

Travel Expense Claim Form

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

(Please Print or Type)					3.00	•//		
Name Brian HLUS				Empi	oyee Number ^{S.17(1), 1}	7(4)(g)(i)		
Position Director					Oracle Cost Centre 00-201-9000-711500016			
Department Government Affairs					Phone 407-7462		1300018	
Period from _January 1, 2005		to	Januar	y 31, 20				
Expenses Paid (Please attach receip organization. Complete details on the	<i>pts).</i> Do not inc ne other side of	معد مادیاد				d / reimburs	able by another	
	Non-Canad Currenc	dian V	Rate	Cana	adian \$ (including GST	y if GST	DO NOT USE	
Accommodation						included	DO NOT USE	
Meals								
Registration Fees	10	Čá	pital Heal				(5) (5) (6) (6)	
Transportation (including parking)	8		CEW		\$204.79		149.89w 54.9c	
Other (hosting/fax) FAx=31.	12 W		B 1 8 20	05	\$308.36		2 110 (2 1 1 1 1	
Mileage					\$130.20		208.924 29.5	
TOTAL	The state of the s	AC	COUN	S -	\$643.35	+ 00	S Commence	
Less Cash Advance					0.00			
NET					\$643.35		THE STATE OF THE S	
The information on this form is collecte process your claim.					authorities (Ministerial)			
hereby certify that the expenses listed or on my behalf from Capital Health or	d above were in other organizat	curred o	n Capital i	ealth bu	siness and have not be	een previous	sly claimed by me	
mployee Signature		 -			Date Feli	10/0	, 35	
pproved by								
rint Name Sheila Weatherill			<u> </u>	·	Title President & CE	<u> </u>		
gnature Likacher					Date			
int Name								
inature					· · · · · · · · · · · · · · · · · · ·			
OTE:					Date			
GST amounts included in the expense	e claims will be	calculate	ed by Acci	unte Pa	vahla			
Please ensure that the expense claim For all employees on the payroll syste	is properly aut	horized.		ાહાવ	yaule,			

- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

			∠004			Applica	п сору
Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage
January 5	Mileage						9
January 5	Parking				49.69	w	
January 5	Fee - flight time changes				50.00		
January 6	Mileage						14
January 6	Hosting				38.4	43.41	
January 10	Mileage				5.0	0 10.41	34
January 11	Mileage				38 25		76
January 11	Hosting				2,00	43,52	
January 12	Hosting					√ 45.00	
January 13	Taxi				2.80 25.00	₩ 45.00	w
January 17	Mileage				2.80 20.00	· · · · · · · · · · · · · · · · · · ·	1-47
January 17	Taxi				7.80 70 8.50		17
January 18	Mileage				(70 0.50	 -	- 00
January 19	Mileage						39
January 25	Mileage						24
January 25	Taxi				ند 10.00	-	14
January 26	Mileage				ند 10.00 <u>ا</u>		
January 26	Parking				4.00	·	25
January 26	Hosting				<u> 4.00</u>	40.00	1175 1180
January 27	Mileage					13.22	
January 28	Taxi				1. 10.00		21
January 31	Mileage						
January 31	Taxi			<u> </u>	36.00		99
January 31	Fax charges			1,40	30.00	04.40	
December 9	Hosting					31.42	W
December 31	Taxi				ا 11.60	131.79	18.00
					W 11.60		
				-		j	
	Total km					T	372
	@						.35
OTALS TO FR	NONT OF FORM	_			\$204.79	\$308.36	\$130.20

EXPENSE LIMITS

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

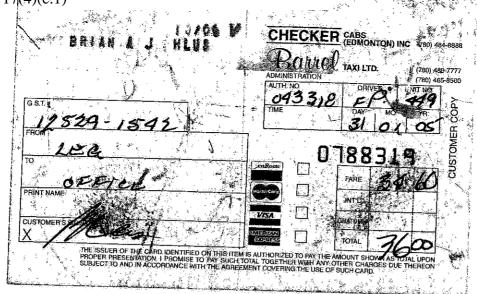
Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

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

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.



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

s.17(1), 17(4)(e.1) CHARGE TO:

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

放 稿主義後一義一法 一分礼行名	FELLION (780) 462-3456 FELSION (780) 462-4444
S.S.T.#	ADMINISTRATION (780) 465-8500 AUTH NO: DRIVER UNIT NO: TIME DAY MO: YF.
FROM 2-26157, B40G	1314932
PHINT NAME 19	GRATUTY.
CUSTOMER'S SIGNATURE THE SOLVER OF THE CARD INFRITEIN ON THIS I	TEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON CH-TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON

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

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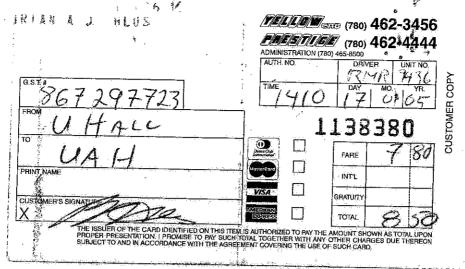
S.17(1), 17(4)(g)(i)

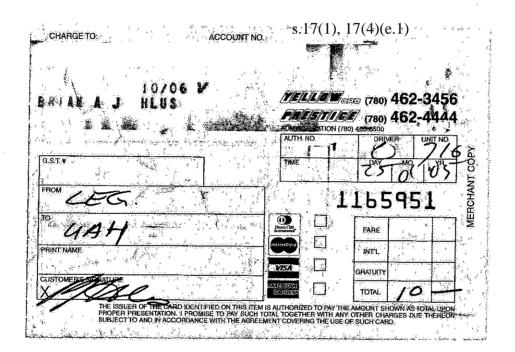
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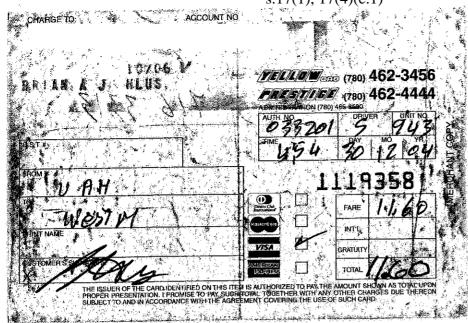
DAY MO: YR

DAY MO: YR

TIME SUBSTITUTE ON THIS TENSES ALPHORIZED TO PAY THIS AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.







THAN YOU FOR PARKING AT THE CROWN FLAZA Italia, Maria

STUNKES 20121 001 002 J574476 17:43 01 7 2198 #034983 =0.000175Day AATE \$4.00 TOPAY. \$4,00 TACH \$55.00 TAVEE

for waters can 180 400 1976

\$51.00

MANOR CAFE

10109 125 ST

EDMONTON

ID: A4004165 SLIP #: 4382

STORE: 4004165

PRE-AUTH

\$38.41

POURBOIRE/TIP \$

TOTAL \$ 43.41

SIGNATURE X s.17(1), 17(4)(e.1) Visa 1005

APPROVED AUTH 089318 SEQ 338001001050 ISO -001 Jan **46** 2005 1:19 pm

MERCHANT COPY

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s.17(1), 17(4)(g)(i)	DET-MORE SOLV /ROS
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Milles X3	45 00 8
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CROWNEPLAZA. 10111 BELLAMY HILL EDMONTON AB

S. 17(1),17(4)(e.1) CARD NUMBER 1006 EXPIRY DATE VISA 1881 CARD TYPE 2005704 20:01:10 DATE/TIME CLERK NUMBER S4712810F-510-030 RECEIPT NUMBER **AUTHORIZATION AMOUNT**

TIP

TOTAL AMOUNT

J

n

m Z

01 APPROVED-027

AUTH. # 072732

THANK YOU

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

CARDHOLDER SIGNATURE

THE HIGH RUN CLUB 4926 98TH AVE SMONTON

S. 17(1),17(4)(e.1) CARD NUMBER EXPIRY DATE 1006 CARD TYPE VISA 2005/0 /11 20:42:21 28 PATIME REGIST NUMBER 547128614-638-019 STATEM, JATHON artin' \$38.52 科提 TOTAL AMOUNT AUTH. # 006050 01 APPROVED-027

THANK YOU

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

CARDHOLDER SIGNATURE

TELUS® Your TELUS Statement Jan 14, 2005

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

Page 。

1 of 2

BAJHLUS

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

Your account number

17(4) Your TELUS Account ID

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

Here's v	what yo	u owe	this	month:	\$31.42
----------	---------	-------	------	--------	---------

Total amount due by Feb 04	\$31.42
Total new charges	31.42
GST (Registration 100652692) at 7%	2.03
Long Distance Charges (see details below)	4.95
Additional Charges and Credits (see details below)	.58
Residence Line Touchtone from Jan 13 to Feb 12	23.86
4. Decidence 9 to 2. The state of the state	\$-
Amount overdue from your last bill	.00
Payment we processed on Jan 10 - Thank You	-30.35
Amount of your last bill	\$30.35

Thank you for keeping your account up to date.

TELUS Communications Inc. Applicant copy

Additiona	l Charges	and Credits
-----------	-----------	-------------

Maditional Charges and Cleditz	
E9-1-1 Municipal Call Answer Fee Jan 13	\$.44
E9-1-1 Provincial Network Fee Jan 13	.14
Total additional charges and credits	\$.58

ong Distance Charges
- Grand Market Transfer Tran

4.95

Long Distance Administration Fee Jan 13

4.95

Tear off here

Valet Pon BH/chair

EDMONTON REGIONAL AIRPORT AUTH MAIN STATIONCINT'L .. AIRP **EDMONTON** AB

CARD NUMBER

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

EXPIRY DATE

1006

CARD TYPE

VISA

DATE/TIME

1358

RECEIPT NUMBER

2005/01/11 15:57:18

\$80533695-780-002

PURCHASE

TOTAL AMOUNT



01 APPROVED 027 THANK YOU

AUTH. #

055099

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

CARDHOLDER SIGNATURE

AIR CANADA Class | Classe Elight & Date | Voi et date Gate | Porte Seat | Place 901 AC 8152 11111 Boarding time 14.25 Heure d'embarquement From I De To | Destination L. The complete Name | Nom Airline use | À usage interne · ~ ~ ~ 3 Boarding Pass | Carte d'accès à bord



HLUS/BRIANMY

TICKET NUM: 014 2207 467946 * . IRTA NUMBER: 60609754

DATE OF ISSUE: 07 JAN 05 PLACE OF ISSUE: AMEX/BTC

EDMONTON

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AB

FARE CALCULATION: YEA AC YYC G3.20 G9.20 49.00 AC YEA G3.00 G9.20 49.00 213.00 END

PAYMENT(S): CC DCXXXXXXXXXXX5010/1205

ZERO RATED/CAP HTM COF FOR SS NOT TRANSFERABLE

T EXEMPT

TIMERRARY

AC8139 R-CUNFIRMED EQUIP: DH1
DEPART: EDMONTON INTERNATIONAL TUE 11JAN05 1000
ARRIVE: CALGARY TUE 11JAN05 1055
THIS FLIGHT IS OPERATED BY: AIR CANADA JAZZ

AIR CANADA ACBISE A-CONFIRMED
DEPART; CALGARY TUE 11JANØS 1500
ARRIVE: EDMONTON INTERNATIONAL TUE 11JANØS 1558
THIS FLIGHT IS OPERATED BY: AIR CANADA JAZZ

EQUIP: DH3

FARE 213.00CAD
UA 1AX 5.61

SG 14X E5.00

TUTAL PER TICKET 243.61CAD

CHANGE FEE(S) 50.00CAD 7

IMPROVING (5-13SEP04)

