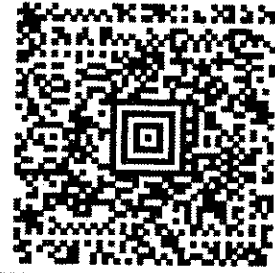


Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information



Booking Reference: [REDACTED]

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:
Mr Roman Cooney
roman.cooney@aircan.ca
Mobile:
Home:
Work:
At destination:

Flight Arrivals and Departures
1-888-422-7533

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

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
[REDACTED]	[REDACTED] (YYC) Thu 25-Jun 2009 08:30	[REDACTED] Edmonton Int'l (YEG) [REDACTED] 009 09:19	0	0hr49	DH3	Tango	
[REDACTED]	[REDACTED] Edmonton Int'l (YEG) Thu 25-Jun 2009 15:30	[REDACTED] (YYC) [REDACTED] 09 16:17	0	0hr47	CRJ	Tango	

*Operated by Jazz

Passenger Information

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

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142172179993

Frequent Flyer Pgm : **None** / *give no e airport*
 Credit Card: **None**
 Seat Selection: **A [REDACTED] PAID, A [REDACTED] PAID**
 Sports equipment: **None**
 Additional checked bags: **None**

Meal Preference: **None**
 Special Needs: **None**
Seat Selection None

Purchase Summary

Fare Summary

Passenger Type	Adult
Departing Flight - Tango	139.00

- * To choose or change your seats, visit the "Manage Your Bookings" section of aircanada.com.
- * Seat selection is based on availability and is non-refundable.

RECEIPT
GST NO. R122556194

Important!

Please review within 24 hours

Before You Go

Travel Documents
For air travel identification at name on the ticket present: one (1) without photo. Canadian and US as a Nexus card upon request. necessary travel documents necessary for passengers are identification rec

COLAS
ALC
EXIT No: *ALC* A1
IN: 06/25/09 07:10
OUT: 06/25/09 16:16
DURATION: 08:06
PAID: \$ 24.00
(GST INCLUDED)
DATE

AUTH. CODE: 244176
REF.
THANK YOU FOR YOUR VISIT

If you have any questions, please call 1-888-247-2262

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

required by federal government regulations to checkers who appear to be 18 years of age or older. The used on the Itinerary/receipt. The passenger must with photo or two (2) pieces of government-issued ID **and the United States**, all passengers including a valid passport or other valid travel document such sent this Itinerary/receipt to immigration authorities **country**, passengers must ensure that they have all visa, as directed by embassies and consulates. All documentation page for important information on

Carry-on Baggage Calgary International Airport Parkade

Oversized carry-on baggage is not permitted on our aircraft

passenger they From AWP
To CIBC
Item: _____
and Date 25/06/09
bag, _____
Trip Amount 53.5
Driver Name _____
Car number R144
GST _____

and may cause flight delays for all maximum allowed size as indicated below; please at check-in or boarding time.

one (1) carry-on bag or suitcase (wheels) like a briefcase, laptop computer, diaper kit Carry-on Baggage restrictions.

	Maximum Weight
	10 kg 22 lbs
	10 kg 22 lbs

Checked baggage policy

Ensure your checked bags are properly identified. Please do not pack valuables in your checked baggage. The baggage allowance rules stated herein do not apply to passengers who have specifically declined the checked baggage option. Learn more about Checked Baggage restrictions.

	Maximum overall measurement (Length + Width + Height)	Maximum Weight	
Economy Class 2 bag(s) (view complete baggage allowance)	158cm 62"	23 kg 50 lbs	Bags weighing more than 23 Kg (50 lbs) to a maximum of 32 Kg (70 lbs) will be subject to additional charges payable at the airport.
Executive Class Executive First Up to 3 bags	158cm 62"	23 kg 50 lbs	

- Bags weighing over 32 kg (70 lbs) will not be accepted at the airport. Please contact Air Canada Cargo for handling.
- If your itinerary includes a flight operated by another airline, please refer to the code share flights page as baggage allowance and fees may vary with other carriers.

Flight confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your flight

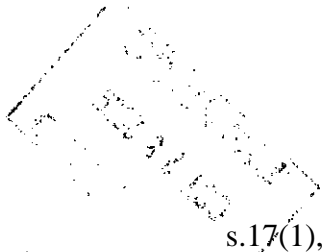


Travel/Education Expense Claim

Instructions

- Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.
- Payment of advances and expenses will be Directly Deposited to your payroll designated bank account.
- Notification of deposit will be e-mailed to your Calgary Health Region e-mail address or mailed to your home address (if a valid e-mail address doesn't exist).
- See back of form for additional instructions.

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



Employee Name (Print) <u>Roman Cooney</u>		Calgary Health Region E-Mail Address <u>roman.cooney@albertahealthservices.ca</u>		Employee Number
Department/Site <u>Communications</u>		Phone Number <u>943-11258</u>	Date <u>Sept 23/09</u>	
Tuition Paid To (If tuition to be paid directly to institution, use Payment Requisition form #100074.)			Destination <u>Fort McMurray</u>	
Course Title <u>Board meetings on Sept 23-24/09</u>		Departure Date <u>Sept 23/09</u>	Return Date <u>Sept 24/09</u>	

Estimated/Actual Expenses				Actual Expenses Paid by Employee <small>Original Receipts Must Be Attached</small>			
Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)	Expense Description	Expense	Exchange Rate/GST	Total Funds (Cdn)
Tuition				Tuition only if paid by employee			
Air paid by Calgary Health Region via Calgary Health Region Travel Agent			120.25	AC Ft Murray to Calgary		2009.28 350.28	368.20
Mileage				Mileage			
Accommodation				Accommodation		211.26	223.67
Meals Based on per diem rate				Meals			
Ground Transport				Ground Transport		R	187.172
Other (Specify)				Other (Specify)			
Total			\$ 120.25 (Cdn)	Total			\$ (Cdn)
Advance Requested (80% of estimated expenses & advance exceeds \$250.00)			\$ (Cdn)	Less Advance or Unfunded Portion			\$ (Cdn)
Employee Signature			Date	Balance Due To <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Calgary Health Region (cheque attached)			\$ 758.87 (Cdn) (10/23/09)
Departmental Authorization			Date	Employee Signature			Date <u>Sept 11/09</u>
Out of Province Authorization			Date	Departmental Authorization			Date <u>Oct 27/09</u>
Financial Code <u>(62312000)</u>							
Org	Functional Centre	Account					
01	71105000007	62312000					
Comments/Other Sources of Funding							
s.17(1), 17(4)(g)(i)							



Sun Taxi & City Cabs **APPLICANT COPY**

743-5050

140 MacKenzie King Road • Fort McMurray, Alberta T9H 4L2

CHARGE SLIP

DATE 23/09/09 TIME _____ AM PM

CUSTOMER _____

DEPT. Suntaxi

AUTHORIZED BY Hotel REF. # _____

FROM Hotel TO Hospital

PASSENGER(S) 1

2. _____

3. _____

DRIVER ALEX CAR # 61

FARE \$ 13.00 G.S.T. _____

PLEASE DON'T DRINK & DRIVE!



Safe, Courteous
Taxi Service

Date: 23/09/09 Amount: \$ 22.00

From: Airport

To: Lanbridge

Car: 165 Driver: Ahmed



Sun Taxi & City Cabs

743-5050

140 MacKenzie King Road • Fort McMurray, Alberta T9H 4L2

CHARGE SLIP

DATE SEP 23 TIME 3:14 AM PM

CUSTOMER _____

DEPT. _____

AUTHORIZED BY _____ REF. # _____

FROM _____ TO _____

PASSENGER(S) _____

2. _____

3. _____

DRIVER _____ CAR # 82

FARE \$ 16.00 G.S.T. _____

PLEASE DON'T DRINK & DRIVE!



10135 - 31 Avenue
Edmonton, Alberta T6N 1C2

462-4444

THANK YOU/MERCI

ADMIN. 465-8500
FAX: 462-2722

Date: 23/09/09 Amount/Montant \$ 55.00 Car/Voiture # 900

Driver/Chauffeur: P-21 G.S.T. # _____

From/De: ENM. HOUSE To/A: (A)



PLEASE CALL AGAIN
AU PLAISIR DE VOUS REVOIR



Sun Taxi & City Cabs

743-5050

140 MacKenzie King Road • Fort McMurray, Alberta T9H 4L2

CHARGE SLIP

DATE SEP 23/09 TIME 8:40 AM PM

CUSTOMER _____

DEPT. _____

AUTHORIZED BY _____ REF. # _____

FROM _____ TO _____

PASSENGER(S) _____

2. _____

3. _____

DRIVER 92 CAR # _____

FARE \$ 16.00 G.S.T. _____

PLEASE DON'T DRINK & DRIVE!

Driver #	<u>1711</u>	Car #	<u>457</u>
To:	_____		
From:	_____		
Date:	<u>SEP 24 09</u>	Amount:	<u>55.00</u>
GST#	<u>Airport / home</u>		

APPLICANT COPY



SAWRIDGE INN
AND CONFERENCE CENTRE

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

Roman Cooney	Page Number : 1	Invoice Nbr: 132278
Alberta Health Services	Guest Number: 125384	23-SEP-09
	Folio ID : EX-A	24-SEP-09
AB T1X1A7	1	
	237	

Information Invoice

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

Date	Reference	Description	Charges	Credits
23-SEP-09	7817	Room Service Food	37.00	
23-SEP-09	7817	Room Service Svc Charge	11.25	
23-SEP-09	7817	Room Service Gst	2.11	
23-SEP-09	RT237	Govt. Military Transient	159.00	
23-SEP-09	RT237	Room Gst	7.95	
23-SEP-09	RT237	Tourism Levy	6.36	
24-SEP-09	VI	Visa	-223.67	
		** Total	223.67	-223.67
		*** Balance	0.00	

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

GST Summary	Amount CAD
GST Room Revenue	7.95
GST Food and Beverage	2.11
GST Telephone	0.00
GST Other Revenue	0.00
GST Total	10.06

Continued on the next page.

Please visit our other locations:

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

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

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

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

www.sawridge.com

Toll Free: 1-888-729-7343

APPLICANT COPY



SAWRIDGE INN
AND CONFERENCE CENTRE

Sawridge Inn and Conference Centre

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

Roman Cooney	Page Number : 2	Invoice Nbr: 132278
Alberta Health Services	Guest Number: 125384	23-SEP-09
	Folio ID : EX-A	24-SEP-09
AB T1X1A7		1
		237

EXPENSE SUMMARY REPORT

Date	GST	Other	Total	Payment
23-SEP-09	10.06	213.61	223.67	0.00

Total	10.06	213.61	223.67	0.00

Please visit our other locations:

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

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

Sawridge Inn and Conference Centre
9510 - 100 Street
Peace River, Alberta T8S 1S9
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Sawridge Inn
4235 Gateway Blvd.
Edmonton, Alberta T6J 5H2
Tel: 780-438-1222 Fax: 780-438-0906

www.sawridge.com

Toll Free: 1-888-729-7343

APPLICANT COPY




****URGENT- Please review your itinerary for accuracy immediately****
 There may be costs associated with making changes; these costs will be your responsibility.
 Most airline tickets or vacation packages are not refundable. Call your travel agent for details.

UNIGLOBE Beacon Travel
 410, 1550 - 8th Street SW
 Calgary, AB T2R 1K1
 Phone: (403) 536-6860
 Fax: (403) 228-3817
travel.chr@albertahealthservices.ca

Passenger(s):	Cooney/Roman	Agent:	Pam Mazur
Invoice No.:	19625	File No.:	KGDUAS
Date:	Wednesday, September 9, 2009	Customer:	CUCCHR001F
Billing:	ALBERTA HEALTH SERVICES 3961 106 AVE SE CALGARY, AB T2C 5B6	Deliver:	ALBERTA HEALTH SERVICES 3961 106 AVE SE CALGARY, AB T2C 5B6

Have you offset your flight's carbon emissions yet?



 [Add Itinerary to your calendar](#)

WESTJET - Wednesday, September 23

Details

Departs: Edmonton
Details: CONFIRMATION AZIVLS

FLIGHT - Wednesday, 23 September 2009

 **WestJet Flight WS139 Economy Class**

Check in Confirmation:
AZIVLS (*24 Hours prior)

Depart:	07:15 hrs, Wednesday, September 23 Edmonton Intl. Airport Edmonton, Alberta, Canada	Arrive:	08:08 hrs, Wednesday, September 23 Fort McMurray Airport Fort McMurray, Alberta, Canada
----------------	---	----------------	---

Status:	Confirmed	Equipment:	Boeing 737-700 (winglets)
Stops:	Non-stop	Duration:	0 hours 53 minutes
Seat:	Assigned At Check-In	Meal:	None

[Weather](#) [Flight Status](#)

HOTEL - Wednesday, 23 September 2009

SAWRIDGE HOTEL

Check In Confirmation:
125384-

Check In:	Wednesday, September 23	Check Out:	Thursday, September 24
Address:	530 MACKENZIE BOULEVARD FT MCMURRAY AB T9H4C8	Phone:	1-780-7917900
Rate:	159.00CAD plus taxes and/or additional fees	Fax:	1-780-7434654

Status:	Confirmed	No. of Rooms:	1
No. of Nights:	1	Guaranteed:	Yes

Additional Info: Government rate. Please take ahs id
Remarks: Your room is guaranteed.
 You must cancel 24 hours prior to arrival date
 To avoid cancellation charges to your credit card
 You must present a major credit card on check-in

APPLICANT COPY

Weather

Invoice Details

Transaction / Document	Base	Tax	GST/HST	Total
Miscellaneous (HOTEL0)				0.00
Miscellaneous (WESTJE)	75.00	36.67	s.17(1), 17(4)(e.1)	117.25
Processing Fee	3.00			3.00
			s.17(1), 17(4)(e.1)	
Totals:	78.00	36.67	5.58	120.25

Total Charged to Credit Card: CAD 120.25
Balance Due: CAD 0.00

Fare Rules

*****westjet information***** call 1-800-538-5696 to reconfirm flight times or go to www.westjet.com to check in online and request seat selection. There may be meals for purchase onboard. Westjet tickets are non refundable. Change fee applies. Cancellations and changes must be made at least 2 hours prior to departure. Cancellations will result in a credit file less a cancellation penalty. No show will forfeit fare paid please contact westjet to confirm recent changes to change fee and baggage allowance 24 hour emergency service in Canada and USA call toll free 1-800-787-2348 or collect 416-928-5404 please note some cell phone providers do not allow for 1-800 calls in some areas. we recommend using a land line in these situations or call collect. Your UNIGLOBE access code is sc2af

Baggage Allowance

Baggage charges may apply. Baggage allowance, specific size and weight restrictions vary between airlines. Please visit the airline's website or contact the airline directly for details.

• [WestJet](http://www.westjet.com) or call 1-800-538-5696

Important Information

- Thank you for booking with UNIGLOBE beacon travel
- Please check in at least 1 hour prior to departure. Late checkin may result in the loss of seat/reservation check in cut off time is 30 minutes prior to departure.
- Government issued picture ID is required or two pieces Government issued ID which show name date of birth and gender. This now includes passengers who appear to be between 12 and 17 years of age. For more information visit www.passengerprotect.gc.ca/identity.htm
- ---AIRPORT SECURITY REVISIONS--- Effective sept 26, travelers may now carry through security check points, travel sized toiletries 100ml or less. They must fit in one litre sized, clear plastic zip-Top bag. After clearing security, travelers can now bring beverages and other items purchased in the secure boarding area onboard aircraft visit www.catsa-acsta.gc.ca for detailed information
- Your travel consultant is pam mazur

Invoice No: 19625



Airline Conditions of Contract & Other Important Notices [Click Here](#)

Please note that when paying by credit card all charges may not appear on the same credit statement. All charges will add up to the total as stated above.

Printed by: UNIGLOBE BEACON TRAVEL

Kathy Board

Employee Paid

From: Air Canada [confirmation@aircanada.ca]
Sent: September 08, 2009 10:35 AM
To: Roman Cooney
Subject: Air Canada - 24-Sep: Fort McMurray - Calgary (booking ref: L5TBP5) - seat selected

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

Itinerary/Receipt

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.

Learn what you can do with this barcode

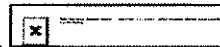


Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.

Need a hotel in Calgary? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.

Need ground transportation, sightseeing or attractions?

Need a car in Calgary? Reserve now for great rates and earn additional Aeroplan Miles.



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

Bring along your favourite headset Did you know that each year, millions of used headsets are thrown away? You can help significantly reduce waste by bringing along your favourite headset each time you fly. We even provide complimentary adaptors onboard all aircrafts equipped with outlets not compatible with single-prong headset jacks.

Get Flexibility Reward Option (FRO) to earn up to \$57 CAD per one-way If you are flexible with your travel and don't mind departing a little later, you could earn as much as \$57 CAD by allowing us to change your flight - under your conditions. Register now | Learn more

Booking Information section containing Booking Reference: L5TBP5, Customer Care contact info, and Online Services like Manage my booking and Alert me of flight status changes.

APPLICANT COPY

Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8372*	Fort McMurray (YMM) Thu 24-Sep 2009 15:45	Calgary (YYC) Thu 24-Sep 2009 17:00	0	1hr15	CRJ	Tango	

*Operated by Jazz

Passenger Information

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142174587790		s.17(1), 17(4)(e.1)	
Frequent Flyer Pgm :	None	Meal Preference :	None
Credit Card:		Special Needs:	None
Seat Selection:	AC8372 9D PAID		
Sports equipment:	None		
Additional checked bags:	None		

Purchase Summary

Fare Summary

Passenger Type	Adult
Departing Flight - <u>Tango</u>	301.00
<u>Surcharges</u>	18.00
Taxes, Fees and Charges	
<u>Canada Airport Improvement Fee</u>	10.00
<u>Air Travellers Security Charge (ATSC)</u>	4.67
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	16.68
Total airfare and taxes before options (per passenger)	350.35

Options

Departing Flight - <u>Tango</u>	
<input checked="" type="checkbox"/> Advance Seat Selection	17.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.85
Total airfare, taxes and options (per passenger)	368.20
Number Of Passengers	1
Total	368.20
Grand Total - Canadian dollars	\$368.20

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

Air Canada: \$350.35 (Airfare - per ticket)
 Air Canada: \$17.85 (Advance Seat Selection - per ticket)

Ticket number(s): 0142174587790

Fare Rules

Departing Flight Fort McMurray (YMM) To Calgary (YYC) - **Tango**

Tickets are **non-refundable** and **non-transferable**.

