBLIGATIONS SHOWN ON THE FOLDER (2000211) DELIVERED TO YOU WITH THE RENTAL RECORD.

GST REGISTRANT NUMBER R192337847
PREPARED BY: A4195

X *Thomas Andra*

RENTAL RECORD

9 6 6 3 9 7 6 6 6

10-29-83 1847 A4195 012511



**VEHICLE INSPECTION
INSPECTION DE VÉHICULE**

RA # / N° DE CL
966 39 106

LOCATION #
N° D'EMPLACEMENT
38

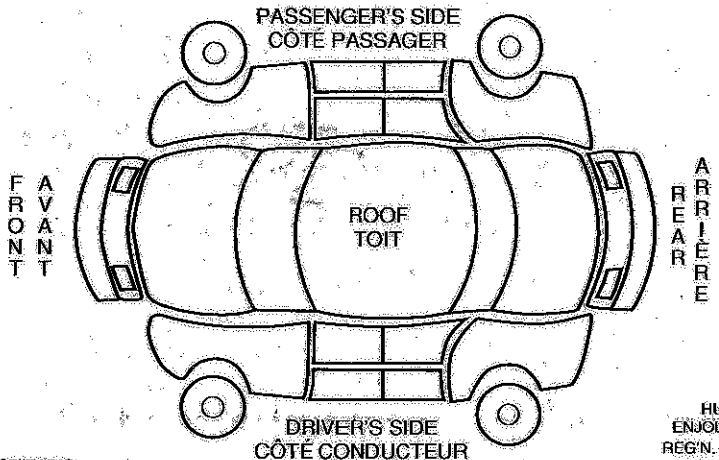
UNIT # / N° D'UNITÉ
2354629

LICENCE PLATE #
N° DE PLAQUE
FI1348

MODEL / MODÈLE
22680

ODOMETER
ODOMETRE
MCSE

FUEL TANK RÉSERVOIR	E V	1/8	2/8	3/8	4/8	5/8	6/8	7/8	FULL PLEIN
------------------------	--------	-----	-----	-----	-----	-----	-----	-----	---------------



- ANTENNA
ANTENNE
- CD/RADIO
LECTEUR CD/RADIO
- FLOOR MATS
TAPIS DE PLANCHER
- GAS CAP
BOUCHON DU RÉSERVOIR

- HUB CAPS
ENJOLIVEURS
- REG'N. / INSUR.
IMM. / ASSUR.
- SPARE / JACK
PNEU DE SECOURS / CRIC

OTHER (SPECIFY)
AUTRE(S) (PRÉCISER)

Comments:
Commentaires: *N.D*

Interior Damage:

Dommages intérieurs :

MISSING
ÉLÉMENT MANQUANT = **X** DAMAGED
ENDOMMAGÉ = **O**

I hereby acknowledge receipt of this vehicle in the condition described above and agree to notify a Hertz representative of any discrepancy before leaving Hertz premises.

J'accuse réception de ce véhicule dans l'état décrit ci-dessus et accepte d'aviser un représentant Hertz de tout écart avant de quitter l'établissement de Hertz.

[Signature] *10-29-03*
Customer's Name (Print) Customer's Signature Date
Nom du client (En lettres moulées) Signature du client

FOR HERTZ EMPLOYEE / RÉSERVÉ À L'EMPLOYÉ DE HERTZ

Check 1: Employee #: *VS* Date: *10 29 03*
1^{re} vérification: N° d'employé: Date: MM DJ Y/A

Check 2: Employee #: Date: MM DJ Y/A
2^e vérification: N° d'employé: Date: MM DJ Y/A

WHITE COPY - Location BLUE COPY - Customer YELLOW COPY - HCM
COPIE BLANCHE - Bureau de location COPIE BLEUE - Client COPY JAUNE - HCM

ROOM NUMBER 449	NAME TOM SEAMAN	RATE CODE WCO
CHECK IN DATE MON SEP08, 03	COMPANY PALLISER HEALTH AUTH	ADULTS / CHILDREN 1
CHECK OUT DATE TUE SEP09, 03	ADDRESS 666 5 ST SW MEDICINE HAT, AB T1A 4H6	FOLIO NUMBER 019750
		BALANCE \$.00

OUR HOTELS ARE LOCATED IN:

CALGARY

3515 - 26 Street N.E.
Calgary, Alberta T1Y 7E3
Phone: (403) 250-8855
Fax: (403) 250-8050

E-mail:calgary@greenwoodinn.ca

EDMONTON

4485 Calgary Trail N.B.
Edmonton, Alberta T6H 5C3
Phone: (780) 431-1100
Fax: (780) 437-3455

E-mail:edmonton@greenwoodinn.ca

WINNIPEG

1715 Wellington Avenue
Winnipeg, Manitoba R3H 0G1
Phone: (204) 775-9889
Fax: (204) 775-4576

E-mail:winnipeg@greenwoodinn.ca

**FOR RESERVATIONS
CALL TOLL-FREE
1-888-233-6730**

**VISIT OUR WEBSITE AT
www.greenwoodinn.ca**

TRANSACTION DATE	DESCRIPTION	REFERENCE	AMOUNT
SEP08	ROOM CHARGE	Rm 449	109.00+
SEP08	ROOM TAX 5%	Rm 449	5.45+
SEP08	GST 7%	Rm 449	7.63+
SEP09	MASTERCARD		122.08-

THE GREENWOOD INN LTD/EDMONTON
4485 GATEWAY BLVD
EDMONTON AB s.17(1), 17(4)(e.1)

CARD NUMBER
EXPIRY DATE
CARD TYPE MASTERCARD 5624
DATE/TIME 2003/09/09 07:40:55
CLEK NUMBER 04
RECEIPT NUMBER M80563246-302-012
PURCHASE ADVICE
TOTAL AMOUNT \$122.08

01 APPROVED 027 AUTH. # 8835
THANK YOU

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

CARDHOLDER SIGNATURE

Y FOR THIS BILL IS NOT WAIVED
RESPONSIBLE IF THE INDICATED
HARGES IN PART OR IN FULL.

GST# 13614983RT0001

arges incurred, regardless of billing instructions.

Visa Information Management

- Visit other services -

Home | My F

VISA Visa Information Source

Home | Inbox | Data Analysis | Cost Allocation | Cardholder Services

Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 21-08-2006
 Created by: Seaman, Tom
 Last Update: 23-08-2006

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	03-08-2006 07-08-2006	TUMBLEWEEDS GRILL LTD. CA, MEDICINE HAT AB	74510406215804637396402 5812 EATING PLACES/RESTAURANTS	209.28 CAD
	09-08-2006 10-08-2006	PHO DAO NOODLE HOUSE CA, MEDICINE HAT AB	74510406221804814596404 5812 EATING PLACES/RESTAURANTS	33.65 CAD

Aweshtats Dinner

Lunch with Mad. Hat Nages Reporter P. Cooper

Statement Amount:	242.93	Total Transactions:	2
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	242.93	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	242.93	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am not equal the Ending Balance.

T. A. Seaman 23 Aug/06

Submitted by

Date

Reviewed by

D



APPLICANT COPY

Visa Information Management

- Visit other services -

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VISA Visa Information Source

Home | Inbox | Data Analysis | Cost Allocation | Cardholder Services |

My S

Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-09-2006
 Created by: Seaman, Tom s.17(1), 17(4)(e.1)
 Last Update: 26-09-2006

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount	
	21-08-2006 22-08-2006	BEEFEATER STEAK HOUSE CA, MEDICINE HAT AB	74510406233802687796404 5812 EATING PLACES/RESTAURANTS	32.83 CAD	Lunch Dr. Chau
	25-08-2006 28-08-2006	MARTINI'S BAR & GRILL CA, EDMONTON AB	74537866239043621011802 5813 BARS/TAVERNS/LOUNGES/DISCOS	33.05 CAD	Lunch - Carol re: Ministers Meeting
	26-08-2006 28-08-2006	CROWNE PLAZA- CHATEAU LACO CA, EDMONTON AB	74537866239043613336522 3750 CROWNE PLAZA HOTELS	326.03 CAD	✓
	28-08-2006 29-08-2006	MEDICINE HAT 24/08 14 CA, MEDICINEHAT AB	74510206240805628596200 5599 MISC AUTO DEALERS - DEFAULT	5.00 CAD	parking at Airport
	01-09-2006 04-09-2006	AIR CANADA 0140125310508 CA, WINNIPEG MB	74101336244163000746571 3009 AIR CANADA	398.99 CAD	✓
	01-09-2006 04-09-2006	AIR CANADA 0140718633274 CA, WINNIPEG MB	74101336244163000760028 3009 AIR CANADA	398.99 CAD	✓
	11-09-2006 13-09-2006	MURRIETA'S EDMONTON CA, EDMONTON AB	74510406255901108134402 5812 EATING PLACES/RESTAURANTS	486.09 CAD	RSHIP Dinner Meeting
	18-09-2006 19-09-2006	MEDICINE HAT 11/09 14 CA, MEDICINEHAT AB	74510206261805399496204 5599 MISC AUTO DEALERS - DEFAULT	5.00 CAD	parking
	20-09-2006 20-09-2006	CROWNE PLAZA- CHATEAU LACO CA, EDMONTON AB	74537866263032507248835 3750 CROWNE PLAZA HOTELS	105.51 CAD	✓

Statement Amount:	1791.49	Total Transactions:	9
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	1791.49	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	1791.49	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.

T. H. Deaver 26 Sept / 09
Submitted by Date

[Signature]
Reviewed by D



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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 20-10-2006
 Created by: Seaman, Tom
 Last Update: 23-10-2006

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	19-09-2006 21-09-2006	CROWNE PLAZA CHATEAU LACO CA, EDMONTON AB	74537866263043618125143 3750 CROWNE PLAZA HOTELS	31.35 CAD
	19-09-2006 21-09-2006	BISTRO PRAHA CA, EDMONTON AB	74529006262920133933800 5812 EATING PLACES/RESTAURANTS	21.82 CAD
	21-09-2006 22-09-2006	MEDICINE HAT 18/09 05 CA, MEDICINEHAT AB	74510206264803253196207 5599 MISC AUTO DEALERS - DEFAULT	10.00 CAD
	22-09-2006 25-09-2006	THAI ORCHID ROOM CA, MEDICINE HAT AB	74510406265803428696409 5812 EATING PLACES/RESTAURANTS	80.32 CAD
	24-09-2006 26-09-2006	ESSO 4625 MCCALL WAY, N.E CA, CALGARY AB	74510206268921308837207 5541 SERVICE STATIONS	41.37 CAD
	25-09-2006 27-09-2006	HERTZ CANADA CA, OKLAHOMA CITY ON	74537866269066929076980 3357 HERTZ	29.92 CAD

Statement Amount:	214.78	Total Transactions:	6
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	214.78	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00

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Ending Balance:	214.78	Total Due:	0.00
Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount is not equal to the Ending Balance.			

Submitted by: Bama Date: 23 Oct/06 Reviewed by: Quince Blair

[Redacted] [Redacted]

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-11-2006
 Created by: Seaman, Tom s.17(1), 17(4)(e.1)
 Last Update: 23-11-2006

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	20-10-2006 24-10-2006	WESTIN HOTELS - EDMONTON CA, EDMONTON AB	74500016296410446619314 3515 RODEWAY INN	151.53 CAD
	23-10-2006 24-10-2006	MEDICINE HAT 18/10 14 CA, MEDICINEHAT AB	74510206296803139696208 5599 MISC AUTO DEALERS - DEFAULT	5.00 CAD
	27-10-2006 31-10-2006	MEDICINE HAT LODGE CA, MEDICINE HAT AB	74529006300920227898103 7011 LODGING/HOTELS/MOTELS/RESORTS	413.94 CAD
	30-10-2006 01-11-2006	ESSO #1 1900 SOUTH HWAY D CA, REDCLIFF AB	74510206304923950737202 5541 SERVICE STATIONS	26.63 CAD
	31-10-2006 01-11-2006	MEDICINE HAT 30/10 05 CA, MEDICINEHAT AB	74510206304803005296208 5599 MISC AUTO DEALERS - DEFAULT	5.00 CAD
	08-11-2006 09-11-2006	SHUTTERS PARKING US, SANTA MONICA CA	24906046312040300131023 7523 AUTO PARKING LOTS/GARAGES	13.91 CAD
	09-11-2006 13-11-2006	WESTIN LAX FB US, 310-2165858 CA	24675506314525400140171 5812 EATING PLACES/RESTAURANTS	62.20 CAD
	10-11-2006 13-11-2006	WESTIN LOS ANGELES ARPRT US, 310-2165858 CA	24675506314525400192503 3513 WESTIN HOTELS	403.54 CAD
	10-11-2006 13-11-2006	MEDICINE HAT 07/11 09 CA, MEDICINEHAT AB	74510206314804014796202 5599 MISC AUTO DEALERS - DEFAULT	15.00 CAD



17-11-2006
20-11-2006

ELECTRONIC EDITION
CA, NORTH YORK ON

74500016321463618571978
5192 BOOKS/PERIODICALS/NEWSPAPERS

10.59 CAD

Statement Amount:	1107.34	Total Transactions:	10
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	1107.34	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	1107.34	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount not equal the Ending Balance.