HLUS/BRIANMR
DATE OF ISSUE: Ø7 JAN Ø5
PLACE OF ISSUE: AMEX/BTC

TICKET NUM: 014 2207 467946 . IATA NUMBER: 60609754 EDMONTON AB

FARE CALCULATION:
YEA AC YYC Q3.00 Q9.00 140.00 AC YEA Q3.00 Q9.00 49.00 213.00 END

PAYMENT(S): CC DCXXXXXXXXXX5010/1205

Conjoints Cond

EQUIP: DH1

ZERO RATED/CAP HTH COF FOR GS NOT TRANSFERABLE

ITINERARY

AIR CANADA AC8139 R-CONFIRMED DEPART: EDMONTON INTERNATIONAL TUE 11JANØS 1000 ARRIVE: CALGARY TUE 11JANØS 1055 THIS FLIGHT IS OPERATED BY: AIR CANADA JAZZ

AC8152 A-CONFIRMED EQUIP: DH3

DEPART: CALGARY TUE 11JANØ5 15ØØ ARRIVE: EDMONTON INTERNATIONAL TUE 11JANØ5 1558 THIS FLIGHT IS OPERATED BY: AIR CANADA JAZZ

FARE CA TAX SQ TAX

TOTAL PER TICKET

AIR CANADA

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23

STATEMENT

CORPORATE STATEMENT Applicant copy

Account No:

- CAPITAL HEALTH AUTHORITY

Statement Date: 11 JAN 05 Page 8

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

Date	Reference No.	
06 JAN 05		MORTHWEET ATOM
		NORTHWEST AIRLINES EAGAN
		TAC Number: 201900071110101 Net: 2,358.03 GST/RST: 162.86
	•	
		. ————————————————————————————————————
		Ticket no. : 012 2207467857
		ACULTING/CIASE: YEG/MSP/RST/MSP/BOS
		Y Y Y Y
		Flight/train: 1020/1955/3652/ 716 Carrier: NW/NW/NW/NW
•		Carrier : NW/NW/NW
07 JAN 05		WESTER ATTENDED
		WESTJET AIRLINES CALGARY TAC Number:
•	•	A 202.12
		DAVID
		Ticket no.: Darrey Date: 25 JAN 05 4/4 (66)
*		Routing/class: YEG/YYZ/YYZ/YYZ/Y
		ROULING/Class: YEG/YYZ/YYZ/YEd / / C
07 JAN 05		MAD THE COME A TOP
		NORTHWEST AIRLINES EAGAN
		TAC Number : 201900071185200 545.25
		Traveller SMITH/CRAIG M MR
	•	Ticket no. : 012 2207467926 6
		* ±/ 22x U5
•		**************************************
		T T T T
		Flight/train: 1022/ 686/ 685/1019
		Carrier : NW/NW/NW
07 JAN 05		AIR CANADA WINNIPEG 7/2 ()0
	•	AIR CANADA WINNIPEG TAC Number: 201900071110101 Traveller: HUS/BRIAN MR Ticket TO 2/3.61
		TAC Number : 201900071110101
		Traveller : HLUS/BRIAN MR
		. Of the state of
		Flight/train: 8139/8146 Floor included >
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Carrier : AC/AC
07 JAN 05	•	AIR CANADA WINNIPEG
		Traveller : WILTINGOV/WITT
		"
•		Routing/class: YEG/YYC/YEG to : 11 JAN 05
		JEG/YYG/YEG
		Flight/train: 8139/8146
		Carrier : AC/AC
	•	Carrier : AC/AC
7 JAN 05		AIR CANADA WINNIPEG
		TX (1 No. 1
		Traveller : BURCH/MILLIAM M. 243.61
•		THE ME
		to to
•		Koderud/crass: AEG/AAG/AEG
		R E
	•	Flight/train: 8139/8146 Carrier: AC/AC
		Carrier : AC/AC
a		

Diners Club / En Route Account # 202423521 11-JANUARY -2005

Index Site Name
46 CORP Brian Hius

EE	Destination	Airline	Inv.Date	Dep Date		Oracle Code		Airfare	Service
у	Calgary, Ab.	AirCan	07-Jan-05	11-Jan-05	201 9000	71110101011	62412000	243.61	

Travel Expense Claim Form

(To

Canadian Dollars)	
be used for all Regional and Out of Regional Travel)	_ 7/1050000

Applicant copy

(Please Print or Type)						
Name Brian HLUS			S.17(1), 170 Employee Number	(4)(g)(i)	16	
Position Director						
			***************************************)1-9000-711	500016	
Department Government Affairs			Bus. Phone 407-7462			
Period from February 1, 2005	to	Februar	y 28, 2005			
Expenses Paid (Please attach receip organization. Complete details on the	ots). Do not include amore other side of the form	ounts paid t	y Capital Health or reimbursed	d / reimbursa	ble by another	
द	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE	
Accommodation		The state of the s	Li Loain			
Meals	(00,000 H	Jo ^{Ce} ll	TO GOOD NT			
Registration Fees	" 41.68	69	5 00001		The Management and the Control of th	
Transportation (including parkin	2462462707	(AA)	10000 226.00		3 (100) F	
Other (hosting/fax)	VIOR OF	T (2)	W 658.07		10 12 MG FL 11 12	
Mileage	194 69	7 7 15	AY 0000 87.50			
TOTAL	781.70	U	960000 971.57	1	\$	
ess Cash Advance			, 0.00			
NET .			\$971.57			
he information on this form is collecte rocess your claim.				•		
nereby certify that the expenses listed on my behalf from Capital Health or	d above were incurred of other organization.	on Capital I	ealth business and have not b	een previous	sly claimed by me	
mployee Signature	۷.		Date	19,2	2005	
pproved by						
rint Name Sheila Weatherill			Title President & CE	ю.		
gnature	Dearley					
int Name	,					
nature			Dato			

NOTE:

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

			2004			-тррпоши	
Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage kn
January 31	Miscellaneous					41.68	
February 1	Mileage						48
February 1	Taxi				30.00	 	
February 2	Hosting				,	7.30	
February 3	Hosting					29.94	
February 3	Taxi				28.00	120.07	
February 9	Mileage						26
February 9	Hosting					25.00	
February 9	Taxi				44.00	20.00	
February 14	Mileage						78
February 14	Hosting					46.66	10
February 15	Mileage					40.00	14
Februåry 15	Taxi				47.00		14
February 16	Mileage		052		47.00		58
February 16	Taxi		36		38.00		
February 17	Mileage		17		55.55		15
February 17	Hosting					51.88	10
February 22	Mileage				\	7 31.00	
February 22	Taxi				17.00		11
February 22	Taxi				22.00		······································
February 22	Hosting				<u> </u>	35.72	
February 25	Miscellaneous					~ 400.00	
February 28	Hosting					<u> </u>	
						19.89	
		22	0-+				
		12/2 -					
		J 1 /	-				
						<u> </u>	
						1	
	Total km						250
	@				<u> </u>		.35
OTALS TO F	RONT OF FORM				226.00	658.07	\$87.50

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) Dinner

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Travel

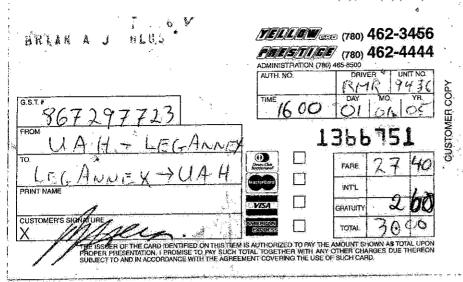
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- Includes all forms of transportation costs, including taxis and buses for local travel.
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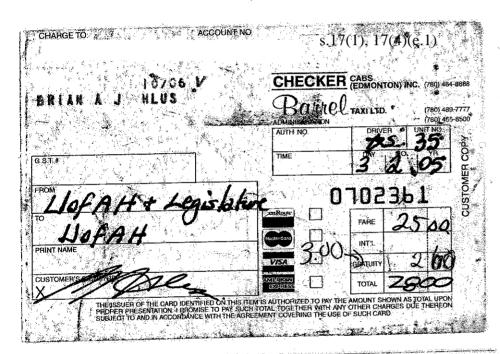
Advance

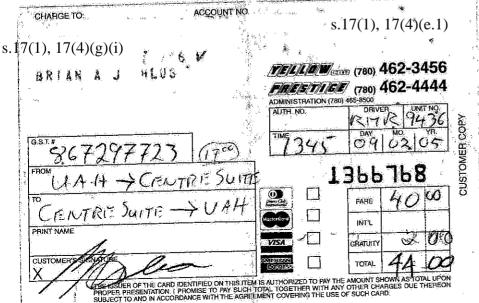
Travel advance may be requested provided travel expenses are likely to exceed \$500.

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.







10536 -82 AVENUE EDMONTON Hane: S. 17(1),17(4)(e.1) Arct # 05/01/81 Time Exp Date 0610~ Gard Type VI Afran Code 00 N22445958001 001655067 Subtotal Total Signature X Lagrae to pay above total amounts according to card issuer agreement

Retain this copy for your records

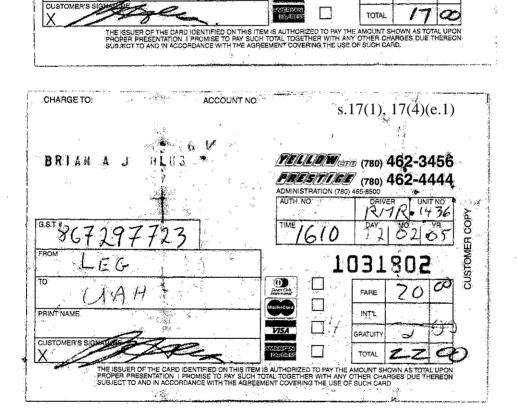
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Venezuna Ja 8489 112 81	PONUNTEN AS	COST CHEA
ID #400856/ STORE #008567	\$ \$P #; 69 A	
PRE-AUTH	\$21,94	2
POURBOIRE	AIP \$ _ 3	
Ţ	DTALS 29.99	
orodation V		

CHARGETO ACCOUNT NO	The second secon
CHECKER	CABS (EDMONTON) INC. (780) 484 8888
Administration Author	TAXI LTD. (780) 489-7777. (780) 485-8500 (780) 485-
GST. TIME	R14R 9436
867297723 7570 FROM WAH - TLIEG 0	148920: E
TO LEG & UAH	FARE 3.4 GO 0
PRINT NAME	NTL
CUSTOMER SELECTION CONTROL OF THE CO	STOTAL 29
THE 18 SUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED FOR PAY THE A PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY O SUBJECT TO AND INACCORDANCE WITH THE AGREEMENT COVERING THE USE OF	MOUNT SHOWN AS TOTAL UPON THE NEW YORK
	at P

Applicant copy

本深水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水 DATE 02/14/05 • MID EDIOSICILIAN 58146 SICH IAN PASTA KITCHEN # 9 HASPER AVE. ELIMIN ON ALBERTA s.17(1), 17(4)(e.1) 486-3638 · VICA M 10/Uh AUTH Ub2894 HBLL 4 CHECK 2355 PURCHASE. DINING JULIE AMOUNT 38.75 G.S.J. 2.71 SUBTOTAL TIP \$ TOTAL



ACCOUNT NO.

W1.05

A HOSP

LEG

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

FELLOW (780) 462-3456

FRESTINGS (780) 462-4444 ADMINISTRATION (780) 465-8500

1031803

FARE

GRATUITY

TIME 1450

CHARGE TO:

G.S.T.#

PRINT NAME

6.00 51.88

I agree to pay above total according to my card issuer agreement.

**Customer Copy*

CARD NUMBER EXPIRY, DATE CARD TYPE VISA MIE/THE RECEIPT MUMBER **AUTHORIZATION** ANDUNT \$17.39 TIP 2,50 TOTAL AMOUNT 101 APPROVED 027 AUTH. # 035986 THANK YOU CARDHOLDER-WILL PAY TOTAL AND MIT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER ÁGREEMENT. CARDIOLDER STONATURE

Jew Towns to ss
Inner to se
In

I agree to pay above total according to my card issuer agreement.