Flights can only be used in sequence from the place of departure specified on the itinerary.

Customers who **no-show** their flight will forfeit the fare paid.

Paid Advance Seat Selection available on Air Canada and Jazz (subject to availability).

Same-day standby is not permitted.

Earn 25% non-status Aeroplan Miles (unless the opt-out option has been selected).

APPLICANT COPY

Change fee per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference.

Airport same-day changes (subject to availability) are permitted at a flat fee of \$150 CAD/USD per passenger. Same-day flights only.

Changes can be made up to 2 hours prior to departure. **Cancellations** can be made up to 45 minutes prior to departure. Provided the original booking is cancelled prior to the original flight departure, the value of the 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 \$75 CAD 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.



Advance Seat Selection

- You have purchased advance seat selection.
- To choose or change your seats, visit the "Manage Your Bookings" section of aircanada.com.
- Seat selection is based on availability and is non-refundable.

Please read important information regarding Air Canada's [general conditions of carriage](#).

Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

Travel Documents

For **air travel within Canada**, Air Canada is required by federal government regulations to check identification at the departure gate for all passengers who appear to be 18 years of age or older. The name on the identification must match the name used on the Itinerary/receipt. The passenger must present: one (1) piece of government-issued ID with photo or two (2) pieces of government-issued ID without photo. For **air travel between Canada and the United States**, all passengers including Canadian and U.S. citizens, are required to present a valid passport or other valid travel document such as a Nexus card. In addition, passengers must present this Itinerary/receipt to immigration authorities upon request. For **air travel to a foreign country**, passengers must ensure that they have all necessary travel documents such as a passport or visa, as directed by embassies and consulates. All passengers are advised to view the [Travel documentation](#) page for important information on identification required for travel.

Carry-on Baggage Policy

Oversized carry-on bags are not permitted on our aircraft, and may cause flight delays for all passengers. Please ensure your carry-on bags are inside the maximum allowed size as indicated below; **they are required to fit in the double-size verification device** at check-in or boarding time.

Items which fall within the 2-piece carry on allowance include: One (1) carry-on bag or suitcase (wheels and handles included in the size) and one (1) personal article like a briefcase, laptop computer, diaper bag, camera case, cartons or other similar item. Learn more about [Carry-on Baggage](#) restrictions.

	Maximum Size	Maximum Weight
1 standard article	23cm x 40cm x 55cm	10 kg
	9" x 15.5" x 21.5"	22 lbs
1 personal article	16cm x 33cm x 43cm	10 kg
	6" x 13" x 17"	22 lbs

Checked Baggage Policy

Ensure your checked bags are [properly identified](#). Please **do not pack valuables** in your checked baggage. The baggage allowance rules stated herein do not apply to passengers who have specifically declined the

APPLICANT COPY

checked baggage option. Learn more about [Checked Baggage](#) restrictions.

	Maximum overall measurement (Length + Width + Height)		Maximum Weight
Economy Class 2 bag(s) (view complete baggage allowance)	158cm 62"	23 kg 50 lbs	Bags weighing more than 23 Kg (50 lbs) to a maximum of 32 Kg (70 lbs) will be subject to additional charges payable at the airport.
Executive Class Executive First Up to 3 bags	158cm 62"	23 kg 50 lbs	

- Bags weighing over 32 kg (70 lbs) will not be accepted at the airport. Please contact [Air Canada Cargo](#) for handling.
- If your itinerary includes a flight operated by another airline, please refer to the [code share flights](#) page as baggage allowance and fees may vary with other carriers.

Flight confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your [flight status online](#) at [aircanada.com](#) or by calling our flight information system at 1-888-422-7533 prior to your departure.

Schedule change

If a schedule change occurs more than 48 hours prior to departure, the main contact will be notified by email. If a schedule change occurs within 48 hours of departure, the main contact will be notified by phone.

Travel insurance

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance offered by Air Canada and underwritten by RBC Travel Insurance Company by calling 1-866-610-7102. Enjoy your trip knowing you are properly protected.

Check-in and Boarding Times

- You must obtain your boarding pass and check in any baggage by the check-in cut-off time shown below. We recommend allowing plenty of time at the airport for check-in - especially if you have baggage - and for security checks.
- You must also be available for boarding at the boarding gate by the cut-off time shown below. Failure to meet the boarding gate cut-off time may result in the loss of your assigned seat, the cancellation of your reservation, and your ineligibility for denied boarding compensation.

[Check-in online...](#) and get your boarding pass.

	Check-in		Boarding Gate
	Recommended	Cut-off time	Cut-off time
Within Canada	60 min.	30 min.	20 min.
To/from USA	90 min.	60 min.	20 min.
To/From international	120 min.	60 min.	30 min.
Exceptions:			
From Beijing and Shanghai	150 min.	60 min.	30 min.
From Delhi	210 min.	60 min.	30 min.
From Tel Aviv	180 min.	60 min.	30 min.

Information and Services

Visit our [Information and Services](#) section at [aircanada.com](#) to find all the information you'll need to plan

APPLICANT COPY

your trip.

Please read important information regarding carriage of pets.

Looking for Travel Insurance? Protect yourself and your family against unforeseen circumstances.

Need a hotel in Calgary? Competitive room pricing guaranteed. Earn Aeroplan Miles for every purchase.

Need ground transportation, sightseeing or attractions?

Need a car in Calgary? Reserve now for great rates and earn additional Aeroplan Miles.

Reduce your carbon footprint!

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

Get Flexibility Reward Option (FRO) to earn up to \$57 CAD per one-way

If you are flexible with your travel and don't mind departing a little later, you could earn as much as \$57 CAD by allowing us to change your flight - under your conditions.
[Register now](#) | [Learn more](#)





Alberta Health Services

APPLICANT COPY

1856925

PAYMENT REQUISITION

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date Oct. 16, 2009	Requested By (Kathy Board)	
Site SPT Tower	Department Communications	Phone # 403.943.0942

MAKE PAYMENT TO: Roman Cooney s.17(1), 17(4)(g)(i)

MAILING ADDRESS - set up for direct deposit

Canada Post: _____

City _____ Province _____ Postal Code _____

Interoffice Mail: Department _____

Site: _____

ENTERED NOV 10 2009

SPECIAL HANDLING INSTRUCTIONS

Purpose of Request _____

FINANCIAL CODE					AMOUNT	DESCRIPTION
ORG	FUNCTIONAL CENTRE			ACCOUNT		
01	71105000007	623000000			26.15	Mark Kastner Lunch
01	71105000007	623000000			112.00	Cabs mtg w Duckett/Conroy in July 09.

CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION
				R.	

TOTAL AMOUNT OF PAYMENT: \$138.15 CDN US Other

Expenditure Officer Authorization

Authorizer's Employee Number _____

Print Name Mike Conroy

Expenditure Authorizer Phone # (in full) _____

For Finance Use Only:

Accounting Officer Authorization

Accounting Officer's Employee Number _____

Print Name _____

Accounting Authorizer Phone # (in full) _____

Comments:

APPLICANT COPY

Thank you! 😊

ASK
PLZ

From: INTL AIRPORT
To: Miami Club
Time: July 20 meet w Dr Dockett
Date: _____
Trip Amount: \$ 54
Driver Name: _____
Car number: 137
GST: 57995101

mtg with Dockett/Conroy

Thank You for calling CapitalTaxi.ca

Date: 20 July Amount: 58-00
From: Delta Center
To: 1 Ad Edm
Unit: 167 Driver: he GST: _____

780-423-2425 24 Hour Service
VISA

26.15

JAN 27 2010

1967110
APPENDIX "D"



TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

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

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Roman Cooney	Employee #:	Union Name: Exempt
Position (Title): SVP	Department: Communications	Location: Manulife/Edmonton
Business Phone #:	Travel Period From:	to
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input checked="" type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)			
Finance Code / Accounting Distribution (if applicable) (Corp) (Location) Functional Centre Expense Account	Non-Canadian Currency	Exchange Rate	Canadian \$
AHS SPT Tower 01 7110500007			
Airfare to Calgary to Grande Prairie Comm staff mtg. 6231200			500.15
Mileage to Red Deer and Lethbridge - 6231200			484.80
Total GST			
Subtotal			
Less Cash Advance (if applicable)			
Total			984.95

ENTERED FEB 04 2010

R

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

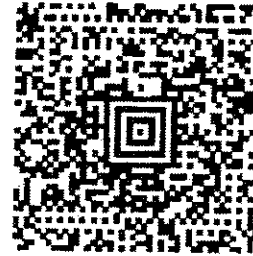
Employee Signature: Date: **Jan 27 2010**

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Mike Conroy	Title: EVP Corporate	Phone 780.342.2016
Signature:		Date:
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

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: **PL5831**

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:

Mr Roman Cooney
roman.cooney@aheritagehealthservices.ca
Mobile s.17(1), 17(4)(g)(i)
Home
Work: 1-403-9430942

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8475*	Calgary (YYC) Mon 07-Dec 2009 07:10	Grande Prairie (YQU) Mon 07-Dec 2009 08:57	0	1hr47	DH1	Tango	
AC8478*	Grande Prairie (YQU) Mon 07-Dec 2009 13:55	Calgary (YYC) Mon 07-Dec 2009 15:30	0	1hr35	DH1	Tango	

Operated by Jazz

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

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142177338313

Frequent Flyer Pgm: **None** Meal Preference: **None**
Credit Card: Special Needs: **None**
Seat Selection: AC8475 8D PAID , AC8478 7D PAID

Purchase Summary

Fare Summary

Passenger Type	Adult
Departing Flight - Tango	259.00
Returning Flight - Tango	109.00
Surcharges	36.00

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Taxes, Fees and Charges	
Canada Airport Improvement Fee	33.00
Air Travelers Security Charge (ATSC)	9.33
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	22.32
Total airfare and taxes before options (per passenger)	468.65
Options	
Departing Flight - Tango	
Advance Seat Selection	15.00
Returning Flight - Tango	
Advance Seat Selection	15.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.50
Total airfare, taxes and options (per passenger)	500.15
Number Of Passengers	1
Total	500.15
RBC Travel Insurance (declined)	3.00
Grand Total - Canadian dollars	500.15

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

- Air Canada: \$468.65 (Airfare - per ticket)
- Air Canada: \$31.50 (Advance Seat Selection - per ticket)

Ticket number/s: 0142177338313

Fare Rules

Departing Flight Calgary (YYC) To Grande Prairie (YQU) - Tango

Returning Flight Grande Prairie (YQU) To Calgary (YYC) - Tango

- Tickets are **non-refundable** and **non-transferable**.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** is available on Air Canada and Jazz (subject to availability).
- **Same-day standby** is not permitted.
- Earn 25% non-status Aeroplan Miles unless the opt-out option has been selected).
- Read complete fare rules applicable to this fare.
- **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference.
- **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per passenger. Exceptions may apply.
- **Changes** can be made up to 2 hours prior to departure. **Cancellations** can be made up to 45 minutes prior to departure. Provided the original booking is cancelled prior to the original flight departure, the value of the 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 \$75 CAD 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.

Standard Seat Selection
(additional fee applies for

Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only): s 17(1), 17(4)(g)(i)	Prior Approved by (related to Out-of-Province only):
Name: Roman Cooney	Employee #:	Union Name:
Position (Title): SVP	Department: Communications	Location: Manulife
Business Phone #: 780.342.2032	Travel Period From: March 2010 to April 2010	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (By Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
		71105000007	41090000			\$279.16
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						\$279.16

ENTERED MAY 17 2010

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: _____ Date: Apr 24/10

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print):	Title:	Phone #
Signature:		Date:
Approved By (please print): Mike Conroy	Title: EVP, Corporate	Phone #
Signature:		Date:

NOTE:
Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

CELLCOM

Invoice



Invoice #: EDMONIN21613

Edmonton City Centre
C225 - 10020 102 Ave NW
Edmonton AB Canada T5J 4B7
(780)421-4540

Tendered On: 30-Mar-2010 10:14 AM
Sales Person: Kevin T
Tendered By: Kurk R

Bill To: Quick Sale

PO #:

*Sum to
of CAR
5 other
charges*

Product SKU	Description	Tracking #	Qty	Your Price	Your Total
CAOEGF000002	Griffin PowerJolt iPhone		1	\$42.49	\$42.49
CAOEGF000021	Griffin iPhone Power Block - White		1	\$42.49	\$42.49
CAOEGF000021	Griffin iPhone Power Block - White		1	\$42.49	\$42.49
CAHIHI000005	iPhone Otterbox commuter case		1	\$42.49	\$42.49

Payment:

Visa \$178.44
Change: \$0.00

Subtotal: \$169.96
GST#898658679R \$8.48
T0001:
Total: \$178.44

Comments:

REFUND and EXCHANGE POLICY:

Pay as You Go: No Refunds or exchanges.
Accessories: Within 14 days of purchase. Product

Cellular Phones (except iPhone): Within 15 days
All iPhone models: Exchange and repair provided

Customer hereby acknowledges receipt of product

ESP - Extended Service Plan Accepted _____

Thank you for shopping at CELLCOM, Canada's

www.cellcomwireless.com

1-866-NEW-CELL

Purchase

s.17(1), 17(4)(e.1) or a restocking fee may apply.

\$ 178.44

10:14:00

Page: 022340

____ Init.

____ init

Best Copy Possible

PROVED
Thank You

Customer Copy

IMPORTANT

Keep this copy for your records

APPLICANT COPY

CHASE ACT
Note Books.

CHASE
 100 WALL STREET
 NEW YORK, NY 10038
 TEL: 212 633 3000
 FAX: 212 633 3000
 WWW.CHASE.COM

Best Copy Possible

CHASE
 100 WALL STREET
 NEW YORK, NY 10038
 TEL: 212 633 3000
 FAX: 212 633 3000
 WWW.CHASE.COM

CHASE
 100 WALL STREET
 NEW YORK, NY 10038
 TEL: 212 633 3000
 FAX: 212 633 3000
 WWW.CHASE.COM

DEBIT
 Ref: 30
 CHARGE 503
 STORE 109
 STATE ST 440V8
 CHARGE

SUBJ
 2126
 CHARGE
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With HBC Rewards you can
 earned up to 2000 points
 this purchase ask us for



TRN# TRML
 2083 46 10 28 14/03/10 04:39:18



Travel & Employee Expense Claim Form

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

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Roman Cooney	Employee #: s.17(1), 17(4)(g)(i)	Union Name:
Position (Title): SVP	Department: Communications	Location: Manulife
Business Phone #: 780.342.2032	Travel Period From: Nov 2, 2009 to April 16, 2010	
What former entity payroll system is the employee being paid from? (please check one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
		71105000007	62312000			\$1,125.79
		71105000007	66020000			1,915.46
Total GST						
Subtotal						3,041.25
Less Cash Advance (if applicable)						0.00
Total						3041.25

ENTERED MAY 11 2010

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Date: Apr 26, 2010

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Mike Conroy	Title: EVP	Phone # 780.342.2006
Signature:		Date:
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

2843.65
197.60

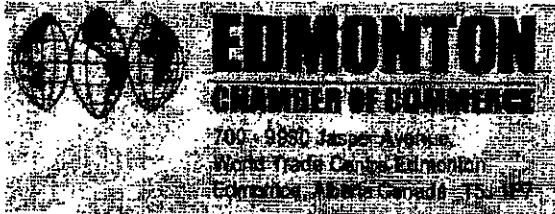
APPLICANT COPY

2010 Apr 19 7:37

EDTN CHAMBER OF COMMERCE

7804247946

P. 1



Invoice

Alberta Health Services
Maude Gray
10180-101st
7th floor
Edmonton AB T5J 3S4

Attention: Maude Gray

Date: 03/28/2010
Invoice #: 217586
Due: 04/26/2010

Description	Quantity	Rate	Amount
Membership Dues	1	\$1,764.00	\$1,764.00
Alberta Chamber Affiliation Fee	1	\$10.25	\$10.25
Entrance Fee	1	\$50.00	\$50.00
GST - Membership	1	\$91.21	\$91.21
		Invoice:	\$1,915.46
		Payment:	\$-1,915.46
		Balance:	\$0.00

GST REGISTRATION NO. 107282196 RT

Alberta Health Services
Maude Gray
10180-101st
7th floor
Edmonton AB T5J 3S4

Date: 03/29/2010
Invoice #: 217586
Due: 04/26/2010

Edmonton Chamber of Commerce
700 - 9990 Jasper Avenue
Edmonton AB T5J 1P7

Amount Due: \$0.00

Kathy Board

From: admin@icd.ca
Sent: January 27, 2010 4:47 PM
To: Roman Cooney
Subject: Institute of Corporate Directors Purchase Confirmation

Receipt

You are registered for the following:

Attendee: Roman Cooney
Attendee ID: 39219
Title: Vice President, Communications
Company: Alberta Health Services
Address: 10101 Southport Road SW
Calgary AB T2W 3N2

Phone: 403.943.1258
Email: roman.cooney@albertahealthservices.ca

*Total Charges: \$52.50
Charged to CC: s.17(1), 17(4)(e.1)

*total charges include everything paid for in this transaction including dues, buying products, events, registering for multiple events and registering multiple people for events.