J. Deaman
Submitted by

23 Nov 06
Date

[Signature]
Reviewed by D



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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM s.17(1), 17(4)(e.1)
 For Period Ending: 20-12-2006
 Created by: Seaman, Tom
 Last Update: 02-01-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	21-11-2006 24-11-2006	MURRIETA'S EDMONTON CA, EDMONTON AB	74510406326900765334409 5812 EATING PLACES/RESTAURANTS	40.00 CAD
<i>Lunch for Bd Chair + myself following H&A Mtg - no receipt</i>				
	21-11-2006 24-11-2006	THE VARSCONA CA, EDMONTON AB	74529006326920200393502 7011 LODGING/HOTELS/MOTELS/RESORTS	127.72 CAD
	25-11-2006 29-11-2006	MEDICINE HAT LODGE CA, MEDICINE HAT AB	74529006331920230534706 7011 LODGING/HOTELS/MOTELS/RESORTS	162.08 CAD
	27-11-2006 28-11-2006	MEDICINE HAT 20/11 05 CA, MEDICINEHAT AB	74510206331808226696208 5599 MISC AUTO DEALERS - DEFAULT	10.00 CAD
	29-11-2006 30-11-2006	D'CARLO CA, MEDICINE HAT AB	74510406333808773396404 5812 EATING PLACES/RESTAURANTS	68.37 CAD
	01-12-2006 05-12-2006	MEDICINE HAT LODGE CA, MEDICINE HAT AB	74529006335920234712502 7011 LODGING/HOTELS/MOTELS/RESORTS	59.89 CAD
	15-12-2006 18-12-2006	BEEFEATER STEAK HOUSE CA, MEDICINE HAT AB	74510406349804483696409 5812 EATING PLACES/RESTAURANTS	159.39 CAD
	16-12-2006 18-12-2006	DIGITAL NEWSPAPER CA, RICHMOND BC	74510206350802555096292 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

- no receipt

Statement Amount:	638.04	Total Transactions:	8
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	638.04	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	638.04	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am. not equal the Ending Balance.

T.A. Beaman
Submitted by

02 Jan/07
Date

[Signature]
Reviewed by D



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Server name

APPLICANT COPY
Varscona Hotel on Whyte
 8208 - 106 STREET

Nov 21, 2006
 7:07 am



Edmonton, AB T6E 6R9
 Phone: (780)434-6111 Fax: (780)439-1195

Mr. Tom Seaman
 666 - 5th St SW
 Medicine Hat, AB T1A 4H6

Account #: 53697
 Room Number: 217
 Rate: \$115.00
 Pay Method

Arrival Date: Monday, November 20, 2006
 Departure Date: Tuesday, November 21, 2006

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

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

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
11/20/06	Room Charge	Auto Posted		217	\$115.00	
11/20/06	Tourism Levy - 4%	Auto Posted		217	\$4.60	
11/20/06	RGST-6%	Auto Posted		217	\$6.90	
11/20/06	D.M.F. - 1%	Auto Posted		217	\$1.15	
11/20/06	6% GST on D.M.F.	Auto Posted		217	\$0.07	
11/21/06	VISA Payment	CHECKED-OUT		217		\$127.72

Tax Summary	
Tourism Lev	\$4.60
RGST-6%	\$6.90
D.M.F. - 1%	\$1.15
6% GST on D	\$0.07

Balance:

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

G.S.T. # 863128575 RT 0001

Signature _____

- Requirement of
Psychiatrist,
Dr.

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



NON TRANSFERABLE

5353149



RECEIPT

5353149

Steiff Meeting
for Dr. [unclear]
BEEFATER STEAK HOUSE
3286 13TH AVE SE
MEDICINE HAT AB

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

CARD TYPE VISA
CARD NUMBER 30679761-001-129-022-0
RECEIPT NUMBER 0200 13:23:24
DATE 2006/12/15
TIME 0200 13:23:24
PRE-AUTHORIZATION AMOUNT \$139.39
TIP 20.00
TOTAL-CAD 159.39

APPROVED

AUTH# 092480
THANK YOU
01-027
CARDHOLDER COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 22/11/06
EXPIRATION TIME 05:01
AMOUNT PAID \$ 10.00

DETACH RECEIPT FROM TICKET

DATE ISSUED 20/11/06
TIME ISSUED 05:01
AMOUNT PAID \$ 10.00
CREDIT CARD NUMBER 0000000000000000

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

Meeting re:
Forensic
Psychiatry

D CARLO
780 8TH STREET SW
MEDICINE HAT AB
s.17(1), 17(4)(e.1)

CARD NUMBER 4708359F-095-048
EXPIRY DATE 2006/11/29 19:23:08
CARD TYPE VISA
DATE/TIME 2006/11/29 19:23:08
RECEIPT NUMBER S4708359F-095-048
AUTHORIZATION AMOUNT \$60.37

TIP \$ 0.00
TOTAL AMOUNT 68.37

01 APPROVED-027 AUTH. # 092909
THANK YOU

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

CARDHOLDER SIGNATURE

MERCHANT COPY

Recruitment completed
for Dr.

RECruitment completed
for Dr. [unclear]
MEDICINE HAT AB
s.17(1), 17(4)(e.1)

DATE 06/11/06 TIME 09 25 31
AUTH # 075566
TRAN CODE 01
001914016

INVOICE NO. 25545
SUBTOTAL 452.09
TAX 7.50
TOTAL 459.59

APPLICANT COPY

Signature [unclear]
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

For card-customer billing copy-retain!

APPLICANT COPY

Jan 2007

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Statement

Card A...	SEAMAN, TOM -	s.17(1), 17(4)(e.1)
For Per...	22-01-2007	
Created...	Seaman, Tom	
Last U...	24-01-2007	

Statement

Options

Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
MEDICINE HAT 14/01 19 CA, MEDICINEHAT AB	74510207015804422596202 5599 MISC AUTO DEALERS - DEFAULT	5.00 CAD
EXECUTIVE ROYAL INN LEDUC CA, EDMONTON AB	74510407015806303396400 7011 LODGING/HOTELS/MOTELS/RESORTS	130.90 CAD
DIGITAL NEWSPAPER CA, RICHMOND BC	74510207016802899196299 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD
MEDICINE HAT CHAMBER O CA, MEDICINE HAT AB	74500017019461686649713 8398 CHARITABLE/SOC SERVICE ORGS	60.00 CAD

Statement

206.49	Total Transactions:	4
Beginning	Current Due:	0.00
Total P...	Past Due Cycle 1:	0.00
Total C...	Past Due Cycle 2:	0.00
Unacco...	Past Due Cycle 3:	0.00
Total C...	Past Due Cycle 4:	0.00
Total P...	Past Due Cycle 4+:	0.00
Ending	Total Due:	0.00

Note: If amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am...

Submit

24 Jan/07
Date

Reviewed by

D

211



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Upcoming events

January 18th, 2007 and February 15th, 2007
Tiffin Conference Series
Lethbridge Community College
 The Medicine Hat and District Chamber of Commerce is providing members with transportation to and from the event and a reduced ticket cost. Phone the office for more information on this great opportunity!

February 13th, 2007
Job Fair 2007
Cypress Centre
 10:00am - 8:00pm
 Call Tourism Medicine Hat at 527-6422 for package information

February 16th, 2007
Breakfast Break for Business
ABC Restaurant
 7:30am - 8:45am
 \$10 Members / \$12 Potential Members

February 17th, 2007
Mardi Gras!
Medicine Hat Lodge
 Join the Chamber of Commerce and the Community Foundation for an evening with live music, great food, silent auction, fun money casino and much more!

To register for any of the events please call the Chamber Office at 527-5214 ext. 221.

413 - 6th Ave SE
 Medicine Hat, AB, T1A 2S7
 Tel: (403) 527-5214
 Fax: (403) 527-5182
 E-mail: info@medicinehatchamber.com
www.medicinchatamber.com



Fax Cover Sheet

Date: 19/1/2007 Fax # 529-8998

Attn: Tom Seaman

From: Meghan Stacie

Subject: Premier's Luncheon Receipt.

Transmitting 1 Page(s) including this one

Comments:

Premier Stelmach's luncheon
 ① Carol Secondick
 ② Tom Seaman
 ③ Col Nebergold

3 x 20.00/ticket

MEDICINE HAT CHAMBER OF C
 413-6 AVENUE S.E. MEDICINE HAT AB

ID: A4413969
 STORE: 4413969

SLIP #: 1519

SALE

\$60.00

CUSTOMER/CLIENT

SIGNATURE X by phone

VISA

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

SEQ 173001001006 AUTH 017476 ISO -001

APPROVED

DATE Jan 19 2007

TIME 1:20 pm

3 tickets @ \$20.00

SA
FEFMAN TOM

Executive Royal Inn Leduc
8450 Sparrow Drive
Leduc, AB T9E 7G4
Ph: 780-986-1840/Fax: 780-986-1864

MEDICINE HAT, AB

ALBERTA R SHIP
Room # 116 Invoice # 266808

Arrive 01/14/07 Depart 01/15/07

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
01/14/07	AD	2-Room Charg		119.00
01/14/07	AD	42-Tourism Le	On Room Charge	4.76
01/15/07	MLB	90-Visa		-130.90
			GST On Room Charge	7.14
			GST Reg. # 879535953RT0004	
116				

EXECUTIVE ROYAL INN LEDUC
8450 SPARROW DRIVE
EDMONTON AB s.17(1), 17(4)(e.1)

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 0764
DATE/TIME 2007/01/15 08:08:24
RECEIPT NUMBER MB0129763-376-019
PURCHASE AMOUNT
TOTAL AMOUNT \$150.90

01 APPROVED 027 AUTH. # 972002
THANK YOU

BALANCE DUE → 0.00

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

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

SIGNATURE

X

NORTH CALGARY
Tel: (403) 291-2003 1-877-ROYALNC
Fax: (403) 291-2019
2828 - 23rd Street N.E., Calgary, Alberta T2E 8T4

EXECUTIVE ROYAL INN
WEST EDMONTON
Tel: (780) 484-6000 1-800-661-4879
Fax: (780) 489-2900
10010 - 178 Street, Edmonton, Alberta T5S 1T3

EXECUTIVE ROYAL INN
LEDUC (Edmonton International Airport)
Tel: (780) 986-1840 1-888-202-3770
Fax: (780) 986-1864
8450 Sparrow Drive, Leduc, Alberta T9E 7G4

EXECUTIVE RESORT
AT KANANASKIS
Tel: (403) 591-7500 1-888-591-7501
Fax: (403) 591-7633
P.O. Box 10, Kananaskis Village, Alberta T0L 2H0

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DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

15/01/07 19:01

EXPIRATION TIME

AMOUNT PAID

\$ 5.00 14130000 19:01



NON TRANSFERABLE

5353423

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

15/01/07 19:01 \$ 5.00

CREDIT CARD NUMBER



RECEIPT

5353423

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

Feb 07

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 20-02-2007
 Created by: Seaman, Tom
 Last Update: 01-03-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	25-01-2007 30-01-2007	WESTIN HOTELS - EDMONTON CA, EDMONTON BC	74500017029410483486850 3515 RODEWAY INN	23.12 CAD
	26-01-2007 30-01-2007	WESTIN HOTELS - EDMONTON CA, EDMONTON AB	74500017029410483486330 3515 RODEWAY INN	143.32 CAD
	16-02-2007 19-02-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74510207047802452696290 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

Statement Amount:	177.03	Total Transactions:	3
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	177.03	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	177.03	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am not equal the Ending Balance.

T.A. Seaman
Submitted by

01 March 07
Date

J. Dawson
Reviewed by

APPLICANT COPY

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

guest travel agent/charge to

Tom Seaman s.17(1), 17(4)(g)(i) 1810

Canada room 129.00

rate 1

no. pers. 137573 EX-A

folio 1

page 24-JAN-07 16:11

arrive 25-JAN-07

depart VI

payment 1810

24-JAN-07	RT1810	Room Charge	129.00
24-JAN-07	RT1810	GST	7.82
24-JAN-07	RT1810	DMF	1.29
24-JAN-07	RT1810	Tourism Levy	5.21
25-JAN-07	VI	Visa	143.32-
		Total Charges	143.32
		Total Credits	143.32-
		Balance Due	0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
24-JAN-07	129.00	7.82	5.21	0.00	0.00	1.29	143.32
Total	129.00	7.82	5.21	0.00	0.00	1.29	143.32

Date	Payment
24-JAN-07	0.00
Total	0.00

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

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

signature _____

Tom Seaman
 FOLIO 137573 24-JAN-07

APPLICANT COPY

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

guest			1810		travel agent/charge to
Tom Seaman	s.17(1), 17(4)(g)(i)	room rate	129.00		
		no. pers.	1		
		folio	137573	EX-A	
Canada		page	2		
		arrive	24-JAN-07	16:11	
		depart	25-JAN-07		
		payment	VI		



GST Summary:

GST Room Revenue:	7.82
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	7.82

861336493RT0005

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

signature _____

As a Starwood Preferred Guest you have earned at least 387 Starpoints for this visit G50250778845.