********Customer Copy*******

Reçu de Received, from Capital Health - Brian Hus
- four hundred dellaw - > 100 Dollars
pd. by VISA. Centennial Legacy Ball
S #00.00 No. Tracket to Centernial 17 Tax Reg. No.: Tabble of 8 tickets to Centernial 17

Barlow, Kathy

From:

Barlow, Kathy

Sent:

Tuesday, March 15, 2005 9:40 AM

To:

Fernandez, Patricia

Subject:

BRIAN HLUS

Hi Patricia,

I have Brian's expense claim here for 971.57. I have no receipts here for amount of 32.30. He says hosting can you please explain why there are not receipts for this. The reason I am asking is because sometimes Risk management asks why I didn't check this out? Can you please check with him? I will attach this e-mail to his expense claim. Thanks

KATHY BARLOW
ACCOUNTS PAYABLES
FINANCIAL SERV ICES
PHONE 780-735-0474
FAX 780-735-0508

Barlow, Kathy

From:

Barlow, Kathy

Sent:

Tuesday, March 15, 2005 12:11 PM

To: Subject:

Fernandez, Patricia **RE: BRIAN HLUS**

Thank you this helps very much I will attached this e-mail to the expense in case they ask me.

KATHY BARLOW ACCOUNTS PAYABLES FINANCIAL SERV ICES PHONE 780-735-0474 FAX 780-735-0508

From:

Fernandez, Patricia

Sent:

Tuesday, March 15, 2005 12:04 PM

To:

Barlow, Kathy

Subject:

BRIAN HLUS

The February 2 is for coffee for guests at the Resident Safety Symposium. The February 9 is beverages at the Edmonton Chamber of Commerce Luncheon. I hope this helps.

Patricia V. Fernandez Project Coordinator Government Affairs Capital Health

1J2 Walter Mackenzie Building

Tel: 780-407-8543 Fax: 780-407-6776

E-mail: pafernan@cha.ab.ca

This communication is intended for the sole use of the recipient to which it was addressed and may contain confidential, personal or privileged information. Please contact the sender immediately if you are not the intended recipient of this information and do not copy, distribute or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.

From:

Barlow, Kathy

Sent:

Tuesday, March 15, 2005 9:40 AM

To:

Fernandez, Patricia

Subject: **BRIAN HLUS**

Hi Patricia.

I have Brian's expense claim here for 971.57. I have no receipts here for amount of 32.30. He says hosting can you please explain why there are not receipts for this. The reason I am asking is because sometimes Risk management asks why I didn't check this out? Can you please check with him? I will attach this e-mail to his expense claim. Thanks

KATHY BARLOW ACCOUNTS PAYABLES FINANCIAL SERV ICES PHONE 780-735-0474 FAX 780-735-0508



CMT-OS-ARRI

Travel Expense Claim Form

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

(Please Print or Type)						
Name Brian HLUS			Employee Niverb	.S.17(1), 17(4)	(a)(i)	
			Employee Number S.17(1), 17(4)(g)(i)			
Position Director		Oracle Cost Centr	e <u>00-201</u>	-9000-711	500016	
Department Government Affairs		Bus. Phone 407-	7462			
Period from March 1, 2005	to Marc	h 31, 2005				
Expenses Paid (Please attach rece organization. Complete details on t	ipts). Do not include an the other side of the form	nounts paid t n.	by Capital Health or	reimbursed /	reimbursa	able by another
	Non-Canadian Currency	Rate	Canadian \$ (inclu	uding GST)	✓ if GST included	DO NOT USE
Accommodation		Capi	al Health			
Meals	L villed 4 AM		EVED			
Registration Fees	10 Miles	3 300	/			
Transportation (including parking)	62410	APR	2 / 2005	100.25		(3,40
Other (hosting/fax)		ACC	COUNTE 36	-71.42		<u> 62410: 1.60</u> 14 : 31.42W
Mileage (024(U		PA	VABLE	147.00	~~	-696000-31-44 3.00
TOTAL		i		318.6#		<u>\$</u>
Less Cash Advance				0		
NET				\$318.6#	-)-	
The information on this form is collectorocess your claim.	ted under section 4 of the	e Regional i	Health Authorities (A		egulation a	and will be used to
hereby certify that the expenses listed or on my behalf from Capital Health o	ed above were incurred rether organization.	on Capital H	ealth business and	have not bee	en previous	sly claimed by me
Employee Signature	eyen_		Date			
Approved by						
Print Name Sheila Weather			Title Presi	dent & CEO		
ignature	ail				·	
rint Name						
ignature/						
OTE: GST amounts included in the exper	ise claims will be calcul:	ated by Acco				

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

10239 - 107th Street EDMONTON, ALBERTA T5J 1K1

LANE TICKET NO. 01 004787

TIME AND DATE cant copy

07:13

04-03-2005

24.94

CUST ONER /CL DENT

23 B 367711 PARKATE 957 # 119326270 RTXXX

EMENTON CITY OF LIMMRY PARKATE GST # 119326270 RT0001

SEQ 585001001004 No. 1 APPROVED DATE Mag .

8469 11.

PRE ALTH

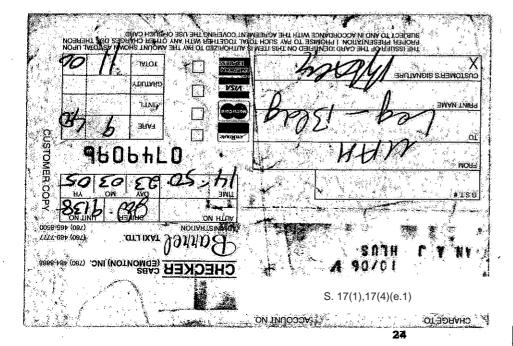
SIGNATUR A

VISA # 150

IB: A408814

MEETH 03/13/05 21:49 ば1 嫌2 03/13/05 20:25 In TKt# 093242 Royalar Rate lotal lax Total Fee 20 LANG PAID Gash Tenzer 2.00 Grange Due 0.00 THAK YIL MUATE

Rcpt# 93625 03/14/05 18:48 L# 2 M 55 Txn#326302 03/14/05 08:18 In 03/14/05 18:48 Out Tkt# 093327 Regular Rate 13.08 0.92 Total Tax Total Fee 14.00 CASH PAID 14.00-Gash Tender 15.00 Chanse Due THANK YOU TIME AGAIN



FACE UP ON DASH RECEIPT

Imperial Parking Lot 0002-0287 Machine Serial #:000004271016

EXPIRY DATE AND TIME

EXP 06:00pm MAR 07,2005

EXP 06:00pm 07,2005 MAR

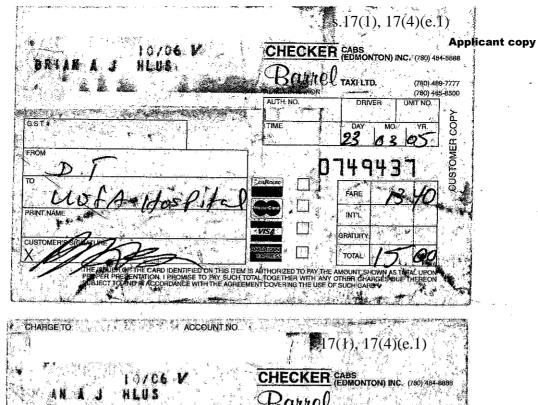
TICKET# LOT# 00015718 00020287

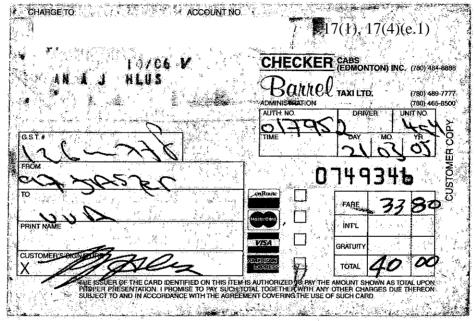
\$0005.50 MACH# 001 FOLLOW INSTRUCTIONS ON SIGNS POSTED

LOT# 0002028 MACH# 001 TIC# 00015718 £ \$0005.50 MAR07,2005 08:07am Purchase Time

\$5.50 Early Bird Questions/Comments

Call 780-420-1976





OHARGETO: AQ	s.17(1), 17(4)(e.1)
BRIAN A J. HLUS	FELLOW (780) 462-3456
	PRESTUGE (780) 462-4444 ADMINISTRATION (780) 465-8500
GS.T#	AUTH NO: DRIVER UNIT NO. 7/4 5 5 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
FROM	4 18 2 03 05 6
hig bulling	118570 8 to the second
act a Margile	A FARE Q 4 X
PRINT NAME	GRATUITY **
CUSTOMER'S SIGNATURE X	BORES I TOTAL 7600
PROPER PRESENTATION, I PROMISE T	D ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHEWT AS TOTAL UPON TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON THE THE AGREEMENT COVERING THE USE OF SUCH CARD:

TELUS® Your TELUS Statement Feb 14, 2005

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

Page 1 of 2

 Thank you for keeping your account up to date.

BAJHLUS

Your account number

Your TELUS Account ID s.17(1), 17(4)(e.1)

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

Here's what you owe this month: \$31.42

Total amount due by Mar 04	\$31.42
Total new charges	31.42
GST (Registration 100652692) at 7%	2.03
Long Distance Charges (see details below)	4.95
Additional Charges and Credits (see details below)	.58
1 Residence Line Touchtone from Feb 13 to Mar 12	23.86
Amount overdue from your last bill	.00.
Payment we processed on Feb 08 - Thank You	-31.42
Amount of your last bill	\$31.42

and the second s	The state of the s	
Additional Charges and Credits		
	Länne erdie kan panakan den dien General behande en behandere erdi de en en anne behande.	
E9-1-1 Municipal Call Answer Fee Feb 13	*	\$.44
E9-1-1 Provincial Network Fee Feb 13	en e far vigge kanggrun di kangaran pama kepanjakan kepanjukan kendukan an kendukan kendukan pamban baran ke	14
		. 1 - 4
Total additional charges and credits		\$.58
The same of the sa		W1,00.

	4		
Long Distance Charges			
cond nigratine cital des	5		105
The state of the s			4.00
· · · · · · · · · · · · · · · · · · ·	and the second of the second o		

Long Distance Administration Fee Feb 13

4.95

Tear off here

12		2004				it copy	
Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage k
March 4	Travel				1		11
March 4	Parking				1.75		
March 7	Travel					,	58
March 7	Parking				√ 5.50	1	
March 8	Travel						55
March 10	Travel						18
March 11	Fax charges					√31.42	J FAX
March 13	Travel -						27
March 13	Parking				✓ 2.00	لدنا	
March 14	Travel						12
March 14	Parking				14.00	المن	
March 15	Travel						37
March 16	Travel				209	4	91
March 17	Hosting				3.0	24.94ر تاك	69600
March 21	Travel			33.80 13.70			1
March 21	Travel			6.20	26.00	14.70 1.80	13.40
March 23	Hosting					√ 15.00 ₀	
March 23	Travel				√ 11.00	9,40	
March 30	Travel					(-60	111
					······································	-	,
							,
	,					•	
							1
				1			
			., .,, .,				
	Total km						420
	@					7	.35
OTALS TO	FRONT OF FORM				\$100.25	\$71.36	\$147.00
PENSE LIM	ITS			<u> </u>	91.65	4.60	

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) Dinner

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2.

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

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

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.