=Authorization=====

Authorization Code: 045667
Order-ID: 20100127184704ROMAN39219VQFP4E3E2828

=Event & Functions=====

Event Code: CYBK100210
Event Title: ICD Calgary Chapter Breakfast Session Event Total: \$50.00

Function Code: CYBK100210/REG
Function Title: Registration Fee
Function Description: 7:15-7:30 am Registration and Breakfast 7:30-9:00 am Seminar Begin
Date: 02/10/2010 Begin Time: 07:15 AM End Date: 02/10/2010 End Time: 09:00 AM Quantity
Ordered: 1 Function Price: 50.00 Function Total Price: 50.00

*Event Address:
Calgary Petroleum Club
319-5 Avenue S.W.
Calgary, AB

Thank you for your participation.

APPLICANT COPY

Date 03/25/10
 Time 10:14
 Page 1

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

Acct# P36226-06
 Room# 134
 Rate Code
 Group ABHS
 Room Type DNQQ
 Room Rate .00

COONEY ROMAN

Arrive MAR 24 10 20:48
 Depart MAR 25 10 06:41 SG

ALBERTA HEALTH SERVICES
 893 EAST CHESTERMERE DR s.17(1), 17(4)(e.1)
 CHESTERMERE AB T1X 1A7

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

Payment VI

Exp:

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

Date	Description	Reference	Room	Charges	Credits
MAR 24	ROOM CHARGE			.00	
MAR 25	TRANSFER DEBIT AMT	TRANSFER		115.44	
	Transfer From Acct	P36226-36, Item 7			
MAR 25	VISA	PAID			115.44
=====G.S.T.=subtotal:		.00			
ROOM T subtotal:		.00			
				Balance Due:	.00

I agree that my liability for this bill is not waived.

G.S.T. #878714963

Authorized Signature : _____

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

Visa MID: 17562760028
 Term ID: 013
 Clerk ID: 4

Ref #: 003

Sale

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

VISA

Entry Method: Manual

03/25/10

10:10:05

Inv #: 000004

Appr Code: 009352

Apprvd

Batch#: 000000

Total:

\$ 115.44

Customer Copy

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

10/03 12:01 PM

AMOUNT PAID \$ 6.00 240900000 10:31 AM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

1854105

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

10/03 12:01 PM \$ 6.00

CREDIT CARD NUMBER 00301 LOT C - W



UNIVERSITY OF ALBERTA

RECEIPT GST# R108102831 1854105

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

17/02/10 02:36 PM \$ 12.25

Board of Governors Archives



RECEIPT 70967654

TICKET VOID IF RE-SOLD

Handwritten notes: Meet S Dockett @ U of A, Deb Gordon re Mar 17 mtg, IDC Speed, Ken Hults, Ken Hughes, impark

PLACE THIS SIDE UP ON DASH

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

17/02/10 06:06 PM

AMOUNT PAID \$ 12.25 377800000 GRH 02:36 PM

Board Mts Glenrose Hospital



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION. NON TRANSFERABLE 70967654

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

17/02/10 02:36 PM \$ 12.25



RECEIPT 70967654

TICKET VOID IF RE-SOLD

Handwritten notes: 22230, FEB 10, 17(4)(e.1)

THIS SIDE UP ON DASH

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

10/02 11:55 AM

AMOUNT PAID \$ 8.00 240900000 09:55 AM

Surgical Services Neos Release



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

1953443

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

10/02/10 09:55 AM \$ 8.00

CREDIT CARD NUMBER 00301 LOT C - W



UNIVERSITY OF ALBERTA

RECEIPT GST# R108102831 1953443

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

17/01/10 10:02 AM \$ 6.00

CREDIT CARD NUMBER 00301 LOT C - W



UNIVERSITY OF ALBERTA

RECEIPT GST# R108102831 2004278

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE EXPIRATION TIME

17/01 11:32 AM

AMOUNT PAID \$ 6.00 240900000 10:02 AM

Handwritten: Mark



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

2004278

Best Copy Possible

PARKING DASH
02:10
02:10
02:10

* You Have 15 *
* 15 MINUTE *
* To Exit Garage *

* NO IN/OUT *
* PRIVILEGE *

* Managed by *
* Standard Parking *
* of Canada *

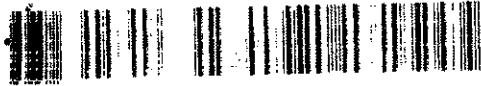
* GST INCLUDED *

GST No. R124072513

APPLICANT COPY

2974010

Instructions on Reverse Side:
Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



810443 58721700202004057057
07:22 29/01/10 EN Est-R
McDougal, Parkade

GST 5% 0.52
\$ 11.00 12 VISA
29/01/10 09:18

← **557007**

2983854

Instructions on Reverse Side:
Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



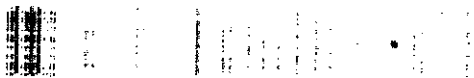
810438 59001700202004063819
07:18 26/02/10 EN Est-R
McDougal, Parkade

GST 5% 0.39
\$ 8.25 12
26/02/10 08:51

← **169803**

2877980

Instructions on Reverse Side:
Calgary Parking Authority is not responsible for loss or damage, however caused, to vehicles and/or to vehicle contents. Parking charge covers sale of parking privileges only and does not include bailee custody or liability for vehicles and/or their contents. Vehicles parked at owner's risk.



GST 5% 0.79
\$ 16.50 12
18/12/09 14:40

← **507008**

824110

RECEIPT

GST NO. R122556194

RENTATION
SMITH KEYS
EXIT No. A1
IN: 04/06/10 06:15
OUT: 04/07/10 19:48
DURATION: 1 13: 30
PAID: \$ 48.00
(GST INCL. 17(4)(e.1))
VISA

AUTH. CODE 256108
REF. 68
THANK YOU FOR
YOUR VISIT

Staff Mtg

Calgary International Airport Parkade

DUCKETT
SPEED speed
@ Chamber New2

PALLISER PARADE
CALGARY AB
RECEIPT A1
IN: 02/11/09 18:16
OUT: 02/11/09 11:27
PAID: \$ 5.00
VISA

AUTH. CODE 246
REF. 67
GST No. RT: 314491

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

824110

RECEIPT

GST NO. R122556194

Board Mtg
EXIT No. A1
IN: 12/07/09 06:06
OUT: 12/07/09 17:00
DURATION: 0 10: 54
PAID: \$ 24.00
(GST INCL. 17(4)(e.1))
VISA

XXXXX 281
AUTH. CODE 287596
REF. 51
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

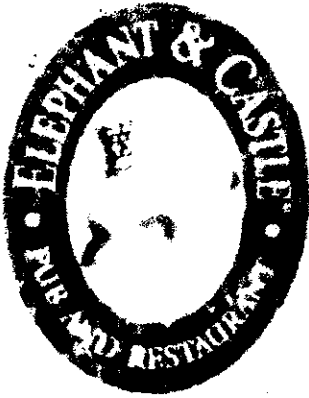
RECEIPT

MARY FULLERTON

ALBERTA CHILDREN'S
HOSPITAL
RECEIPT A8
ENTRY TIME: 11:51
18.03.10
EXIT TIME: 11:58
18.03.10
PARK-DUR.: HRS:MIN
0:00:07

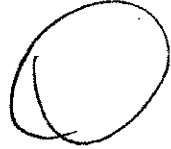
AMOUNT: 2.00
KIND OF PAYMENT: s.17(1), 17(4)(e.1)
MASTER CARD

Mary Fullerton
region
Standard Parking
of Canada Ltd.



Best Copy Possible

Thank you!
Fannie



Non-Responsive

Non-Responsive
NON BURGER

Non-Responsive

~~8.40~~
~~7.40~~

Sub Total: 36.4
Tax: 1.82

TOTAL: 38.22

GST # R105209985

VISITING, COME AGAIN SOON!

24.32
mg

Subtotal 62
Tax 3

37.10 mg

Balance Due \$ 6

TIP 10.00
Total 75.46



15.
113.18
N/A

72.18
mg

Travel & Employee Expense Claim Form

Health Board 30942

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Roman Cooney	Employee #: s.17(1), 17(4)(g)(i)	Union Name:
Position (Title): SVP	Department: Communications	Location: Manulife
Business Phone #: 780.342.2039	Travel Period From: April 24 to April 24, 2010	
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
	01	71105000007				\$1,665.25
						162.61
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						\$1,827.86

RECEIVED
MAY 31 2010
FINANCE

ENTERED JUN 1 0 2010

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: _____ Date: *MM 26/10*

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Mike Conroy	Title: EVP	Phone # 780.342.2006
Signature: <i>[Signature]</i>		Date:
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

162.61
166525

EXPENSE CLAIM DETAILS

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km	
April 24/10	Calg/Red Deer - attend AHW/Cataraact meeting								322	
May 7/10	Calgary Chamber Membership						2	1,665.25		
Total KM										
Applicable Mileage rate @										
Totals									\$1,665.25	162.61

Note: Record the total amount for each expense categories from above to the summary table on page 1

59

APPLICANT COPY

1. EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

Meal Expenses and Allowances
Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

3. Travel

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY

MAY-13-2010 14:16 FROM: CHAMBER OF COMMERCE 4032663413

TO: 780 342 2060

P.2/2



100 - 6th Avenue S.W.
Calgary, Alberta, Canada
T2P 0P5
Tel: (403) 750-0400
Fax: (403) 266-3413

OFFICIAL RECEIPT No 1307

May 7th 20 *10*
sixteen hundred sixty five dollars twenty five cents \$1665.25

We acknowledge the receipt of

RE *Annual Calgary Chamber of Commerce*
membership for Alberta Health
Services

ACCOUNT NUMBER *100408*

Thank You

(PER *[Signature]*)

► THIS IS YOUR OFFICIAL RECEIPT - NO DUPLICATE WILL BE ISSUED.
GST # R106830250

APPLICANT COPY

MAY-13-2010 14:16 FROM: CHAMBER OF COMMERCE 4032663413

TO: 780 342 2060

P. 1/2



C a l g a r y
Chamber of
Commerce
in business together

To: Attn: Maude Gray
Fax Number: 1 (780) 342 - 2060
Date: May 13th, 2010
Re: CC of C Membership Dues Receipt

From: Mike Jankovic
Senior Policy Analyst
Calgary Chamber of Commerce
Phone: (403) 750 - 0419
Fax Number (403) 266 - 3413
Number of pages including this: 2

Notes/Comments:

Good Afternoon Maude

As per Mike Jankovic please find attached a receipt for the annual Calgary Chamber of Commerce membership dues for Alberta Health Services. The original will be included in your welcome/information package.

Thank you
Best Regards,

Kelly Thompson on behalf of
Mike Jankovic
Senior Policy Analyst
Calgary Chamber of Commerce
100 - 6 Ave SW
Calgary, AB T2P 0P5
(403)750-0411
kkoss@calgarychamber.com
www.calgarychamber.com

Calgary Chamber of Commerce
100, 6 Avenue SW - Calgary, Alberta - T2P 0P5 - Tel. (403) 750-0400 - Fax (403) 266-3413
www.Calgarychamber.com

APPLICANT COPY



The Calgary Chamber of Commerce is a volunteer driven, not-for-profit organization whose mission is to lead and serve the Calgary business community, valuing its diversity.

June 4th, 2010

To whom it may concern:

We acknowledge the receipt of \$1,665.25 from Roman Cooney on behalf of Alberta Health Services for the membership payment on May 7th, 2010.

Should you have any questions regarding this, please feel free to contact me at (403)750-0427.

Sincerely,

A handwritten signature in black ink, appearing to be 'Julia Tan', written over a horizontal line.

Julia Tan



APPLICANT COPY

2109545



s.17(1), 17(4)(g)(i) Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>		Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Roman Cooney		Employee #:	Union Name:
Position (Title): SVP		Department: Communications	Location: Edmonton/Manulife
Business Phone #: 780.342.2032		Travel Period From: April 2010 to Dec. 2010	
What former entity payroll system is the employee being paid from? (please check one from below)			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input checked="" type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	

Expenses Paid (please attach original receipts and retain a copy for your records). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (By Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
		7110500007	62312000			1431.74
		7110500007	66040000			\$1,431.88
						141.25
Travel Exps Apr 28 - Oct 13/10						
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						1572.97
						\$1,673.13

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: <i>[Signature]</i>	Date:
--	-------

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Mike Conroy	Title: EVP, Corporate	Phone #
Signature: <i>[Signature]</i>		Date:
Approved By (please print): <i>[Signature]</i>	Title: EVPCS	Phone #
Signature: <i>[Signature]</i>		Date:

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

1386.27
~~1527.52~~
45.45

T2

EXPENSE CLAIM DETAILS

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
28/04/10	Board Meeting GP		\$306.99	LD					
25/08/10	Comms Staff in Med Hat		109.59	LD					
13/10/10	Board Meetings Leith		140.66	LD					
28/04/10	Taxi to/from airport GP						110.00		
25/08/10	Mill to/from Med Hat								
13/10/10	Mill to/from Leithbridge								
15/11/10	1 extra trip Calg to Edm								
10/05/10	Reg. OHA Social Media								
24/09/10	RedPoint Mtg re Apple								
31/05/10	W. Beauchesne Mtg								
Total KM									1557.
Applicable Mileage rate @									505
Totals									786.27

Note: Record the total amount for each expense categories from above to the summary table on page 1

EXPENSE LIMITS -- (Summary information for each expense category from above to the summary table on page 1)

- Meal Expenses and Allowances**
Meal allowances is the actual cost of the meal below. At discretion of the signing officer,
 a) Breakfast = B \$10
 b) Lunch = L \$12
 c) Dinner = D \$21
 Meal expenses must be supported by rest representatives attended the meeting.
- Accommodation Expense and Allowance**
Accommodation expense claims may be for government rates. Accommodation allow
- Travel**
 • Use of personal automobile -- Reimburse
 • Vehicle owners are responsible for any
 • Business car insurance is reimbursable
 • Includes all forms of transportation costs
 • Driving from home to a designated work
- Advance**
Travel advance may be requested provided

PRESTIGE
OOOO CABS

780-462-4444

GST# _____
 Date: Apr 29 2010 Amount: 55.00
 Driver: [Signature] Car #: 92
 From: Home
 To: Airport
 10135 - 31 Avenue, Edmonton, AB T6N 1C2

Date: Apr 1 29 2010

Chauffeur: TAXI

Unit No.: 180 Amount: \$55.00
G.S.T. INCLUDED

G.S.T. No.: [Signature] Airport -> Home

names of the individuals or organizations whose
 expected to be reasonable given the location and availability of
 year.
 considered business travel and cannot be claimed.

APPLICANT COPY



THE RANCHMEN'S CLUB

710 - 13th AVENUE S.W.
 CALGARY, ALBERTA T2R 0K9
 PHONE (403) 228-3885
 FAX (403) 245-8188

STATEMENT

Page 1

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

Mr. Roman R. Cooney BA, MCS
 Alberta Health Services
 10101 Southport Road S.W.
 Calgary, AB T2W 3N2

MEMBER NUMBER	STATEMENT DATE
	Oct 31/10
BALANCE DUE	
0.00	

AMOUNT ENCLOSED: \$

PLEASE DETACH HERE AND RETURN THIS PORTION WITH YOUR REMITTANCE

Mr. Roman R. Cooney BA, MCS C0078

DATE	REFERENCE	DESCRIPTION	AMOUNT	SERVICE CHARGE	G.S.T	TOTAL CHARGE
		Balance Forward				238.68
Oct 8/10	01003650	Dining Room	33.50	5.03	1.93	40.46
Oct14/10	01003704	Dining Room	31.25	4.69	1.80	37.74
Oct14/10	20000630	Member Events - Bennett	699.00	104.85	40.19	844.04
Oct19/10		Credit Card Payment				-1,160.92

- * For members set up on pre-authorized credit card payment your statement total will be applied between December 20th and 22nd, 2010.
- ** Members are encouraged to visit our website www.ranchmensclub.com for information on upcoming events and to access account information.
- *** For members wishing to pay their dues annually, please contact Kara to have that change made.

A LATE FEE CHARGE OF 1.12% PER MONTH IS CHARGED ON ACCOUNTS NOT SETTLED WITHIN 30 DAYS OF STATEMENT DATE

TOTALS →

763.75 114.57 43.92 0.00

BUSINESS NUMBER 12226 3690 RT

ACCOUNTS ARE DUE AND PAYABLE WHEN RENDERED

CURRENT	30 DAYS	60 DAYS	90 DAYS
0.00	0.00	0.00	0.00

TOTAL BALANCE DUE → 0.00

Close Window

Print this receipt

Handwritten: MARY BARRISSE

The Ranchmen's Club

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

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

Member: Cooney BA, MCS, Roman

Server: Ian

Area: Wolves Den

Table#: 112 Covers: 2

Chit #: 01002470

Original Chit Date: May 31/10

Date: Jun 1/10

Time: 12:28pm

2 Wolves Lunch Buffet	39.00
Tea	2.25

Sub-Total:	41.25
Service Charge	6.19
GST# 122283690	2.37

Chit Total: \$49.81

=====

Member Charge \$49.81-

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

Signature: Cooney BA, MCS, Roman R.

----- End of Chit -----

APPLICANT COPY
The Ranchmen's Club

710 - 13th Avenue S.W.
Calgary, Alberta

Banquet Invoice
Booking# 000566

Event Date: Fri Sep 24/10
Sales Rep: Kara Jones
Billing Date: Sep 24/10

T2R 0K9
Telephone: (403) 228-3885 Fax: (403) 245-8188

Event: Cooney Breakfast

Name: Mr. Roman R. Cooney BA, MCS
Address: Alberta Health Services
10101 Southport Road S.W. s.17(1), 17(4)(g)(i)
Calgary, AB T2W 3N2

Contact Name: Mr. Roman R. Cooney BA, MCS
Contact Tel: 403-943-1258
Contact Fax:

Date	Time	Function	Setup	Room	Room Rental
Friday Sep 24/10	7:30a - 9:30a	Meeting	Standard Set Up	Smith - 2nd Fir	0.00

Food

Date	Service Time	Service Type	Description	Qty	Charge	Total
Sep 24/10	7:30a	Smith - Catering	Smith - 2nd Fir			
			Continental Breakfast	6.00	15.50	93.00
			Additional Bacon for 3	3.00	3.00	9.00

Total Charges

	Charges	Taxes	Service Charge & Gratuities	Total
Room	0.00	0.00	0.00	0.00
Food	102.00	6.02	18.36	126.38
Beverage	0.00	0.00	0.00	0.00
Grand Totals	102.00	6.02	18.36	126.38
Deposits Received				0.00
Balance Due				126.38

Recap & Total:
 Services \$102.00
 Service Chg \$18.36
 GST# 122283690 \$6.02
 Subtotal \$126.38
 Deposit Received \$0.00
 Balance Due \$126.38

*EXPRESS
 PPS w/
 PTD POKST -
 RC*

AHS Board Mtg



HOTELS | INNS | SUITES

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 #: 302204 Description: standard folio
s.17(1), 17(4)(g)(i)

Always The Smart Choice!