Tom Seaman
FOLIO 137573 24-JAN-07

APPLICANT COPY

THE WESTIN EDMONTON
Pradera Cafe & Lounge
GST# 861336493RT0005

23 Margaux 1

TBL 32/1 1666 GST 2
25JAN'07 7:09AM

2 @ 10.00	
2 Eggs/Toast	20.00
4 Coffee @ 4.00	16.00
1 1 Eggs/Toast	8.00
2 Orange Juice @ 4.00	8.00
FOOD	52.00
Tax	3.12
Total Due	\$55.12

Gratuity: 8.00

Total : 63.12

Room # (see back)

Name Print T.A Seaman

Signature T.A Seaman

CREDIT CARD VOUCHER

Pradera Cafe & Lounge
 CHECK: 1666
 TABLE: 32/1
 SERVER: 23 Margaux
 DATE: 25JAN'07 7:44AM
 CARD TYPE:
 ACCT #:
 EXP DATE:
 AUTH CODE: 72436
 TOM SEAMAN

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

SUBTOTAL:

15.12
 + 8.00

 23.12

APPLICANT COPY

PALLISER HEALTH REGION

PURCHASING CARD JOURNAL ENTRY - MAR 22/07 CUTOFF

Non-Responsive

GL CODE	DEBIT	CREDIT	DESCRIPTION
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Imported & Deleted

*31/03/07
14*

*BW
SS*

APPLICANT COPY

Non-Responsive

GL CODE DEBIT CREDIT DESCRIPTION

209.95 *initially*

SEAMAN TOM	PADM TRAV	5.66	03/05/2007 MEDICINE HAT
SEAMAN TOM	PADM FOOD	688.85	03/12/2007 SORRENTINO'S DOWNTOWN
SEAMAN TOM	PADM FOOD	30.23	03/13/2007 COSMOS GREEK VILLAGE
SEAMAN TOM	PADM TRAV	312.08	03/14/2007 WESTIN HOTELS - EDMONTON
SEAMAN TOM	PADM SUPP	10.00	03/16/2007 DIGITAL NEWSPAPER
SEAMAN TOM	PADM FOOD	135.71	03/16/2007 THAI ORCHID ROOM

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM s.17(1), 17(4)(e.1)
 For Period Ending: 20-03-2007
 Created by: Seaman, Tom
 Last Update: 23-03-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	05-03-2007 06-03-2007	MEDICINE HAT 02/03 05 CA, MEDICINEHAT AB	74510207064802293896206 5599 MISC AUTO DEALERS - DEFAULT	6.00 CAD
	12-03-2007 13-03-2007	SORRENTINO'S DOWNTOWN CA, EDMONTON AB	74500017071463652637164 5812 EATING PLACES/RESTAURANTS	730.18 CAD
	13-03-2007 14-03-2007	COSMOS GREEK VILLAGE CA, EDMONTON AB	74510407072807713396402 5813 BARS/TAVERNS/LOUNGES/DISCOS	32.04 CAD
	14-03-2007 19-03-2007	WESTIN HOTELS - EDMONTON CA, EDMONTON AB	74500017075410495229101 3515 RODEWAY INN	326.02 CAD
	16-03-2007 19-03-2007	THAI ORCHID ROOM CA, MEDICINE HAT AB	74510407075802219196403 5812 EATING PLACES/RESTAURANTS	143.85 CAD
	16-03-2007 19-03-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74510207075800523896290 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

Statement Amount:	1248.68	Total Transactions:	6
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	1248.68	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00

Ending Balance: 1248.68 Total Due: 0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.

T A Barra *23 Mar 07* *J Dwosin*
Submitted by Date Reviewed by



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Server name

APPLICANT COPY

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

* guest			travel agent/charge to
Mr Tom Seaman	room	1314	
	rate	115.00	
666 5th St. S.w.	no. pers.	1	
Medicine Hat, AB T1A 4H6	folio	124819	EX-A
Canada	page	2	
HHC10A	arrive	11-MAR-07	18:22
	depart	13-MAR-07	
	payment	VI	

date	reference	description	charges/deductions
------	-----------	-------------	--------------------

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
11-MAR-07	115.00	6.97	4.65	70.48	0.00	1.15	198.25
12-MAR-07	115.00	6.97	4.65	0.00	0.00	1.15	127.77
Total	230.00	13.94	9.30	70.48	0.00	2.30	326.02

Date	Payment
11-MAR-07	0.00
12-MAR-07	0.00
Total	0.00

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

GST Summary:

GST Room Revenue:	13.94
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	13.94

861336493RT0005

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

signature _____

As a Starwood Preferred Guest, you could have earned 594 Starpoints for this visit. Please provide your member number or enroll today.

Mr Tom Seaman
 FOLIO 124819 11-MAR-07

APPLICANT COPY

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

guest		travel agent/charge to
Mr Tom Seaman	room 1314	
	rate 115.00	
	no. pers. 1	
666 5th St. S.w.	folio 124819	EX-A
Medicine Hat, AB T1A 4H6	page 1	
Canada	arrive 11-MAR-07	18:22
	depart 13-MAR-07	
HHC10A	payment VI	

1314

11-MAR-07	RT1314	Room Charge	115.00
11-MAR-07	RT1314	GST	6.97
11-MAR-07	RT1314	DMF	1.15
11-MAR-07	RT1314	Tourism Levy	4.65
11-MAR-07	1640	Pradera Cafe	70.48
12-MAR-07	RT1314	Room Charge	115.00
12-MAR-07	RT1314	GST	6.97
12-MAR-07	RT1314	DMF	1.15
12-MAR-07	RT1314	Tourism Levy	4.65
13-MAR-07	VI	Visa	326.02-
Total Charges			326.02
Total Credits			326.02-
Balance Due			0.00

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

** continued on the next page **

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

signature _____

Mr Tom Seaman
 FOLIO 124819 11-MAR-07

APPLICANT COPY *Lunch Carol Sec. & myself.*

COSMOS GREEK VILLAGE
120-10020 101A AVE
EDMONTON AB s.17(1), 17(4)(e.1)

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 1939
DATE/TIME 2007/03/13 13:13:38
RECEIPT NUMBER S80502091-918-009
AUTHORIZATION
AMOUNT \$28.04

TIP
TOTAL AMOUNT
4.00
32.04

01 APPROVED 027 AUTH. # 002007 s.17(1), 17(4)(e.1)
THANK YOU

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

T. Seaman
TOM SEAMAN

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

1940 BRCHDLE UM
3 36 STRACHAN COURT SE
MIDDTIME HAT AB

CARD
CARD TV
DATE 2007/03/13
TIME 13:13:38
CITY
RECEIPT NUMBER

AMOUNT \$127.85

TIP *16.00*
TOTAL CARD *143.85*

APPROVED

AUTH# 051942 01 027
THANK YOU

CARDHOLDER COPY

To *230.18*
001/ APPROVED *85.78*
12-Mar-07

PRECISE PARKLINK™
NON TRANSFERABLE
5353787
PRECISE PARKLINK™
RECEIPT
5353787

EXPIRATION DATE
EXPIRATION TIME
AMOUNT PAID
\$ 6.00 14:30:00 05:02
03/03/07 05:02

DETACH RECEIPT FROM TICKET
DATE ISSUED
TIME ISSUED
AMOUNT PAID
03/03/07 05:02 \$ 6.00
CREDIT CARD NUMBER

DISPLAY THIS SIDE UP ON DASHBOARD

PALLISER HEALTH REGION APPLICANT COPY
PURCHASING CARD JOURNAL ENTRY - APR 22/07 CUT OFF

Non-Responsive

GL CODE	DEBIT	CREDIT	DESCRIPTION
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1

*Imported
227
Posted*

*30/04/07
36*

SW

GL CODE	DEBIT	CREDIT	COPY	DESCRIPTION
SEAMAN TOM	PADM FOOD	34.03		03/26/2007 CALLAGHAN INN
SEAMAN TOM	PADM FOOD	100.71		03/29/2007 EARL'S MEDICINE HAT
SEAMAN TOM	PADM FOOD	46.66		04/11/2007 CALLAGHAN INN
SEAMAN TOM	PADM TRAV	29.67		04/12/2007 COSMOS GREEK VILLAGE
SEAMAN TOM	PADM TRAV	135.50		04/14/2007 WESTIN HOTELS - EDMONTON
SEAMAN TOM	PADM TRAV	239.09		04/16/2007 AVIS RENT-A-CAR
SEAMAN TOM	PADM MEMB	9.99		04/16/2007 DIGITAL NEWSPAPER
SEAMAN TOM	PADM TRAV	11.32		04/16/2007 MEDICINE HAT
SEAMAN TOM	PADM TRAV	5.66		04/19/2007 MEDICINE HAT

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-04-2007 s.17(1), 17(4)(e.1)
 Created by: Seaman, Tom
 Last Update: 23-04-2007


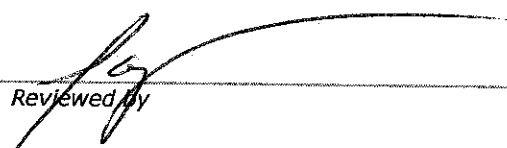
Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	26-03-2007 28-03-2007	CALLAGHAN INN CA, MEDICINE HAT AB	74510407085802492096401 3508 QUALITY INN	36.07 CAD
	29-03-2007 30-03-2007	EARL'S MEDICINE HAT CA, MEDICINE HAT AB	74500017088463639546760 5812 EATING PLACES/RESTAURANTS	106.75 CAD
	11-04-2007 13-04-2007	CALLAGHAN INN CA, MEDICINE HAT AB	74510407101802278596400 3508 QUALITY INN	49.46 CAD
	12-04-2007 13-04-2007	COSMOS GREEK VILLAGE CA, EDMONTON AB	74510407102809123996403 5813 BARS/TAVERNS/LOUNGES/DISCOS	31.45 CAD
	14-04-2007 17-04-2007	WESTIN HOTELS - EDMONTON CA, EDMONTON AB	74500017106410471548048 3515 RODEWAY INN	143.32 CAD
	16-04-2007 18-04-2007	AVIS RENT-A-CAR CA, ETOBICOKE ON	74537867107066929034215 3389 AVIS RENT-A-CAR	253.44 CAD
<i>Contract still pending - Avis was to mail a copy to me.</i>				
	16-04-2007 17-04-2007	MEDICINE HAT 12/04 09 CA, MEDICINEHAT AB	74510207106808121896201 5599 MISC AUTO DEALERS - DEFAULT	12.00 CAD
	16-04-2007 17-04-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74510207106806780196293 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD
	19-04-2007 20-04-2007	MEDICINE HAT 16/04 05 CA, MEDICINEHAT AB	74510207109803474196207 5599 MISC AUTO DEALERS - DEFAULT	6.00 CAD



APPLICANT COPY

Statement Amount:	649.08	Total Transactions:	9
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	649.08	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	649.08	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am. not equal the Ending Balance.


23 April/07


Submitted by _____ Date _____ Reviewed by _____ D

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Server name

APPLICANT COPY

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

guest		travel agent/charge to
Tom Seaman	room 1520	
	rate 129.00	
	no. pers. 1	
666 5 St Sw	folio 156811 EX-A	
Medicine Hat, AB T1A 4H6	page 1	
Canada	arrive 12-APR-07 13:01	
	depart 13-APR-07	
	payment VI	<i>1520</i>

12-APR-07	RT1520	Room Charge	129.00
12-APR-07	RT1520	GST	7.82
12-APR-07	RT1520	DMF	1.29
12-APR-07	RT1520	Tourism Levy	5.21
13-APR-07	VI	Visa	143.32-
		Total Charges	143.32
		Total Credits	143.32-
		Balance Due	0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-APR-07	129.00	7.82	5.21	0.00	0.00	1.29	143.32
Total	129.00	7.82	5.21	0.00	0.00	1.29	143.32

Date	Payment
12-APR-07	0.00
Total	0.00

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

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

signature _____

Tom Seaman
 FOLIO 156811 12-APR-07

APPLICANT COPY

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

guest

travel agent/charge to

Tom Seaman	room	1520	
	rate	129.00	
	no. pers.	1	
666 5 St Sw	folio	156811	EX-A
Medicine Hat, AB T1A 4H6	page	2	
Canada	arrive	12-APR-07	13:01
	depart	13-APR-07	
	payment	VI	

GST Summary:

GST Room Revenue:	7.82
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	7.82

861336493RT0005

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

signature _____

As a Starwood Preferred Guest you have earned at least 258 Starpoints for this visit 720600542.

Tom Seaman
FOLIO 156811 12-APR-07

APPLICANT COPY

CALLAGHAN INN
954 7TH STREET SW
MEDICINE HAT AB

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

earls

GREAT FOOD GREAT PEOPLE

Date: 27Mar'07 07:31PM
Card Type: Visa
Acct #: s.17(1), 17(4)(e.1)
Exp Date:
Auth Code: U47583
Check: 5232
Table: 75/1
Server: 99 DAVID
TOM SEAMAN

Subtotal: 92.75
Tip: 14.00
Total: 106.75

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

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

CALLAGHAN INN
954 7TH STREET SW
MEDICINE HAT AB

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

CARD NUMBER
CARD TYPE
DATE/TIME 2007/04/11 12:46:23
INVOICE NUMBER 27654
RECEIPT NUMBER S78016347-001-168-004
PRE-AUTHORIZATION
AMOUNT \$43.46

TIP: 6.00
TOTAL AMOUNT 49.46

01 APPROVED - 027 AUTH. # 086863
THANK YOU

CARDHOLDER COPY

CARD TYPE
CARD NUMBER 3633
DATE/TIME 7/03/26 12:41:16
INVOICE NUMBER 501
RECEIPT NUMBER S78016347-001-152-011

PRE-AUTHORIZATION
AMOUNT .07

TIP: 4.00
TOTAL AMOUNT 36.07

01 APPROVED - 027 AUTH. # 035429
THANK YOU

CARDHOLDER COPY

COSMOS GREEK VILLAGE
120-10020 101A AVE
EDMONTON AB

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

NUMBER
CARD TYPE VISA 7061
DATE/TIME 2007/04/12 14:02:05
RECEIPT NUMBER S80502091-944-021
AUTHORIZATION AMOUNT \$27.45

APPLICANT COPY

APPROVED 027 AUTH. # 061365
THANK YOU

4.00
31.45

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

TOM SEAMAN

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 14/04/07 09:16
EXPIRATION TIME 09:16
AMOUNT PAID \$ 12.00 14130000 09:16

DATE ISSUED 12/04/07 09:16
TIME ISSUED 09:16
AMOUNT PAID \$ 12.00
CREDIT CARD NUMBER

AIRPORT

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



NON TRANSFERABLE

5354083



RECEIPT

5354083

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 17/04/07 05:12
EXPIRATION TIME 05:12
AMOUNT PAID \$ 6.00 14130000 05:12

DATE ISSUED 16/04/07 05:12
TIME ISSUED 05:12
AMOUNT PAID \$ 6.00
CREDIT CARD NUMBER

AIRPORT

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



NON TRANSFERABLE

5354108



RECEIPT

5354108

PALLISER HEALTH REGION **APPLICANT COPY**
PURCHASING CARD JOURNAL ENTRY - MAY 22/07 CUTOFF

Non-Responsive

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>DESCRIPTION</u>
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Imported
12/28
11/20/07

31/25/07 BW
15

Non-Responsive

APPLICANT COPY

GL CODE	DEBIT	CREDIT	DESCRIPTION
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SEAMAN TOM	PADM TRAV	92.82	04/28/2007 EARL'S MEDICINE HAT
SEAMAN TOM	PADM TRAV	22.88	05/01/2007 CANADA SAFEWAY
SEAMAN TOM	PADM TRAV	244.04	05/01/2007 DUNMORE ROAD LIQUOR BARN
SEAMAN TOM	PADM SUBS	9.99	05/16/2007 DIGITAL NEWSPAPER

VISA Visa Information Source

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| [My S](#)

Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 21-05-2007
 Created by: Seaman, Tom
 Last Update: 23-05-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	28-04-2007 30-04-2007	EARL'S MEDICINE HAT CA, MEDICINE HAT AB	74500017118463684239620 5812 EATING PLACES/RESTAURANTS	98.39 CAD
	01-05-2007 04-05-2007	CANADA SAFEWAY #200 CA, MEDICINE HAT AB	74500017123586636298741 5411 GROCERY STORES/SUPERMARKETS	22.88 CAD
	01-05-2007 03-05-2007	DUNMORE ROAD LIQUOR BARN CA, MEDICINE HAT AB	74529007121920159079404 5921 PKG STORES/BEER/WINE/LIQUOR	258.23 CAD
	16-05-2007 17-05-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74510207136807453896296 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

Statement Amount:	390.09	Total Transactions:	4
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	390.09	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	390.09	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.