Travel Expense Claim

(In Canadian Dollars)

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

Applicant	copy
Арриочис	COPJ

(Piease Print or Type)						-	-
Name Brian HLUS	Employee Number S.17(1), 17(4)(g)(i)						
Position Director				Cost Centre	00-201	-9000-711	500016
Department Government Affairs			Bus. Pl	none <u>407-74</u>		<u> </u>	
Period from April 1, 2005	to April 3	30, 2005					
Expenses Paid (Please attach receip organization. Complete details on the	ots). Do not include amo	ounts paid b	y Capita	ıl Health or rei	mbursed /	reimburs:	able by another
	Non-Canadian Currency	Rate	Canad	dian \$ (includi	ng GST)	✓ if GST included	DO NOT USE
Accommodation					176.09	Inolugou	170.13 5.96
Meals	Ca	oital Health	**************************************	/	56.53		Se. c3 650
Registration Fees		CEIVE					
Transportation (including parking)	2 53 10000				98.25		89.45 8.80
Other (hosting/fax)	MA	Y X 4 ZU	9		447.61		
Mileage	AC	COUNT	3		315.00		404,51 37,00
TOTAL	9/	AAVEI/E		\$1.	092.88		₩ \$
Less Cash Advance			\		0.00		
NET			1	\$1,	092.88	1093.3	8 1
The information on this form is collected process your claim.			\			egulation	and will be used to
I hereby certify that the expenses lister or on my behalf from Capital Health or	d above were incurred o	n Capital H	ealth bu	siness and ha	ve not be	en previou	sly claimed by me
Employee Signature	les .			Date	nay	13,2	005
Approved by					Û		
Print Name Sheila Weatherill				Title Préside	nt & CEO		
Signature Dweuke	J			Date	.		
Print Name				Title			
Signature				Date			***************************************
IOTE:							

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

4 , ,			2004					
Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Milea	ge km
March 14	Fax Charges					✓ 31.73		<u> </u>
March 22	Parking				v 1.25		1=-	
April 4	Parking				_4.00		†	
April 5	Travel						 	11
April 5	Parking					V 7.00	iw	
April 7	Travel						1	87
April 8	Travel						1	71
April 11	Travel						21.28	24
April 11	Hosting					✓ 24.28	3.00	
April 11	Travel				√ 13.00		13.0-	
April 11	Travel				J 12.00		 	
April 13	Travel				44.00	40.00 4.00		
April 14	Travel					10.00 (100	 -	47
April 14	Parking					ى 5.50		
April 14	Gift for staff					18.48	<u>い</u>	
April 14	Parking					3.75	iw w	
April 18	Travel					0.10	<u> </u>	6
April 18	Recognition					✓ 35.45		
April 19	Travel					2 00.40	W	14
April 20	Travel							8
April 20	Travel					ري.وي درين		
April 20	Parking					2.00		
April 20	Books (office supplies)					149.69	w	
April 20	Recognition					✓ 27.45	3	
April 21	Travel		170.13			V 21.70		297
April 21	Accommodation	√ 176.09	2.96	24.88				281
April 21	Meal		27.88	3.00				
April 21	Hosting					√ 80.62	10.02	
prii 22	Travel			25.15		V 00.02		290
pril 22	Meal		√ 28.65	3.50				290
pril 22	Hosting	-	•			7,60 1 7.10	 	
pril 26	Travel							34
pril 28	Hosting			-		✓ 33.96	29.96	34
pril 29	Travel					2 33.90	4.00	44
pril 29	Parking				4.00	~		11
pril 28	Government Gift				4.00			
						20.00		
	Total km							200
	@							900
OTALS TO F	RONT OF FORM	176.09	56.53		00.05	447.00		.35
		170.03	30.33		98.25	447.01	315	.00

EXPENSE LIMITS

1.	Meal	Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) Breakfast Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

20.00 69500

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.

Driving to and from work is not considered business travel and cannot be claimed.

Hosting: 129.46 W 17.00 n OFFICE: 149.69 W

Fax: 31.73 W

Advance

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

Hosting Expenses

Part: 18 25 C.FF: 101.73

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating aift: 101.38 Officer, the Vice President or the President. 29

SANDSTONE LOUNGE 112 STEPHEN AVENUE S.E. Calgary, Alberta

CHECK: 2864 .TABLE: 116/1 SERVER: 460 MARY DATE: APR21'05 CARD TYPE: Visa ACCT #: XXXXXXXXXX) EXP DATE: XX/XX AUTH CODE: 84014 SUBTOTAL: 24.88

Tip: 300

Total: 2

Signature:

I Agree to pay above total amount according to card holder agreement GST#889044129RT0001 COMMENTS OR CONCERNS

E-MAIL:phill@calrcpo.hyatt.com

SANDSTONE LOUNGE 112 STEPHEN AVENUE S.E. Calgary, Alberta

CHECK: 2984
TABLE: 115/1
SERVER: 537 ELIZABETHO
DATE: APR21'05 11:50PM
CARD TYPE: Visa (3)
ACCT #: XXXXXXXXXXX 17
EXP DATE: XX/XX

AUTH CODE: 28013

SUBTOTAL: 70.62

\0.0<u>0</u>

Total: 90.62

Signature:

I Agree to pay above total

amount according to card holder agreement

GST#889044129RT0001 COMMENTS OR CONCERNS E-MAIL:phill@calrcpo.hyatt.com DINER DELUXE
804 EDMONTON TRAIL T2E3J6
CALGARY AB
22723460

PRE AUTH PURCHASE

04-22-2005 09:52:34
Acct # S
Exp Date 10/06 Card Type VI
Name: BRIAN HLUS
s.17(1), 17(4)(e.1)

S.17(1), 17(4)(8.1)

Inv # 9076 Operator 003

T22723460001

Auth # 072250 RRN 001144017
P Auth Purchase \$25.15

P Auth Purchase Tip

Total

28.65

Customer copy

3.50

10.00

THE KING AND I THAT CUTSINE 8298 107 STREET EDMONTON, AB 1780 433-2222

Herchant IG: 4041040 Term 10: A4041040 Shift #1 1

Entry Method: Suiped

late to William

Pre Auth

Capital Health Authority Hospitality Food Service

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

orca i Co

Exp: 10.06

KANKAKA ...

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

827

04/22/2005 Host: Early 2:18 PM 827 100827 Area: Divino 1.60 Starbucks 1202 1.85 Starbucks 16oz 3.65 Cafe Latte 16oz Sub Total 7.10 #Items 3 0.50 Tax 7.60 Order Total Cash 20.00

29.96

· lotal:

33.96

det Ausroved Approval Code: 000723

NO SIGNATURE REQUIRED

400

28/4/05

13:14:10

Customer Copy

University of Alberta Hospital GST# R108161688

> e me MacLian D.C. 1971-184 Avenue Limorton, Asberta 1874-883

romar, Services Tea. (756) 497-3875

- 2092 (101 **Batos (15**/19/201) (41₁0) 4

60.08 siensieud Clus enegal inuan

Awger sign

As a la avalue by:

AMOUNT

PAPER IN AUG 网络自的多数约点 **透明開 展** 2203014

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P. Agich Parchase

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Ĺ	******* CHECK		1	****			****** /11/05
DPC AND THE	TABLE *****	#	34+	LICAT		IME	9:46 *****
all species	abetata: ,	rgz,f	:121.			:-225=	نية به خواص مع بيد ت نيخ (د چونه که کو چونه)
	· '—		RICK	(Y'S :	Ernie5	55	

ITEMS CROERED 1 YUKON BIG BITE 10.99 1 EGG MUFF N HASH 4.99 2 COFFEE 3.90

SUBTOTAL 19.88 1.40 GST 21.28

TOTAL

OF GUESTS

RICKY'S ALL DAY GRILL PHONE 421 - 7546 PLEASE PAY SERVER

THANK YOU FOR YOUR PATRONAGE

G.S.T. #899060974

THE ISSUER OF THE CARD IDENTIFIED ON THIS HEM PROPER PRESENTATION. I PROMISE TO PAY SUGHT SUBJECT TO AND IN ACCORDANCE WITH THE ACREE

Edmonton

LIBRARY PARKADE

Official Receipt G.S.T. # 119326270 RT0001

Amount: \$ 2.00 **Evening Parking**

04-14-2005 THU #222

11114

GSTE RICHIMEN

PARTIE SPOTOES

751 8097

Thank you for your patronage

115-57 3.75 S 0.25 (ET 0.25 3.75 CACH

ITEM

9796 19:04TM

CHARGE TO:	30 g - 47 S	ACCOUNT NO.	s.17(1), 17(4)(e.	1)
BRIAN	1 × 41.08	5 V	<i>Ŋ€ĽĽŌ™</i> ∞ (780) 462-3	456
ST-200		Tan.s	ADMINISTRATION (780) 462-4 ADMINISTRATION (780) 465-8500 AUTH NO. DRIVER 71-102	444 [No.7]
86729 WAH		ESTIV	1185493	69 E
WESTIA NTNAME	$\rightarrow u_{I}$		FARE 18	oc ā
STOMER'S SIGNATURE	I Cor THE CARD IDE	2.M	GRATUITY TOTAL ZO THORIZED TO PAY THE AMOUNT SHOWN AS TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THE	

Imperial Parking Machine Serial #:000004271016 EXPIRY DATE AND TIME 06:00pm 14,2005 TICKET# 00021294 00020287 \$0005.50 CC ^**^ 4007 MACH# 001 FULLOW INSTRUCTIONS ON SIGNS POSTED \$5.50 Early Bird Questions/Comments Call 780-420-1976

RETURNS IN TEN DAYS NO RETURN ON SALE ITEMS GST Rabult5/4/0

m

amount to account APF 14, 2005 # 3

VEIA

න ග

MULL 1336602 APPRUV[U

050010010230 LUS/BRIAN

Part Car

1,440601 ** PURCHAS

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



FACE UP ON DASH RECEIPT

Impark Lot 002-352 Holiday Inn Express Machine Serial #:3CE7F76F2C60

EXPIRY DATE AND TIME

EXP 10:49am MAR 22,2005

10:49am 22,2005

TICKET# 00006086

LOT# 00020352

C \$0001.25 MACH# 001 FOLLOW INSTRUCTIONS ON SIGNS POSTED LOT# 00020352 MACH# 001 TIC# 00006086 \$0001.25

MAR22,2005 09:49am Purchase Time

\$1.25 for 1 Hour Questions/Comments? Call 780-420-1976

FACE UP ON DASH RECEIPT

TELUS® Your TELUS Statement Mar 14, 2005

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

Page 1.012

Applications Inc.

B A JUHLUS

Your account number

Your TELUS Account ID

Here's what you owe this month? \$63.15

Amount of your last bill	\$31,42	Notice - Overdue is
Amount overdue from your last bill	31.42	payable now. If payment
Residence Line Touchtone from Mar 13 to Apr 12 Additional Charges and Credits (see details below)	23.86	has been made, thank you.
Long Distance Charges (see details below)		
GST (Registration 100652692) at 7%	2.03	
Total new charges	31,73	
Total amount due by Apr 04	\$63.15	
	7142	
Additional Charges and Credits	21.73	.89
E9-1-1 Municipal Call Answer Fee Mar 13		\$.44
E9-1-1 Provincial Network Fee Mar 13		.14
Late payment charge on overdue amount of \$31.42		.31
Total additional charges and credits		\$.89

Long Distance Administration Fee Mar 13

4.95

4.95

Tear off here

ORDER FORM/FORMULAIRE DE COMMANDE ORDERED BY/COMMANDÉ PAR Name/Nom Brion Hills Title/Titre Divector-Government Affairs Organization/Organisme Capital Health Address/Adresse ___ | 52 LCMC. 8440 - 112 ST.__City/Ville ___ Prov. AB PC/CP_T66 286 Tel./Tél. 780-407-7462 Fax/Téléc. 780-407-6776 ORDER/COMMANDE PC205 Title/Titre Qtv/Qté Price/Prix istemized Manuals for changing Times Total Don't shoot the Messenger: A Glude for 49.95 **Strong Medicine** with purchase of \$75.00 or more. /Avec chat de 75 \$ ou plus. Canadian clients/Clients canadiens – Shipping and handling is included/ Port et manutention compris N/A U.S.A. - Orders paid in U.S. currency (cheque or money order) include shipping and handling. Orders paid in Canadian currency (cheque, VISA, MasterCard), please add \$20 CAN for shipping & handling. \$20.00 (if in CAN funds) Other countries/Autres pays - All orders must be prepaid in Canadian currency and include \$40 for shipping and handling/Toutes les commandes doivent être payées d'avance en dollars canadiens. Veuillez ajouter 40 \$ pour \$40.00 Subtotal/Sous totale All Canadian orders, add 7% GST/HST./ Pour toutes les commandes canadiennes ajouter 7 % TPS/TVH. 7% GST/HST 7 % TPS/TVH Residents of NB, NS, NL add 15% HST on Guide products only./Les résidents du N.-B., de la N.-É. et de T.-N. sont priés d'ajouter la TVH de 15 % pour 15% HST/ 15 % TVH produits du Guide seulement (see pages 18-19/voir les pages 18-19). Guide products only/Produits du Guide seulement Ontario residents add 8% PST. / Les résidents de l'Ontario sont priés ajouter 8% PST/ 8 % TVH la TVH de 8 % pour produits du Guide seulement Guide products only/ Produits du Guide seulement Total METHOD OF PAYMENT/MODE DE PAIEMENT CONTACT MasterCard GST/TPS R118833177 **Customer Service/** Service à la clientèle Card Number/No. de la carte Canadian Healthcare Association/ Exp. Date/Date d'exp. Association canadienne des soins 10/06 de santé. Vame/Nom s.17(1), 17(4)(e.1) 17 York Street, Suite 100 Öttawa, Ontario K1N 9J6 Tel./Tél. (613) 241-8005, ext 253 ignature Fax/Téléc. (613) 241-9481 Cheque or Money Order payable to/Chèque ou mandat à l'ordre du: E-Mail/Courriel custserv@cha.ca