Mail To: Roman Cooney

Res #: 262722
Arrive: 28/04/2010 07:56pm
Depart: 29/04/2010 12:29am
Room: JCBN 405

Group: Alberta Health Services

Guest: Roman Cooney

Bill To: Cooney

Date	Description	Voucher	Amount
28/04/2010	Room Revenue	GP -405	99.00
28/04/2010	Destination Marketing Fee	GP -405	.99
28/04/2010	GST	GP -405	5.00
28/04/2010	Provincial Tourism Levy	GP -405	4.00
29/04/2010	Visa	THANK YOU	-108.99
		Balance:	.00

Bill To: Cooney

Total GST

5.00

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

INVOICES ARE DUE AND PAYABLE WHEN PRESENTED

www.sandmanhotels.com



Invoice

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

AMS Board Mts
 Lethbridge

Cooney, Roman

Receipt

Invoice date 10/14/2010
 Our reference CLH-FC11648 /A
 GST Number GST # 848475554RP0001

Guest **Cooney, Roman** Arrival **10/13/2010** Departure **10/14/2010** Room **111**

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
10/13/2010	Restaurant				
10/13/2010	Room Charge		1	34.92	34.92
10/13/2010	GST Taxes		1	95.00	95.00
10/13/2010	Levy Taxes		1	5.04	5.04
10/13/2010	Marketing Fee		1	3.80	3.80
			1	1.90	1.90
Total invoice					140.66
10/14/2010	Vs	Auth: 062370			-140.66
		s.17(1), 17(4)(e.1)			-140.66
Total Paid					-140.66
Total Due					0.00

Total GST 5.04

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



Met with Comm staff

Roman Cooney
 10101 South Port Road SW
 Calgary, AB
 AB Health Services
 T2W 3N2

Page # 1
 Res. # 432999
 Checked in ~~Wed Aug 25/10~~ - 7:53 pm
 Checked out Thu Aug 26/10 - 7:18 am
 Nights 1
 Room Rate 99.00
 Room 233

Group: AB Health Services

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

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

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 4.95
 Room Tax 3.76

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

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

|||| PRE AUTH COMPLETION ||||

08-26-2010 07:13:16
 Acct # M
 Exp Date Card Type VI
 Name:

Trace # 020009
 FS2246402403
 Inv. # 47495
 Auth # 081926 RRN 001291999

Pre-Auth Amount \$109.59
Total \$109.59

Customer copy

Receipt for OHA Event Registration Payment



ONTARIO
HOSPITAL
ASSOCIATION

Ordered By

Roman Cooney
 Alberta Health Services
 10101southport Road Sw
 Calgary , Alberta – AB, T2W 3N2
 403.701.4609
 roman.cooney@albertahealthservices.c
 a

Order # 08582
Date 10/5/2010
GST #

RE: Roman Cooney Registered For Evolving Technology: An Introduction to Social Media for Health Care Pro

Qty	Description	Extended Amount	Discount	Total
1	Pay Per Access (HST)	\$125.00		\$125.00
		Purchase Total		\$125.00
		Tax		\$16.25
		Sub Total		\$141.25
		Final Total		\$141.25

PAYMENTS

Date	Payment Method	Card #	Amount	Paid By	Auth #
10/5/2010	Payment	XXXXXXXXXXXX0512	\$141.25	Roman Cooney	013781
			Payment		\$141.25
			Balance		\$0.00

Travel & Employee Expense Claim Form

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Roman Cooney	Employee #:	Union Name:
Position (SVP):	Department: Communications	Location: Seventh Ave. Plaza
Business Phone #: 780-342-2032	Travel Period From Dec/10 to April/11	
What former entity payroll system is the employee being paid from? (please ✓ one from below)		
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses						
(by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
101.0005		71130000000	62312000			1,352.88
101.0005		71130000000	69600000			149.00
101.0005		71130000000	62312000			151.50
101.0005		71130000000	62302000	ENTERED MAY 31 2011		75.02
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						1,728.40

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: _____ Date: May 12/11

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Mike Conroy	Title: EVP	Phone # 780-342-2006
Signature: _____		Date: 05/12/11
Approved By (please print):	Title:	Phone #
Signature: _____		Date:

NOTE:

Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

RECEIPT
GST NO. R122556194



EXIT No. A2
IN: 04/28/11 09:34
OUT: 04/28/11 12:04
DURATION: 0 02: 30
PAID: \$ 16.80
(GST INCLUDED)
VISA

PALLISER PARKADE
CALGARY AB
RECEIPT A1
IN: 03/03/11 10:42
OUT: 03/03/11 11:28
PAID: \$ 6.00
VISA

PALLISER PARKADE
CALGARY AB
RECEIPT A1
IN: 18/04/11 17:29
OUT: 18/04/11 18:45
PAID: \$ 11.00
VISA

AUTH. CODE 028410
REF. 11
THANK YOU FOR
YOUR VISIT

201
AUTH. CODE 01610
REF. 12/11/11
GST No. RT: 0104491

201
AUTH. CODE 0665
REF. 41
GST No. RT: 0104491

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

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

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

Calgary International Airport Parkade

Thank You for calling CapitalTaxi.ca

Date: 07/22/10 Amount: \$7
From: *Murphy*
To: *Royal Ave*
Unit: _____ Driver: _____ GST: _____

780-423-2425 24 Hour Service
VISA

Thank You for calling CapitalTaxi.ca

Date: *March 18* Amount: *5.50*
From: *100 DSCVA*
To: *1500 17th*
Unit: _____ Driver: _____ GST: _____

780-423-2425 24 Hour Service
VISA

Thank You for calling CapitalTaxi.ca

Date: *06/21/10* Amount: *4.7*
From: *Royal Ave*
To: *Market St*
Unit: _____ Driver: _____ GST: _____

780-423-2425 24 Hour Service
VISA

RECEIPT
GST NO. R122556194

EXIT No. A5
IN: 04/13/11 05:46
OUT: 04/14/11 19:07
DURATION: 1 13: 21
PAID: \$ 50.40
(GST INCLUDED)
VISA

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

AUTH. CODE 097348
REF. 52
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

APPLICANT COPY

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

11/03/11 07:49 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

10/03/11 07:49 AM \$ 8.00

AMOUNT PAID

\$ 8.00 73300000 07:49 AM

CREDIT CARD NUMBER

BA [Signature]

1485321



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

NON TRANSFERABLE

1485321



Alberta Health Services

RECEIPT

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

10/03/11 08:57 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

09/03/11 08:57 AM \$ 8.00

AMOUNT PAID

\$ 8.00 73260000 08:57 AM

CREDIT CARD NUMBER

BA [Signature]

1488489



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

NON TRANSFERABLE

1488489



Alberta Health Services

RECEIPT

T4

ROYAL ALEXANDRA HOSPITAL
SE PARKADE - PUBLIC PARKING

GST # R124072513

Rcpt# 18309

03/07/11 12:56 LH 1 AM 10 Txd# 19723

03/07/11 10:07 In 03/07/11 12:56 Out

Tkt# 211563

HOURLY FEE \$ 10.50

Total Fee \$ 10.50

CASH PAID \$ 10.50

Cash Tender \$ 20.00

Change Due \$ 9.50

GST Included in Price

Comments? - email us :
provincialparking@
albertahealthservices.ca

[Handwritten signature]

Best Copy Possible

10/03/11

1488489

10/03/11 08:57 AM
1488489

T 4

Tokyo Restaurant
11111 11111
11111 11111
11111 11111
11111 11111

Date: 11/03/11 Time: 11:00 AM
Server: [Blank]
Bill: 14

Best Copy Possible

11/03/11	2.75
11/03/11	12.99
11/03/11	2.75
Subtotal	18.49
(GST)	0.00
Total	18.49

THANK YOU VERY MUCH
HAVE A GREAT DAY



eTicket Receipt

Prepared For
COONEY/ROMAN MR

WESTJET RESERVATION CODE: EZDMRV
 TICKET ISSUE DATE: 25Feb2011
 TICKET NUMBER: 8382171664927
 ISSUING AIRLINE: WESTJET
 ISSUING AGENT: YCB/SSW

Attend the Medical Staff Communications Strategy in Edmonton. Fly from Victoria to Edmonton return - on vacation at time of conference.

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
17Mar	WESTJET WS 192	VICTORIA BC, CANADA Time: 7:30pm	EDMONTON INTL AB, CANADA Time: 9:56pm	Seat Number 07D PREMIUM (PAID) Conf: 8380613657416 Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis PBRO1 Not Valid Before 17 MAR Not Valid After 17 MAR
18Mar	WESTJET WS 373	EDMONTON INTL AB, CANADA Time: 4:45pm	VICTORIA BC, CANADA Time: 5:21pm	Seat Number 09D PREMIUM (PAID) Conf: 8380613657417 Baggage Allowance 1PC Booking Status CONFIRMED Fare Basis MBRP1 Not Valid Before 18 MAR Not Valid After 18 MAR

Payment/Fare Details

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

Form of Payment

CREDIT CARD - VISA :

Endorsement / Restrictions

NONREF - FEE FOR CHG/CXL

Fare Calculation Line

YYJ WS YEA149.00PBRO1 WS YYJ179.00MBRP1
CAD328.00END

Fare

CAD 328.00

Taxes / Fees / Charges

CAD 14.25 CA (AIR TRANSPORTATION TAX)
 CAD 1.00 XG (GOODS AND SERVICES TAX GST)
 CAD 112.59 XT (COMBINED TAXES)

Total Fare

CAD 455.84 + 15.⁶⁸ for seat selection Totals

Additional Fees not included in Fare

CAD 7.00 (0.84 RC) - YYJ YEG - VI

471.52

see pg 2 of west jet itinerary to see total amt of 471.52

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

(PREMIUM SEAT FEE)

CAD 7.00 (0.84 RC) - YEG YYJ - VI

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

(PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

QST # 1202807956TQ0001

GST # 866112535



Important Legal Notices Get Adobe Reader®

GST:	1.00 (
HST:	46.59 (
AIF:	30.00 (
ATSC:	14.25 (
NAV/Ins:	36.00 (
Regular Seat	14.00 (
Total Seat Taxes <input type="checkbox"/>	1.68 (
<hr/>	
Total:	471.52 (

Payment details

Amount paid with Credit Card

471.52

Total Pd

Guest information

** I couldn't get pg to print properly.*

1. COONEY/ROMAN MR

Adult

PRINT PAGE
REFUND

MY RESERVATIONS


CHANGE TICKET (S)

Your reservation code is: **EZDMRV**


View your itinerary at !
Sabre® Virtually There®

Flight(s) 471.52 CAI
view fare rules

Departure Information

	Depart: Thursday, 17 March	W
	07:30 PM Victoria , BC , CA (YYJ)	Non-Stop / W:
	Arrive: Thursday, 17 March	flight
	09:56 PM Edmonton-International , AB , CA (YEG)	Seat(s)

Return Information

	Depart: Friday, 18 March	W
	04:45 PM Edmonton-International , AB , CA (YEG)	Non-Stop / W:
	Arrive: Friday, 18 March	flight
	05:21 PM Victoria , BC , CA (YYJ)	Seat(s)

TOTAL Base Fare : 328.00 (

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 Date: **Mar 30, 2011**; Passengers: **Mr Roman Cooney**
 Agent Name: **8462**
 Agent ID: **9650093**

Booking Information



Booking Reference: **KEAGXZ** Customer Care
 Electronic Ticketing confirmed. This is your official itinerary/receipt. Air Canada
 1-888-247-2262
 Main Contact: Flight Arrivals and Departures
 A and C Travel Professionals 1-888-422-7533
 ac.travel.pros@shaw.ca
 1-403-9486652

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8475*	Calgary (YYC) Wed 13-Apr 2011 07:05	Grande Prairie (YQU) Wed 13-Apr 2011 08:36	0	1hr31	DH3	Tango G	
AC8480*	Grande Prairie (YQU) Thu 14-Apr 2011 16:20	Calgary (YYC) Thu 14-Apr 2011 17:55	0	1hr35	DH1	Tango N	

*Operated by Jazz

Passenger Information

I: Mr Roman Cooney - Adult (16+), Ticket Number: 0142193839578
 Air Canada - Aeroplan: s.17(1), 17(4)(g)(i)
 Credit Card: Meal Preference: None s.17(1), 17(4)(e.1)
 Seat Selection: AC8475 7D Paid, AC8480 8D Paid
 Special Needs: None

Purchase Summary

Fare Summary	
Passenger Type	Adult
Departing Flight - Tango	206.00
Returning Flight - Tango	256.00
Surcharges	36.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	41.00
Air Travellers Security Charge (ATSC)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	27.66
Total airfare and taxes before options (per passenger)	580.91
Options	
Departing Flight - Tango	
* Advance Seat Selection	15.00
Returning Flight - Tango	
* Advance Seat Selection	15.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.50
Total airfare, taxes and options (per passenger)	612.41
Number of passengers	1
Total	612.41
Grand Total - Canadian dollars	\$612.41

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

- Air Canada: \$580.91 (Airfare - per ticket)
- Air Canada: \$31.50 (Advance Seat Selection - per ticket)

Ticket number(s): 0142193839578

Fare Rules

The Chamber

Membership

Chamber Events

Policy and Government
Affairs

Commerce Club &
Facilities



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Member Login

E-Mail

Password

Login

Join Now!

Search: Powered by Google

Search

For more information about the Calgary Chamber of Commerce, our Chamber Events calendar, or our Public Affairs work, subscribe to eConnecting and Insight:
Subscribe to eConnecting

Payment Completion

Chris Mazurkewich attended

Event registration is complete. You have been noted in our records and you have successfully registered for Ken Hughes, Board Chair, Alberta Health Services

Receipt:

Receipt for:

Name: Roman Cooney

Company: Alberta Health Services

Telephone: S.17(1), 17(4)(g)(i)

Email: roman.cooney@albertahealthservices.ca

Event: Ken Hughes, Board Chair, Alberta Health Services

Location: The Calgary Chamber of Commerce Address: 100 6th Avenue S.W.

Date and Time: 03/03/2011 at 11:30 a.m.

Item: Future Member

Quantity: 1

Price: \$89.25

Paid By: Credit Card - V

Date and Time: 2011-02-25 16:54:42

Authorization Code: 032316

Response Code: 027

ISO Code: 01

Response Message: APPROVED * =

Reference Number: 661321880016350040

GST # R106830250

Thank you,

Event Registrations
The Calgary Chamber of Commerce
100 - 6th Ave S.W
Calgary, Alberta, Canada
T2P 0P5
Phone: (403) 750-0400
Fax: (403) 266-3413

Friday 25th of February 2011 at 04:54:43 PM

[Contact Us](#) - [Privacy Policy](#)



225 State Street, Suite 300 • New London, Connecticut 06320

P: 860.437.5700 • F: 860.447.4562

www.jobtarget.com

RECEIPT

PURCHASER INFO
 Alberta Health Services
 10101 Southport Road SW
 Calgary, Alberta T2W 3N2
 CA
 Attn: Roman Cooney - *pd by Roman Cooney*

ORDER #	R2406344
DATE	03/29/11
IO / PO #	-
AMOUNT PAID	\$149.00

PURCHASED BY
 Colleen Turner
 s.17(1), 17(4)(g)(i)

PRODUCT	DESCRIPTION	AMOUNT
Members: 45-Day Job Posting Job Posting - Web	International Association of Business Communicators (IABC) (paid - creditcard) Job ID: 7805735 Job Name: Director Communications, South Zone Job Title: Director Communications, South Zone	\$149.00

SUBTOTAL	\$149.00
TAXES	\$0.00
TOTAL	\$149.00

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Travel Period from: 1-Mar-12 to 15-May-12

RECEIVED JUN 05 2012
AHS - Calgary Accounts Payable

Name Roman Cooney Position (Title) SVP, Communications Employee # (E-People) _____ Employee # (Legacy) _____
 Location Edmonton SSP Dept Communications Union n/a Business Phone # _____ Ext _____ Out-of-Province Travel No _____
 What is your former legacy region (prior to AHS consolidation)? _____
 SECTION E Finance Coding & Total Claim Please click in cell and select from dropdown menu East Central

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Type _____
 Project Task Number _____ Expenditure Type _____

Total - Section B - Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0005	7113000000	\$2,691.92
2B				
2C				
2D				\$2,691.92

Total - Section C&D - Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary Expense	Total
101	0005	7113000000	9510001	31.49
				\$31.49

**User to enter Coding & \$ amounts

NOTE: These fields do not automatically fill for Section C&D

TOTAL REIMBURSEMENT

Total Section B	\$2,691.92
Total Section C&D	\$31.49
Less Cash Advance	
TOTAL CLAIM	\$2,723.41

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Karen Nelson Phone # 403-943-1283 Ext _____

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: _____ Date 18-May-12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Stephen Gould DOFA Level 2b Position # _____

Signature: _____ Phone # _____ Ext _____

Approved By (PRINT ONLY) _____ Title EVP, People & Partners Date May 30, 12

Signature: _____ DOFA Level _____ Position # _____

Signature: _____ DOFA Level _____ Title _____

Signature: _____ DOFA Level _____ Title _____

AHS - Edmonton Accounts Payable
RECEIVED
 JUN 05 2012

JUN 06 2012
 Q & C - Completed
 Initials *WK*

Enter Finance Coding 101 • 0005 • 71130000000 Emp # (E-People) Emp # (Legacy) Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B Travel Expenses NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter'l). Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)		Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	w/receipt w/o receipt or per diem						
14-Mar-12	Board Meeting: Cammore (return)	AB	Meeting	A	\$43.00						254.00
15-Mar-12	Board Meeting: Cammore (return)	AB	Meeting	A	\$43.00						254.00
20-Apr-12	Senior Communications Leadership Lunch				\$463.39						
2-May-12	Board Meeting: Medicine Hat	AB	Meeting	A	\$43.00		\$115.49				353.50
3-May-12	Board Meeting: Medicine Hat	AB	Meeting	A	\$43.00						353.50
17-May-12	Calgary to Grande Prairie	AB	Meeting			\$306.73					
17-May-12	Calgary to Grande Prairie (cancellation fee)	AB	Meeting			\$78.75					
17-May-12	Grande Prairie to Calgary	AB	Meeting			\$941.98					
SUBTOTALS					\$463.39	\$1,327.46	\$115.49				Total Kms 1215.00

MEAL PER DIEM RATES
 B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agreement
 Mileage \$ \$613.58
 Travel \$ Subtotal \$2,078.34
 Enter on page 1 TOTAL TRAVEL \$ \$2,691.92

Note: total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

APPLICANT COPY

IPod charging kit

STAPLES Canada
Store # 62
BAY3 321 61st Avenue SW
Calgary, AB T2H2W7
403-259-6928

Sale 00092 2 006 26086
0062/04/09/12 02:57

777777	
1 iPod	29.99
72286876	
Subtotal	29.99
GST 5.00%	1.50
Total	\$31.49
Cash	0.00
Cash Change	31.49

[Handwritten signature]

Thank you for shopping at STAPLES!
We will not be undersold!
Visit Staples.ca

IMPORTANT
Retain This Copy for Your Records

GST No. 126152586



APPLICANT COPY



The Ranchmen's Club
710 - 13th Avenue SW
Calgary, AB T2R 0K9

MEMBER NAME Roman R. Cooney
MEMBER NO s.17(1), 17(4)(g)(i)
STATEMENT PERIOD 4/30/2012
AMOUNT DUE **\$979.20**

Statement was printed on 5/24/2012
Statement last viewed on: 5/24/2012

Payments to the club are not deductible as charitable contributions for Federal Income taxes.
A service charge of 1-1/2% per month charged on accounts not settled within 30 days of statement date.

