

ALBERTA HEALTH SERVICES BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: ELDON R SMITH (For Board Office Use Only) A/P Vendor ID#: _____

Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: MARCH/APRIL 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
03/03/11	AHS BOARD MEETING					107.91 ✓	3.00 ✓ p	7.35 ✓	301
10/03/11	Committee of the whole						8.00 ✓ p/11.p.		
		Non-Responsive							
12/04/11	BOARD ORIENTATION - EDM						54.00 taxi 47.50 taxi		20
	FLIGHT F. G PRAIRIE					219.64 ✓	307.78 ✓	14.70 ✓	
12/04/11	HOTEL IN Public Mts.					20.75 ✓			
12/04/11	Becoming the Best EDMONTON CONFERENCE					200.24 ✓	44.80 ✓ taxi	7.35 ✓	20
26/04/11	MED HAT HEALTH COUNCIL	✓				11.60 ✓	taxi 146.50		610
Non-Responsive						TOTAL KMS			198
SUB-TOTAL (carry forward to continuation sheet, where applicable)						APPLICABLE MILEAGE RATE @			50.5¢
						32.35	527.79	465.08	29.40
									480.26

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	32.35
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1473.13
OTHER (D)	01.71110300002.41090000	29.40
GRAND TOTAL		1534.88

RECEIVED

MAY 20 2011

FINANCE

101.0005.711103000004

ER Smith
CLAIMANT SIGNATURE

[Signature]
APPROVAL SIGNATURE

May 4, 2011
DATE SUBMITTED

May 17/11
DATE APPROVED

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

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

APPLICANT COPY

ELDON R SMITH OC, MD, FRCPC

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

Meetings attended on behalf of AHS Board during March and April, 2011

- | | |
|---|-----------------|
| ✓1. Board Meetings in Red Deer | March 9 and 10 |
| ✓2. Audit and Finance | March 24 |
| ✓3. Board Orientation meeting | April 12 |
| ✓4. Board meetings in Grand Prairie | April 13 and 14 |
| ✓5. Health Care conference in Edm | April 15 |
| ✓6. Audit and Finance | April 21 |
| ✓7. Met with stakeholders in Medicine Hat | April 26 |

Thanks

Eldon R. Smith

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

Associated Cab Alta. Ltd. TEL: 299-1111

NAME OF ACCOUNT

AMERICAN EXPRESS
 VISA
 MasterCard
 OTHER

ALLIED LIMOUSINE TEL: 299-9555

TIME: 8:00 P.M.

TAXI FROM: #376150007

Driver GST #

TO: Authorization Number AP555320

DATE: 02/19/11	DRIVER NAME & CAR NO. [Signature]	METER CHARGE G.S.T. INCLUDED \$	38.80
SIGNATURE: In writing [Signature]		LESS 10% \$	
		(\$2.50 Per Trip) Passenger Pays \$	
		GRATUITY \$	6.00
020110	CUSTOMER'S COPY	TOTAL - Subsidy (Payable by A.C.E.)	44.80

ACCT. NO.

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

Associated Cab Alta. Ltd. TEL: 299-1111

NAME OF ACCOUNT

AMERICAN EXPRESS
 VISA
 MasterCard
 OTHER

ALLIED LIMOUSINE TEL: 299-9555

TIME: A.M. P.M.

TAXI FROM: TO:

Driver GST #

Authorization Number 86291-2641

DATE: APR 12/11	DRIVER NAME & CAR NO. ELDON R. SMITH 33	METER CHARGE G.S.T. INCLUDED \$	41.50
SIGNATURE: In writing [Signature]		LESS 10% \$	
		(\$2.50 Per Trip) Passenger Pays \$	
		GRATUITY \$	6.00
068400	CUSTOMER'S COPY	TOTAL - Subsidy (Payable by A.C.E.)	47.50

ELDON R. SMITH CHARTER MEMBER

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



(780) 890-7070

G.S.T. # 81878550

FROM E 7 A

TO 1080-101 ST

PRINT NAME [Signature]

CUSTOMER'S SIGNATURE [Signature]

AMERICAN EXPRESS

AUTH. NO. [Signature]

ADMINISTRATIVE LINE: 780-890-7990

TIME DAY 12 MO. 4 YR. 11

FARE	48.00
VAN SURCHARGE	
GRATUITY	6.00
TOTAL	54.00

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

CUSTOMER COPY

1494797
Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDANGERS TO PROTECT THE PROPERTY OF ITS PATRONS SO WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

1494797
Alberta Health Services
RECEIPT

AMOUNT PAID
\$ 3.00 73240000 06:58 AM

CREDIT CARD NUMBER

10/03/11 08:58 AM 10/03/11 06:58 AM \$ 3.00

LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE EXPIRATION TIME

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID

DETACH RECEIPT FROM TICKET
DATE ISSUED TIME ISSUED AMOUNT PAID
10/03/11 09:10 AM \$ 8.00
LEAVE ON DASH - THIS SIDE UP
EXPIRATION DATE
10/03/11 09:10 AM