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE./LES PRIX PEUVENT ÊTRE MODIFIÉS SANS PRÉAVIS THANK YOU FOR YOUR ORDER/MEDCL

Web site/Site web www.cha.ca

Canadian Healthcare Association/Association canadienne des soins de santé

International Hotel of Calgary 220 - 4th Avenue S.W. Calgary, AB T2P OH5

Telephone: 403-265-9600 Fax: 403-290-7879

Folio Number: 44306

Page: 1

Mail To:

Hlus, Brian 1j2, Walter C MacKenzie Ctr, 8440 112 Street Edmonton, AB

Res.No.: 36213 Arrival: 04/21/2005 Depart: 04/22/2005 Room: A-QNS/1507

T6G 2B7

Rate

149.00

Group:

Company: Capital Health

04/21/2005 04/21/2005 04/21/2005 04/21/2005 04/21/2005	Room Charge Tourism Levy Goods & Services Tax Parking – Week Days Goods & Services Tax	MBL-1507 MBL-1507 MBL-1507 -	149.00 5.96 10.43 10.00 .70
	•	Balance:	176.09

Total Tourism Levy -Total Goods & Services Tax -

5.96 11.13

GST Registration # R-121402523

I agree to remain personally liable for the payment of this account if the corporation or other third party fails to pay part or all of these charges.

Signature

Date: 04/22/2005

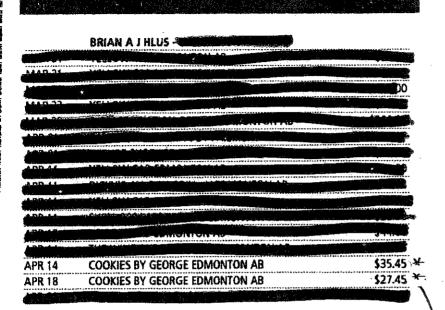


VISA Platinum

BRÍAN A J HLUS 🖷

STATEMENT FROM MAR 23 TO APR 22, 2005

1 OF 1



Valuable tips to avoid risk

Do not lend out your card. Use caution when giving account numbers out to unknown vendors and to try to keep the card in your view during transactions. A PIN is never to be stored in the same location of your card. Never give out your credit card number or personal information over the phone unless you initiated the call.

Partnering with younfarcingtantsavings

Save when using your RBC Royal Bank Visa card on selected items at Kernels, National Car and Truck Rental, Alamo, Agua and La Vie En Rose. . For a list of discounts visit www.rbcroyalbank.com/ cards/rbcrewards/ discountsavings.

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen 1-800-769-2512 **Collect Outside North America** (416) 974-7780

PAYMENT INFORMATION

\$21.00 Minimum payment Payment due date MAY 09, 2005 Credit limit Available credit Annual interest rate 18.50%

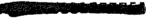
CALCULATING YOUR BALANCE

Previous statement balance Payments & credits S.17(1), 17(4)(g)(i) Purchases & debits Cash advances \$0.00 Interest \$0.00 Fees \$0.00

New balance \$689.70

colled in with

001 0018



00000000000 0002100 000068970



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

NEW BALANCE

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

MINIMUM PAYMENT \$21.00

PAYMENT DUE DATÉ MAY 09, 2005

AMOUNT PAID

VISA Platinum

Payment options

 Telephone banking 1-800-769-2511 Online banking www.rbcroyalbank.com

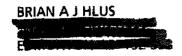
· RBC Roval Bank ATM

· RBC Royal Bank Branch

By mail

Detach and return with payment.
Please do not send cash through the mail. Please do not staple or damage this form.

RBC0150020 1868045 012-78845 - 1444



BRIAN HLUS	s.17(1), 17(4)(g)(11)	620
s.17(1), 17(4)(g)(i)		April 28/05
PAY TO THE Katl	y Czuy	\$ Ze,a
Teventy		100 DOLLARS A Security features included.
■ ATB Financial [™]		
EDMONTON, ALTA. T5E 4C1	g Event. 1	min Jac "
	(4) (1)	The second secon
	17(1),	
	.2	



Ken Moholitny's Retirement Party

After 31 years of dedicated service, Ken is retiring from Alberta Agriculture. Food and Rural Development officially on June 30, 2005.

S.17(1), 17(4)(9)(i)

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

DATE:

Thursday, May 5, 2004

PLACE:

Old Timers Cabin

9430 Scona Road Edmonton AB

TIME:

Social and Cocktails 5:30 – 6:30 p.m.

Dinner (BBQ) at 6:30 p.m.

Main Program 7:30 p.m. - 8:30 p.m.

DRESS:

Western/Casual (no suits, ties, gowns, etc.)

COST:

\$35 + gift donation

Please complete the attached form and return by April 25, 2005 to:

Kathy Czuy

Planning and Competitiveness Sector

Alberta Agriculture, Food and Rural Development

7000 - 113 Street

Suite 300

Edmonton AB T6H 5T6

Ken Moholitny's Retirement Party - May 5, 2005

Number of pe	ople attending(② \$35 per person	. =	\$
I would also li	ke to contribute \$	towards a gift	==	\$
I will NOT be contribute tov	able to attend, but would vards a gift:	d like to	<u>=</u>	\$ 20.00
Total Enclose	i			\$ <u>20.00</u> \$ <u>20.00</u>
NOTE: Please	e make cheques payable	to Kathy Czuy.		
•	y pictures, of Ken that w oximate year taken to:	e can include in the	presentati	on, please forward them
; ;	Kathy Czuy Planning and Competitiv Alberta Agriculture, Foo 7000 – 113 Street Suite 300 Edmonton AB T6H 5T6	d and Rural Develo	pment	
Please ensure y	your submissions are lab	eled properly if you	would like	them returned to you.
If you would p kathy.czuy@ge	refer to scan your pictur ov.ab.ca	es, feel free to e-ma	il them to:	
=	to 250 people, so please i 25, 2004. Thank you.	return your RSVP A	SAP. Resp	onses need to be returned n
Name:	Brian Hlu	LS		
Address: />	12 Walter	C. Macke	nzie	Contro
Address: _ &	3440-1125	T-3	T6G	287
Phone #:	780-407-	7462		·
E-mail: <u>bh</u>	luse charab	v: Ca		

(MJ-01-111/C



Travel Expense Claim Form

VICE Applicant copy MIN

MAY 3 · Z005

(In Canadian Dollars)

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

acle Cost Centre 00-201- s. Phone 407-7462 apital Health or reimbursed / Canadian \$ (including GST)	reimbursable by another ✓ if GST DO NOT USE
apital Health or reimbursed / Canadian \$ (including GST)	✓ if GST DO NOT USE
Canadian \$ (including GST)	✓ if GST DO NOT USE
Canadian \$ (including GST)	✓ if GST DO NOT USE
7	1 10110011115
94	included
674.37	(31.63 22)
24.00	
108.85	100.85 8,00
308.76	198.52 110.0
221.20	
\$1,337.18	
. 0	
\$1,337.18	
	108.85 308.76 221.20 \$1,337.18

or on my benan from Capital Health or other organization.	
Employee Signature	Date May 17, 2005
Approved by	
Print Name Sheila Weatherill	Title President & CEO
Signature Schoarbers	Date
Print Nante	Title

NOTE:

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

EXPENSE CLAIM DETAILS

2004

Annlicent conv

	. 2004 A _I		Applicar	Applicant copy			
Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 2	Travel				√5.00		
May 2	Travel			00.	ece. 5.00		
May 2	Travel						, 292
May 3	Meai		8.00				
May 3	Hosting				VO LEGGIA	20.00	
May 3	Hosting (dinner)					46.88	41.38 5.50
May 4	Hosting				no recept	30.00	
May 5	Accommodation	√ 674.37	651.63 22	74			
May 5	Travel						√ 318
May 5	Fax					✓ 31.42	ίω.
May 5	Hosting					J 51.00	iu
May 5	Hosting					27.00	
May 6	Hosting					., 20.26	
May 7	Parking				/ 2.00 ,		
May 7	Travel						r 22
May 7	Hosting				no receipt	45.00	
May 10	Hosting (Ottawa)					37.20 ر	19,96 7
May 10	Meal	-	8.00				
May 10	Travel				✓ 30.00	·	
May 11	Meal		8.00				
May 11	Travel		***************************************		√ 30.00	27.00 7.00	
May 11	Parking				36.85	W	
				· · · · · · · · · · · · · · · · · · ·			
							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
							
	<u> </u>						
	Total km					···	632
		., ,					032 - 35 -
OTAL 0 TO :	@ FROME OF FORM	6074.07	604.00		# 430.02	#005 TO	
UTALS TO	FRONT OF FORM	\$674.37	\$24.00		\$108.85	\$308.76	\$221 .2 0

EXPENSE LIMITS

Pe/ diems

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

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

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

GREAT TATE STATES TO BE Thank You For Dirting Its At

Earls in Campus 8629 112 Street Edminton, Alberta TEG-1KE

Date: 115 Mg 115 Ca 117 ..

Card lyou: visa Acct #:.

Exp Cate Auth Code:

Check: Table

Server. Ref Nation

Subretal.

20,26

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

349297

IMPERIAL PARKING
CANADA CORPORATION
10239 - 1001195 THERE
EDMONTON, ALBERTIT 420-1976

READ CONDITIONS CAREFULLY • Vehicles not displaying Valles Taket on OUT: dash will be towed or charged at dwnsh's 7, 2005

· Vehicles and contents left at owner's risk • Maximum Daily Rate ch lost tickets. • Vehicles parked wer 2 hours will be subject to towing and storage fees unless attendant is notified. . We reserve the privilege of moving vehicles to other section of lot, . Ticket is nontransferable. . No in and out privileges

AMOUNT:

DETACH THIS PORTION FOR VALIDATION



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

NORTHLANDS PARK CATERING BOX 1480

EDMONTON AB

ID: C4707758

STORE: 4707758

SLIP #: 1292

SALE

\$27.00

SIGNATURE X VISA (1), 17 1006 M

SEQ 070001001869 AUTH 046506 IS000-001

APPROVED

DATE May 05 2005 TIME 6:18 pm

CNORTHLANDS PARK CATERING BOX 1480 **EDMONTON** AB ID STORE: \$707758 SLIP # 1289 45\$51.00 SALE

Thank You for choosing

ASSOCIATED CAB

0215

Server: MAIN NIGHT M Rec: 89 05/03/05 22:37, Swiped Terminal: 3

EAU CLAIRE BREWING CO. 101 BARCLAY PARADE SW CALGARY ALBERTA (403)2333 MERCHANT #:

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

CARD TYPE

ACCOUNT NUMBER XXXXXXXXXXX

EXP 0610

Name: BRIAN HLUS

OO TRANSACTION APPROVED AUTHORIZATION #: 005055

Reference: 310215

TOTAL:

41.38

TIP:

<u>5.50</u>

TOTAL:

46.88

xullande.