Amount Submitted: _____

You can send this entire page, or cut at the line above and send just the top portion of this printout, to submit with your bill when making your payment.

MEMBER NAME Roman R. Cooney

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

Billing for 4/30/2012

DATE	REFERENCE	DESCRIPTION	AMOUNT	GRATUITY	GST	TOTAL
		<i>Balance Forward</i>				\$143.97
4/16/2012	1075801245	Credit Card Payment	(\$143.97)	\$0.00	\$0.00	(\$143.97)
4/20/2012	004944	Cooney Lunch & Meeting	\$374.00	\$67.32	\$22.07	\$463.39
4/30/2012	SJ0642	Membership Dues - Quarterly	\$491.25	\$0.00	\$24.56	\$515.81

CURRENT 30 DAYS 60 DAYS 90 DAYS OVER 120
\$979.20 \$0.00 \$0.00 \$0.00 \$0.00

BALANCE DUE
Submitted for your records: _____

[Back to Your Member Statement](#)

APPLICANT COPY

Apr 10/12 emailed to Ranchmen's.
See attachments.

The Ranchmen's Club

710 - 13th Avenue S.W. Calgary, Alberta T2R 0K9
Telephone: (403) 228-3885 Fax: (403) 245-8188

BANQUET EVENT ORDER #004944

Event Name: Cooney Lunch & Meeting
Address: Alberta Health Services
10101 Southport Road S.W.
Calgary, AB

Member Name: Mr. Roman R. Cooney
Member No:
Telephone:

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

Contact Name: T2W 3N2
Salesperson: Kathy Board
Rose Syrgiannis

Contact Tel: 403-943-0942
Contact Fax:
Printed: Apr 5, 2012, 12:02 PM

Date	Time	Function	Setup	Exp.	Guar.	Room	Room Rental
Friday Apr 20/12	11:00a - 3:00p	LUNCH & MEETING	LONG TABLE	17		2nd Flr - JEPHSON	\$ 0.00

Food							
Date	Service Time	Service Type	Description	Qty	Charge	Total	
Apr 20/12	11:00a	BUFFET SERVICE	2nd Flr - JEPHSON				
			THE BOW SANDWICH BUFFET	17.00	\$ 22.00		\$ 374.00
			>Soup du Jour	0.00	\$ 0.00		\$ 0.00
			>Seasonal Mixed Salad	0.00	\$ 0.00		\$ 0.00
			>Clear Vinaigrette	0.00	\$ 0.00		\$ 0.00
			>Wedge-Cut Closed Sandwiches	0.00	\$ 0.00		\$ 0.00
			NO PORK				
			>Potato Chips	0.00	\$ 0.00		\$ 0.00
			>Gourmet Olives & Pickles	0.00	\$ 0.00		\$ 0.00
			>Chef's Selection of Dessert	0.00	\$ 0.00		\$ 0.00
			>Coffee / Tea / Soft Drinks	0.00	\$ 0.00		\$ 0.00

FOOD AND BEVERAGE SPECIAL NOTES:


It is the Member's responsibility to inform guests of the Ranchmen's Club dress code and appropriate use of electronic devices policy. Please see the covering letter attached to this Event Order, or visit www.ranchmensclub.com under the "Catering" tab for complete details.

BANQUET EVENT ORDER #004944

Total Charges					
	Charges	G.S.T.	PST	Service Charge & Gratuities	Total
Room	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Food	\$ 374.00	\$ 22.07	\$ 0.00	\$ 67.32	\$ 463.39
Beverage	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Grand Totals	\$ 374.00	\$ 22.07	\$ 0.00	\$ 67.32	\$ 463.39
Deposits Received					\$ 0.00
Balance Due					\$ 463.39

Guarantee: The guaranteed number of persons for each function is required at least 2 business days prior to the function. If no guarantee is provided, the billing will be for the number of persons for whom the function was originally booked, or the actual number served, whichever is greater.

The Ranchmen's Club



Kathy Board

Date

Date Apr 10/12

APPLICANT COPY

Kathy Board

From: Kathy Board
Sent: April 10, 2012 11:22 AM
To: 'Ranchmen's Club Calgary (jacqueline@ranchmensclub.com)'
Subject: AHS signed agreement for lunch on April 20th
Attachments: Ranchmens Agreement April 20.2012 Luncheon.pdf

Hi Jacqueline, please find attached our signed agreement for lunch at the Ranchmen's on April 20th. I see you got my note re 17 guests and No Pork, thank you. Also, I have one other person who has dairy product allergies, however, from what I see on the menu looks like this shouldn't be a problem.

Thanks, Kathy

Kathy Board
Alberta Health Services
Executive Administrative Coordinator
Communications Department
Southport Office, Calgary

Ph: 403-943-0942

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

WORKFORCE ENGAGEMENT SURVEY

YOUR FEEDBACK SHAPES AHS

YOUR OPINION INFLUENCES CHANGE

YOUR VOICE MATTERS

Survey Closes April 12, 2012

RESPECT · ACCOUNTABILITY · TRANSPARENCY · EMPowerMENT · SAFETY · LEARNING · PERFORMANCE



Medicine Hat Lodge

APPLICANT COPY

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

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

Roman Cooney

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

Res. #	522268
Checked in	Wed May 2/12 - 6:00 pm
Checked out	Thu May 3/12 - 10:03 am
Room Rate	109.00
Room	407

Date	Description	Reference	Charges	Credits
May02	Hospital Rate		109.25	
May02	Room Tax		4.16	
May02	Destination Marketing Fee		2.08	
May03	PAID BY VISA - Thank you			115.49
			-----	-----
			0.00	115.49
				115.49

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	0.25
Room Tax	4.16

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

www.medhatlodge.com



STAGWEST Hospitality
SINCE 1944



APPLICANT COPY

April 16/12 in morning

Search Select Review Passengers Purchase Seats Itinerary

original flight change to May 17.
change fee charges on separate invoice

Itinerary/Receipt



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

AIR CANADA

Booking Reference: PZZMFE

Customer Care

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

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Main Contact:

Mr Roman Cooney
roman.cooney@albertahealthservices.ca s.17(1), 17(4)(g)(i)
Mobile: s.17(1), 17(4)(g)(i)
Home: s.17(1), 17(4)(g)(i)
Work: 1-403-9430942

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8475 ¹	Calgary (YYC) Mon 16-Apr 2012 06:55	Grande Prairie (YQU) Mon 16-Apr 2012 08:26	0	1hr31	OH3	Tango, G	

Operated by:
Air Canada Express - Jazz

Passenger Information

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142106775438

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

Air Canada - Aeroplan : Meal Preference: None
Credit Card : Special Needs: None s.17(1), 17(4)(e.1)
Seat Selection: AC8475 11C Paid

Purchase Summary

VIEW QUOTE DETAILS

Fare Summary	Adult
Passenger Type	
Departing Flight - Tango	224.00
Surcharges	18.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	25.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	13.71
Air Travelers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	287.83
Options	
Departing Flight - Tango	
Advance Seat Selection	18.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.90
Total airfare, taxes and options (per passenger)	306.73
Number of passengers	1
Total	306.73
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$306.73

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

- Air Canada: \$287.83 (Airfare - per ticket)
- Air Canada: \$18.90 (Advance Seat Selection - per ticket)

Ticket number(s): 0142106775438

Fare Rules

Departing Flight Calgary (YYC) To Grande Prairie (YQU) - Tango

• **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure. **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.
- **Same-day standby** is not permitted.
- 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 the 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 the 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.
- **Paid Advance Seat Selection** is available on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 25% non-status Aeroplan Miles for Air Canada-operated flights.
- Read complete fare rules applicable to this fare.

Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation page](#) for important information on identification required for travel.

Baggage Policy

[Carry-on baggage](#) | [Checked baggage](#)

Flight confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your flight status online at [aircanada.com](#) or by calling our flight information system at 1-888-422-7533 prior to your departure.

Travel insurance

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance online from RBC Travel Insurance Company via Air Canada or by calling 1-866-610-7102. Enjoy your trip knowing you are properly protected.

Travel insurance purchased in-flight is directly offered, provided and underwritten by RBC Travel Insurance Company ("RBC"). Air Canada expressly disclaims any responsibility in regard to any travel insurance purchased by the customer from RBC Insurance.

[Check-in and boarding times](#)

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>



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APPLICANT COPY

Kathy Board

From: Air Canada [confirmation@aircanada.ca]
Sent: April 15, 2012 5:15 PM
To: Roman Cooney
Subject: Air Canada - 16-Apr: Calgary - Grande Prairie (booking ref: PZZMFE) - booking cancelled

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

Booking Cancellation

You have successfully cancelled your flight reservation. Visit aircanada.com again for more great travel deals.

Retain any balance for use as a future travel credit

- **NO REFUND WILL BE ISSUED.**
- Please print this page for future reference and keep your booking reference number. You will need to contact Air Canada Reservations to use an outstanding travel credit toward the purchase of a new ticket. (Fares available online are not necessarily available through Air Canada Reservations.)
- The value of an unused ticket can be applied to the value of a new ticket provided **outbound travel commences** within one year of original ticket issuance.
- Non transferable: the original booking passenger(s) must use their respective amount(s).
- Any amount remaining unused after booking a new flight is forfeited.
- Non refundable travel options, such as assigned seat selection, Maple Leaf Lounge access, and Onboard Café snack or meal vouchers may be used on future flights, subject to availability.
- Any eUpgrade Credits used to upgrade the cancelled flight will be returned to your account.
- Your reservation will be subject to the change fees applicable to the ticket submitted as a credit. Please refer to your itinerary/receipt for the rules that apply to your ticket.

Booking Information



Booking Reference:	PZZMFE
Main Contact:	
Mr Roman Cooney	
roman.cooney@albertahealthservices.ca	
Mobile:	
Home:	s.17(1), 17(4)(g)(i)
Work:	1-403-9430942

Passenger Information

Passenger 1: Adult	
Name:	Mr.ROMAN Cooney
Ticket number:	0142106775438

change fee
\$78.75 pd.

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please print this itinerary / receipt for your reference.

Main Contact Information

Booking reference: **PZZMFE**

Name: Mr Roman Cooney
E-mail: ROMAN.COONEY@ALBERTAHEALTHSERVICES.CA
Form of payment: CCVI

Customer Care
Air Canada Reservations
1-888-247-2262
Air Canada Flight Information
1-888-422-7533

International Reservations
Alert me of flight changes
Flight notification

Electronic Ticketing confirmed. s.17(1), 17(4)(e.1)
This is your official itinerary/receipt.

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8475	Calgary (YYC)	Grande Prairie (YQU)	DH3	G	Confirmed
<i>Operated by:</i>	Thu 17-May 2012	Thu 17-May 2012			
<i>Air Canada Express-Jazz</i>	07:00	08:31			
Seat number(s) requested: 2C					

Passenger Information

Passenger 1
Name: Mr Roman Cooney
Frequent Flyer Pgm: Air Canada Aeroplan
Ticket number: 014 2107 898304
Program number:

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

Fare Summary

Passenger: 1 Ticket number 014 2107 898304

Date of issue

10-May 2012

Fare Amount in Canadian dollars:

232.00

(including navigation & other charges)

Taxes, Fees & Charges

Combined Taxes *see fare calculation below (XT)

PD

Total Fare in :

No Additional collection

Options

Change fee in Canadian dollars

75.00

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

3.75

Ticket particularities:

AC ONLY/NON-REF/CHGE FEE

78.75

Total Change Fee 78.75

=

***Fare calculation:**

17MAY12YYC AC YQU Q18.00R214.00CAD232.00 END ROE1.00 PD7.12CA
13.21XG25.00SQ

Canadian tax registration numbers:

XG Canada Goods and Service Tax (GST) #10009-2287

RC Canada Harmonized Sales Tax (HST) #10009-2287

XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Important Information

This is your E-ticket itinerary/receipt. Keep this document for your travel. Your flight coupons are stored in our reservation system. The Conditions of Contract and other legal notices are provided with this itinerary/receipt.

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Travel Documents

Air Canada is required by federal government regulations to check identification at the departure gate for all passengers who appear to be 18 years of age or older. The name on the identification must match the name used on the reservation or ticket. The passenger must present: one (1) piece of government-issued ID with photo or two (2) pieces of government-issued ID without photo. For **air travel between Canada and the United States**, all passengers including Canadian and U.S. citizens, are required to present a valid passport or other valid travel document such as a Nexus card. Nexus members are required to carry appropriate immigration and identity documents in addition to their Nexus card. In addition, passengers must present this Itinerary/receipt to immigration authorities upon request. For **air travel to a foreign country**, passengers must ensure that they have all necessary travel documents such as a passport or visa, as directed by embassies and consulates. All passengers are advised to view the Travel documentation page for important information on documentation required for travel.

YOU CANNOT TRAVEL IF YOU DO NOT HAVE ALL REQUIRED TRAVEL DOCUMENTS, SUCH AS PASSPORT AND VISA (if applicable).

Secure Flight

For travel to, from or via the United States you are required by the Transportation Security Administration (TSA) to provide full passenger name (as it appears on your travel document), date of birth and gender for each traveller at least 72 hours prior to departure, or at time of booking if you book your flight within 72 hours of departure.

Flight Confirmation


Although reconfirmation of flights is not required, we strongly recommend that you check your flight status online at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

Grande Prairie to Calgary
May 17 Dep 12:20

Kathy Board

From: Air Canada [confirmation@aircanada.ca]
Sent: May 10, 2012 3:40 PM
To: Roman Cooney
Subject: Air Canada - 17-May: Grande Prairie - Calgary (booking ref: N3VQN5)

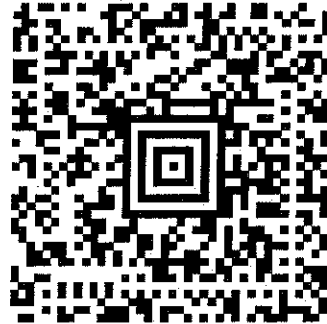
***** PLEASE DO NOT REPLY TO THIS E-MAIL *****

AIR CANADA 

Itinerary/Receipt

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.

Scan this barcode to check in at any Air Canada check in kiosk.



Hotels in Calgary

From (per night)

\$101 CAD



Travelodge Hotel
Calgary Airport:

★★★

From (per night)

\$91 CAD



Ramada Limited
Calgary:

★★

From (per night)

\$99 CAD



Calgary Westways
Guest House:

★★★

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Need a car in Calgary? Great rates and additional Aeroplan Miles.

AVIS Budget



Looking for ground transportation or attractions?

Booking Information

Booking Reference: **N3VQN5**

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

Main Contact:

Mr Roman Cooney

roman.cooney@albertahealthservices.ca

Mobile:

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

Home:

Work: 1-403-9430942

Online Services

Customer Care

Air Canada

1-888-247-2262

Flight Arrivals and Departures

1-888-422-7533

Manage my booking online (view/change my booking, select seats*).

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8478 ¹	Grande Prairie (YQU) Thu 17-May 2012 12:20	Calgary (YYC) Thu 17-May 2012 13:52	0	1hr32	DH3	<u>Latitude</u> B	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142107898639

Air Canada -
Aeroplane :

s.17(1), 17(4)(g)(i) Meal Preference : **None**

Credit Card:

Special Needs: **None**

Seat Selection: **None**

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

Purchase Summary

Fare Summary

Passenger Type	Adult
Departing Flight - <u>Latitude</u>	852.00
Surcharges	18.00

Taxes, Fees and Charges

Canada Airport Improvement Fee	20.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	44.86
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	941.98
Number of passengers	1
Total	941.98
RBC Travel Insurance (declined)	0.00

Grand Total - Canadian dollars **\$941.98**

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

Air Canada: \$941.98 (Airfare - per ticket)

Ticket number(s): 0142107898639

Fare Rules

Departing Flight Grande Prairie (YQU) To Calgary (YYC) - **Latitude**

• **Changes:**

- Changes are permitted and a change fee does not apply.
- Your total ticket price may increase if changes are made and the original fare you booked is no longer available, or if you call Air Canada Reservations, who may not have access to the original fare. Advance purchase may apply.
- Lower Latitude fares may be available only at aircanada.com for selected flights and dates.