CREDIT CARD NUMBER

AMOUNT PAID

\$ 8.00 73240000 09:10 AM

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

1494579
Alberta Health Services
RECEIPT

1494579
Alberta Health Services

AHS APPLICANT COPY

FOR MARCH 9/10

Meeting in Red Deer March 9/10

301 Km

Parking . 3.00 + 8.00

Hotel 107.91

APPLICANT COPY



10065 - 100 Street
Edmonton, AB, Canada T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

Govt Cda
Eldon Smith
CA

Room : 0511
Folio # :
Cashier # : 510
Page # : 1 of 1

Arrival : 04-14-11
Departure : 04-15-11

Date	Description	Additional Information	Charges	Credits
04-14-11	Telephone Local - Interface	Room	1.58	
04-14-11	Telephone Local - Interface	Room	1.58	
04-14-11	Telephone Local - Interface	Room	1.58	
04-14-11	Government Rate		169.00	
04-14-11	Room - DMF		1.69	
04-14-11	Room - AB Tourism Levy		6.83	
04-14-11	Room - GST		8.53	
04-15-11	Refreshment Centre - Manual		9.00	
04-15-11	Refreshment Centre - GST	s.17(1), 17(4)(e.1)	0.45	
04-15-11	American Express	XX/XX		200.24
Total			200.24	200.24
Balance Due			0.00	

GST Summary

Room	8.53
F&B	0.45
Other	0.23
Total	9.21

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Don Fennerty, General Manager, at Don.Fennerty@fairmont.com. We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

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

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

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

APPLICANT COPY

NAME: SMITH/ELDON MR
F:AC s.17(1), 17(4)(g)(i)

TKT: 014 21 94284513 1
REF: PZLKYI

P CR FLT CL DATE BRD OFF TIME ST FARE BASIS BGA
AC 8367 Q 12APR11 YEG YDU 1750 OK Q0STPA 1PC

NVB:1/12APR11 2/ 3/ 4/
NVA:1/12APR11 2/ 3/ 4/

R: CAD 266.00 TX: DA 7.12 TX: XG 14.66 TX: SO 20.00
Q:
L: CAD 307.78

FARE CALCULATION

12APR11YEA AC YDU 012.00R254.00CAD266.00 END ROE1.00
DP: CC AX s.17(1), 17(4)(e.1) APC: 113302
ND: AC ONLY/NON-REF/CHGE FEE

3991103/12APR11/YEGTRAC / JB
MONTON /CANADA

APPLICANT COPY



SANDMAN HOTEL GRANDE PRAIRIE
 9805 - 100th Street
 Grande Prairie, AB T8V 6X3
 Tel: 780.513.5555
 Fax: 780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website: www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 320217 Description: standard folio

Page: 1

Mail To: Eldon Smith

Res.#: 278923

Arrive: 12/04/2011 07:35pm

Depart: 14/04/2011 12:29am

Room: JCSN 408

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

Group: Alberta Health Services Board

Guest: Eldon Smith

Bill To: Smith

Date	Description	Voucher	Amount
12/04/2011	Room Revenue	GP -408	99.00
12/04/2011	Destination Marketing Fee	GP -408	.99
12/04/2011	GST	GP -408	5.00
12/04/2011	Provincial Tourism Levy	GP -408	4.00
13/04/2011	Long Distances		.79
13/04/2011	GST		.04
13/04/2011	Long Distances s.17(1), 17(4)(g)(i)		.79
13/04/2011	GST		.04
13/04/2011	Room Revenue	GP -408	99.00
13/04/2011	Destination Marketing Fee	GP -408	.99
13/04/2011	GST	GP -408	5.00
13/04/2011	Provincial Tourism Levy	GP -408	4.00
14/04/2011	American Express	THANK YOU	-219.64
Balance:			.00

Bill To: Smith

Total GST

10.08

GST Registration # R-121767065



Signature

Sandman Hotels, Inns & Suites, Limited | A Northland Company

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

APPROVED BY: [Signature] DATE: [Date]

www.sandmanhotels.com



Black Knight Inn

Guest Folio APPLICANT COPY

2929 - 50 Avenue
Red Deer, AB T4R 1H1

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

www.blackknightinn.ca
frontoffice@blackknightinn.ca

Print Date 3/10/2011
Print Time 6:51:59AM

Reservation 29211 - 0

Guest Eldon Smith
Agent: General Groups
Reference: Alberta Health Services

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

Room	Date	Reference and Description	Amount with tax	
202	3/9/2011	Executive Suite	99.00	107.91
202	3/10/2011	American Express		-107.91
		s.17(1), 17(4)(e.1)		
		Tourism Levy	3.96	
		GST	4.95	

Balance \$0.00

Red deer
March 9/10

APPLICANT COPY

BLACK KNIGHT INN
2929 50 AVENUE
RED DEER AB

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

CARD
CARD TYPE AMEX
DATE 2011/03/10
TIME 8346 06:51:42
CURR ID AZ
EFT NUMBER
4560583-001-018-012-0

PAID WITH COMPLETION
TOTAL

\$107.91

APPROVED

AUTH# 604910 00-025
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

AHS - Week of April 11

Expenses:

Airfare Edmonton to 3rd Prairie	307.78
Hotel in 3rd Prairie	219.64
Hotel in Edmonton	200.24
Cabs in Calgary	44.80 ✓
" in Edmonton to Mundare	47.50 ✓
	54.00 ✓
Dinner - April 12	20.75 ✓

March 12 - 15

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

224333

APPLICANT COPY

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

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
<u>01/05/11</u>	<u>Policy Forum in Edm</u>					<u>142.91</u>	<u>Parking 50.43</u>	<u>Personal 7.35</u>	<u>40 Km</u>
<u>19/05/11</u>	<u>AFC meeting</u>								<u>42</u>
						Non-Responsive	-	-	-
TOTAL KMS									<u>82</u> ✓
APPLICABLE MILEAGE RATE @									<u>50.5¢</u>
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
			<u>142.91</u> ✓	<u>50.40</u> ✓	<u>7.35</u> ✓	<u>41.41</u> ✓			

RECEIVED
JUL 4 2011
ENTERED JUL 6 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	<u>01.0005</u> 01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	<u>234.72</u>
OTHER (D)	01.71110300002.41090000	<u>2 7.35</u>
GRAND TOTAL		<u>242.07</u>

R 226.07
8.70 Z

<u>ER Smith</u> CLAIMANT SIGNATURE	<u>[Signature]</u> APPROVAL SIGNATURE
<u>May 31, 2011</u> DATE SUBMITTED	<u>June 24/11</u> DATE APPROVED

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

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

APPLICANT COPY

CROWNE PLAZA®

EDMONTON
 CHATEAU LACOMBE

Eldon Smith

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

A/R Number
 Group Code
 Folio/Invoice No. 175640
 Reference #

Room No. **1613** Page No. 1 of 1
 Arrival 05-01-11 Cashier No. 223
 Departure 05-02-11 User ID JPP

www.chateaulacombe.com

Date	Description	Charges	Credits
05-01-11	Room Accomodation	128.00	
05-01-11	ERDMF-1%	1.23	
05-01-11	Tourism Levy -4%	4.97	
05-01-11	Room GST	6.21	
05-02-11	Cafe Lacombe - Gratuity Line# 1613 : CHECK# 0013407	2.50	
05-02-11	American Express		142.91

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

Total	142.91	142.91
Balance	0.00	

Tourism Levy		ERDMF-1%							
11.18	0.00	1.23	0.00	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 #R802215269

7/5/11

APPLICANT COPY

RECEIPT
GST NO. R122556194

EXIT No. A5
IN: 05/01/11 14:23
OUT: 05/02/11 19:04
DURATION: 1 04: 41
PAID: \$ 50.40
(GST INCLUDED)
AMERICAN EXPRESS s.17(1), 17(4)(e.1)

AUTH. CODES92316
REF. 61

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

304200

APPLICANT COPY

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

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG - 5 2011 FINANCE </div>									
09/06/11	Meeting of AFC, Cow						Flight Partial		
10/06/11	+ BOARD (Public)						\$1050.00		
	Taxi To Airport - Halifax								130 Km
	Taxis in Calgary							92.5 ✓	
	Travel to Cal Belcher x2							(taxi)	22
	Travel to Heritage Park								33.2
11/06/11	Health Advisory Councils								
10-11/06/11	To + From Delta South x2				20.75 ✓				84.0
									Non-Responsive
TOTAL KMS									26920
APPLICABLE MILEAGE RATE @									50.5¢/mile
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E	F	G	H
		20.75 ✓	0 ✓	1050.00 ✓	92.5 ✓				13595
									148.06

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.75
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1185.95
OTHER (D)	01.71110300002.41090000	92.50
GRAND TOTAL		1299.20

<u>E.R. Smith</u> CLAIMANT SIGNATURE	<u>[Signature]</u> APPROVAL SIGNATURE	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
<u>June 28, 2011</u> DATE SUBMITTED	<u>July 17, 2011</u> DATE APPROVED	Lodging per night		\$20.15
		Per diem 24-hour		\$7.35