PHONE: (

CARDHOLDER WILL PAY CARD ISSUER ABOVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT

PLEASE LEAVE A SIGNED COPY

Applicant copy

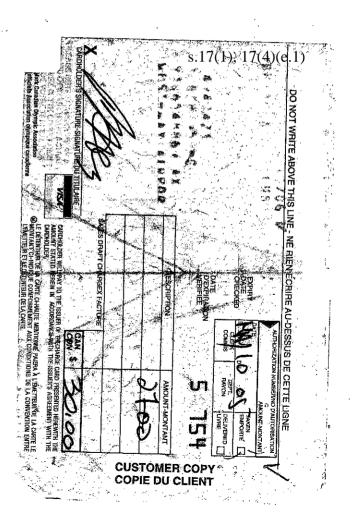
BLUELNE

RECEIPT FOR CAB FARE

Amount Date Moy/o

From

To Or Or Oriver F A



THE CHIEFORT AUTH E [skg . 15] * 110 ARTEN L SAIRP Ja Mi CARD NUM. EXPERY Seafor 1915 CARD TYPE ¥1 . 11. 12:41:38 DATE/THAT J. # 1/1/45-016-023 REDELET HIM .. PURCHASE TOTAL AMURIL 4 3 2 5

01. APEROVER 027 7411H. 4 - 099368
THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD IS ARR ACCURATION TO CONDHOLDER AGREEMENT.

CHROMELDER STONATURE



Cherry Grove Husky Market

15303 73A Street Edmonton AB T522X9 (780) 475 0100 GST# R134169770RT Merchant ID^{17(1), 17(4)(g)(i)}

ORIGINAL 56243 Receipt Type: SALE Loyalty Program S.17(1), 17(4)(g)(i) Loyalty Number with the control of t Qty Name Price Total الله المعادية المناطقة المناطق 1 PEPSI UNDR CAP 591 \$ 0.10 \$ 0.00 1 ENVIRO LEVY (IL \$ 0.02 \$ 0.02 1 DEPOSIT (IL PLASTI \$ 0.05 \$ 0.05 1 REGULAR \$ 0.854 \$ 47.20 Pump: 1 Pump: 1 Litres: 55.266 Price / Litre: \$.854 . Subtotal \$47.27 GST \$0.00 GST Included \$3.09 RECEIVED: Purchase \$ 47.27 # ********* Swipe Master Card 05/01/2005 20:05:00 277971HK 71 RESP:001 ISO:00 Ref:157001001032 56243 Auth:950535 APPROVED

5/1/05

- 8:00:58 PM

Pos:71 Cashier:6 Store:2779

WIN FREE GAS for 1 YEAR (\$1500)!

Answer our short survey at

www.huskysurvey.com for 10 chances to WIN

OR call 1-800-865-1739 for 1 chance

0302

30

1

THE WESTIN CALGARY 320 4th Avenue SW Calgary, Alberta Canada T2P 2S6 403-266-1611

Mr. Brian Hlus

1j2 Walter C. Mackenzie Centre 8440-112 St

Edmonton AB T6G 2B7

Arrival 05/02/05 Departure 05/05/05 Payment Method VA Invoice 426380 Room Cashier Page

Starwood Preferred Guest #
Airline Partner #

The Westin Calgary, 05/05/05

Date	Text	Room	Charges	Credits
05/02	Room Charge	0302	189.00	
05/02	Tourism Levy 4%		7.56	
05/02	Room GST 7%		13.23	
05/02	Park-Self Weekday		15.00	
05/03	Room Charge		189.00	e.
05/03	Tourism Levy 4%		7.56	
05/03	Room GST 7%		13.23	
05/03	Park-Self Weekday		15.00	
05/04	Room Charge		189.00	
05/04	Tourism Levy 4%		7.56	
05/04	Room GST 7%		13.23	
05/04	Park-Self Weekday		15.00	
05/05	Visa XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			674.37

Capture method:swiped Total 674.37 674.37
Balance 0.00 \$

Room GST 39.69
F&B GST 0.00
Other GST 2.94
Total GST 42.63
GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

You can earn up to 25,000 Starpoints in your first year. So apply today at SPG.com/MBNA or ask the front desk for an application. This offer is available for residents of Canada only.

TELUS Your TELUS Statement

Apr 14, 2005

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

BAJHLUS

(786) 17(1), 17(4)(g)(i)

Your account number

Your TELUS Account ID

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

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

(// (//6///

Here's what you owe this month: \$31.42

Total amount due by May 04	\$31.42
Total new charges	31.42
GST (Registration 100652692) at 7%	2.03
Long Distance Charges (see details below)	4.95
Additional Charges and Credits (see details below)	.58
1 Residence Line Touchtone from Apr 13 to May 12	23.86
Amount overdue from your last bill	.00
Payment we processed on Apr 06 - Thank You	-31.73
Payment we processed on Mar 16 - Thank You	-31.42
Amount of your last bill	\$63.15

 Thank you for keeping your account up to date.

.58

TELUS Communications Inc.

Page

1 of 2

Applicant copy

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Apr 13 \$.44
E9-1-1 Provincial Network Fee Apr 13 .14
Total additional charges and credits \$.58

Long Distance Charges

Long Distance Administration Fee Apr 13

MAY5/05

Tear off here





I Rideau Street Ottawa, ON KIN 8S7 T 613 241 1414 F 613 562 7030 G.S.T. Registration #139445290

American Express Corporate Services Brian Hlus

Canada

Room/Chambre #

0586

Folio#

:

Cashier/Caissier #

211

Page #

1 of 1

Group/Groupe

: Government of Alberta

Arrival/Arrivée

05-10-05

Departure/Départ

05-11-05

Fairmont President's Club

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

Date	Description	Additional Information Supplémentaire	Charges	Credits
05-10-05	Zoe's Lounge	#0586 : CHECK #2747	37.20	
		Total	37.20	0.00
		Balance/Solde	37.20	

G.S.T. Summary / Sommaire

Room/Chambre	0.00
F&B/Restauration	1.96
Other/Autres	0.00
Total	1.96

Guest signature

Signature du client X

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1800 441 1414
Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association falls to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.6% per annum.)
I have accepted delivery of The Globe and Mail. Had I rafused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) credit to my account. (Al participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentent désigné en refuserait le polement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année) J'ai accepté la livraison du journel The Globe and Mail. Si Javais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50% par jour (du Lundi au Vendredt) et de 1,25\$ le Samedi. (Dans les hôtels participants.)

Non - Receipted I forms.

May 2/05 Texi-Colony #5.00
May 3/05 Hosping Ches #20.00
May 9/05 Hosping - Ches #20.00
May 7/05 Hosping - Ches #20.00

he attout the attout item do: hour receipt attouted her that they are in can yardene see pleated in interes

60

attack Necestis for highlights if and

Fernandez, Patricia

-From: Sent:

Tailleur, Lorraine

Monday, February 27, 2006 1:59 PM

--Fo: trom Fernandez, Patricia

Subject:

FW: Brian Hlus

Attachments:

CHCFIN1920060227130728.pdf



CHCFIN1920060 :7130728.pdf (80

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Hi Patricia

Please find attached an expense claim that was submitted for Brian, could you please provide additional details on items that are marked with a "*" or have Sheila or Allaudin initial.

Thanks

Lorraine Tailleur Administrative Assistant Capital Health **Accounting Services** CHC, 10th Floor North Tower 10030-107 Street Edmonton, AB T5J 3E4

Phone: 735-0348 Fax: 735-0347

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1





Travel Expense Claim Form (In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Fredae Frank OF Type)				0.1=(1).1=(1)		
Name <u>Brian HLUS</u>			Employee Num	S.17(1), 17(4) ber)(g)(i)	
Position <u>Director</u>			Oracle Cost Ce	intre <u>00-201</u>	-9000-711	500016
Department Government Affairs			Bus, Phone 40	7-7462	· · · · · · · · · · · · · · · · · · ·	
Period from <u>September 1, 2005</u>	to_	Septem	ber 30, 2005			
expenses Paid (Please attach receipts rganization. Complete details on the			oy Capital Health	or reimbursed i	reimbursa	ble by another
	Non-Canadian Currency	Rate	Canadian \$ (ii	ncluding GST)	✓ if GST included	DO NOT USE
Accommodation						
feals		ika ika	Hoalth			PALL SECTION
egistration Fees	T	Capita	EIVED			mie lie 45
ransportation (including parking)		HE	~ 2005	264.53		Harling S. Saw
ther (hosting/fax)		001	1 7 2005	56.68		
ileage		AC	COUNTS	160.36		
DTAL		1 1	AYABLE	481.57		Control of the contro
ess Cash Advance				0		
="				481.57		
e Information on this form is collected class your claim. Breby certify that the expenses listed on my behalf from Capital Health or capital endough the signature	above were incurred					
proved by						
nt Name Sheile Weatherill			Title P	resident & CEC		
nature Healty	<i></i>		Date _	<u>. k) (d.</u>	N/0:	5
nt Name			Title			
nature	,		Date_			
TE:	-					

- See the other side of this form for expense claim limits.

 Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

CH-0313 May 2005

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$. Meal \$	Registration \$	Transportation \$	Other \$	Mileag km
September 6	Travel						18
September 12	Travel						50
September 14	Travel		,				89
September 16	Travel						13
September 19	Travel						80
September 21	Travel						13
September 22	Travel						105
September 26	Travel						13
September 28 T	Travel				^	1	15
September 29	ravel						18
September 30 T	ravel				Wox		1 8
September 2 F	losting					→ 18.25	D
September 2	iosting					7.01	7
September 7 T	ravel			,	41.00	-	
September 6 T	ravel				13.00	1	
September 8 T	ravel				22.00	v	1
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EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meat allowance of:

Breakfast Lunch \$8.00 (If the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)
For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Trave

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel
 in a fiscal year. (April 1 to March 31) and \$0.33 for each kilometer there after, Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be dalmed.

3. Advance

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

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

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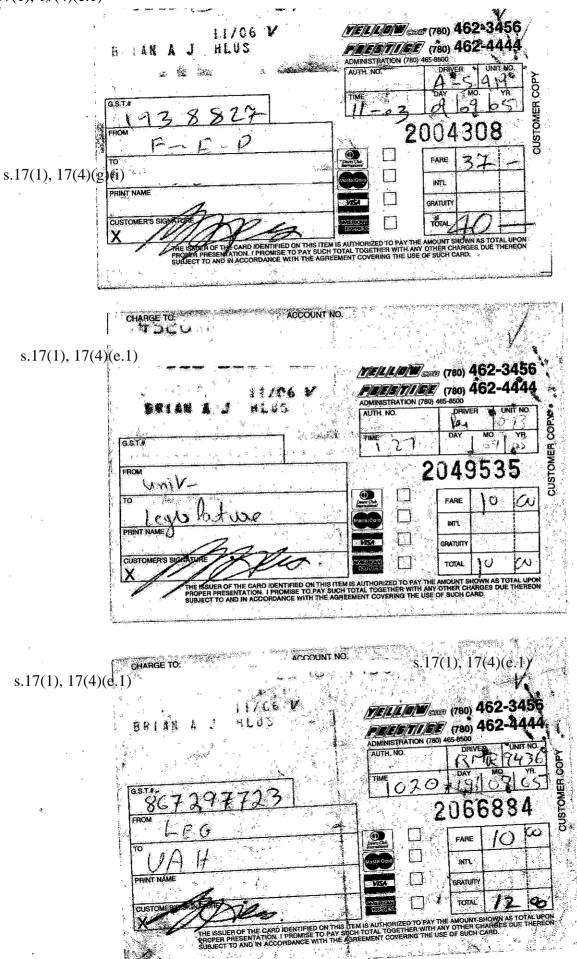
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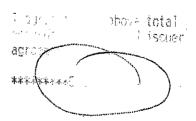
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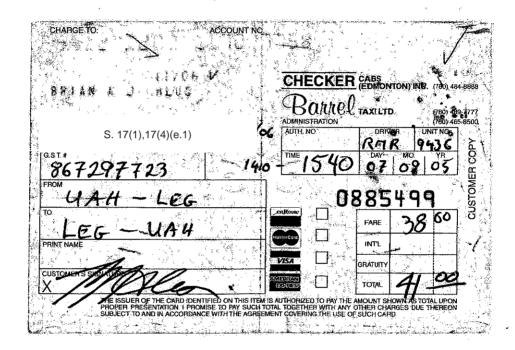
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J9/02/2005 May . 9:17 AM 300 100305 Area: Divino 3.65 Cafe Latte 16oz Cafe Latte 12oz 2.90 #Items 2 Sub Tota-6.55 0.46 Tax 7.01 Order Total 10.00 Cash

the to Authority od Service

University of Alberta Hospital GST# R108161688



TELUS Your TELUS Statement Sep 14, 2005

Applisations Inc.