T.A. Seaman
Submitted by

23 May/07
Date

Jane M. Blais
Reviewed by

D

APPLICANT COPY

earls

GREAT FOOD GREAT PEOPLE

Date: 27Apr'07 01:13PM
 Card Type: Visa
 Acct #:
 Exp Date:
 Auth Code: 000518
 Check: 4902
 Table: 11/1
 Server: 97 VANESSA
 TOM SEAMAN

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

Subtotal: 86.39
 Tip: 12.00
 Total: 98.39

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

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

CREDIT CARD TRANSACTION REPORT

Canada Sales Tax Store 0200
 3292 Dunmore Road SE
 Medicine Hat, AB
 T1B 2R4

EMPLOYEE: 5775 s.17(1), 17(4)(e.1)

AMOUNT \$22.23

07/05/07 18:22:38 AUTHOR. #: 0714...
 REFERENCE #: 66076903 0014550650

01 APPROVED - THANK YOU 027

0200 011 5775 0187

DUNMORE ROAD LIQUOR BA
 1797 DUNMORE ROAD T1A1Z6
 MEDICINE HAT AB
 22622993

|||| PURCHASE ||||
 04-30-2007 19:10:33
 Acct # S
 Exp Date VI s.17(1), 17(4)(e.1)
 Name: TOM SEAMAN

Operator 057
 T22622993001
 Auth # 013518 RRN 001283037

Total \$258.23

Customer copy

Dunmore
 Liquor Barn
 1797 Dunmore Road S.E.
 Medicine Hat, Alberta
 Fax# 860024520R10001

Sale Tx#42796 2007-04-30 19:08:26
 062107121456 ALEXANDER KEITH 15.39 G
 05657183254 COORS LIGHT 12 C 40.78 G
 2 @ 20.39
 08432710147 COORS LIGHT 24 C 38.79 G
 05490011890 7 UP CANS 6.59 G
 05000014200 DII PEPSI 6.59 G
 6016705000345 TORRE AL SOLE SA 12.19 G
 9311910101671 PETER LEHMANN WE 14.59 G
 081434058019 FOUR EMUS CHARGO 12.59 G
 77645000149 MISSION HILL SR 9.59 G
 3700067300045 FAT BASTARD CHAR 16.59 G
 098137005012 MILDARA BLASS CA 14.59 G
 9311783005706 YALUMBA Y SERIES 16.19 G
 9311783005706 YALUMBA Y SERIES 16.19 G
 095452436008 LONG FLAT SHIRAZ 12.59 G
 9300727508126 JACOBS CREEK ME 13.19
 089419007091 SANTA RITA 120 11.7

Item Count: 17

Subtotal
 GST Included
 Bottle Deposit

Total 258.23

Vis

s.17(1), 17(4)(e.1) Store: 412 Station

Your cashier today

APPLICANT COPY
PALLISER HEALTH REGION
PURCHASING CARD JOURNAL ENTRY - JUNE 22/07 CUT OFF

Non-Responsive

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>DESCRIPTION</u>
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Aug 9/07

BW

*Imported
5/10/07*

04/06/07

Non-Responsive

APPLICANT COPY

	<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>DESCRIPTION</u>
SEAMAN TOM	PADM TRAV	16.57		05/24/2007 PETROCAN
SEAMAN TOM	PADM TRAV	47.67		05/25/2007 ESSO
SEAMAN TOM	PADM TRAV	6.00		05/29/2007 MEDICINE HAT AIRPORT
SEAMAN TOM	PADM TRAV	148.77		05/29/2007 TUMBLEWEEDS GRILL LTD.
SEAMAN TOM	PADM TRAV	9.99		06/16/2007 DIGITAL NEWSPAPER

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-06-2007
 Created by: Seaman, Tom s.17(1), 17(4)(e.1)
 Last Update: 26-06-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	24-05-2007 28-05-2007	PETROCAN 3330 GAETZ AVENU CA, RED DEER AB	74510207144924244772205 5541 SERVICE STATIONS	17.45 CAD
	25-05-2007 29-05-2007	ESSO #1 1900 SOUTH HWAY D CA, REDCLIFF AB	74510207148923333337207 5541 SERVICE STATIONS	50.53 CAD
	29-05-2007 30-05-2007	MEDICINE HAT 24/05 09 CA, MEDICINEHAT AB	74510207149806377696209 5599 MISC AUTO DEALERS - DEFAULT	6.00 CAD
	29-05-2007 31-05-2007	TUMBLEWEEDS GRILL LTD. CA, MEDICINE HAT AB	74510407149803081896403 5812 EATING PLACES/RESTAURANTS	157.70 CAD
	16-06-2007 18-06-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74064497167820142263264 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

Statement Amount:	242.27	Total Transactions:	5
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	242.27	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	242.27	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amt not equal the Ending Balance.

APPLICANT COPY

T.A. Pearson *27 June/07* *[Signature]*
Submitted by Date Reviewed by D



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Server name

PETRO-CANADA
3330 GAETZ AVENUE
RED DEER
Alberta T4N 3Y2

GST: 0849387162 (403) 314-4112
2007-05-24 PC0792758;8562201 17:50

FUEL	(L)	(\$/L)	(\$)
Pump 2			
Regular	12.805	1.214	15.55*

PRODUCT	QTY	PRICE	AMOUNT
KIT KAT KS 75G	1	1.79	1.79#
NON-FUEL GST			0.11

Total Owed \$ 17.45
CREDIT CARD 17.45

Taxes on 12.805 Litres of Regular Fuel
FET: \$0.1000/L = \$1.28
PFT: \$0.0900/L = \$1.15
GST: 6.00% = \$0.88
Total Taxes: = 3.31

*TAXES INCL. #TAXES EXCL.
TERMINAL: 023562201 OPER: A

VISA
INVOICE 144315
AUTHORIZATION 014808

Thank you

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

You can redeem your
Petro-Points for car
washes. REG 4900
or WORKS 5900 points

A chance to WIN
FREE GAS
for one year!

Did you see
a Service Hero today?

Full details and a short survey
to be completed at

www.petro-
canada.ca/hero
or
1-866-826-7779

APPLICANT COPY



NON TRANSFERABLE

5354401



RECEIPT

5354401

PRECISE PARKLINK
AMOUNT PAID \$ 6.00 14130000 0917

PRECISE PARKLINK
CREDIT CARD NUMBER 216507 0917 \$ 6.00

REPORT

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

DETACH RECEIPT FROM TICKET



We're drivers too.

TRANS CANADA TRUCK STOP
#1 1900 SOUTH HWAY DR
REDCLIFF, AB T0J 2P0

VRN R120648696 2007/05/25 10:13

** CREDIT SALE **

ITEM	QTY	PRICE	AMOUNT
REGLR	42.498L	\$1.189	50.521
GST INCL. IN FUEL			2.86

TOTAL \$50.53

AUTH 090442-F INVOICE 1XB583FD

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

Cardholder will pay card issuer above
amount pursuant to Cardholder Agreement.

LOYALTY: NO

** CUSTOMER COPY **

APPLICANT COPY

TUMBLEWEEDS GRILL LTD.
925 7TH ST SW
MEDICINE HAT AB

CARD NUMBER			
CARD TYPE	VISA	3323	s.17(1), 17(4)(e.1)
DATE/TIME	2007/05/29	19:09:19	
RECEIPT NUMBER	880513350-408-011		
AMOUNT			
TIP	20		
TOTAL AMOUNT	157.70		
01 APPROVED 027	AUTH. #	075975	
THANK YOU			

CARDHOLDER COPY

APPLICANT COPY
PALLISER HEALTH REGION
PURCHASING CARD JOURNAL ENTRY - JULY 22/07 CUT OFF

Non-Responsive

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>DESCRIPTION</u>
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*sorted
&
sorted*

AW
31/01/07
14

GL CODE	DEBIT	CREDIT	DESCRIPTION
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SEAMAN TOM	PADM TRAV	26.67	06/20/2007 YIANNIS TAVERNA REST
SEAMAN TOM	PADM TRAV	126.00	06/21/2007 THE VARSCONA
SEAMAN TOM	PADM TRAV	135.53	06/28/2007 D'CARLO
SEAMAN TOM	PADM TRAV	49.55	06/30/2007 NEW PUNJAB PALACE INC.
SEAMAN TOM	PADM TRAV	800.00	07/05/2007 DESERT BLUME GOLF CLUB
SEAMAN TOM	PADM TRAV	117.72	07/12/2007 CROWNE PLAZA-CHATEAU LACO
SEAMAN TOM	PADM TRAV	6.00	07/13/2007 MEDICINE HAT AIRPORT
SEAMAN TOM	PADM TRAV	9.99	07/16/2007 DIGITAL NEWSPAPER

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Just OK

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM · s.17(1), 17(4)(e.1)
 For Period Ending: 20-07-2007
 Created by: Seaman, Tom
 Last Update: 30-07-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	20-06-2007 22-06-2007	YIANNIS TAVERNA REST CA, EDMONTON AB	74064497172820112396758 5812 EATING PLACES/RESTAURANTS	28.27 CAD
	21-06-2007 26-06-2007	THE VARSCONA CA, EDMONTON AB	74529007173920321419303 7011 LODGING/HOTELS/MOTELS/RESORTS	133.27 CAD
	28-06-2007 29-06-2007	D'CARLO CA, MEDICINE HAT AB	74064497179820171681747 5812 EATING PLACES/RESTAURANTS	143.66 CAD
	30-06-2007 05-07-2007	NEW PUNJAB PALACE INC. CA, MEDICINE HAT AB	74529007184920231749408 5812 EATING PLACES/RESTAURANTS	52.52 CAD
	05-07-2007 06-07-2007	DESERT BLUME GOLF CLUB CA, MEDICINE HAT AB	74064497186820163444535 7997 MEMBER CLUBS/SPORT/REC/GOLF	800.00 CAD
<i>Participation in Health Foundation Golf Tournament</i>				
	12-07-2007 13-07-2007	CROWNE PLAZA- CHATEAU LACO CA, EDMONTON AB	74537867193043619074707 3750 CROWNE PLAZA HOTELS	123.72 CAD
	13-07-2007 16-07-2007	MEDICINE HAT 10/07 14 CA, MEDICINEHAT AB	74064497194820147035292 5599 MISC AUTO DEALERS - DEFAULT	6.00 CAD
	16-07-2007 17-07-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74064497197820151524600 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

APPLICANT COPY

Statement Amount:	1298.03	Total Transactions:	8
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	1298.03	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	1298.03	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am- not equal the Ending Balance.