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

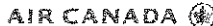
APPLICANT COPY

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information



Booking Reference: **MGV58A**

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:
Mr Eldon R Smith

Flight Arrivals and
Departures
1-888-422-7533

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

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8775*	Halifax, Halifax Int'l (YHZ) Sun 05-Jun 2011 15:30	Montreal, Trudeau (YUL) Sun 05-Jun 2011 16:00	0	1hr30	CRA	Tango Plus W	
AC1177	Montreal, Trudeau (YUL) Wed 08-Jun 2011 17:50	Calgary (YYC) Wed 08-Jun 2011 20:17	0	4hr27	320	Tango Plus T	
AC8553*	Calgary (YYC) Sun 12-Jun 2011 11:20	Victoria, Victoria Int'l (YYJ) Sun 12-Jun 2011 11:46	0	1hr26	CRJ	Tango Plus S	
AC8552*	Victoria, Victoria Int'l (YYJ) Wed 15-Jun 2011 08:55	Calgary (YYC) Wed 15-Jun 2011 11:12	0	9hr30	CRJ	Tango Plus T	
AC118	Calgary (YYC) Wed 15-Jun 2011 11:50	Ottawa, Ottawa Int'l (YOW) Wed 15-Jun 2011 17:34	0		E90	Tango Plus T	F
AC1110	Ottawa, Ottawa Int'l (YOW) Wed 15-Jun 2011 19:55	Halifax, Halifax Int'l (YHZ) Wed 15-Jun 2011 22:25	0		E75	Tango Plus T	F

Flight 1
Flight 2
Flight 3
Flight 4

F: Food for purchase onboard All Onboard Café purchases made on board Air Canada flights are payable only with Visa, MasterCard and American Express credit cards.

*Operated by Jazz

Passenger Information

1: Mr Eldon R Smith : Adult (16+), Ticket Number: 0142194810220-21

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

Air Canada - Aeroplan : Meal Preference: None
 Credit Card: s.17(1) Special Needs: None
 Seat Selection: AC8775 12D (Preferred), AC1177 12F (Preferred), AC8553 4F, AC8552 1A (Preferred), AC118 12A (Preferred), AC1110 12A (Preferred)

Congratulations on your purchase of a Preferred seat. Please view Terms and conditions.

Purchase Summary

Fare Summary

Passenger Type	Adult
Flight 1 - Airfare (Tango Plus)	296.00
Flight 2 - Airfare (Tango Plus)	294.00
Flight 3 - Airfare (Tango Plus)	259.00
Flight 4 - Airfare (Tango Plus)	374.00
Surcharges	82.00

Taxes, Fees and Charges

Canada Airport Improvement Fee	80.00
Air Travellers Security Charge (ATSC)	14.25
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	202.09
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	2.50
Canada Quebec Sales Tax (QST #1000-043-172 TQ1991)	2.23
Total airfare and taxes before options (per passenger)	1606.07

1606.07
- 239.00

1347.07
claiming \$1050.00

APPLICANT COPY.

Options

Total airfare, taxes and options (per passenger)	1606.07
Number of passengers	1
Total	1606.07
Grand Total - Canadian dollars	\$1606.07

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

- Air Canada: \$1606.07 (Airfare - per ticket)

Ticket number(s): 0142194810220-21

Fare Rules

Flight 1: Halifax (YHZ) To Montreal (YUL) - **Tango Plus**

Flight 2: Montreal (YUL) To Calgary (YYC) - **Tango Plus**

Flight 3: Calgary (YYC) To Victoria (YYJ) - **Tango Plus**

Flight 4: Victoria (YYJ) To Halifax (YHZ) - **Tango Plus**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference.
- **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.

- **Complimentary standard seat selection** is available on Air Canada and Jazz (subject to availability).
- Earn 100% Air Canada Status Miles
- Read complete fare rules applicable to this fare.

Links

Manage my booking online: <http://www.aircanada.com/mybookings>
 Flight Departure & Arrivals: <http://www.aircanada.com/flightstatus>
 General conditions of carriage: <http://www.aircanada.com/conditionsofcarriage>
 Information and Services: <http://www.aircanada.com/travelinfo>

APPLICANT COPY

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

ACCT. NO. <u>05</u>		Associated Cab Alta. Ltd. TEL: 299-1111	
NAME OF ACCOUNT: <u>ELDON R. SMITH</u> <u>CHARTER MEMBER</u>		ALLIED LIMOUSINE TEL: 299-9555	
<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> OTHER		TIME: <u>9:30</u> A.M. P.M.	
TO: <u>110 (Cadenair Airport)</u>		Driver GST # <u>863580355</u> Authorization Number	
DATE: <u>May 12/11</u>	DRIVER NAME & CAR NO. <u>Calvin A. 2010</u>	METER CHARGE G.S.T. INCLUDED \$	<u>44.50</u>
SIGNATURE: In writing <u>[Signature]</u>		LESS 10% \$	
103365		(\$2.50 Per Trip) Passenger Pays \$	
CUSTOMER'S COPY		GRATUITY \$	<u>6.00</u>
		TOTAL - Subsidy (Payable by A.C.E.)	<u>97.50</u>

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

ACCT. NO. <u>05</u>		Associated Cab Alta. Ltd. TEL: 299-1111	
NAME OF ACCOUNT: <u>ELDON R. SMITH</u> <u>CHARTER MEMBER</u>		ALLIED LIMOUSINE TEL: 299-9555	
<input checked="" type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> OTHER		TIME: _____ A.M. P.M.	
TAXI FROM: _____		Driver GST # <u>530728</u> Authorization Number	
TO: _____			
DATE: <u>8/6/11</u>	DRIVER NAME & CAR NO. <u>Pat 582</u>	METER CHARGE G.S.T. INCLUDED \$	<u>39.00</u>
SIGNATURE: In writing <u>[Signature]</u>		LESS 10% \$	
009025		(\$2.50 Per Trip) Passenger Pays \$	
CUSTOMER'S COPY		GRATUITY \$	<u>6.00</u>
		TOTAL - Subsidy (Payable by A.C.E.)	<u>45.00</u>