Page 1 of 2

Questions? For customer service of bill inquiries.

please refer to page 2 for contact information. (780)

Your account number

BAJHLUS

S.17(4)(TELUS Account ID

Here's what you owe this month: \$31.42

Amount of your last bill	\$31.42
Payment we processed on Sep 06 - Thank You	-31.42
Amount overdue from your last bill	.00
1 Residence Line Touchtone from Sep 13 to Oct 12	23,86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03
Total new charges	31.42
Total amount due by Oct 04	\$31.42

· Thank you for keeping your account up to date.

18.25 no de fail,

Additional Charges and Credits

\$.44

E9-1-1 Municipal Call Answer Fee Sep 13 E9-1-1 Provincial Network Fee Sep 13 .14 Total additional charges and credits \$.58

Long Distance Charges

4.95

Long Distance Administration Fee Sep 13

4.95

Tear off here



Travel Expense Claim Form

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

(Please Print or Type)				·	
Name Brian HLUS			Employee Number S.17(1), 17(4)(g)(i)		
Position Director			Oracle Cost Centre 00-20	1-9000-711	500016
Department Government Affairs			Bus. Phone <u>407-7462</u>		
Period from October 1, 2005	to Octob	oer 31, 200	5		
Expenses Paid (Please attach received organization. Complete details on t	ipts). Do not include ame he other side of the form	ounts paid	by Capital Health or reimburse	d / reimbursa	able by another
	Non-Canadian Currency	Rate	Canadian \$ (including GST	✓ if GST included	DO NOT USE
Accommodation 624121	686.47 W		471.4	2	
Meals 69600	3394 310.91	,			
Registration Fees	28.50n				
Transportation (including parking)	FAY: 31.730		56.70)	
Other (hosting/fax) 6 1410.	140.72	veD	368.4		
Mileage	3400	marke Market	319.96	3	
TOTAL GUILLON	1.27 W	Ting	\$1,21614	3	\$
Less Cash Advance	ACCOU	HTB			
NET	Same notes and the same of	Anna Saran	\$1,216.40	1 1220	49 6
The information on this form is collect process your claim.	ted under section 4 of the	ne Regiona	l Health Authorities (Ministerial	Regulation	and will be used to
I hereby certify that the expenses list or on my behalf from Capital Health		on Capital	_	•	
Employee Signature	A PRES		Date	19/	105
Approved by					
Print Name Sheila Weatherill Title President & CEO					,,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature Wall			Date	- Pills i	
Print Name			Title		
Signature			Date		

NOTE:

- · GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- · For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Explanation for non-receipted items incurred by Brian Hlus, Director – Government Affairs

Date	Amount	Particular	Reason	Approved\by
September 9	\$22.00	Hosting	Bad Pants Tournament in support of Mazankowski Alberta Heart Institute.	Aw
October 19	\$55.00	Hosting	Alberta Mental Health Foundation	Der)

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
September 2	Parking				✓ 6.50		
September 9	Hosting (no receipt)					√ 22.00	nur.
September 16	Parking				5.20		
September 20	Hosting					33.92	
October 6	Travel						31
October 11	Travel					•	64
October 12	Supplies					1.27	
October 13	Hosting					7.81	
October 17	Travel						22
October 17	Parking				∠ 2.00		
October 19	Travel						37
October 19	Hosting (no receipt)	į	453.53			√ 55.00	-
October 20	Conference	471.42	17.89				
October 21	Travel		•				613
October 24	Travel						24
October 24	Hosting					104.79	
October 24	Hosting					J_32.19	36.19
October 25	Hosting					29.18	
October 26	Travel				.33.00		
October 27	Travel						18
October 27	Parking				/ 4.00		
October 28	Travel						11
October 28	Hosting					√ 4.85	
October 28	Hosting					/ 39.78	
October 28	Parking				6.00		
October 31	Travel						
October 31	Travel						22
October 31	Hosting					- 5.89	
October 31	Fax - October					✓ 31.73	w.h
	Total km						842
	@						\$0.38
TOTAL C TO FL	RONT OF FORM	/ \$471.42			\$56.70	\$368.41	\$319.96

EXPENSE LIMITS

372.41

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

Dinner

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Use of personal automobile - From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.

Includes all forms of transportation costs, including taxis and buses for local travel.

Driving to and from work is not considered business travel and cannot be claimed.

Advance

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

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

THE WESTIN CALGARY 320 4th Avenue SW Calgary, Alberta Canada T2P 2S6 403-266-1611

MR Brian Hlus 1J2 Walter Mackenzie Center Edmonton AB T6G 2B7

Arrival 10/20/05 **Departure** 10/22/05 Payment Method VA

Invoice

Page Starwood Preferred Guest # Airline Partner #

Room

Cashier

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

1654

1

The Westin Calgary, 10/21/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1654	183.00	
10/20	Tourism Levy 4%		7.39	
10/20	Room GST 7%		12.94	
10/20	Dest. Marketing Fee 1%		1.83	
10/20	ON Grill #1654 : CHECK #2803		36.10	
10/20	Park-Self Weekday		15.00	
10/21	Room Charge		183.00	
10/21	Tourism Levy 4%		7.39	
10/21	Room GST 7%		12.94	
10/21	Dest. Marketing Fee 1%		1.83	
10/21	Park-Self Weekend		10.00	

Total 471.42 Balance 471.42 \$

Room GST 25.88 GST 2.15 F&B Other GST 1.64 Total GST 29.67 GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

You can earn up to 25,000 Starpoints in your first year. So apply today at SPG.com/MBNA or ask the front desk for an application. This offer is available for residents of Canada only.

ELUS® Your TELUS Statement Oct 14, 2005

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

BAJHLUS

(786)^{17(1), 17(4)(g)(i)}

Your account number

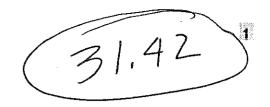
Your TELUS Account ID

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

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



Page 1 of 2



Here's what you owe this month: \$63.15

Total amount due by Nov 04	\$63.15
Total new charges	(31.73
GST (Registration 100652692) at 7%	2.03
Long Distance Charges (see details below)	4.95
Additional Charges and Credits (see details below)	.89
1 Residence Line Touchtone from Oct 13 to Nov 12	23.86
Amount overdue from your last bill	31.42
Amount of your last bill	\$31.42

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

Additional Charges and Credits	.89
E9-1-1 Municipal Call Answer Fee Oct 13	\$.44
E9-1-1 Provincial Network Fee Oct 13	14
Late payment charge on overdue amount of \$31.42	.31
Total additional charges and credits	\$.89

4.95 **Long Distance Charges**

Long Distance Administration Fee Oct 13

4.95

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**** MOXIE'S CLASSIC GRILL **** EQMONTON, AB
05T# 890379060 805 kRySTAL
2/J CHK 58 GST 2 20SEP 05 12:08PM
*** Seat # 1 *** 1 Tea
JOIN US FOR BRUNCH! SAT & SUN 10AM TO 2FM ************************************
******ONLY \$2.99 EVERY MONDAY**** ********************************
Thouse (Angle

MOXIE'S RESTAURANTS
40628 KINGSWAY QYENUE
EDMONTON AB

EMPLO NUMBER 1106 (1)
CARD TYPE 1106 (2)
DATE TIME 2005/09/20 13:04:32
CLERK NUMBER 805
RECEIPT NUMBER 578327001-001-149-018
PRE-AUTHORIZATION \$29.92

TIP

TOTAL RMOUNT 32.92

O1 AFFREVED - 027 AUTH. # 059080
THANK YOU

CARDHOLDER COFY

Capital Health Authority Hospitality Food Service

487

Host: Early 487		10/13/2005 9:59 AM 100487
Area: Div	no	ž.
-Cafe Latte	e 16oz (2 @3.65)	7.30
#Items 1	Sub Total Tax	7.30 0.51
** **	Order Total	7.81
**************************************	Cash	20.00
Ilni	versity of Alberta	Hospital

CAPITÀL HÉALTH ROYAL ALEXÀNDRA PUBLIC PARKING

Rootst 729 8			
09/16/05 14:12	LA 1 AM J1	TX"#	17179
06/16/05 12:16	In 05/15/05	14:12	(j) ji
Title 75.005			
Bailly Rate			
Total Fee	\$ 5.20		
CARA PAID	\$ 5.20-		
Cash Tender	\$ 5,20		
Cryanica Aug	\$ O.60		

GST# R108161688

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TIRGO TOTHER AVENUE FIMENTON. ALBERTA 15K 2T8 1 (780) 482-3663 GER 14 615 RATTOR NUMBER: 131845182 -

10/12/05 12:45 Store #07255 - Reg #003 | Tran #3590 | POS Version 4.18A

80.0 1.27

1,27 CASH

* TIEMS MOREET ORE PST EXEMPT

For a chance to Win One of 40-\$100 or 1-\$1000 Quarterly Shope for Sprees

> Visit os et Europe of his algorithm En Francais FOR REGLE 3LV41

* ** CUSTOMER/CLISHT **

OVERTINE BOILER TAP ROO EDMONTON: AB 780-423-1643

TERM #:

25200045

MER/MAR #:

9320593115

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PRU/SERVEUR: 024

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TRANS#: 8034

HH: 024713

HOLD REF #:0034

,d/Approuve

AMT/MONT TIP/POURB

TOTAL

BRIAN HLUS

GREAT FOOD GREAT PEOPLE

240ct'05 01:1學附 Date: Visa Card Type: XXXXXXXXXXX Acct #: 11/06 Exp Date: tift Co. - 33 Tackt. Table: 18 MICHELLE Server: Ref Number: 001130131329 BRIAN HLUS

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Total:	36.19.
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agreement.

STARSHEDOW GREAT PEOPLE

i Mobile

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1 COGLER	2.50
1 POP	2.35
1 STEAK SAND	12.99
1 CAJUN CAFSAR	10.99
add Oil a Vin	1.25
Cubtotal	30.08
Tax	2.11
01:15 Total 32	.19

PLEASE PAY YOUR SERVER

Robert Aoki, Managing Partner Mike Bates, Head Chef

GST#R1015441134

32.19

Capital Health Authority Hospitality Food Service

930

- Host: Early - 930 - 10	7/28/200
	3:01 17
Area: Divino	100930
Cafe' au Lait 16oz	
Starbucks 16oz	2.68
	1.85
#Items 2 Sub Total	· · · · ·
Tax	4.53
	0.32
Order Total	
New Obligation	4.85
Cash	ļ
	5.00
University of Alberta Hospital	5.00
GST# R108161688	المارية والمارية

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. EDMO	
CARD NUMBER *	**********
CARD TYPE	VISA <u>2</u> 4180
DATE/TIME	2005/10/25 12:37:02
CLERK NUMBER	2.3
RECEIPT NUMBER	S08317701-001-224-001
PRE-AUTHOR/ZATION	, and the same are the same and the same and the same and the same are the same and the same are same and the same are
AMOUNT	\$25,68
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TOTAL AMOUNT	Z9,18
01 APPROVED - 027 THÁNK YOU	AUTH, # 045074
CARDH	IOLDER COPY



RECEIPT

University of Alberta

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DAMAGE TO CAR OR CONTENTS.