TA Pearson *30 July/07* *[Signature]* *July 3 2007*
 Submitted by Date Reviewed by D



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Server name

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CROWNE PLAZA®

EDMONTON
 CHATEAU LACOMBE

Tom Seaman
 666 5th St Sw
 Medicine-Hat, AB T1A-4H6
 CA

A/R Number
 Group Code
 Folio/Invoice No. 48598
 Reference #

Room No. **1601** Page No. 1 of 1
 Arrival 07-10-07 Cashier No. 102
 Departure 07-11-07 User ID APH

www.chateaulacombe.com

MANUAL Receipt 1027/03
remembered balance for movie THS

Date	Description	Charges	Credits
07-10-07	In Room Movie #1601 : VIDEO MOVIE	13.77	
07-10-07	*Accommodation	99.00	
07-10-07	Tourism Levy -4%	3.96	
07-10-07	Room GST-6%	5.94	
07-10-07	ERDMF-1%	0.99	
07-10-07	ERDMF GST-.06%	0.06	
07-11-07	Visa		123.72
Total		123.72	123.72
Balance		0.00	

Thank you for staying at The Crowne Plaza Chateau Lacombe. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your ac

Tourism Levy	ERDMF-1%	ERDMF GST-							
9.90	0.00	0.99	0.06	0.00	0.00	0.00	0.00	0.00	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Crowne Plaza Chateau Lacombe Edmonton
 10111 Bellamy Hill
 Edmonton, Alberta T5J-1N7
 Telephone: (780) 428-6611 Fax: (780) 425-6564
 www.chateaulacombe.com G.S.T. REG #R122074388

APPLICANT COPY
Varscona Hotel on Whyte

8208 - 106 STREET

Jun 21, 2007
7:49 am



Edmonton, AB T6E 6R9
 Phone: (780)434-6111 Fax: (780)439-1195

Mr. Tom Seaman

*
* * *

Account #: 63919
 Room Number: 202
 Rate: \$120.00
 Pay Method

Arrival Date: Wednesday, June 20, 2007
 Departure Date: Thursday, June 21, 2007

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

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

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
6/20/2007	Room Charge	Auto Posted		202	\$120.00	
6/20/2007	Tourism Levy - 4%	Auto Posted		202	\$4.80	
6/20/2007	RGST-6%	Auto Posted		202	\$7.20	
6/20/2007	D.M.F. - 1%	Auto Posted		202	\$1.20	
6/20/2007	6% GST on D.M.F.	Auto Posted		202	\$0.07	
6/21/2007	VISA Payment	CHECKED-OUT		202		\$133.27

Tax Summary	
Tourism Lev	\$4.80
RGST-6%	\$7.20
D.M.F. - 1%	\$1.20
6% GST on D	\$0.07
Balance:	\$0.00

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.
 G.S.T. # 863128575 RT 0001

Signature _____

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VERMONT TAVERNA RESTAURANT
1044 RZ AVE
STATION VT
s.17(1), 17(4)(e.1)

D'CARLO
3216-13 AVE SE
MEDICINE HAT AB
s.17(1), 17(4)(e.1)

CARD
CARD TYPE VISA
DATE 2007 06/20
TIME 7026 18:31:59
CLERK ID 9
RECEIPT NUMBER
53661590 001-074 007 0

CARD
CARD TYPE VISA
DATE 01/01/28
TIME 2016:01
RECEIPT NUMBER
506634102-001 001 001

PINE AUTHORIZATION
AMOUNT \$24.27

PURCHASE
AMOUNT \$128.66
TIP \$15.00
TOTAL-CARD

TIP 4.00
TOTAL-CARD 28.27

\$143.66

APPROVED
AUTH# 047807 01-027
THANK YOU

APPROVED
AUTH# 082261 01-001
THANK YOU

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CARDHOLDER COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE
12/27/14
AMOUNT PAID \$ 5.00

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
12/27/14 \$ 6.00
CREDIT CARD NUMBER

REPORT

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

PRECISE PARKLINK™
NON TRANSFERABLE
53661590
PRECISE PARKLINK™
53661590

APPLICANT COPY

NEW PUNJAB PALACE INC.
 663 3RD AVENUE T1A0N4
 MEDICINE HAT AB
 22239/56

1111 PURCHASE 1111
 06 29 2007 12:39:05
 Acct # S
 Exp date VI
 Name: FORT -IAN

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

Trace # 500001 Operator 448
 FS2223975601
 Inv # 035
 Auth # 078624 RRN 001050001

Total \$52.52

Customer copy

NAME		DATE		
ADDRESS				
SOLD BY	COD	CHARGE	ON ACCOUNT	AMOUNT FWD.
1		Buffet x 4		10.95
2		2 Juice		2.00
3		1. Pop		1.15
4				
5				
6				
7				
8				
9				
10				
			GST	2.97
			PST	
TAX REG. No.:			TOTAL	52.52
562552			SIGNATURE	

Blueline DC42

SALES ORDER

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PURCHASING CARD JOURNAL ENTRY - AUG 22/07 CUTOFF

Non-Responsive

GL CODE	DEBIT	CREDIT	DESCRIPTION
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107 *Handwritten*

10

Imported & Posted

SEAMAN TOM
SEAMAN TOM

PADM TRAV
PADM SUPP

65.79
9.99

08/13/2007 CALLAGHAN INN
08/16/2007 DIGITAL NEWSPAPER

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Statement Information


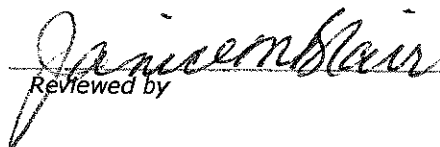
Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 20-08-2007
 Created by: Seaman, Tom
 Last Update: 31-08-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	13-08-2007 15-08-2007	CALLAGHAN INN CA, MEDICINE HAT AB	74064497226820111931213 3508 QUALITY INN	69.74 CAD
	16-08-2007 17-08-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74064497228820138847390 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

Statement Amount:	80.33	Total Transactions:	2
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	80.33	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	80.33	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am not equal the Ending Balance.


 Submitted by _____

 Reviewed by _____
 31 Aug 07 Date _____

APPLICANT COPY

CALLAGHAN INN
954 7TH STREET SW
MEDICINE HAT AB

CARD NUMBER s.17(1), 17(4)(e.1)
CARD TYPE VISA 6328
DATE/TIME 2007/08/13 14:12:23
INVOICE NUMBER 37681
RECEIPT NUMBER 575016347-001-287-015
PRE-AUTHORIZATION #
AMOUNT \$60.74

TIP

TOTAL AMOUNT

69.74

01 APPROVED - 027
THANK YOU

AUTH. # 066925

CARDHOLDER COPY

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PALLISER HEALTH REGION

PURCHASING CARD JOURNAL ENTRY - SEP 22/07 CUTOFF

Non-Responsive GL CODE DEBIT CREDIT DESCRIPTION

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OCT 9/07

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noted

AW
19/07

SS

Non-Responsive

APPLICANT COPY

GL CODE DEBIT CREDIT DESCRIPTION

SEAMAN TOM	PADM FOOD	26.38	08/22/2007 YIANNIS TAVERNA REST
SEAMAN TOM	PADM TRAV	376.41	08/23/2007 AIR CANADA
SEAMAN TOM	PADM TRAV	2.70	08/24/2007 U OF ALBERTA
SEAMAN TOM	PADM FOOD	56.34	08/29/2007 THAI ORCHID ROOM
SEAMAN TOM	PADM TRAV	376.41	08/31/2007 AIR CANADA
SEAMAN TOM	PADM SUBS	9.99	09/16/2007 DIGITAL NEWSPAPER
SEAMAN TOM	PADM TRAV	16.74	09/18/2007 COAST EDMONTON PLAZA HOTE
SEAMAN TOM	PADM TRAV	142.56	09/18/2007 COAST EDMONTON PLAZA HOTE

J
05/19/07

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-09-2007 s.17(1), 17(4)(e.1)
 Created by: Seaman, Tom
 Last Update: 24-09-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	22-08-2007 24-08-2007	YIANNIS TAVERNA REST CA, EDMONTON AB	74064497235820113755403 5812 EATING PLACES/RESTAURANTS	27.96 CAD
	23-08-2007 27-08-2007	AIR CANADA 0140718633274 CA, WINNIPEG MB	74101337236020000515174 3009 AIR CANADA	398.99 CAD
	24-08-2007 27-08-2007	U OF ALBERTA 22/08 12 CA, EDMONTON AB	74064497236820145747666 7523 AUTO PARKING LOTS/GARAGES	2.70 CAD
	29-08-2007 30-08-2007	THAI ORCHID ROOM CA, MEDICINE HAT AB	74064497241820166796330 5812 EATING PLACES/RESTAURANTS	59.72 CAD
	31-08-2007 04-09-2007	AIR CANADA 0140125310508 CA, WINNIPEG MB	74101337246010000553968 3009 AIR CANADA	398.99 CAD
	16-09-2007 17-09-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74064497259820131982170 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD
	18-09-2007 20-09-2007	COAST EDMONTON PLAZA HOTE CA, EDMONTON AB	74537867262043622050146 7011 LODGING/HOTELS/MOTELS/RESORTS	17.74 CAD
	18-09-2007 20-09-2007	COAST EDMONTON PLAZA HOTE CA, EDMONTON AB	74537867262043618130134 7011 LODGING/HOTELS/MOTELS/RESORTS	149.23 CAD

APPLICANT COPY

Statement Amount:	1065.92	Total Transactions:	8
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	1065.92	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	1065.92	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am not equal the Ending Balance.

T. A. Deaman
Submitted by

24 Sept/07
Date

[Signature]
Reviewed by

24/09/07
D



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Server name

10155 105th Street,
 Edmonton, AB, T5J 1E2
 Tel: (780) 423-4811 Fax: (780) 423-3204

Mr Tom Seaman
 666 5 St SW
 MEDICINE HAT AB T1A 4H6
 CANADA

Invoice

Invoice date 9/18/2007
 Invoice number 44655
 Our reference CEP-FC89656 /A
 GST Number 10103 5467 RT0020

Guest	Mr Tom Seaman	Arrival	9/17/2007	Departure	9/18/2007	Room	2105
Date	Description	Quantity	Unit Price			Total ()	
9/17/2007	105th Street Cafe 8342 <i>lunch for Carol Seaman & myself</i>	1	22.70			22.70	
9/17/2007	Federal Tax GST Restaurant 8342	1	1.36			1.36	
9/17/2007	105th Street Cafe 8342	1	3.00			3.00	
9/17/2007	Room Charge	1	110.00			110.00	
9/17/2007	GST Taxes	1	6.67			6.67	
9/17/2007	Tourism Levy	1	4.40			4.40	
9/17/2007	Destination Market Fee	1	1.10			1.10	
						Total invoice	149.23
9/18/2007	Visa						-149.23
						Total Paid	-149.23
						Total Due	0.00

Total GST 8.03

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

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

APPLICANT COPY

 DATE 9/18/07 TIME 7:48AM
 MID 453731330208 3:330208

COAST PLAZA HOTEL
 10155-105th Street
 Edmonton, Alberta
 (780) 423-4811 s.17(1), 17(4)(e.1)

Visa
 AUTH 031098 1BL 8 CHECK 278484
 PRE-AUTH Cafe Emily

AMOUNT 13.90
 GST 0.84

SUBTOTAL \$ 14.74
 TIP \$ 3.00
 TOTAL \$ 17.74

CUSTOMER COPY

THAI ORCHID ROOM
 336 STRACHAN COURT SE
 MEDICINE HAT AB
 s.17(1), 17(4)(e.1)

CARD VISA
 CARD TYPE
 DATE 2007/08/29
 TIME 6960 13:11:22
 CLERK ID 99
 RECEIPT NUMBER
 S06633955-001-044-001-0

PURCHASE AMOUNT \$52.72
 TIP \$7.00
 TOTAL-CAD \$59.72

APPROVED

AUTH# 034283 01-027
 THANK YOU

CARDHOLDER COPY

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
 2007 08 29 13:11:22 \$59.72

CREDIT CARD NUMBER

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

UNIVERSITY OF ALBERTA 1009195

RECEIPT

GST # R108102831

YIANNIS TAVERNA
 RESTAURANT
 10444 82 AVE
 EDMONTON AB
 s.17(1), 17(4)(e.1)

CARD VISA
 CARD TYPE
 DATE 2007/08/22
 TIME 4627 12:28:00
 CLERK ID 21
 RECEIPT NUMBER
 S30661590-001-437-001-0

PRE-AUTHORIZATION AMOUNT \$23.96

TIP \$0.00
 TOTAL-CAD \$27.96

APPROVED

AUTH# 040175 01-027
 THANK YOU

CARDHOLDER COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION TIME
 2008 01 31 PM

AMOUNT PAID \$ 2,702,769,000 12:41 PM

UNIVERSITY OF ALBERTA 1009195

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PALLISER HEALTH REGION

PURCHASING CARD JOURNAL ENTRY - OCT 22/07 CUTOFF

Non-Responsive

GL CODE

DEBIT

CREDIT

DESCRIPTION

*Imposter
is not*

*31/10/07
26*

ben

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GL COL. DEBIT CREDIT DESCRIPTION

SEAMAN TOM	PADM TRAV	18.95	09/18/2007 HMSHOST
SEAMAN TOM	PADM TRAV	12.00	09/21/2007 MEDICINE HAT
SEAMAN TOM	PADM TRAV	216.57	09/22/2007 SHERATON CAVALIER
SEAMAN TOM	PADM MEMB	9.99	10/16/2007 DIGITAL NEWSPAPER
SEAMAN TOM	PADM TRAV	155.00	10/18/2007 THAI ORCHID ROOM

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Visa Information Management

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My S

Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM
 For Period Ending: 22-10-2007 s.17(1), 17(4)(e.1)
 Created by: Seaman, Tom
 Last Update: 23-10-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	18-09-2007 24-09-2007	HMSHOST EDMONTON AIRPORT CA, EDMONTON AB	74537867264043613037860 5812 EATING PLACES/RESTAURANTS	20.09 CAD ✓
	21-09-2007 24-09-2007	MEDICINE HAT 17/09 09 CA, MEDICINEHAT AB	74064497264820144721865 5599 MISC AUTO DEALERS - DEFAULT	12.00 CAD
	22-09-2007 25-09-2007	SHERATON CAVALIER CA, CALGARY AB	74064497266820131066090 3505 FORTE HOTELS	227.31 CAD ✓
	16-10-2007 17-10-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74064497289820136868055 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD
	18-10-2007 19-10-2007	THAI ORCHID ROOM CA, MEDICINE HAT AB	74064497291820162854207 5812 EATING PLACES/RESTAURANTS	164.30 CAD ✓

Statement Amount:	434.29	Total Transactions:	5
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	0.00	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	0.00	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am. not equal the Ending Balance.