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

453791

APPLICANT COPY

Name: ELDON R. SMITH (For Board Office Use Only) A/P Vendor ID#: _____
 Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: JULY/AUG/SEPT, 2011
 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)		
		B	L	D	AMOUNT						
					Non-Responsive	0	0	0	0		
				0	0	0	0	0	0		
14/09/11	COW → B					153.93 ✓	7.35	610			
15/09/11	BOARD			0	0	0	7.35	0			
27/07/10	AUDIT (CALGARY)			0	0	0		42			
								TOTAL KMS	652		
								APPLICABLE MILEAGE RATE @	50.5¢		
SUB-TOTAL (carry forward to continuation sheet, where applicable)						A	153.93 ✓	D	14.70	E	329.26

ENTERED OCT 27 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	483.19
OTHER (D)	01.71110300002.41090000	14.70
GRAND TOTAL		497.89

ER Smith
 CLAIMANT SIGNATURE

[Signature]
 APPROVAL SIGNATURE

Oct 1, 2011
 DATE SUBMITTED

Oct 20/11
 DATE APPROVED

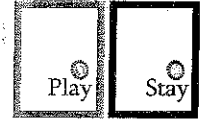
meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

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



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK



Eldon Smith
Calgary, AB
Ab Health Services

Page # 1
Res. # 488939
Checked in Wed Sep 14/11 - 6:03 pm
Checked out Thu Sep 15/11 - 7:45 am
Nights 1
Room Rate 139.00
Room 473

Group: Ab Health Services

Date	Description	Reference	Charges	Credits
Sep14	GOVERNMENT RATE		139.00	
Sep14	GST		6.95	
Sep14	Room Tax		5.32	
Sep14	Destination Marketing Fee		2.66	
Sep15	PAID BY AMEX - Thank you			153.93
			-----	-----
			0.00	153.93

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

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 6.95
Room Tax 5.32



ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

53201

Name: <u>ELDON R. SMITH</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____	Travel Period Month: <u>OCTOBER 2011</u>

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
06/10/11	ACCREDITATION								
07/10/11	DEBRIEFING IN EDM		✓		20.75	BLUES JR	0	7.35	615
12/10/11	RETREAT						582.95	7.35	
13/10/11	COW					412.02	47.50	7.35	
14/10/11	BOARD						48.40	7.35	
27/10/11	AUDIT + FINANCE				0		13.00		44
22/09/11	AUDIT + FINANCE AT SOUTHPORT						FINE 40.00		
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
		20.75	412.02	731.86	29.40	332.79			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.75
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	893.71
OTHER (D)	01.71110300002.41090000	29.40
GRAND TOTAL		943.86

<u>E. R. Smith</u> CLAIMANT SIGNATURE	<u>[Signature]</u> APPROVAL SIGNATURE	meals <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>breakfast</td><td>\$9.20</td></tr> <tr><td>lunch</td><td>\$11.60</td></tr> <tr><td>dinner</td><td>\$20.75</td></tr> </table>	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75
breakfast	\$9.20							
lunch	\$11.60							
dinner	\$20.75							
<u>Sept Oct 31, 2011</u> DATE SUBMITTED	<u>Nov 25/11</u> DATE APPROVED	Lodging per night \$20.15						
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford		Per diem 24-hour \$7.35						

THE CITY OF
CALGARY
MUNICIPAL BUILDING
800 MACLEOD TR. S.E.
P.O. BOX 2580,
STATION M
CALGARY, ALBERTA
T2P 2W9

47473602 20090900

This tag issued for breach of Section:
28(1)

Parking Bylaw Traffic Bylaw

PENALTY (more information on reverse)

Early Payment Amount 1 IF Paid Within 10 Days	Early Payment Amount 2 IF Paid 10 to 30 Days	Specified Penalty Due After 30 Days
<input type="checkbox"/> \$36.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$50.00
<input checked="" type="checkbox"/> \$40.00	<input checked="" type="checkbox"/> \$50.00	<input checked="" type="checkbox"/> \$75.00
<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$215.00

Date (year) (month) (day)
2011 09 22

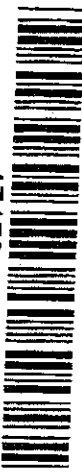
Time **11:35** Officer # **8876**

Vehicle Licence No. _____ Province _____

Vehicle Make _____

Offence, Location & Officer Notes
*Unauthorized parking
Private Property
(OT in 2nd Visitor stall)
(CLRT(0855))
10301 Southport Lane SW
UTTA
(LPE655 AB)
RFA123329*

PARKING TAG
PA 10 (6/2010-12)
ISC Restricted



47473602

ENTER AMOUNT PAID
\$

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

9B

Return this portion with mail-in payment option.