Any changes not completed on aircanada.com may result in a higher Latitude fare than would otherwise be available.

- Same-day standby is permitted at no charge.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Cancellations:**
 - Tickets are **fully refundable** and **non-transferable**.
Partially used tickets may be submitted for a refund assessment. The refund will be calculated as follows: actual fare paid minus the value of the portion of the journey that has been flown.
 - **Cancellations** can be made up to 45 minutes prior to departure.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Within Continental North America, a complimentary snack selection will be offered on most short haul flights between 1.5 and 2 hours (does not apply to Air Canada Express flights operated by Jazz; and a complimentary snack and sandwich selection will be offered on most flights of more than 2 hours (sandwich selection is not offered on Air Canada Express flights operated by Jazz).
- 100% Air Canada Status Miles for Air Canada-operated flights.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation](#) page for important information on identification required for travel.

Baggage Policy

[Carry-on baggage](#) | [Checked baggage](#)

Flight confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your [flight status online](#) at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

Travel insurance

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance online from RBC Travel Insurance Company via Air Canada or by calling 1-866-610-7102. Enjoy your trip knowing you are properly protected.

Travel insurance purchased is solely and directly offered, provided and underwritten by RBC Travel Insurance Company ("RBC"). Air Canada expressly disclaims any responsibility in regard to any travel insurance purchased by the customer from RBC Insurance.

Check-in and boarding times



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TRAVEL & EMPLOYEE EXPENSE CLAIM FORM

PLEASE DO NOT USE ENTER KEY TO NAVIGATE THIS FORM → USE TAB, ARROW KEYS OR MOUSE

SECTION A – Employee Details (for AHS Staff ONLY) CLAIMS UNDER \$15 WILL NOT BE PROCESSED								
→ Enter Employee # (old) and Employee # (E-People) if you have migrated to the New E-People payroll system. → Indicate N/A in the Employee # (E-People) if you have not migrated to the New E-People payroll system. → If you are a new employee and payroll has migrated to E-People you will only have an Employee # (E-People).								
Employee # (old):		Employee # (E-People):		Name: Roman Cooney				
Position (Title): SVP		Location: 7E(1), 17(4)(g)(i)		Dept: Communicaitons		Out-of-Province Travel: <input type="checkbox"/>		
Union Name:		Business Phone #: 780-342-2032		Travel Period from: Sept. to Oct. 2011				
What former entity payroll system is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below)								
<input type="checkbox"/> AADAC		<input type="checkbox"/> Calgary Health		<input checked="" type="checkbox"/> East Central				
<input type="checkbox"/> Alberta Cancer Board		<input type="checkbox"/> Capital Health		<input type="checkbox"/> Northern Lights				
<input type="checkbox"/> Alberta Mental Health Board		<input type="checkbox"/> Chinook		<input type="checkbox"/> Palliser Health				
<input type="checkbox"/> Aspen		<input type="checkbox"/> David Thompson		<input type="checkbox"/> Peace Country				
SECTION B – Finance Coding & Total Claim – Complete separate Page 2 for each Functional Centre								
Finance Code / Accounting Distribution → Expense Object Code (EOC)/secondary code not required in this section								
Bal Unit (3 char)	Location (4 char)	Functional Centre (FC) (11 char)	pg	Travel \$s	pg	Other \$s	Total	
101	0005	7113000000	2A	\$2,024.17	3		\$2,024.17	
			2B		3			
			2C		3			
			2D					
RECEIVED Alberta Health Services Accounts Payable DEC 15 2011			RECEIVED Converted Foreign Currency \$s Less Cash Advances if applicable					
→ Claim should include a minimum of 2 pages + receipts							TOTAL CLAIM	\$2,024.17

IMPORTANT NOTE → Applicable to all Sections A to F

If this form is not filled in correctly, legibly and completely, the form will be returned.

In order to facilitate processing of this claim, please review the following notes –

- Email approvals, physical signature stamp or similar device are **not** acceptable
- Employee # refers to the number indicated on employee's pay stub
- Out-of-Province Travel – the approver **MUST** ensure all documentation and approval levels are **compliant** as per the Travel Policy **BEFORE** submission to Accounts Payable

SECTION F - Authorization			
If applicable, <u>print</u> the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions, contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.			
Claim Prepared by (PRINT ONLY) Kathy Board		Phone # 403-479-5772	
I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.			
Employee Signature: _____		Date: _____	
I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.			
Approved By (PRINT ONLY) Roman Cooney	DOFA level 3a	Position # 00040174	Phone # 780-342-2032
Signature: _____	Title: SVP	Date: _____	
Approved By (PRINT ONLY) Stephen Gould	DOFA level 3b	Position #	Phone #
Signature: _____	Title: EVP	Date: 11/29/11	

 NOTE: Expense claims must be properly authorized in accordance with Alberta Health Services Policies (ie. Travel expense in accordance with Travel Policy, etc.) and **must be supported by original receipts or a copy as certified by approver.**

APPLICANT COPY



Safe, Courteous
Taxi Service

780-743-1234

CHARGE SLIP TRIP I.D. # _____
DATE Oct 13/11 TIME 7:40 AM PM
COMPANY COONEY
DEPT. _____
AUTHORIZED BY _____ REF. # _____
FROM Cheterville TO Hopfield
PASSENGER(S) _____
2. _____
3. _____
DRIVER _____ CAR # 58
FARE \$ 32 G.S.T. _____



Safe, Courteous
Taxi Service

Date: Oct 12/20-11 Amount: \$ 251.00
From: AIRPORT
To: Sawridge
Car: _____ Driver: [Signature]

APPLICANT COPY

NOVA HOTELS
 10000 101ST AVE
 FORT MCMURRAY, AB T9H 5B5
 90249965727

ID: 09914996 BATCH#: 019
 QUEUE ID: 1 SHIFT#: 001

COONEY ROMAN

Completion
 000000737
 Chip
 SEQ#: 019001001028
 Label: Visa Credit
 00000031010
 00 00 00

H 5B5
 -743-0560
 5682
 rt 10/14/11

ALBERTA HEALTH SERVICES
 Room # 1215 Invoice # 20777

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

Total: CAD\$ **412.02**
 APPROVED: 077121
 000/00
 Oct-11 07:56:29
 CUSTOMER COPY
 THANK YOU
 (780) 791-6682

DEPARTMENT
 2-Accommodat
 3-Room Tax
 2-Accommodat
 3-Room Tax
 91-Visa

DESCRIPTION	AMOUNT
2-Accommodat	189.00
3-Room Tax	7.56
2-Accommodat	189.00
3-Room Tax	7.56
91-Visa	-412.02
GST On Accommodatio	18.90
Tax Reg. # 856465620RT0001	

BILLING INSTRUCTIONS

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

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Saskatchewan – Kindersley

NWT & Nunavut – Inuvik, Iqaluit



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK



Roman Coonev

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

Page # 1
Res. # 488931
Checked in Tue Sep 13/11 - 2:06 am
Checked out Thu Sep 15/11 - 6:55 am
Nights 2
Room Rate 109.00
Room 108

Group: Ab Health Services

Date	Description	Reference	Charges	Credits
Sep13	GOVERNMENT RATE		109.00	
Sep13	GST		5.45	
Sep13	Room Tax		4.12	
Sep13	Destination Marketing Fee		2.06	
Sep14	Room Charge - Government	wrong date entered	-103.00	
Sep14	GST	wrong date entered	-5.15	
Sep14	Room Tax	wrong date entered	-4.12	
Sep14	Destination Marketing Fee	wrong date entered	-2.06	
Sep14	cCOMPLIMENTARY BREAKFAST	wrong date entered	-6.30	
Sep14	Room Service	Chit# 29	25.95	
Sep14	GST	Chit# 29	1.30	
Sep14	GOVERNMENT RATE		109.00	
Sep14	GST		5.45	
Sep14	Room Tax		4.12	
Sep14	Destination Marketing Fee		2.06	
Sep15	PAID BY VISA - Thank you			147.88
			0.00	147.88

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

MEDICINE HAT LODGE
1051 ROSS GLEN DR SE
MEDICINE HAT, AB T1B3T8
4035028170

Merchant ID: 87212730914
Term ID: 002
Ref #: 086

Pre-Auth Compl

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

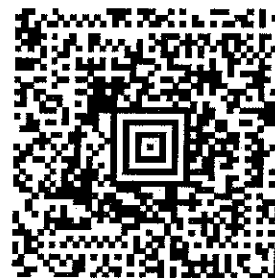
VISA
09/15/11
Inv #: 000007
Apprvd
Entry Method: Manual
06:54:31
Appr Code: 073848
Batch#: 000187
Original Pre-Auth Amount: \$ 220.00
Total: \$ 147.88

Customer Copy



Search Select Review Passengers Purchase Seats **Itinerary**

Itinerary/Receipt



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: **K373Y5**

Customer Care

Air Canada
1-888-247-2262

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

Flight Arrivals and Departures
1-888-422-7533

Main Contact:

Mr Roman Cooney
roman.cooney@albertahealthservices.ca
Mobile:
Home: s.17(1), 17(4)(g)(i)

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8371 ¹	Calgary (YYC) Thu 13-Oct 2011 07:45	Fort McMurray (YMM) Thu 13-Oct 2011 08:59	0	1hr14	CRJ	Tango E	
AC8404 ¹	Fort McMurray (YMM) Fri 14-Oct 2011 16:45	Calgary (YYC) Fri 14-Oct 2011 17:59	0	1hr14	CRJ	Tango N	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142199766007

Frequent Flyer Pgm : **None** s.17(1), 17(4)(e.1) Meal Preference: **None**
Credit Card: Special Needs: **None**
Seat Selection: **AC8371 3D Paid , AC8404 9D Paid**

Purchase Summary

[VIEW QUOTE DETAILS](#)

Fare Summary

Passenger Type Adult

APPLICANT COPY

Departing Flight - Tango	159.00
Return Flight - Tango	229.00
Surcharges	36.00

Taxes, Fees and Charges

Canada Airport Improvement Fee	55.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	24.66
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	517.91

Options

Departing Flight - Tango	
* Advance Seat Selection	20.00
Return Flight - Tango	
* Advance Seat Selection	20.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	2.00
Total airfare, taxes and options (per passenger)	559.91
Number of passengers	1
Total	559.91
RBC Travel Insurance (declined)	0.00

Grand Total - Canadian dollars **\$559.91**

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

- Air Canada: \$517.91 (Airfare - per ticket)
- Air Canada: \$42.00 (Advance Seat Selection - per ticket)

Ticket number(s): 0142199766007

Fare Rules

Departing Flight Calgary (YYC) To Fort McMurray (YMM) - **Tango**

Return Flight Fort McMurray (YMM) To Calgary (YYC) - **Tango**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.
- **Same-day standby** is not permitted.
- 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 the 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 the 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.

APPLICANT COPY

- Customers who **no-show** their flight will forfeit the fare paid.
 - **Paid Advance Seat Selection** is available on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
 - Earn 25% non-status Aeroplan Miles for Air Canada-operated flights.
 - Read complete fare rules applicable to this fare.
-

Important Information

Please review this itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the Travel documentation page for important information on identification required for travel.

Baggage Policy

Carry-on baggage | Checked baggage

Flight confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your flight status online at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

Travel insurance

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance online from RBC Travel Insurance Company via Air Canada or by calling 1-866-610-7102. Enjoy your trip knowing you are properly protected.

Travel insurance purchased is solely and directly offered, provided and underwritten by RBC Travel Insurance Company ("RBC"). Air Canada expressly disclaims any responsibility in regard to any travel insurance purchased by the customer from RBC Insurance.

Check-in and boarding times

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>



Reduce your carbon footprint!

Offset now | Learn more

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please print this itinerary / receipt for your reference.

Main Contact Information

Booking reference: K373Y5

Name: Mr Roman Cooney
E-mail: KATHY.BOARD@ALBERTAHEALTHSERVICES.CA
Form of payment: CCVIX s.17(1), 17(4)(e.1)
 CC VIX s.17(1), 17(4)(e.1)

Customer Care
Air Canada Reservations
 1-888-247-2262
Air Canada Flight Information
 1-888-422-7533

International Reservations

Alert me of flight changes
Flight notification

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

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8371	Calgary (YYC)	Ft. McMurray (YMM)	CRJ	G	Confirmed
<i>Operated by:</i>	Wed 12-Oct 2011	Wed 12-Oct 2011			
<i>Air Canada Express-Jazz</i>	07:45	08:59			
AC8404	Ft. McMurray (YMM)	Calgary (YYC)	CRJ	N	Confirmed
<i>Operated by:</i>	Fri 14-Oct 2011	Fri 14-Oct 2011			
<i>Air Canada Express-Jazz</i>	16:45	17:59			
Seat number(s) requested: 9D					

Passenger Information

Passenger 1
Name: Mr Roman Cooney **Ticket number:** 014 2100 024135
Frequent Flyer Pgm: **Program number:**

change flight from Oct 13 Departure to Oct 12 Departure
 total change fee 120.⁷⁵

Fare mary

Passenger: 1 Ticket number 014 2100 024135

Date of issue	27-Sept 2011
Fare Amount in Canadian dollars:	464.00
<i>(including navigational & other charges)</i>	
Taxes, Fees & Charges	
Canada Security Charge (CA)	PD
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	2.00
Total Fare in Canadian dollars:	42.00A

Options

Seat selection fee in Canadian dollars	20.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	1.00
Seat selection fee in Canadian dollars	20.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	1.00
Change fee in Canadian dollars	75.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	3.75
Ticket particularities:	
AC ONLY/NON-REF/CHGE FEE	

change fees

120.⁷⁵

**Fare calculation:*

12OCT11YYC AC YMM Q18.00R199.00AC YYC Q18.00R229.00CAD464.00
 END ROE1.00 PD24.66XG55.00SQ
Canadian tax registration numbers:
 XG Canada Goods and Service Tax (GST) #10009-2287
 RC Canada Harmonized Sales Tax (HST) #10009-2287
 XQ Quebec Sales Tax (QST) #1000-043-172

I could not get a receipt with the roll up of this number.

Fare Rules

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
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APPLICANT COPY

The Ranchmen's Club

710 - 13th Avenue S.W.
Calgary, Alberta

Banquet Invoice
Booking# 003101

Event Date: Fri Sep 09/11
Sales Rep: Jacqueline Eveleigh
Billing Date: Sep 09/11

T2R 0K9
Telephone: (403) 228-3885 Fax: (403) 245-8188

Event: Cooney Lunch Meeting

Name: Mr. Roman R. Cooney BA, MCS C0078
Address: Alberta Health Services
10101 Southport Road S.W.
Calgary, AB
T2W 3N2

Contact Name: Mr. Roman R. Cooney BA, MCS
Contact Tel: 403-943-1258
Contact Fax:

Date	Time	Function	Setup	Room	Room Rental
Friday Sep 09/11	10:00a - 1:00p	LUNCH & MEETING	LONG TABLE	1st Flr - N. LOUNGE	0.00

Food

Date	Service Time	Service Type	Description	Qty	Charge	Total
Sep 09/11	11:30a	BUFFET SERVICE	1st Flr - N. LOUNGE			
			THE BOW SANDWICH BUFFET	12.00	22.00	264.00
			>Soup du Jour	0.00	0.00	0.00
			>Seasonal Mixed Salad	0.00	0.00	0.00
			>Wedge-Cut Closed Sandwiches	0.00	0.00	0.00
			>Potato Chips	0.00	0.00	0.00
			>Gourmet Olives & Pickles	0.00	0.00	0.00
			>Chef's Selection of Dessert	0.00	0.00	0.00
			>Coffee / Tea / Soft Drinks	0.00	0.00	0.00

Beverage

Date	Service Time	Service Type	Description	Qty	Charge	Total
Sep 09/11	10:00a	COFFEE SERVICE	1st Flr - N. LOUNGE			
			Coffee - Carafe	2.00	20.00	40.00

Total Charges

	Charges	Taxes	Service Charge & Gratuities	Total
Room	0.00	0.00	0.00	0.00
Food	264.00	15.58	47.52	327.10
Beverage	40.00	2.36	7.20	49.56
Grand Totals	304.00	17.94	54.72	376.66
Deposits Received				0.00
Balance Due				376.66

APPLICANT COPY

The Ranchmen's Club

710 - 13th Avenue S.W.
Calgary, Alberta

Banquet Invoice
Booking# 003101

Event Date
Sales Rep
Billing Date

Fri Sep 09/11
Jacqueline Eveleigh
Sep 09/11

T2R 0K9

Telephone: (403) 228-3885 Fax: (403) 245-8188

Recap & Total:

Services	\$304.00
Service Chg	\$54.72
GST# 122283690	\$17.94
Subtotal	\$376.66
Deposit Received	\$0.00
Balance Due	\$376.66

Kathy Board

From: Cookies By George [web@cookiesbygeorge.com]
Sent: September 15, 2011 4:04 PM
To: Kathy Board
Subject: Your Cookies By George Order



THANKS FOR YOUR ORDER!

We are pleased you chose Cookies By George and we look forward to serving all your cookie needs in the future.

Order ID: 49788

Items Ordered

1. George Box™ Medium - \$46.95 CAD

Quantity: 1

117 Frequent Chewer Points earned with this purchase
Additional shipping charge - \$10.00 CAD
Send me an Assortment



Thank You Very Munch!