APPLICANT COPY

T. Alwan *23 Oct/07* *[Signature]* *Oct 23/07*
Submitted by Date Reviewed by D



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Server name



APPLICANT COPY

Sheraton Cavalier Hotel
 2620 - 32 Avenue N.E.
 Calgary, Alberta T1Y 6B8 Canada
 T 403 291 0107 F 403.291.2834
 www.sheratoncalgary.ca

Come back soon

GUEST

TRAVEL AGENT / CHARGE TO

Tom Seaman s.17(1), 17(4)(g)(i)
 Room 719
 Rate 179.00
 No. pers. 1
 Folio 669522 A
 Page 1
 Arrive 20-SEP-07 14:43
 Depart 21-SEP-07 10:08
 Payment VI
 Canada

DATE	REFERENCE	DESCRIPTION	CHARGES / CREDIT
20-SEP-07	RT719	Room Charge (LT)	179.00
20-SEP-07	RT719	Alberta TL Tax	7.16
20-SEP-07	RT719	DMF	1.97
20-SEP-07	RT719	GST	10.74
21-SEP-07	537	Color's Cafe	28.44
21-SEP-07	VI	Visa	227.31-
For Authorization Purposes Only s.17(1), 17(4)(e.1)			
Auth Date	Code	Authorized	
20-SEP-07	027180	232.70	
Total Charges			227.31
Total Credits			227.31-
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room Chrg	Food & Bev	Telephone	GST	Other	Total	Payment
20-SEP-07	179.00	0.00	0.00	10.74	9.13	198.87	0.00
21-SEP-07	0.00	27.00	0.00	1.44	0.00	28.44	227.31-
Total	179.00	27.00	0.00	12.18	9.13	227.31	227.31-

** continued on the next page **

UNA Bargaining Evaluation Mary

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

Tom Seaman
 Signature

Tom Seaman ROOM 719 DEPART 21-SEP-07 AGENT SALEEM Sheraton Cavalier Tel: 403-291-0107

Member of Starwood Preferred Guest®



APPLICANT COPY

Sheraton Cavalier Hotel
2620 - 32 Avenue N.E.
Calgary, Alberta T1Y 6B8 Canada
T 403 291 0107 F 403 291 2834
www.sheratoncalgary.ca

Come back soon

Table with columns: GUEST, TRAVEL AGENT / CHARGE TO, Room, Rate, No. pers., Folio, Page, Arrive, Depart, Payment. Includes guest name Tom Seaman and reference s.17(1), 17(4)(g)(i).

Table with columns: DATE, REFERENCE, DESCRIPTION, CHARGES / CREDIT

GST Summary

Table with 2 columns: Description, Amount. Rows include GST Room Revenue (10.74), GST Food and Beverage Revenue (1.44), GST Telephone Revenue (0.00), GST Other Revenue (0.00), and GST Total Revenue (12.18).

r100846435

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

Signature

As a Starwood Preferred Guest you have earned at least 535 Starpoints for this visit G Thank you for your stay with us. s.17(1), 17(4)(g)(i)

Tom Seaman ROOM DEPART AGENT Sheraton Cavalier
FOLIO: 669522 20-SEP-07 719 21-SEP-07 SALEEM Tel: 403-291-0107

Member of Starwood Preferred Guest®

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DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 19/09/07
EXPIRATION TIME 09:25

DATE ISSUED 17/09/07
TIME ISSUED 09:25
AMOUNT PAID \$ 12.00

AMOUNT PAID \$ 12.00 14130000 09:25

CREDIT CARD NUMBER

AIRPORT

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



NON TRANSFERABLE 10411034



RECEIPT 10411034

GST# 899932791

SPICE UP YOUR LIFE... AT THAI ORCHID ROOM
Fresh, Flavorful, exotic and healthy!
Daily Lunch, Dinner and Drink Specials
Phone (403) 580-8210 Fax (403) 580-8976

TOTAL DUE 164.30

SUBTOTAL 155.00
GST PLUS 9.30

3 C40-YELL CUR CH 45.00
8 C93-GINGER BEER 42.00
3 C53-PADJIMAL 42.00
1 C20-CUR-GING VEG 18.00
1 C23-TOFU CURRY 18.00

ITEMS ORDERED AMOUNT

CHECK # 19373 DATE 10/18/07
TABLE # 10601 TIME 12:07PM
DUPLICATE CHECK

1 SPAG W/MEATBALLS 5.98
2 MSHRM SLICE 8.98
2 WATER MNTLID 2.00
SUBTOTAL 18.95
G.S.T. # 55217101 4.14
AMOUNT 20.09

HMSH051
SBARRO
EDMONTON AIRPORT
0087 SEANNA
6664 SEP18 07 12:53PM

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

16001 (03/06)

SALES DRAFT - FACTURE

S.17(1), 17(4)(e.1)
Tom Seanna
Palliser Health

19/09/07

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

AMOUNT PAID: 12.00

DESCRIPTION: [Blank]

AMOUNT MONTANT: 30

5991563

1018017

164.30

1164.30

CUSTOMER COPY
COPIE DU CLIENT

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

APPLICANT COPY

PALLISER HEALTH REGION

PURCHASING CARD JOURNAL ENTRY - NOV 22/07 CUTOFF

Non-Responsive

GL CODE	DEBIT	CREDIT	DESCRIPTION
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[Handwritten signature]

[Handwritten initials]

11/30/07

51

Non-Responsive

APPLICANT COPY

GL CODE

DEBIT

CREDIT

DESCRIPTION

SEAMAN TOM	PADM TRAV	6.00	11/12/2007 MEDICINE HAT
SEAMAN TOM	PADM SUBS	9.99	11/16/2007 DIGITAL NEWSPAPER
SEAMAN TOM	PADM FOOD	123.22	10/23/2007 THAI ORCHID ROOM

11/29/07

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 20-11-2007
 Created by: Seaman, Tom
 Last Update: 29-11-2007

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	23-10-2007 24-10-2007	THAI ORCHID ROOM CA, MEDICINE HAT AB	74064497296820159203280 5812 EATING PLACES/RESTAURANTS	130.61 CAD
	12-11-2007 13-11-2007	MEDICINE HAT 09/11 05 CA, MEDICINEHAT AB	74064497316820141087433 5599 MISC AUTO DEALERS - DEFAULT	6.00 CAD
	16-11-2007 19-11-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74064497320820139365480 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

Statement Amount:	147.20	Total Transactions:	3
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	147.20	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	147.20	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am. not equal the Ending Balance.

Tom Seaman
Submitted by

29 Nov 07
Date

[Signature]
Reviewed by

D



APPLICANT COPY

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Server name

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THAI ORCHID ROOM
336 STRACHAN COURT SE
MEDICINE HAT AB

CHECK # 19623 DATE 10/23/07
TABLE # 2 TIME 7:13PM

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

CARD
CARD TYPE VISA
DATE 2007/10/23
TIME 2574 19:18:41
CLERK ID 44
RECEIPT NUMBER
S06633955-001-089-019-0
PRE-AUTHORIZATION
AMOUNT \$115.61
TIP

-- DINING : JENNA --

ITEMS ORDERED AMOUNT
2 C40- YELL CUR CH 30.00
1 C33-GINGER BEEF 14.00
2 C53-PADTHAI 28.00
1 C48-PRWNS&SCLLOP 16.00
1 C29-GINGER CHKN 14.00
3 POP 7.05

TOTAL-CAD 130.61

SUBTOTAL 109.05
GST PLUS 6.56

APPROVED

AUTH# 047445 01-027
THANK YOU

TOTAL DUE 115.61

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SPICE UP YOUR LIFE...AT THAI ORCHID ROOM
Fresh, Flavorful, exotic and healthy!
Daily Lunch, Dinner and Drink Specials
Phone (403) 580-8210 Fax (403) 580-8976

Thank you!
Jenna

GST# 890932791

DETACH RECEIPT FROM TICKET

DISPLAY THIS SIDE UP ON DASHBOARD

DATE ISSUED TIME ISSUED AMOUNT PAID
10/17/07 05:24 \$ 6.00

EXPIRATION DATE AMOUNT PAID
10/17/07 05:24 \$ 6.00 1430000 0524

CREDIT CARD NUMBER

AIRPORT

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



NON TRANSFERABLE 10411431

RECEIPT 10411431

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PALLISER HEALTH REGION

PURCHASING CARD JOURNAL ENTRY - DEC 22/07 CUTOFF

Non-Responsive

GL CODE

DEBIT

CREDIT

DESCRIPTION

597
noted
&
sted

31/12/07 AW
75

Non-Responsive

APPLICANT COPY

GL CODE DEBIT CREDIT DESCRIPTION

SEAMAN TOM	PADM TRAV	6.00	12/06/2007 MEDICINE HAT 04/12 05
SEAMAN TOM	PADM TRAV	6.00	12/17/2007 MEDICINE HAT 12/12 05
SEAMAN TOM	PADM TRAV	9.99	12/16/2007 DIGITAL NEWSPAPER
SEAMAN TOM	PADM TRAV	13.26	12/12/2007 SUBWAY 12100
SEAMAN TOM	PADM TRAV	25.67	12/04/2007 ESSO #1 1900 SOUTH HWAY D
SEAMAN TOM	PADM TRAV	28.30	12/12/2007 ESSO #1 1900 SOUTH HWAY D
SEAMAN TOM	PADM TRAV	29.77	11/20/2007 DELTA CALGARY AIRPORT F&B

APPLICANT COPY

	GL CODE	DEBIT	CREDIT	DESCRIPTION
SEAMAN TOM	PADM TRAV	145.48		12/04/2007 EARL'S MEDICINE HAT
SEAMAN TOM	PADM TRAV	177.52		11/20/2007 DELTA CALGARY AIRPORT HTL
SEAMAN TOM	PADM TRAV	205.90		11/20/2007 DELTA CALGARY AIRPORT HTL

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-12-2007 s.17(1), 17(4)(e.1)
 Created by: Seaman, Tom
 Last Update: 02-01-2008

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	20-11-2007 23-11-2007	DELTA CALGARY AIRPORT HTL CA, CALGARY AB	74479327326072002048544 3581 DELTA HOTEL	217.25 CAD
	20-11-2007 23-11-2007	DELTA CALGARY AIRPORT HTL CA, CALGARY AB	74479327326072002048650 3581 DELTA HOTEL	187.77 CAD
	20-11-2007 23-11-2007	DELTA CALGARY AIRPORT F&B CA, CALGARY AB	74479327326072002046860 5812 EATING PLACES/RESTAURANTS	31.56 CAD
	04-12-2007 06-12-2007	ESSO #1 1900 SOUTH HWAY D CA, REDCLIFF AB	74064497339920124077832 5542 AUTOMATED FUEL DISPENSERS	27.21 CAD
	04-12-2007 05-12-2007	EARL'S MEDICINE HAT CA, MEDICINE HAT AB	74500017338463609814501 5812 EATING PLACES/RESTAURANTS	154.21 CAD
	06-12-2007 07-12-2007	MEDICINE HAT 04/12 05 CA, MEDICINEHAT AB	74064497340820143481295 5599 MISC AUTO DEALERS - DEFAULT	6.00 CAD
	12-12-2007 14-12-2007	ESSO #1 1900 SOUTH HWAY D CA, REDCLIFF AB	74064497347920125711967 5541 SERVICE STATIONS	30.00 CAD
	12-12-2007 13-12-2007	SUBWAY 12100 CA, STRATHMORE AB	74064497346820172326092 5812 EATING PLACES/RESTAURANTS	14.06 CAD
	16-12-2007 18-12-2007	DIGITAL NEWSPAPER CA, RICHMOND BC	74064497351820149961049 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.59 CAD

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17-12-2007
18-12-2007

MEDICINE HAT 12/12 05
CA, MEDICINEHAT AB

74064497351820156252068
5599 MISC AUTO DEALERS -
DEFAULT

6.00 CAD

Statement Amount:	684.65	Total Transactions:	10
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	684.65	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	684.65	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.

T. Deaman
Submitted by

02 Jan/08
Date

[Signature]
Reviewed by

D



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Server name



APPLICANT COPY

DELTA
CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta T2E 6Z8
Tel.: (403) 291-2600 • Fax: (403) 291-3419
G.S.T. REGISTRATION # 139445290

ARRIVAL/ARRIVÉE 19NOV, 07MON FOLIO NUMBER N° DOSSIER 016836
DEPARTURE/DÉPART 20NOV, 07TUE BALANCE/SOLDE .00

FOLIO/DOSSIER

NAME/NOM Mr Carol Secondiak NIGHTS/NUITS 1 STATUS/STATUT Clk-Out DATE 20NOV, 07 TIME/HEURE 7:22a ID AR
ADDRESS/ADRESSE GOVT AB VI
666 5th St SW REMARKS/REMARQUES
s.17(1), 17(4)(e.1)

Medicine Hat AB T1H 4H6 CA

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCE	AMOUNT MONTANT	ID
001	19NOV	01/333	YYC Lounge	6546	20.25+	
002	19NOV	01/333	YYC Lounge GST	6546	1.10+	
003	19NOV	01/333	Long Distance	4037933212	8.13+	
004	19NOV	01/333	Room	Rm 333	169.00+	RM
005	19NOV	01/333	Dest.Mkt. Fee	Rm 333	1.69+	RM
006	19NOV	01/333	Tourism Levy Tax	Rm 333	6.83+	RM
007	19NOV	01/333	Room GST	Rm 333	10.25+	RM
008	20NOV	01/333	Visa		217.25-	AR

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

When You Talk, We listen. Visit us at www.deltalistens.com to complete a survey

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon.-Fri.) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectués avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75 \$ par jour (du lundi au vendredi) et de 1,50 \$ le samedi. (Dans les hôtels participants.)