PAYMENT INFORMATION

1. Payments may be made at most chartered banks, trust companies, credit unions and Alberta Treasury branches. When paying by mail or at a financial institution, you must allow sufficient time for your payment to reach our office before the next fine increment.
2. Cheque or money order made payable to "THE CITY OF CALGARY" may be mailed to P.O. Box 2580, Station M, Calgary, Alberta T2P 2W9. **DO NOT MAIL CASH.** Cancelled cheque constitutes receipt.
3. Payment will be accepted by City Cashiers, 800 Macleod Trail S.E., Calgary, Alberta from the hours of 8:00 to 16:30 Monday to Friday, except holidays. Payment will also be accepted in the City night depository at 801 - 3 St. S.E.
4. Receipts issued in acknowledgement of a cheque or other instrument are only valid after being honoured by your bank; allow 10 days for cheque processing to qualify for early payment options and avoid late payment fees.
5. You may avoid prosecution for this offence by paying the penalty indicated within the days shown. Failure to comply will result in issuance of a violation ticket for prosecution in the Provincial Court of Alberta.





APPLICANT COPY

NOVA HOTELS

Chateau Nova Hotel
Mod 3, Comp 9, RR 1
Fort McMurray Airport
Fort McMurray, AB T9H 5B5
P:780-791-6682 F:780-743-0560
Toll Free 1-866-924-6682
Arrive 10/12/11 Depart 10/14/11

SMITH ELDON

ALBERTA HEALTH SERVICES
Room # 2311 Invoice # 20788

Table with columns: DATE, CLERK, DEPARTMENT, DESCRIPTION, AMOUNT. Rows include accommodation and room tax charges for 10/12/11, 10/13/11, and 10/14/11.

CHATEAU NOVA
FORT McMURRAY
MOD 3, COMP 9, RR 1
FORT McMURRAY, AB T9H5B5
99149965727

TERM ID: 09914996 BATCH#: 019
EMPLOYEE ID: 1 SHIFTH: 001

Completion

INV#: 000000740
ANEX SEQ#: 019001001020
s.17(1), 17(4)(e.1)

Total: CAD\$ 412.02

APPROVED 599333
000/00

14-Oct -11 07:20:42

CUSTOMER COPY
THANK YOU
(780) 791-6682

BALANCE DUE 0.00

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

"Where Comfort and Service are at their best!"

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta - Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray
Saskatchewan - Kindersley
NWT & Nunavut - Inuvik, Iqaluit

APPLICANT COPY

PLAÇER SUR LE TABLEAU DU BORD DE CÔTÉ VISIBLE / RECEIPT PLACE ON DASH FACE UP

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513

EXPIRES
27 OCT 11
11:59 PM

EXPIRES
27 OCT 11
11:59 PM
PAID
\$ 13.00C
RECEIPT
SPACE 17

PAID \$ 13.00C
ENTRY TIME 27 OCT 11 08:25 AM
19652 SPACE 17

CUSTOMER'S COPY

From our Taxi Bookings Visit
www.associatedcab.ca

SIGNATURE *[Signature]*

TIP (\$) 6.00
TOTAL (\$) 48.40

FARE (\$) 42.48
EXTRA (\$) 0.00
SUBTTL (\$) 42.48

DATE 2011/10/14
Pick up TIME: 18:24
Drop off TIME: 18:56
TRIP ID: 0
LOCATION: 0
CAR NUMBER: 073880-45024103707
CARD TYPE: 0065
CARD: AMEX S
EXPIRY: AUTH S.17(1), 17(4)(e.1) **/**
AP567888

ASSOCIATED CAB ALTA LTD
387 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

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

ACCT. NO. s.17(1), 17(4)(e.1)		Associated Cab Alta. Ltd. TEL: 299-1111	
NAME OF ACCOUNT <i>Eldon Smith</i>		ALLIED LIMOUSINE TEL: 299-9555	
<input type="checkbox"/> AMERICAN EXPRESS <input checked="" type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> OTHER		TIME: <i>6:30</i> P.M.	
TAXI FROM:		Driver GST #	
TO: <i>YYC</i>		Authorization Number	
DATE: <i>10/12/11</i>	DRIVER NAME & CAR NO. <i>Jim Power 169</i>	METER CHARGE G.S.T. INCLUDED \$	<i>41.50</i>
SIGNATURE: In writing <i>[Signature]</i>		LESS 10% (\$2.50 Per Trip) Passenger Pays \$	
063009		GRATUITY \$	<i>6.00</i>
CUSTOMER'S COPY		TOTAL - Subsidy (Payable by A.C.E.)	<i>47.50</i>