Thank you to all those who helped out the Communications team during last week's AHS Board Meetings. Munchly Appreciated. Roman Cooney Enjoy!
Your gift is scheduled for delivery on: September 20*

Recipient's Address

Brenda Lee Denng
Medicine Hat Regional Hospital
666 5th Street SW
Main Entrance-Information/Cashier Desk
Medicine Hat, Alberta
T1A 4H6
Canada
Phone: 403-479-5772

Business

Special instructions: Enter Hospital at the main entrance and drop off cookies at the Information/Cashier's Desk. Thanks,

Total

APPLICANT COPY

Subtotal \$46.95 CAD

Shipping \$10.00 CAD

GST \$0.00 CAD

Grand Total \$56.95 CAD

Billing Address

Mr. Roman Cooney
Alberta Health Services
10101 Southport Road SW
Calgary, Alberta
T2W 3N2
Canada
Phone: 403-943-0942

Payment Details

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

Credit Card XXXXX) \$56.95

Frequent Chewer Points awarded: 117

Any questions or concerns regarding your order, please contact us at 1-866 7GEORGE (1-866-743-6743) or email us at info@cookiesbygeorge.com.

GST #: 102182847

Receive monthly promos and specials information when you sign up to [The Cookie Sheet](#), George's new enewsletter!

* While we do our best to have your gift delivered on time, please note that there may be circumstances out of our control that could delay the delivery of your gift. For more information, please see our [shipping information](#).



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

Travel Period from: Nov. 2011 to Jan. 2012

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll systems. 17(1), 17(4)(g)(i)
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People) s.17(1), 17(4)(g)(i)

Name Roman Cooney Position (Title) Senior Vice President Employee # (E-People) EC
 Location Edmonton Dept Communications Business Phone # 403.701.4609 Ext Out-of-Province Travel
 What is your former legacy region (prior to AHS consolidation)? East Central
 SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Expenditure Type _____

Total - Section B - Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0005	7113000000	\$1,656.62
2B				
2C				
2D				\$1,656.62

Total - Section C&D - Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
			Alberta Health Services Accounts Payable	
			FEB 29 2012	

TOTAL REIMBURSEMENT

Total Section B	\$1,656.62
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$1,656.62

**User to enter Coding & \$ amounts
 NOTE: These fields do not automatically fill in Section C&D

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Kathy Board Phone # 403.943.0942 Ext

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature _____ Date _____

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Stephen Gould

Signature *Stephen Gould* DOFA Level *2b* Position # _____

Approved By (PRINT ONLY) _____ Title EVP People & Partners Phone # _____ Ext _____

Signature _____ Date *Feb 28, 2012* Phone # _____ Ext _____

Kathy Board

**YELLOW CAB
SWAN TAXI**

9515 116 Street
Grande Prairie, AB T8V 5W3
Phone: (780) 539-3366

FARE \$ 30.00 CAB NO. _____
DATE NOV 18/11 TIME 6:17 PM
FROM Provincial Building
TO Airport
COMPANY NAME Swan Taxi
SIGNATURE [Signature]

JOEY JASPER AVE
11228 Jasper Avenue
Edmonton, AB
Tel: 780-420-1996
GST#R893495762

12 Derek W

Tbl 61/1 Chk 1059 Gst 13
Dec08'11 03:45PM

1 VIRG CAESAR	3.25
6 .CHILI CHIC	68.94
4 HOT WINGS	45.96
5 AHI TUNA TACOS	57.45
2 BEEF SLIDERS	23.98
2 GOAT CHEESE DIP	23.98
2 TANDOORI FLAT T	28.98
2 PRAWN FLAT T	28.98
2 LETTUC WRAP VEG	23.98
1 ITALIAN FLAT T	14.49
1 SPICY EDMAME	8.49
1 CALAMARI	11.99
1 RAINBOW ROLL	13.49

SUBTTL 353.96
TAX GST 5% 17.70
05:00PM TCTAL **371.66**

SHARE YOUR GREAT EXPERIENCES
WITH YOUR FRIENDS AND FAMILY!
PURCHASE A JOEY GIFT CARD!

**RECEIPT
GST NO. R122556194**

EXIT No. A1
IN: 01/11/12 19:01
OUT: 01/11/12 21:47
DURATION: 0 02: 46
PAID: \$ 31.50
(GST INCLUDED)
VISA

AUTH. CODE 097453 90
REF. THANK YOU FOR
YOUR VISIT

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

Calgary International Airport Parkade

**RECEIPT
GST NO. R122556194**

EXIT No. A1
IN: 10/12/11 06:46
OUT: 10/14/11 18:59
DURATION: 2 12: 13
PAID: \$ 75.60
(GST INCLUDED)
VISA

AUTH. CODE 063928 66
REF. THANK YOU FOR
YOUR VISIT

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

Calgary International Airport Parkade

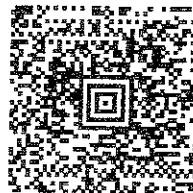


WE WANT TO HEAR FROM YOU!
WWW.JOEYRESTAURANTS.COM

Mtg with North Zone staff
and GP Report to Community.

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: **QDUKDE**

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:
Mr Roman Cooney
roman.cooney@albertahealthservices.ca
Mobile:
Home:
Work: 1-403-9431258

Flight Arrivals and
Departures
1-888-422-7533

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

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

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8475 ¹	Calgary (YYC) Fri 18-Nov 2011 06:55	Grande Prairie (YQU) Fri 18-Nov 2011 08:30	0	1hr35	DM3	Tango E	
AC8480 ¹	Grande Prairie (YQU) Fri 18-Nov 2011 16:30	Calgary (YYC) Fri 18-Nov 2011 18:00	0	1hr30	DM3	Tango G	

— changed to later departure
due to HQCA

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

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

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142101276639

Changed original flight times

Frequent Flyer Pgm : None Meal Preference: None
Credit Card: Special Needs: None
Seat Selection: AC8475 3D Paid , AC8480 7D Paid

Purchase Summary

Fare Summary	Adult
Passenger Type	
Departing Flight - Tango	174.00
Return Flight - Tango	214.00
Subcharges	36.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	41.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	23.96
Airline Refuel Security Charge (A-RSC)	14.25
Total airfare and taxes before options (per passenger)	503.21
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)	541.01
Number of passengers	1
Total	541.01
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$541.01

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

- Air Canada: \$503.21 (Airfare - per ticket)
- Air Canada: \$37.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142101276639

Fare Rules

Departing Flight Calgary (YYC) To Grande Prairie (YQU) - Tango

Return Flight Grande Prairie (YQU) To Calgary (YYC) - Tango

• **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.
- **Same-day standby** is not permitted.
- 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 the 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 the 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.
- **Paid Advance Seat Selection** is available on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 25% non-status Aeroplan Miles for Air Canada-operated flights.
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For all applicable provinces, a policy and certificate of insurance is provided and underwritten by RBC Travel Insurance Company ("RBC"). RBC does not expressly disclaim any responsibility in regard to any travel insurance purchased by the customer from RBC.

Check-in and boarding times

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>

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please print this itinerary / receipt for your reference.

Main Contact Information

Booking reference: QDUCDE

Name: Mr Roman Cooney
E-mail: ROMAN.COONEY@ALBERTAHEALTHSERVICES.CA
Form of payment: CCVIXXX s.17(1), 17(4)(e.1)
 CC VIXX s.17(1), 17(4)(e.1)

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Alert me of flight changes
Flight notification

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

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8475	Calgary (YYC)	Grande Prairie (YQU)	DH3	E	Confirmed
<i>Operated by:</i>	Fri 18-Nov 2011	Fri 18-Nov 2011			
<i>Air Canada Express-Jazz</i>	06:55	08:30			
Seat number(s) requested:	3D				
AC8482	Grande Prairie (YQU)	Calgary (YYC)	DH3	N	Confirmed
<i>Operated by:</i>	Fri 18-Nov 2011	Fri 18-Nov 2011			
<i>Air Canada Express-Jazz</i>	20:45	22:15			
Seat number(s) requested:	3D				

Revised Departure time.

Passenger Information

Passenger 1
 Name: Mr Roman Cooney Ticket number: 014 2101 786339
 Frequent Flyer Pgm: Program number:

Fare Summary

Passenger: 1 Ticket number 014 2101 786339

Date of issue	18-Nov 2011
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	446.00
Taxes, Fees & Charges	
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	1.10
Combined Taxes *see fare calculation below (XT)	PD
Total Fare in Canadian dollars:	23.10A
Options	
Seat selection fee in Canadian dollars	18.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	0.90
Seat selection fee in Canadian dollars	18.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	0.90
Change fee in Canadian dollars	75.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	3.75
Ticket particularities: AC ONLY/NON-REF/CHGE FEE	

**Fare calculation:*

18NOV11YYC AC YQU Q18.00R174.00AC YYC Q18.00R236.00CAD446.00
END ROE1.00 PD14.25CA23.96XG41.00SQ

Canadian tax registration numbers:

XG Canada Goods and Service Tax (GST) #10009-2287
RC Canada Harmonized Sales Tax (HST) #10009-2287
XQ Quebec Sales Tax (QST) #1000-043-172

*Change fee
\$101.25 PD*

*- change due to work
required re HQCA*

Fare Rules

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Travel & Employee Expense Claim Form

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

Out-of-Province Travel: <input type="checkbox"/>	Prior Approval Date (related to Out-of-Province only):	Prior Approved by (related to Out-of-Province only):
Name: Roman Cooney	Employee #:	Union Name:
Position (Title): SVP	Department: Communications	Location: SPT
Business Phone #: 403.943.1258	Travel Period From: Dec. 20, 2010	to Jan. 14, 2011
What former entity payroll system is the employee being paid from? (please <input checked="" type="checkbox"/> one from below)		
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input checked="" type="checkbox"/> East Central <i>Travel Exps</i>
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Expenses Paid (please attach original receipts and retain a copy for your records). Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization. Complete details on page 2 of the form.

Summary of Travel & Employee Expenses (by Expense Account)						
Finance Code / Accounting Distribution (if applicable)				Non-Canadian Currency	Exchange Rate	Canadian \$
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account			
Meals		01 71105000007	62312000 ✓	\$0.00		\$407.41
Airfare				0.00		386.66
Cabs						217.75
	101	0005 7113 0000000				
ENTERED MAR 22 2011						
Total GST						
Subtotal						
Less Cash Advance (if applicable)						
Total						\$1,011.82

RECEIVED
MAR 22 2011
FINANCE

I hereby certify that the expenses listed above are in accordance to applicable policies and were incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Date: Feb 22/11

I hereby certify that I have reviewed the expenses and that they are in accordance with the applicable policies.

Approved By (please print): Mike Conroy	Title: EVP Corporate	Phone # 780-342-2006
Signature:		Date:
Approved By (please print):	Title:	Phone #
Signature:		Date:

NOTE: Expense claim must be properly authorized in accordance with Alberta Health Services Policies (i.e. Travel expense in accordance with Travel Policy, etc.) and must be supported by original receipts or a copy as certified by the approver. See page 2 of this form for Travel expense claim limits. Approved claim form with receipts should be sent to Accounts Payable for processing.

EXPENSE CLAIM DETAILS

Date (DD/MM/YY)	Particulars (Describe Purpose of Trip & Location)	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Course Registration & Material \$	Transportation \$	Other \$	Mileage km
12/20/10	Edmonton - Just & Culture Mtg								
12/02/10	Edmonton XMas lunch @ 12 ea				371.35		386.66		
12/07/10	Prov. Sr. Leaders Mtg Matrix Hotel prkg								
01/14/11	7th Ave. Bldg Edmonton ED Protocols								
01/14/11	7th Ave Bldg Edmonton ED Protocols								
09/12/11	Capital Announcement								
05/04/10	Engagement Survey								
26/04/10	Grande Prairie Mtg.								
21/07/10	Ron Kustra								
12/20/10	Plaza to Airport				36.06				
12/20/10	Airport to Plaza								
Total KM									
Applicable Mileage rate @									
Totals					\$407.41		\$386.66	\$217.75	

Note: Record the total amount for each expense categories from above to the summary table on page 1

EXPENSE LIMITS - (Summary information only. Please refer to AHS Travel Policy for terms and conditions.) (Except where collective agreement specifies otherwise).

1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity and GST, to a maximum as prescribed below. At discretion of the signing officer, the below maximum meal expense shall also apply where no receipt is available.

- a) Breakfast = B \$10
- b) Lunch = L \$12
- c) Dinner = D \$21

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

3. Travel

- Use of personal automobile - Reimbursement at the general rate of \$0.505 per km for approved travel in a fiscal year.
- Vehicle owners are responsible for any losses that may arise.
- Business car insurance is reimbursable up to \$500 per year with receipts.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed.

4. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

APPLICANT COPY

Just trusting Customer Mtg.

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: **KHU2UV**

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:
Mr Roman Cooney
roman.cooney@albertahealthservices.ca
Mobile:
Home:

Flight Arrivals and Departures
1-888-422-7533

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

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8132*	Calgary (YYC) Mon 20-Dec 2010 07:30	Edmonton, Edmonton Int'l (YEG) Mon 20-Dec 2010 08:25	0	0hr55	DH3	Tango N	
AC8173*	Edmonton, Edmonton Int'l (YEG) Mon 20-Dec 2010 18:30	Calgary (YYC) Mon 20-Dec 2010 19:22	0	0hr52	DH3	Tango N	

*Operated by Jazz

Passenger Information

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142190167589

Air Canada - Aeroplan : s.17(1), 17(4)(g)(i) Meal Preference: **None**
 Credit Card: s.17(1), 17(4)(g)(i) Special Needs: **None**
 Seat Selection: AC8132 **8D PAID**, AC8173 **8D PAID**

Purchase Summary

Fare Summary

Passenger Type	Adult
Departing Flight - Tango	129.00
Returning Flight - Tango	129.00
Surcharges	24.00

Taxes, Fees and Charges

Canada Airport Improvement Fee	42.00
Air Travellers Security Charge (ATSC)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287 RT0000)	16.91

Total airfare and taxes before options (per passenger)	355.16
Options	
Departing Flight - Tango	
★ Advance Seat Selection	15.00
Returning Flight - Tango	
★ Advance Seat Selection	15.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.50
Total airfare, taxes and options (per passenger)	386.66
Number of passengers	1
Total	386.66
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$386.66

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

- Air Canada: \$355.16 (Airfare - per ticket)
- Air Canada: \$31.50 (Advance Seat Selection - per ticket)

Ticket number(s): 0142190167589

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - **Tango**

Returning Flight Edmonton (YEG) To Calgary (YYC) - **Tango**

- Tickets are **non-refundable** and **non-transferable**.
- Flights can only be used in sequence from the place of departure specified on the itinerary.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Paid Advance Seat Selection** is available on Air Canada and Jazz (subject to availability).
- **Same-day standby** is not permitted.
- Earn 25% non-status Aeroplan Miles (unless the opt-out option has been selected).
- Read complete fare rules applicable to this fare.
- **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference.
- **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.
- **Changes** can be made up to 2 hours prior to departure. **Cancellations** can be made up to 45 minutes prior to departure. Provided the original booking is cancelled prior to the original flight departure, the value of the 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 the 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.

Standard Seat Selection
(additional fee applies for Preferred seats)

- You have purchased Advance Seat Selection.
- If you wish to change your seat(s), simply go to aircanada.com and retrieve your booking by clicking on the Manage My Bookings tab.
- Advance seat selection is based on availability.
- Once purchased, standard seat selection is non-refundable.