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DELTA
CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta T2E 6Z8
Tel.: (403) 291-2600 • Fax: (403) 291-3419
G.S.T. REGISTRATION # 139445290

ARRIVAL/ARRIVÉE 19NOV, 07MON FOLIO NUMBER N° DOSSIER 016835
DEPARTURE/DÉPART 20NOV, 07TUE BALANCE/SOLDE .00

FOLIO/DOSSIER

NAME/NOM Mr Tom Seaman NIGHTS/NUITS 1 STATUS/STATUT Ck-Out DATE 20NOV, 07 TIME/HEURE 8:09a ID EB
ADDRESS/ADRESSE GOVT AB VI
666 5th St SW REMARQUES/REMARKS

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

Medicine Hat AB T1H 4H6 CA

LINE NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION	REFERENCE RÉFÉRENCI	AMOUNT MONTANT	ID
001	19NOV	01/329	Room	Rm 329	169.00+	RM
002	19NOV	01/329	Dest.Mkt. Fee	Rm 329	1.69+	RM
003	19NOV	01/329	Tourism Levy Tax	Rm 329	6.83+	RM
004	19NOV	01/329	Room GST	Rm 329	10.25+	RM
005	20NOV	01/329	Visa		187.77-	EB

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

When You Talk, We listen. Visit us at www.deltalistens.com to complete a survey

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon.-Fri.) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectués avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75 \$ par jour (du lundi au vendredi) et de 1,50 \$ le samedi. (Dans les hôtels participants.)

X

APPLICANT COPY

Compass Restaurant
Delta Calgary Airport Hotel
2001 Airport Road NE, Calgary AB
Phone:(403) 250 - 2609
GST#139445290

202 IVY

Tbl 13/1 Chk 5435 Gst 2
Nov20'07 07:39AM

2 @ 13.00
Canadian Bkfst 26.00

Food 26.00
Tax 1.56

07:40 AMT DUE 27.56

GRATUITY 4.00

TOTAL 31.56

ROOM NUMBER _____

NAME _____

SIGNATURE _____

PLEASE PAY YOUR SERVER



TRANS CANADA
TRUCK STOP
REDCLIFF, AB

Site #: 88004516
2007/12/04 22:51
VISA

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

Auth# 036782-F
Inv # T20C7626
Credit
Pump#09 REGLR
Litres 26.705
@ \$1.019/LIT
Fuel \$27.21

TL/NoTax \$27.21
Total \$27.21
GST In Fuel \$1.54

Cardholder will
pay card issuer
amount pursuant
to Cardholder
Agreement.
THANK YOU
COME AGAIN

earls
GREAT FOOD GREAT PEOPLE

Date: 03Dec'07 06:53PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 071766
Check: 791
Table: 75/1
Server: 5 HEBER
TOM SEAMAN

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

Subtotal: 136.21
Tip: 18.00
Total: 154.21

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

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

APPLICANT COPY

SUBWAY 12100
616 WESTRIDGE RD
STRATHMORE AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 1823
DATE/TIME	2007/12/12 12:07:36
RECEIPT NUMBER	S80137986-560-017
PURCHASE	-----
TOTAL AMOUNT	\$14.06

01 APPROVED 027 AUTH. # 014080
THANK YOU

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

TOM SEAMAN

Welcome To Imperial Oil

TRANS CANADA TRUCK STOP
#1 1900 SOUTH HWAY DR
REDCLIFF, AB T0J 2P0
Site #: 88004516
VRN:R857374011

2007/12/12 14:16

Item	Qty	Price	Amount
REGLR	29.440L	\$1.019	30.00I
		TL/NoTax:	\$30.00
GST Incl In Fuel:		\$1.70	
		Total:	\$30.00

Auth: 067076-F Invoice: TZ009741
VISA

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

Invoice: TZ009741

Cardholder will pay card issuer above
amount pursuant to Cardholder Agreement.

THANK YOU
PLEASE COME AGAIN

THANK YOU

CUSTOMER COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

05/12/07 05:27

EXPIRATION TIME

AMOUNT PAID

\$ 6.00 1430000 05:27

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

05/12/07 05:27 \$ 6.00

CREDIT CARD NUMBER

REPORT



NON TRANSFERABLE 10411600



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

RECEIPT

10411600

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PALLISER HEALTH REGION

PURCHASING CARD JOURNAL ENTRY - JAN 22/08 CUTOFF

Non-Responsive

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>DESCRIPTION</u>
----------------	--------------	---------------	--------------------

James

14

31/01/08 *BAW*

Non-Responsive

APPLICANT COPY

GL CODE DEBIT CREDIT DESCRIPTION

SEAMAN TOM	PADM FOOD	71.32	01/11/2008 EARL'S MEDICINE HAT
SEAMAN TOM	PADM SUPP	9.99	01/16/2008 DIGITAL NEWSPAPER
SEAMAN TOM	PADM TRAV	55.30	01/16/2008 STRATHMORE MOHAWK
SEAMAN TOM	PADM TRAV	374.20	01/17/2008 THE WESTIN CALGARY F/D
SEAMAN TOM	PADM FOOD	197.60	12/19/2007 THE BEEFEATER STEAK HOUSE

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 21-01-2008
 Created by: Seaman, Tom
 Last Update: 23-01-2008

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	19-12-2007 21-12-2007	THE BEEFEATER STEAK HOUSE CA, MEDICINE HAT AB	74529007353920200300204 5812 EATING PLACES/RESTAURANTS ✓	207.48 CAD
	11-01-2008 14-01-2008	EARL'S MEDICINE HAT CA, MEDICINE HAT AB ✓	74500018011462665571296 5812 EATING PLACES/RESTAURANTS	74.89 CAD
	16-01-2008 18-01-2008	STRATHMORE MOHAWK CA, STRATHMORE AB	74500018017570261221357 5541 SERVICE STATIONS ✓	58.06 CAD
	16-01-2008 18-01-2008	DIGITAL NEWSPAPER CA, RICHMOND BC	74064498017820133545174 5968 CONTINUITY/SUBSCRIPTION MERCHT ✓	10.49 CAD
	17-01-2008 18-01-2008	THE WESTIN CALGARY F/D CA, CALGARY AB	74479328017072001305111 7011 LODGING/HOTELS/MOTELS/RESORTS ✓	389.89 CAD

Statement Amount:	740.81	Total Transactions:	5
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	740.81	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	740.81	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am not equal the Ending Balance.

T.A. Deama
Submitted by

23/1/08
Date

Vincenzo
Reviewed by D



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

guest		travel agent/charge to
Tom Seaman s.17(1), 17(4)(g)(i)	room 810 rate 279.00 no. pers. 1 folio 294901 A page 1	
Canada	arrive 15-JAN-08 17:04 depart 16-JAN-08 07:41 payment VI	

15-JAN-08	RT810	Room Charge	279.00
15-JAN-08	RT810	Good And Services Tax	14.09
15-JAN-08	RT810	Destination Marketing Fee	2.79
15-JAN-08	RT810	Tourism Levy	11.27
15-JAN-08	RT810	Parking Self - Weekday	18.10
15-JAN-08	RT810	TAX - GST OTHER	0.90
15-JAN-08			13.99
15-JAN-08		s.17(1), 17(4)(g)(i)	0.70
16-JAN-08	1014	Essence Restaurant	49.05
16-JAN-08	VI	Visa	389.89-
Balance Due			0.00

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
15-JAN-08	307.15	0.00	19.00	0.00	14.69	340.84	0.00
16-JAN-08	0.00	49.05	0.00	0.00	0.00	49.05	389.89-
Total	307.15	49.05	19.00	0.00	14.69	389.89	389.89-

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

** continued on the next page **

- Reimbursed Pallasir
 \$ 15.80 for

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

[Signature]

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

signature _____

Tom Seaman
 FOLIO 294901 15-JAN-08

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

guest				travel agent/charge to
Tom Seaman	room	810		
	rate	279.00		
	no: pers.	1		
	folio	294901	A	
Canada	page	2		
s.17(1), 17(4)(g)(i)	arrive	15-JAN-08	17:04	
	depart	16-JAN-08	07:41	
	payment	VI		

GST Summary

Room	14.09
Food & Beverage	0.00
Telephone	0.00
Other Revenue	1.60
Total	15.69

Vendor Number R861336493

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

signature _____

As a Starwood Preferred Guest you have earned at least 1207 Starpoints for this visit G50250778845.

Tom Seaman
FOLIO 294901 15-JAN-08

THE BEEFEATER STEAK HO
3286 13TH AVE SE T1B1H8
MEDICINE HAT AB
21120857

earls
GREAT FOOD GREAT PEOPLE

earls
GREAT FOOD GREAT PEOPLE



PRE AUTH PURCHASE

12-18-2007 13:05:03
Acct #
Exp Date
Name: TOM SEAMAN

Trace # 520015 s.17(1), 17(4)(e.1)
FS2112085701

Inv. # 2356
Auth # 031562 RRN 001052015

P.Auth Purchase \$182.48
Tip 25.00

Total 207.48

Customer copy

Date: 10Jan'08 01:20PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 000475 s.17(1), 17(4)(e.1)
Check: 4424
Table: 84/1
Server: 5 HEBER
TOM SEAMAN

Subtotal: 65.89

Tip: _____

Total: 74.89

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

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

5 HEBER

Tbl 84/1 Chk 4424 Gst 5
10Jan'08 12:34PM

4 POP @ 2.50 10.00
1 JUICE 4.00
1 *ADD ON ONLY* 0.00
add Oil & Vin 1.25
1 *ADD ON ONLY* 0.00
add Oil & Vin 1.25
1 *ADD ON ONLY* 0.00
add Oil & Vin 1.25
1 *ADD ON ONLY* 0.00
add Oil & Vin 1.25
1 *ADD ON ONLY* 0.00
add Oil & Vin 1.25
5 ES FTR SOUP @ 8.50 42.50

Subtotal 62.75
GST Tax 3.14
01:11 Total 65.89

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

Just for the heck of it....
One of the many great
reasons to come to earls!
Where life is better!
GST#r124981473

SLIP# 0143444
SALE \$58.06
APPROVED 043177

CUSTOMER COPY

Non-Responsive

GL CODE

DEBIT

CREDIT

DESCRIPTION

12
ted
BW

Non-Responsive

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GL COL	DEBIT	CREDIT	DESCRIPTION
SEAMAN TOM			WESTIN AIR CANADA
SEAMAN TOM		22.31	01/22/2008 WESTIN HOTELS - EDMONTON
SEAMAN TOM		156.51	01/23/2008 WESTIN HOTELS - EDMONTON
SEAMAN TOM		149.04	02/05/2008 EARL'S MEDICINE HAT
SEAMAN TOM		6.00	02/14/2008 MEDICINE HAT 12/02-05
SEAMAN TOM		24.00	02/14/2008 CALGARY AIRPORT AUTHORITY
SEAMAN TOM		9.99	02/16/2008 DIGITAL NEWSPAPER

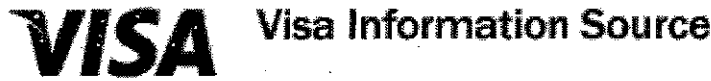
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Feb. 2008

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-02-2008
 Created by: Seaman, Tom
 Last Update: 25-02-2008

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

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	22-01-2008 28-01-2008	WESTIN HOTELS - EDMONTON CA, EDMONTON BC	74500018025410447803762 3515 RODEWAY INN	23.43 CAD
	23-01-2008 28-01-2008	WESTIN HOTELS - EDMONTON CA, EDMONTON AB	74500018025410447803499 3515 RODEWAY INN	164.03 CAD
	05-02-2008 06-02-2008	EARL'S MEDICINE HAT CA, MEDICINE HAT AB	74500018036462616521557 5812 EATING PLACES/RESTAURANTS	156.49 CAD
	14-02-2008 15-02-2008	MEDICINE HAT 12/02 05 CA, MEDICINEHAT AB	74064498045820141381402 5599 MISC AUTO DEALERS - DEFAULT	6.00 CAD
	14-02-2008 18-02-2008	CALGARY AIRPORT AUTHORITY CA, CALGARY AB	74529008045910008180900 7523 PARKING LOTS, METERS, GARAGES	24.00 CAD
	16-02-2008 18-02-2008	DIGITAL NEWSPAPER CA, RICHMOND BC	74064498048820128871760 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.49 CAD

Statement Amount:	384.44	Total Transactions:	6
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	384.44	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00

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Ending Balance: 384.44 Total Due: 0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.