15832
574284

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

Name: <u>Eldon R. Smith</u>	(For Board Office Use Only) AP Vendor ID#:
Phone #:	Travel Period Month: <u>Nov / DEC 2011</u>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
4/11/11	Fdn Forum							32	
5/11/11	" "							32	
16/11/11	RED DEER REPORT F. COMM							290	
7/12/11	COW				135.50	436.01		20	
8/12/11	(B) COW + BD							20	
22/12/11	AFC (CALGARY)							44	
TOTAL KMS								438	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
			135.50	436.01				221.19	

ENTERED 22 8 2011
APPROVED
Air = 385
Rk = 50
61
40

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	792.70
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		792.70

<u>Eldon R. Smith</u> CLAIMANT SIGNATURE Dec 19, 2011 DATE SUBMITTED	<u>[Signature]</u> APPROVAL SIGNATURE Dec 22/11 DATE APPROVED	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35

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

Mr Eldon Smith
 Canada

Room Number: 0701
 Arrival Date: 12-07-11
 Departure Date: 12-08-11
 Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No: 102928

12-08-11

Date	Description	Charges	Credits
12-07-11	Room Revenue	129.00	
12-07-11	Tourism Levy - 4%	5.16	
12-07-11	Destination Marketing Fee - 1%	1.29	
12-07-11	Tourism Levy on DMF s.17(1), 17(4)(e.1)	0.05	
12-08-11	American Express		135.50
Total		135.50	135.50
Balance		0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.29
Tourism Levy - 4 %	5.16
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



AIR CANADA

Booking Information

Booking Reference: **KELGIV** **Customer Care**
Electronic Ticketing confirmed. This is your official itinerary/receipt. **Air Canada**
 1-888-247-2262
Main Contact: **Flight Arrivals and Departures**
 Mr Eldon R Smith 1-888-422-7533
Mobile:
Home: s.17(1), 17(4)(g)(i)
Work:

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8132 ¹	Calgary (YYC) Wed 07-Dec 2011 07:30	Edmonton, Edmonton Int'l (YEG) Wed 07-Dec 2011 08:24	0	0hr54	CRJ	Tango P	
AC8153 ¹	Edmonton, Edmonton Int'l (YEG) Thu 08-Dec 2011 16:30	Calgary (YYC) Thu 08-Dec 2011 17:18	0	0hr48	CRJ	Tango G	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Eldon R Smith : Adult (16+), Ticket Number: 0142101400335
 Air Canada - Aeroplan : s.17(1), 17(4)(g)(i) Meal Preference: **None**
 Credit Card: s.17(1), 17(4)(e.1) Special Needs: **None**
 Seat Selection: AC8132 2C Paid, AC8153 2D Paid

Purchase Summary

Fare Summary	
Passenger Type	Adult
Departing Flight - Tango	114.00
Return Flight - Tango	134.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	16.56
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	347.81
Options	
Departing Flight - Tango	
* Advance Seat Selection	18.00
Return Flight - Tango	
* Advance Seat Selection	18.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.80
Total airfare, taxes and options (per passenger)	385.61
Number of passengers	1
Total	385.61
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$385.61

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

- Air Canada: \$347.81 (Airfare - per ticket)
- Air Canada: \$37.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142101400335

APPLICANT COPY

RECEIPT
GST NO. R122556194

EXIT No. A5
IN: 12/07/11 06:14
OUT: 12/08/11 17:48
DURATION: 1 11: 34
PAID: \$ 50.40
(GST INCLUDED)
AMERICAN EXPRESS

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

AUTH. CODE595296
REF. 94

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

757400

Name: <u>ELDON R. SMITH</u>	(For Board Office Use Only) A/P Vendor ID#:
Phone #: _____ s.17(1), 17(4)(g)(i)	Travel Period Month: <u>DEC 2011 / JAN 2012 / FEB 2012</u>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
DEC 22	AUDIT FINANCE COMM					13.00 ✓		44	
JAN 19	" " "							44	
JAN 23	MEET WITH MINISTER							44	
JAN 26	HALL IN RED DEER					6.00 ✓		290	
Non-Responsive									
FEB 1-2	COW + BOARD-EDM					141.80 ✓	50.40 ✓	40	
DEC 7/11	COW Meeting							20	
DEC 8/11	Public Meeting							20	
TOTAL KMS								502	
APPLICABLE MILEAGE RATE @								50.5¢	
Non-Responsive									
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E	F	G	
			141.80 ✓	69.40 ✓		253.51		773.31	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	464.71
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		464.71

<u><i>E. Smith</i></u> CLAIMANT SIGNATURE	<u><i>Cathy Reason</i></u> APPROVAL SIGNATURE	meals breakfast \$9.20 lunch \$11.60 dinner \$20.75
<u>Feb 4, 2012</u> DATE SUBMITTED	<u>March 22/2012</u> DATE APPROVED	Lodging per night \$20.15
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford		Per diem 24-hour \$7.35

Mr Eldon Smith

Room Number: 0712
 Arrival Date: 02-01-12
 Departure Date: 02-02-12
 Page No: 1 of 1