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 09/12 11:22 AM
EXPIRATION TIME

AMOUNT PAID \$ 10.00 2409000000 09:52 AM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE

1718180

DETACH RECEIPT FROM TICKET

DATE ISSUED 09/12/09 TIME ISSUED 09:52 AM AMOUNT PAID \$ 10.00

CREDIT CARD NUMBER 00301 LOT C - W



UNIVERSITY OF ALBERTA

RECEIPT GST#R108102831 1718180

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE 14/01/11 01:56 PM
EXPIRATION TIME

AMOUNT PAID \$ 10.50 76430000 10:56 AM NETP

1630435



Alberta Health Services

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

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED 14/01/11 TIME ISSUED 10:56 AM AMOUNT PAID \$ 10.50

CREDIT CARD NUMBER NETP DAILY

1630435



Alberta Health Services

Alberta Health Services

RECEIPT

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE 14/01/11 10:27 AM
EXPIRATION TIME

AMOUNT PAID \$ 4.00 76430000 09:19 AM NETP

1630403



Alberta Health Services

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

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED 14/01/11 TIME ISSUED 09:19 AM AMOUNT PAID \$ 4.00

CREDIT CARD NUMBER NETP DAILY

1630403



Alberta Health Services

Alberta Health Services

RECEIPT

TICKET VOID IF

TICKET VOID IF RE-SOLD

SIDE UP ON DASH

PLACE THIS SIDE

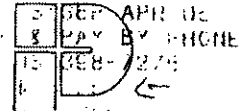
UP ON DASH

PLACE

impark

PHONE 403-299-7275

s.17(1), 17(4)(e.1) 5²⁵



impark

5:06P MON
APR 15 10

--- INSTRUCTIONS ON BACK ---
GST # R108102831 2401000
WWW.IMPARK.CA
WWW.IMPARK.RELLS.COM

APPLICANT COPY

From AIMAR
 To 7851 RUBY
 Time _____
 Date 12/2/10
 Trip Amount 55
 Driver Name _____
 Car Number _____
 GST _____

YELLOW CAB 780-462-3456

GST# _____
 Date: Dec 20/10 Amount: 56.00
 Driver: Ali Car #: 386
 From: 7851 Ruby
 To: ARCOT

10135 - 31 Avenue, Edmonton, AB T6N 1C2

From EIA
 To Man. Pt.
 Time _____
 Date 26/04/10
 Trip Amount 55
 Driver Name _____
 Car Number 30/From Airport
 GST Grapple Power 1/4

PLACE FACE UP ON DASH
 Impark Lot 256
 Expiration Date/Time
EXP 05:23PM
DEC 07, 2010

Purchase Date/Time: 12:23pm Dec 07, 2010
 Total Parking: \$20.95
 Total gst: \$1.05
 Total Due: \$22.00
 Total Paid: \$22.00
 Visa
 Ticket #: 40070762
 S/N #: 100008440038
 Setting: Lot 256
 Mach Name: Lot 256 M1
 GST #687315636RT0001
 s.17(1), 17(4)(e.1)

Rate: \$22 - 5 Hours
 Payment Type: Card
 Auth #: 004803

RECEIPT
 Impark Lot 256

Expiration Date/Time: 05:23pm Dec 07, 2010
 Purchase Date/Time: 12:23pm Dec 07, 2010
 Total Parking: \$20.95
 Total gst: \$1.05
 Total Due: \$22.00
 Total Paid: \$22.00
 Visa
 Ticket #: 40070762
 Setting: Lot 256
 Mach Name: Lot 256 M1

Rate: \$22 - 5 Hours
 Payment Type: Card
 Auth #: 004803

PARKING RECEIPT

 CHECK # 3307 DATE 07/21/10
 TABLE # 24 TIME 7:34

 RICKY'S : ERNIE 555
 ITEMS ORDERED AMOUNT
 1 CHORIZO BOWL 11.99
 1 MUSH & SCH OMELET 10.49
 2 COFFEE 5.38
 1 GRAPEFRUIT JUICE 2.99
 1 LG ORANGE JUICE 3.49

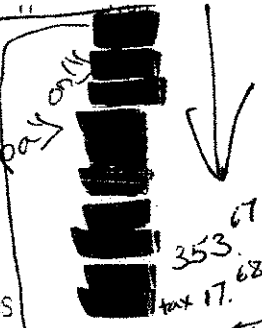
SUBTOTAL 34.34
 GST 1.72
 TOTAL 36.06

OF GUESTS 2
 RICKY'S GRILL
 7546
 SERVER
 THANK YOU FOR YOUR PATRONAGE
 T. #899060974

APPLICANT COPY

4 WY 1140 1111 11

6 HOT WINGS
 6 BEEF SLIDERS
 1 ITALIAN FLAT
 2 PRAWN FLAT
 2 TANDOORI FLAT
 6 CHILI CHIC
 6 AHI TUNA TALUS
 SVGT007180409
 Redeem Account
 REDEEM
 1007180448
 Redeem Account
 SVC REF
 SVGT007180409
 Redeem



Best Copy Possible

30 people
 @ 12/ea
 X-Mas
 lunch

11/11/11
 11/11/11
 11/11/11



11/11/11
 11/11/11

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TURNER, COLLEEN</u> Cardholder's Name	<u>VICE PRESIDENT,</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2012</u>
<u>COMMUNICATIONS</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,175.39</u>
<u>COLLEEN.TURNER@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>s.17(1), 17(4)(e.1)</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
								Non-Responsive
16/07/2012	291036308	FLOWER DESIGN BY TAMAM, FLORISTS	68.25	CAD	68.25	3.25		

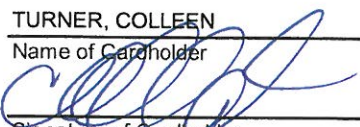
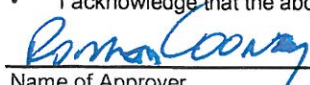



RUN DATE: 07/20/2012

Proprietary and Confidential
 Powered by BMO Spend & Payment Solutions



de
 Cardholder Sta

Signatures	
Cardholder Designate (if Applicable)	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance with BMO Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 	
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title
_____ Signature of Cardholder Designate	_____ Date of Signature
Cardholder	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and Program User Guide. I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf. 	
_____ TURNER, COLLEEN Name of Cardholder	_____ VICE PRESIDENT, Cardholder Position/Title
_____  Signature of Cardholder	_____ Aug. 3/12 Date of Signature
Approver Designate (if Applicable)	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies and Program User Guide and Training on behalf of a authorized approver. 	
_____ Name of Approver Designate	_____ Approver Designate Position/Title
_____ Signature of Approver Designate	_____ Date of Signature
Approver	
By signing this statement	
<ul style="list-style-type: none"> I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and Program User Guide and hereby approve the transactions as listed. I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf. 	
_____  Name of Approver	_____ SVP Communications Approver Position/Title
_____  Signature of Approver	_____ July 27, 2012 Date of Signature

Submit approved statement with attachments to Accounts Payable:

R.

1

PANDA FLOWERS (SAINT ALBERT) /FLOWER DESIGN BY TAMAM LTD [noreply@myfsn-ar.flowershopnetwork.com]
July 16, 2012 12:50 PM
Karen Nelson
Website Order Confirmation

st:

PANDA FLOWERS (SAINT ALBERT) /FLOWER DESIGN BY TAMAM LTD

Thank you for ordering from PANDA FLOWERS (SAINT ALBERT) /FLOWER DESIGN BY TAMAM LTD (7804587287)!

Do not reply to this message. Replies to this address are not monitored.

If you have questions about your order please contact PANDA FLOWERS (SAINT ALBERT) /FLOWER DESIGN BY TAMAM LTD at (780) 458-7287

When you order custom designs, they will be produced as closely as possible to the picture. Please remember that each design is custom made. No two arrangements are exactly alike and color substitutions of flowers may be necessary. Prices and availability of seasonal flowers may vary.

Order Information

Product Info

Recipient Info

Pricin



Order Number: 114461

CELEBRATE THE DAY

Fresh Flowers

To be delivered on: 07/17/2012

Marnie Bartell

Celebrate The Day: \$55.00

Delivery: \$10.00

Card Message:

Thanks for all your help this weekend. - Roman s.17(1), 17(4)(g)(i)

Sub Total: \$65.0

Taxes: \$3.2

Total: \$68.2

APPLICANT COPY

Billing Information

Name: Colleen Turner

Address: 10101 Southport Rd SE

City: Calgary

State/Province: AB

Zip/Postal Code: T2W 3N2

Phone Number: (403) 943-1212

Email Contact: karen.nelson@albertahealthservices.ca

Credit Card Type: Master Card

Credit Card Number:

Credit Card Expiration Date:

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

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

TURNER, COLLEEN Cardholder's Name	<u>VICE PRESIDENT,</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/09/2012</u>
<u>COMMUNICATIONS</u> Cardholder's Dept	<u>SOUTHPORT TOWER</u> Cardholder's Site/Location	Total Statement Amount: <u>\$2,717.91</u>
<u>COLLEEN.TURNER@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: _____

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

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	Non-Responsive
28/08/2012	294398939	AIR CAN 0142111686992, AIR CANADA	556.76	CAD	556.76	.00	.00	Roman, Coors / Board Mtg	

Transactions without Receipts or supporting documentation

Non-Responsive

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	Non-Responsive
									Non-Responsive

AHS - Edmonton
Accounts Payable
OCT 17 2012
G & C - Completed
Initials: *[Signature]*

AHS - Edmonton
Accounts Payable
OCT 16 2012
RECEIVED

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

TURNER, COLLEEN

VICE PRESIDENT,

Name of Cardholder

Cardholder Position/Title

Signature of Cardholder

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Roman Cooney

SVP, Communications

Name of Approver

Approver Position/Title

Signature of Approver

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

A.

Search Select Review Passengers Purchase Seats Itinerary

Itinerary/Receipt



Board Meeting

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

AIR CANADA

Booking Information

Booking Reference: LX3RJM **Customer Care**
Electronic Ticketing confirmed. This is your official itinerary/receipt. **Air Canada**
 1-888-247-2262
Main Contact: **Flight Arrivals and Departures**
 Mr Roman Cooney 1-888-422-7533
 roman.cooney@albertahealthservices.ca
 Mobile: s.17(1), 17(4)(g)(i)
 Work: 1-403-9431258

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8475 ¹	Calgary (YYC) Wed 12-Sep 2012 07:00	Grande Prairie (YQU) Wed 12-Sep 2012 08:35	0	1hr35	DH3	Tango, G	
AC8480 ¹	Grande Prairie (YQU) Thu 13-Sep 2012 16:20	Calgary (YYC) Thu 13-Sep 2012 17:51	0	1hr31	DH3	Tango Plus, Q	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Roman Cooney : Adult (16+), Ticket Number: 0142111686992
 Frequent Flyer Pgm : None s.17(1), 17(4)(e.1) Meal Preference: None
 Payment Card: Special Needs: None
 Seat Selection: AC8480 8D aisle - middle

Purchase Summary

VIEW QUOTE DETAILS

Fare Summary

Passenger Type	Adult
Departing Flight - Tango	191.00
Return Flight - Tango Plus	244.00
Surcharges	36.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	26.51
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	556.76
Number of passengers	1
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$556.76

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

- Air Canada: \$556.76 (Airfare - per ticket)

Ticket number(s): 0142111686992

Fare Rules

Departing Flight Calgary (YYC) To Grande Prairie (YQU) - Tango

- Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.

APPLICANT COPY



P-Card
details Online ®
Cardholder Statement Report

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

TURNER, COLLEEN Cardholder's Name	VICE PRESIDENT, Cardholder's Position/Title	Billing Reporting Period: 20/10/2012
COMMUNICATIONS Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount:
COLLEEN.TURNER@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
[REDACTED]								
06/10/2012	297790999	WESTJET 8380619364960, Westjet Airlines	✓ 10.50	CAD	10.50	.00	.00	Seat selection for Roman Cooney flight
06/10/2012	297791000	WESTJET 8382184811551, Westjet Airlines	✓ 335.21	CAD	335.21	.00	.00	Roman Cooney flight to Edmonton Oct 12
11/10/2012	298170644	WESTJET 8382184908030, Westjet Airlines	✓ 63.00	CAD	63.00	.00	.00	change to arrival time

How to advise agent
 ↳ Search card later he need to arrive earlier than planned.



P-Card
details Online®
Cardholder Statement Report

Signatures		
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
Name of Cardholder Designate <hr/> Signature of Cardholder Designate <hr/>	Cardholder Designate Position/Title <hr/> Date of Signature <hr/>	
Cardholder By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. • I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 		
TURNER, COLLEEN Name of Cardholder <hr/> Signature of Cardholder <hr/>	VICE PRESIDENT, Cardholder Position/Title <hr/> Date of Signature <hr/>	
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 		
Name of Approver Designate <hr/> Dr. Chris Eagele Signature of Approver Designate <hr/>	President & CEO Approver Designate Position/Title <hr/> NOV. 7/12 Date of Signature <hr/>	
Approver By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. • I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 		
Roman Cooney Name of Approver <hr/> Signature of Approver <hr/>	SVP Approver Position/Title <hr/> DC 7 Sep 2012 Date of Signature <hr/>	
Submit approved statement		
Attach: <ul style="list-style-type: none"> • Original itemized receipts • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
Reference #		
Reference #: _____	Reviewed by: _____	Date: _____

P-card

Roman Cooney
Provincewide Advisory Council Mtg
Oct 13/12.

Your reservation code is: CSUHKL

View your Itinerary at |

Sabre® Virtually There®

Total price 345.71 CAD -
[view fare rules](#)

Departure Information

✈ Depart: Friday, 12 October WestJet
05:50 PM Calgary, AB, CA (YYC) Non-Stop / WS 0259
Arrive: Friday, 12 October [flight info](#)
06:37 PM Edmonton-International, AB, CA (YEG) Seat(s): 09D

Return Information

✈ Depart: Saturday, 13 October WestJet
04:40 PM Edmonton-International, AB, CA (YEG) Non-Stop / WS 0302
Arrive: Saturday, 13 October [flight info](#)
05:25 PM Calgary, AB, CA (YYC) Seat(s): 09D

TOTAL	Base Fare:	231.00 CAD
	Surcharges:	24.00 CAD
	Canadian airport improvement fee(s):	50.00 CAD
	Air travellers security charge:	14.25 CAD
	Canadian goods and services tax:	15.96 CAD
	Regular Seat	10.00 CAD
	Total Seat Taxes	0.50 CAD
	Total:	345.71 CAD

→ Seat Selection.

Payment details

Amount paid with Credit Card 345.71 CAD

Guest information - next page

APPLICANT COPY

Itinerary review

12-10-06 5:40 AM

P-card

Roman Cooney
Provincewide Advisory Council Mtg
Oct 13/12

Your reservation code is: CSUHKL

View your Itinerary at /

Sabre® Virtually There®

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	Total Seat Taxes	0.50 CAD
	Total:	345.71 CAD

Payment details

Amount paid with Credit Card 345.71 CAD

Guest information - next page

1. COONEY/ROMAN MR Adult

PRINT PAGE

MY RESERVATIONS

CHANGE
TICKET(S)

REFUND

Make sure your carry-on complies



As all carry-on baggage must pass through security, make sure your carry-on complies by following the instructions below. Remember, this can include things you might not consider, like shampoo, perfume, toothpaste and moisturizers.

Step 1

Be sure all liquids, aerosols and gels are in containers of 100 mL or less.



Place items in a clear, plastic, 1-litre re-sealable bag.



1 plastic bag per person, placed in the bin.



Step 2

Step 3

Canada

Before you pack your bags and head for the airport, review what you can -- and can't -- take on your flight by visiting our [Restricted Items info page](#) or [catsa.gc.ca](#) for a complete list of permitted and non-permitted items.

Insurance

Need Travel Insurance?



Protect your trip with travel insurance. RBC Insurance Company of Canada offers a variety of travel insurance products for your trip, including insurance for medical expenses or unforeseen circumstances.

[RBC Travel Insurance](#)

Airport Lounges



Relax on the ground before you relax in the air.

Chinook Lounge (Concourse D) ¹
Calgary International Airport

- Beverages and snacks
- Self-service bar area featuring beer, wine and spirits
- Business facilities including Internet and Wi-Fi
- Newspapers and magazines

\$31 walk-up/\$26 when you present your valid WestJet boarding pass.

¹ Lounge access is not available for guests travelling to the continental U.S. or Hawaii.

Rocky Mountain Lounge (Concourse C) ²
Calgary International Airport

- Beverages and snacks
- Self-service bar area featuring beer, wine and spirits
- Business facilities including Internet and Wi-Fi
- Newspapers and magazines



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Print Ticket

*change fee 63.-
It was necessary to get Roman
into Edmonton at an earlier time
than originally booked.*

eTicket Receipt

Prepared For
CCONEY/ROMAN MR

WESTJET RESERVATION CODE
ISSUE DATE
TICKET NUMBER
ISSUING AIRLINE
ISSUING AGENT

CSUHKL
11Oct2012
8382184908030
WESTJET
WestJet/GYO

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
12Oct	WESTJET WC 255	CALGARY INTL AB, CANADA Time 4:25pm	EDMONTON INTL AB, CANADA Time 5:12pm	Seat Number C3C PREMIUM (WAIVED) Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis QAR Not Valid Before 12 OCT Not Valid After 12 OCT
13Oct	WESTJET W/C 302	EDMONTON INTL AB, CANADA Time 4:40pm	CALGARY INTL AB, CANADA Time 5:25pm	Seat Number 09D PREMIUM (PAID) Conf: 8380619364961 Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis GARVRL Not Valid Before 13 OCT Not Valid After 13 OCT

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD
Endorsement / Restrictions	CAD241.00 NONREFUNDABLE NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YYC WS YEA162.00QAR WS YYC79.00GARVRL CAD241.00END
Exchanged Ticket	8382184811551
Fare	CAD 241.00
Additional fare	CAD 50.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (CANADA AIR SECURITY CHARGE - SUBJECT TO GST)

APPLICANT COPY

	CAD 16.46 XG (GST FOR CANADA EXCEPT ON/BC/NS/NF/NB/QC)
	CAD 50.00 SQ (AIF - CANADA EXCEPT ON/BC/NS/QC/NB/NF)
	CAD 6.00 YQF (SERVICE FEE - FUEL)
	CAD 18.00 YQI (SERVICE FEE - INSURANCE)
Total Fare	CAD 345.71
Total Additional Collection	CAD 63.00
Additional Fees not included in Fare	CAD 0.00 - YYC YEG - (PREMIUM SEAT FEE)
	CAD 5.00 (0.25 XG) - YEG YYC - (PREMIUM SEAT FEE)

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our [airlines partners](#) as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For information on baggage limits, identification and rules of carriage, please [click here](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E., Calgary, Alberta Canada T2E 3J1.



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TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Travel Period from: 1-Oct-12 to 1-Nov-12

Name Roman Cooney Position (Title) SVP Employee # (E-People) [redacted] Employee # (legacy) [redacted]
 Location Edmonton Dept Communications Union n/a Business Phone # [redacted] Ext [redacted] Out-of-Province Travel No [redacted]

What is your former legacy region (prior to AHS consolidation)? [redacted] Please click in cell and select from dropdown menu

SECTION E Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY →		Project Number	Project Task Number	Expenditure Type
		Expenditure Organization		
Total - Section B - Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0005	7113000000	\$514.50
2B				
2C				
2D				\$514.50
Total - Section C&D - Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary Expense	Total
101	0005	7113000000	62312000	
				TOTAL REIMBURSEMENT
Total Section B				\$514.50
Total Section C&D				
Less Cash Advance				
TOTAL CLAIM				\$514.50

==User to enter Coding & \$ amounts

NOTE: These fields do not automatically fill for Section C&D

SECTION F Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Kathy Board Phone # [redacted] Ext [redacted]

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature [Signature] Date [redacted]

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04).
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Steps/Gould/Chris Eagle DOFA Level [redacted] Position # [redacted] Phone # [redacted] Ext [redacted]

Signature [Signature] Date Dec. 3, 2012
 Approved By (PRINT ONLY) The EVP, People & Partners / President + CEO Date Dec. 3, 2012
 Signature [redacted] DOFA Level [redacted] Position # [redacted] Phone # [redacted] Ext [redacted]

APPLICANT COPY

YELLOW CAB Provincial
Advisory
Council **780-462-3456**


GST# _____ *Mtg.*
GST # 100408070

Date: 13/10/12 Amount: 660.00

Driver: Debra Car #: 495

From: West Inn

To: Airport

 10135 - 31 Avenue, Edmonton, AB T6N 1C2