T. A. Pearson *25 Feb/08* *[Signature]*
Submitted by Date Reviewed by D



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Server name

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

guest			travel agent/charge to
Mr Tom Seaman	room	1315	
	rate	149.00	
	no. pers.	1	
666 - 5 St Se	folio	229046	EX-A
Medicine Hat, AB T1A 4H6	page	1	
Canada	arrive	21-JAN-08	13:12
	depart	22-JAN-08	
	payment	VI	

1315

21-JAN-08	RT1315	Room Charge	149.00
21-JAN-08	RT1315	GST	7.52
21-JAN-08	RT1315	DMF	1.49
21-JAN-08	RT1315	Tourism Levy	6.02
22-JAN-08	VI	Visa	164.03-
Balance Due			0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
21-JAN-08	149.00	7.52	6.02	0.00	0.00	1.49	164.03
Total	149.00	7.52	6.02	0.00	0.00	1.49	164.03

Date	Payment
21-JAN-08	0.00
Total	0.00

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

** continued on the next page **

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

signature _____

Mr Tom Seaman
 FOLIO 229046 21-JAN-08

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DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME
13/02/08 05:33

DATE ISSUED TIME ISSUED AMOUNT PAID
12/02/08 05:33 \$ 6.00

AMOUNT PAID
\$ 6.00 14130000 05:33

CREDIT CARD NUMBER

AIRPORT

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



NON TRANSFERABLE 10411976



RECEIPT 10411976

RECEIPT
GST NO. R122556194

EXIT No. A3
IN: 02/14/08 12:10
OUT: 02/14/08 16:13
DURATION: 0 04:03
PAID: \$ 24.00
(GST INCLUDED)
WTR

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

AUTH. CODE 070920 43
REF.
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

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CREDIT CARD VOUCHER

Pradera Cafe & Lounge
CHECK: 1674
TABLE: 19/1
SERVER: 21 Megan
DATE: 22JAN'08 7:43AM
CARD TYPE: Visa
ACCT #:
EXP DATE:
AUTH CODE: 076087
TOM SEAMAN

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

SUBTOTAL: 19.43
4.00

THE WESTIN EDMONTON
Pradera Cafe & Lounge
GST# 861336493RT0005

21 Megan

19/1 1674 GST 2
22JAN'08 7:14AM

1 Granola Bowl 7.00
1 Butrmilk Pncks 11.50
FOOD 18.50
Tax 0.93
Total Due \$19.43

Gratuity: _____

Total : 23.43

Room # _____

Name Print _____

Signature _____

earls

GREAT FOOD GREAT PEOPLE

Date: 04Feb'08 07:06PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 083742
Check: 6672 s.17(1), 17(4)(e.1)
Table: 65/1
Server: 104 MADDISO

Subtotal: 136.49

Tip: 20.00

Total: 156.49

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

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

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PALLISER HEALTH REGION

PURCHASING CARD JOURNAL ENTRY - MAR 22/08 CUTOFF

Non-Responsive

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>DESCRIPTION</u>
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0

BW

Non-Responsive

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	GL C	DEBIT	CREDIT	DESCRIPTION
SEAMAN TOM	PADM TRAV	97.42		03/04/2008 DUNMORE ROAD LIQUOR BARN
SEAMAN TOM	PADM SUBS	9.99		03/16/2008 DIGITAL NEWSPAPER
SEAMAN TOM	PADM TRAV	164.58		03/19/2008 D'CARLO

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Edit a Cardholder Statement

Statement Information


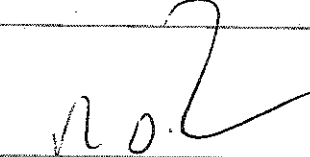
Card Account: SEAMAN, TOM -
 For Period Ending: 20-03-2008 s.17(1), 17(4)(e.1)
 Created by: Seaman, Tom
 Last Update: 25-03-2008

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	25-02-2008 27-02-2008	ATHEN'S RESTAURANT CA, BOW ISLAND AB	74500018057413449591170 5812 EATING PLACES/RESTAURANTS	64.77 CAD
	04-03-2008 06-03-2008	DUNMORE ROAD LIQUOR BARN CA, MEDICINE HAT AB	74529008064920141329906 5921 PKG STORES/BEER/WINE/LIQUOR	102.29 CAD
	16-03-2008 18-03-2008	DIGITAL NEWSPAPER CA, RICHMOND BC	74064498077820147090362 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.49 CAD
	19-03-2008 20-03-2008	D'CARLO CA, MEDICINE HAT AB	74064498079820161050332 5812 EATING PLACES/RESTAURANTS	172.81 CAD

Statement Amount:	350.36	Total Transactions:	4
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	350.36	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	350.36	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.


25 Mar/08

 Submitted by _____ Date _____ Reviewed by _____

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D'CARLO
3216 13 AVENUE SOUTH
EAST
MEDICINE HAT

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

ATHENS RESTAURANT & BAR
801 6 ST E
BOW ISLAND AB

CARD
CARD TYPE
DATE 2008/03/19
TIME 8146 19:39:47
RECEIPT NUMBER
S06639751-001-105-027-0

Term Id: PS018169
Invoice #: 888
VISA
Card #:

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

PURCHASE AMOUNT \$152.81
TIP \$20.00
TOTAL-CARD
\$172.81

APPROVED 001
AMOUNT \$57.77
TIP \$ 2.00
TOTAL \$ 64.77

I agree to pay above total,
as per order slip or merchant
agreement. Retain this copy
for my records.

APPROVED

AUTH# 072881 01-027
THANK YOU

SEARCH
Ref. #: 0110012780 S
Auth. #: 084539
Date: 08/02/25 Time: 07:30P

CUSTOMER COPY

Best Copy Possible

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

TOTAL DUE \$172.81

DRINK RESPONSIBLY!

Non-Responsive

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>GST</u>	<u>DESCRIPTION</u>
----------------	--------------	---------------	------------	--------------------

20

22/08

EW

30/04/08

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>GST</u>	<u>DESCRIPTION</u>
----------------	--------------	---------------	------------	--------------------

SEAMAN TOM	PADM SUPP	47.73	2.39	04/09/2008 THAI ORCHID ROOM
SEAMAN TOM	PADM SUPP	9.99	0.50	04/16/2008 DIGITAL NEWSPAPER

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Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 21-04-2008
 Created by: Seaman, Tom
 Last Update: 28-04-2008

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	09-04-2008 10-04-2008	THAI ORCHID ROOM CA, MEDICINE HAT AB	74064498100820161113059 5812 EATING PLACES/RESTAURANTS	50.12 CAD

Allocated To

Auto Allocated
 PADMSUPP||
 PADMSUPP||

Amount Allocated: 50.12 CAD

	16-04-2008 18-04-2008	DIGITAL NEWSPAPER CA, RICHMOND BC	74064498108820137454118 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.49 CAD
--	--------------------------	--------------------------------------	---	-----------

Allocated To

Auto Allocated
 PADMSUPP||
 PADMSUPP||

Amount Allocated: 10.49 CAD

Statement Amount:	60.61	Total Transactions:	2
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	60.61	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	60.61	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.

APPLICANT COPY

Albearna 28 April/08 H.D.C.
Submitted by Date Reviewed by D



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Server name

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THAI ORCHID ROOM
336 STRACHAN COURT SE
MEDICINE HAT AB s.17(1), 17(4)(e.1)

CARD
CARD TYPE VISA
DATE 2008/04/09
TIME 3379 13:30:18
CLERK ID 44
RECEIPT NUMBER
S06633885-001-073-008-0

PRE-AUTHORIZATION
AMOUNT \$44.12

TIP 6.00

TOTAL-CAD 50.12

APPROVED

AUTH# 081019 01-027
THANK YOU

CARDHOLDER COPY

Non-Responsive

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>GST</u>	<u>DESCRIPTION</u>
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12/08

Be

1309

*Impacted
&
Posted*

31/05/08

70

Non-Responsive

APPLICANT COPY

<u>GL CODE</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>GST</u>	<u>DESCRIPTION</u>
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SEAMAN TOM	PADM SUPP	119.25	5.21	05/06/2008 EARL'S MEDICINE HAT
SEAMAN TOM	PADM SUPP	22.85	1.15	05/12/2008 CALGARY AIRPORT AUTHORITY
SEAMAN TOM	PADM SUPP	9.99	0.50	05/16/2008 DIGITAL NEWSPAPER

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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM - s.17(1), 17(4)(e.1)
 For Period Ending: 20-05-2008
 Created by: Seaman, Tom
 Last Update: 26-05-2008

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	06-05-2008 07-05-2008	EARL'S MEDICINE HAT CA, MEDICINE HAT AB	74500018127462691736013 5812 EATING PLACES/RESTAURANTS	124.46 CAD

Allocated To
 Auto Allocated
 PADMSUPP||
 PADMSUPP||
 Amount Allocated: 124.46 CAD

	12-05-2008 15-05-2008	CALGARY AIRPORT AUTHORITY CA, CALGARY AB	74529008134910007358400 7523 PARKING LOTS, METERS, GARAGES	24.00 CAD
--	--------------------------	--	--	-----------

Allocated To
 Auto Allocated
 PADMSUPP||
 PADMSUPP||
 Amount Allocated: 24.00 CAD

	16-05-2008 19-05-2008	DIGITAL NEWSPAPER CA, RICHMOND BC	74064498137820145003183 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.49 CAD
--	--------------------------	--------------------------------------	---	-----------

Allocated To
 Auto Allocated
 PADMSUPP||
 PADMSUPP||
 Amount Allocated: 10.49 CAD

Statement Amount: 158.95 Total Transactions: 3

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Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	158.95	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	158.95	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due amount equal the Ending Balance.

T. Deanna *26 May/08* *[Signature]*
 Submitted by Date Reviewed by D



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earls
GREAT FOOD GREAT PEOPLE

RECEIPT
GST NO. R122556194

Date: 05May'08 07:26PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 048832
Check: 5939 s.17(1), 17(4)(e.1)
Table: 75/1
Server: 5 HEBER
TOM SEAMAN

EXIT No. A1
IN: 05/12/08 11:27
OUT: 05/12/08 19:24
DURATION: 0 07: 47
PAID: \$ 24.00
(GST INCLUDED)
VISA

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

AUTH. CODE 010873
REF. 37
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

Subtotal: 109.46
Tax: 15.00
Total: 124.46

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

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

Non-Responsive

GL CODE

DEBIT

CREDIT

GST

DESCRIPTION

ted

1

*AW
Aug 10/08*

AW

30/06/08 68

Non-Responsive

APPLICANT COPY

GL CODE	DEBIT	CREDIT	GST	DESCRIPTION
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SEAMAN TOM	PADM SUPP	9.99	0.50	06/16/2008 DIGITAL NEWSPAPER
SEAMAN TOM	PADM SUPP	29.81	1.49	06/10/2008 WILDFLOWER RESTAURANT
SEAMAN TOM	PADM SUPP	75.68	3.78	05/20/2008 THE BEEFEATER STEAK HOUSE
SEAMAN TOM	PADM SUPP	151.05	7.55	05/28/2008 EARL'S MEDICINE HAT



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Edit a Cardholder Statement

Statement Information

Card Account: SEAMAN, TOM -
 For Period Ending: 20-06-2008 s.17(1), 17(4)(e.1)
 Created by: Seaman, Tom
 Last Update: 26-06-2008

Statement Transactions

Options	Trans Date Posting Date	Supplier Name Supplier Location Transaction Details	Reference No. MCC Name	Amount Tax Amount Tax2 Amount
	20-05-2008 23-05-2008	THE BEEFEATER STEAK HOUSE CA, MEDICINE HAT AB	74529008142920116215805 5812 EATING PLACES/RESTAURANTS	79.46 CAD

Allocated To
 Auto Allocated
 PADMSUPP||
 PADMSUPP||
 Amount Allocated: 79.46 CAD

	28-05-2008 29-05-2008	EARL'S MEDICINE HAT CA, MEDICINE HAT AB	74500018149462648037295 5812 EATING PLACES/RESTAURANTS	158.60 CAD
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Allocated To
 Auto Allocated
 PADMSUPP||
 PADMSUPP||
 Amount Allocated: 158.60 CAD

	10-06-2008 11-06-2008	WILDFLOWER RESTAURANT CA, EDMONTON AB	74064498162820160689773 5812 EATING PLACES/RESTAURANTS	31.30 CAD
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Allocated To
 Auto Allocated
 PADMSUPP||
 PADMSUPP||
 Amount Allocated: 31.30 CAD

	16-06-2008 17-06-2008	DIGITAL NEWSPAPER CA, RICHMOND BC	74064498168820152730563 5968 CONTINUITY/SUBSCRIPTION MERCHT	10.49 CAD
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Allocated To

APPLICANT COPY

Auto Allocated

PADMSUPP||

PADMSUPP||

Amount Allocated: 10.49 CAD

Statement Amount:	279.85	Total Transactions:	4
Beginning Balance:	0.00	Current Due:	0.00
Total Purchases:	279.85	Past Due Cycle 1:	0.00
Total Other Charges:	0.00	Past Due Cycle 2:	0.00
Unaccounted Difference:	0.00	Past Due Cycle 3:	0.00
Total Credits:	0.00	Past Due Cycle 4:	0.00
Total Payments:	0.00	Past Due Cycle 4+:	0.00
Ending Balance:	279.85	Total Due:	0.00

Note: If there is a non-zero amount in the Unaccounted Difference field, then the sum of the transactions plus fees/past due am. not equal the Ending Balance.

T A Reenan *26 Jun/08* *Jensen Blair*
 Submitted by Date Reviewed by



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Server name

THE BEEFEATER STEAK HO
2206 17TH AVE SE T1B1H0
MEDICINE HAT AB
21120357

1111 PRE AUTH PURCHASE 1111

05-2 .. 07:10:14
Acct #
Exp Date
Name Tom SEAMAN
s.17(1), 17(4)(e.1)

Trace # 070018
FS2112035701
Inv. # 0303
Auth # 0039 RRN 001205018

P. Auth Purchase 569.46
Tip 10.00
Total 579.46

Customer copy

earls
GREAT FOOD GREAT PEOPLE

Date: 27May'08 07:09PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 074104 s.17(1), 17(4)(e.1)
check: 7239
Table: 75/1
Server: 5 HEBER
TOM SEAMAN

Subtotal: 138.60

Tip: _____
Total: 158.60

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

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

APPLICANT COPY

WILDFLOWER GRILL
10090-107 STREET
EDMONTON, ALBERTA

Jun 10 2008 12:25 pm
Trans#1547

TRANSACTION RECORD

Card Number:

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

Card Entry : SWIPED
Account : VISA

Trans Type :
PRE-AUTHORIZATION

Amount : \$27.30
Tip : 4.00
Total : 31.30

Auth # : 090229
Sequence # : 0010012710
Employee : NICK
Employee # : 101
Terminal # : 66117654
Date : 08/06/10
Time : 12:22:59

01/027 APPROVED - THANK YOU

Cardholder Signature

CARDHOLDER WILL PAY TO THE
ISSUER OF THE CHARGE CARD
PRESENTED HERE WITH THE
AMOUNT STATED HERE ON IN
ACCORDANCE WITH THE ISSUER'S
AGREEMENT WITH THE
CARDHOLDER