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

INVOICE

Folio No: 106376

02-02-12

Date	Description		Charges	Credits
02-01-12	Room Revenue		135.00	
02-01-12	Tourism Levy - 4%		5.40	
02-01-12	Destination Marketing Fee - 1%		1.35	
02-01-12	Tourism Levy on DMF	s.17(1), 17(4)(e.1)	0.05	
02-02-12	American Express	XX/XX		141.80
Total			141.80	141.80
Balance			0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.35
Tourism Levy - 4 %	5.40
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513

EXPIRES

22 DEC 11

11:59 PM PAID \$ 13.00C

ENTRY TIME 22 DEC 11 08:05 AM
21545 SPACE 7

EXPIRES

22 DEC 11
11:59 PM

PAID
\$ 13.00C

RECEIPT
SPACE 7

PLACE ON

PLACE ON DASH FACE UP

RECEIPT

FACE UP

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

26/01/12 08:39 PM

26/01/12 04:39 PM \$ 6.00

AMOUNT PAID

\$ 6.00 73300000 04:39 PM

CREDIT CARD NUMBER

CC

3613135

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

3613135

Alberta Health Services



NON TRANSFERABLE



RECEIPT

RECEIPT

GST NO. R122556194

EXIT No. A2
IN: 02/01/12 05:48
OUT: 02/02/12 16:53
DURATION: 1 11: 05
PAID: \$ 50.40
(GST INCLUDED)
AMERICAN EXPRESS

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

AUTH. CODE 575992
REF. 51

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

814973

APPLICANT COPY

Name: <u>ELDON R. SMITH</u> <small>s.17(1), 17(4)(g)(i)</small>	(For Board Office Use Only) A/P Vendor ID#: _____
Phone #: _____	Travel Period Month: <u>Feb / MARCH, 2012</u> <small>Non-Responsive</small>

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
FEB 16	AFC in EDMONTON		✓		11.60	141.80			3-13-12 306 km
MARCH 14	COW IN CAMBRE					134.76			201 km
									3-19-12
								TOTAL KMS	507
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)						A	B	C	D
						11.60	276.56		544.20

ENTERED APR 24 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	11.60
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	532.60
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		544.20

<u>E R Smith</u> CLAIMANT SIGNATURE	<u>Colleen Rayner</u> APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<u>March 16, 2012</u> DATE SUBMITTED	<u>April 13, 2012</u> DATE APPROVED														

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

Eldon Smith
Canada

Room No. : 365
 Arrival : 03-14-12
 Departure : 03-15-12
 Page No. : 1 of 1
 Folio No. : 1068351
 Conf. No. : 1108026
 Cashier No. : 115

INVOICE

Membership No. :
 A/R Number :
 Group Code : 1201ALBHEA
 Company Name : Alberta Health Services

03-15-12 11:16:08 AM EST

Date	Text		Charges	Credits
03-14-12	Long-Distance Call	09:21 Line# 365 : Dialed# 866-792-1318 [00:00	1.10	
03-14-12	Other GST		0.06	
03-14-12	Package Room Rate		119.00	
03-14-12	Room %5 GST	s.17(1), 17(4)(e.1)	14.60	
03-15-12	American Express			134.76
		XX/XX		
Room GST	6.13	Other PST 8.47	Other GST	0.06
Net Amount	120.10	CAD		
Total			134.76	134.76
Balance				0.00

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Thank You For Staying With Us

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

Guest Signature _____
 GST# 865543425

Radisson Hotel & Conference Center
 511 Bow Valley Trail
 Canmore, Alberta T1W 1N7
 Telephone: (403) 678-3625 Fax: (403) 678-5534

Mr Eldon Smith

Room Number: 1514
 Arrival Date: 02-15-12
 Departure Date: 02-18-12
 Page No: 1 of 1

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

INVOICE

Folio No: 107872

02-18-12

Date	Description	Charges	Credits
02-15-12	Room Revenue	135.00	
02-15-12	Tourism Levy - 4%	5.40	
02-15-12	Destination Marketing Fee - 1%	1.35	
02-15-12	Tourism Levy on DMF s.17(1), 17(4)(e.1)	0.05	
02-18-12	American Express XX/XX		141.80
Total		141.80	141.80
Balance		0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.35
Tourism Levy - 4 %	5.40
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

934053

APPLICANT COPY

Name: ELDON R. SMITH (For Board Office Use Only) A/P Vendor ID#: _____

Phone #: _____ s.17(1), 17(4)(g)(i) Travel Period Month: MARCH / APRIL / MAY

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
15/5/12	PARRIE MOUNTAIN HAC							54	
		Non-Responsive							
ENTERED JUN 26 2012									
TOTAL KMS									
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	27.27			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	27.27
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		27.27

RECEIVED
 JUN 25 2012
 FINANCE

ER Smith
 CLAIMANT SIGNATURE

Colleen Ragan
 APPROVAL SIGNATURE

May 24, 2012
 DATE SUBMITTED

June 18, 2012
 DATE APPROVED

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

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