PATHORITY ENDEAVOURS TO PROTECT THE PROPERTY OF TS PATHORS BUT WILL NOT BE RESPONSIBLE FOR LOSS.

THORITY ENDEAVOURS TO PROTECT THE PROPERTY OF TS PATHORS BUT WILL NOT BE RESPONSIBLE FOR LOSS.

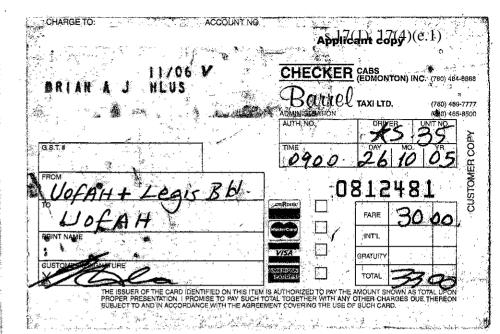
** STARBUTCHS COFFEE CANADA **

HIGH STREET #04404 EDMONTON ABTSNOM

1 GR LATTE 3.65
1 GR MILD BREWED 1.85
SUBTOTAL 5.50
TAX 7.0 0.39
TOTAL 5.89
CASH 20,00
CHANGE DUE 14.11

GST #8658 3535

--- DUPLICATE RECEIPT --We're known for our coffee.
But our people make us famous.
Discover a career with us.
www.starbucks.com/careers



SCUTIA PLACE PARKADE THANK YOU

THANK YOU FOR PARKING AT THE CROWN PLAZA INTERIAL PARKING

050CT27 22:19 001 002 050CT27 17:17 / 5:02 #088130 DAY RATE #0.00 18TAL #0.00 CASH \$4.00

.

/ 1:43 #054233 =262846 RATE 1 \$6.00 TLTAL \$6.00 CASH \$6.00

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050CT28 11:36

FOR INQUERIES CALL 780 420 1976 LOX STEAKHOUSE & BAR

REET

AH

1676 2**66** 273, 13-4

Charles

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5 39,78 5,00

9.00

∯ 50 2.28 **34.78**

CUSTOMER COPY

THANKS FOR COMING IN
PLEASE COME AGAIN II

\$ 20.30

There are only so many hours in the day. Make 4 of them happy. HAPPY HOUR Monday to Friday 3 pm to 7 pm

www.luxsteak.com



Travel Expense Claim Form

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

(Please Print or Type)							
Name Brian HLUS				Employee Nu	mber ^{S.17(1), 17(4}	1)(g)(i)	
Position <u>Director</u>	·			Oracle Cost C	entre <u>00-201</u>	<u>-9000-711</u>	500016
Department Government Affairs			 	Bus. Phone 4	107-7462		
Period from November 1, 2005	71 <u>L</u>		to	November 30,	2005		- Andrews - Andr
Expenses Paid (Please attach receing organization. Complete details on the	<i>ipts)</i> . Do	o not include ame r side of the form	ounts paid b	y Capital Healt	h or reimbursed ,	/ reimbursa	ble by another
-	1	n-Canadian Currency	Rate	Canadian \$	(including GST)	✓ if GST included	DO NOT USE
Accommodation							
Meals							
Registration Fees	-	Capter					
Transportation (including parking)		FECE	ival)		\$12.00	w	
Other (hosting/fax) FAx= 31-	ςυ	nce n	9 2005	C. Mary 1, S. C. and	\$238.94	24250	247.94
Mileage 69600 346	94 W	<i>ን</i> ዕዶ/ቫቫ			\$92.34	w	
TOTAL 14.0	06 n	ACCO			\$338.28		\$
Less Cash Advance	į		ingina tama sa masa ngananangan Kabupatèn dan sa masa	and the	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NET					\$338:28	346.	7 332.28
The information on this form is collect process your claim.	ted und	er section 4 of th	ne Regional	Health Authorit	ies (Ministerial) F	Regulation	and will be used to
I hereby certify that the expenses list or on my behalf from Capital Health of	ed abov or other	re were incurred organization.	on Capital I				sly claimed by me
Employee Signature		\(\)	········	Date	Dio 2	100	
Approved by							
Print Name Sheila Weatherill				Title !	President & CE	0	
Signature / / / / / / / / / / / / / / / / / / /	the	<u>~`</u>		Date		-	
Print Name				Title		<u></u>	
Signature		 		Date	T I P od A ST A ST		
NOTE:							

N

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
November 2	Travel						11
November 3	Travel		-				12
November 4	Travel						4
November 14	Travel		· <u></u>			<u> </u>	14
November 18	Travel						11
November 21	Travel						31
November 22	Travel						11
November 23	Travel						20
November 24	Travel						10
November 25	Travel						35
November 28	Travel					L	6
November 29	Travel					35.03	6
November 2	Hosting (Federal Government - Lunch)		·			× 31.03	îd
November 11	Parking				× 2.00 į		
November 18	Parking				· 4.00 ;	1 4c.25	
November 21	Hosting (Alberta Government - Dinner)					~ 35:25	w
November 22	Hosting (Alberta Government – Coffee)					v 4.28	U
November 23	Parking				2.00		
November 25	Hosting (Boy & Girls Club - Event)					✓ 23.00	
lovember 29	Hosting (Alberta Government – Dinner)					√ 72.88	8.00
lovember 29	Hosting (Alberta Government)					<i>-</i>	V
lovember 29	Travel					- 5.05	37
lovember 30	Fax				,	31.50	
ovember 30	Parking				√ 4.00 ·	,	
lovember 30	Travel						35
	Total km						243
, ,	@						\$0.38
OTALS TO FF	ONT OF FORM				\$12.00	\$233.94	\$92.34

EXPENSE LIMITS

247.94

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel
 in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

. Advance

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

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

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NOV18,2005 08:10am

CC \$0004.00 F

Purchase Time

THIS SIDE UP EXPIRATION TIME

Imperial Parking Harline Serial #-000004481011 EXP 10:09am EXPIRY DATE AND TIME NOV 18,2005 10:09am CC ****-7758 LOT# 00020161 MACH# 002

18,2005 LOT# TICKET#

00020161 00001307 MACH# 002 CC \$0004.00 Visa * FOLLOW INSTRUCTIONS ON SIGNS POSTED

s.17(1), 17(4)(e.1) Park 2 Hrs \$4.00

Questions/Comments Call 780-420-1976

Dominión Sportservice Ltd. PR Box 11450 Main Post Office Edmonton, Alberta T5J 3K6

21-NOV-2005 21:47PM Terminal:09376 Clerk:00459SAM_N

Table 44

- 	
DRALT BELR	\$6.50
L TQUOR	\$5.40
DRAFT BELR	\$6,50
I. TQUOR	\$5,50
DOMESTIC BEER	\$5. /5
r fóllór	\$5. 50

\$35.25 Sublotal Receipt# GST Reg

Capital Health Authority Hospitality Food Service

Host: Early 296 ช:47 AM 100296 Area: Divino Starbucks 16oz 1.85 0.55 Shot 1.60 Starbucks 12oz Sub Total 4.00 #Items 3 Tax 0.28 Order Total 4.28 20.00 Cash

S. 17(1),17(4)(e.1) EXPLRY DATE 1104 CARD TYPE VISA DATE/TIME 2005/11/21 21:39:24 RECEIPT NUMBER 580514530-212-057 AUTHURIZATION AMUMI \$35.25

TOTAL ANDINT

a approved 027 MANK YOU

030572 AUTH. #

CARDHOLDER WILL PAY TOTAL ANDUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER

AGREEMENT.

433582 LIC. NO.: READ CONDITIONS CAREEL OUT: Vehicles not displaying Valid Ticket on dash will be towerfor changes at owner's expense.

Vehicles and contents left at e IN: lost tickets. • 1 hours will be suf

DETACH THIS PORTION, FOR VALIDATION



RECEIPT OF VALIDATION IMPERIAL PARACHIC

reserve the privilege of moving vehicles rection of lot. • Ticket is non-

79

PLEASE RETAIN THIS COPY AS A PAREATION ASSOCIATION THE ISSUER OF THE BRANCH CAND PRESENTED HERBANDE CAND PRESENTED HERBAND TO THE ISSUER SCHOOL PRESENTED HERBAND THE BOURS CARD PRESENTED HERBAND AND THE ISSUERS CARD ELEMENT WITH THE ISSUERS CARD ELEMENT AND THE ISSUERS CARD A L'AMETEUR DE LA CARD ELEMENT AND COMPANY OF THE ISSUERS CAND THE ISSUERS CARD WITH THE ISSUERS CA

7400-1187H AVENUE EDMONTON AB S. 17(1),17(4)(e.1) EXFIRY DATE *1106 CARD TYPE VISA 2005/11/29 21:27:42 DATE/TIME RECEIPT WIMBER AUTHORIZATION ANDUNT Tip OI APPROVED 027 TRANK YOU CARDHOLDER WILL PAY TOTAL ANGUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.

REXALL PLACE 7400-118TH AVENUE EDMONTON

CHREE NUMBER

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

EXPIRY DATE

1106

CARD TYPE

Viore

DATE/TIME

CLERK NUMBER

2005, 11 14 18:4-1-

RECEIPT NUMBER

10 to 35 - 059 **- 014**

AUTHORIZATION

AMOUNT

\$64.88

TIP

TOTAL AMOUNT

01 APPROVED-027

AUTH. # 056592

THANK YOU

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

AGREEMENT.

CARDHOLDER SIGNATURE

MERCHANT COPY

Dominion Sportservice Ltd. PB Box 11450 Main Pest-Office

idmonton, Alberta TS

29 NOV 2005 18:54Ft 377 Clark:00348 SHAWN M

lable 277

REG BUFFET

2 @24.95 RICKARDS RED

\$49,90 \$5.37

VODKA COKE

Subtotal

\$64 8 IMMEN CANAL

TELUS Your TELUS Statement Nov 14, 2005

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

BAJHLUS

(780)

Your account number

Your TELUS Account ID

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

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

TELUS Communications Inc. Applicant copy

> Page 1 of 3

ank you for keeping ur account up to date.
ur account up to date.
발문학생님 그 그는 이 사람들이 하게
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Accounting Services

Memorandum

DATE:

November 29, 2005

TO:

Brian Hlus

Director Government Affairs

FROM:

Vicky Afacan

Senior Director Accounting Services

SUBJECT: Expense Claims

All expense claims need to be in compliance with the Employee Expense Claims and Hosting Guidelines Directive. The review of the expense claims processed in the period of July, 2005 to September, 2005 identified the following claims that require additional information in order to comply with the Directive:

Expense Claim	Amount	Information required
June 1 –	\$56.77	Requires detailed restaurant receipts (if not available the receipts
June 30		need to be initialed by the approver).
July 1 – July	\$422.90	Requires detailed restaurant receipts (if not available the receipts
31		need to be initialed by the approver).
August 1 –	\$75.51	Requires detailed restaurant receipts (if not available the receipts
August 31		need to be initialed by the approver).

Attached are copies of the above expense claims for your reference. Please forward the necessary documentation to my attention at Capital Health Centre 10th floor Accounting Services.

Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Sincerely,

Vicky Afacan



Capital Health Director, Accounting Services

DEC 0 9 7005

Accounting Services

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DATE:

November 29, 2005

TO:

Brian Hius

Director Government Affairs

FROM:

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Senior Director Accounting Services

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Please call me if you require additional information at 735-0502. Thank you for your attention to this matter.

Vicky Afacan

PD Batch KMT-07-JUL-2005-00,

Capital Health Director, Accounting Services



Travel Expense Claim Form

JUL 19 2005

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

(Please Print or Type)						· · · · · · · · · · · · · · · · · · ·
Name Brian HLUS			Employee Number ^{S.}	17(1), 17(4	1)(g)(i)	
Position Director			Oracle Cost Centre	00-201	-9000-7 115	00016
Department Government Affairs	<u></u>		Bus, Phone 407-74	62		
Period from June 1, 2005	to	June 30	, 2005			
Expenses Pald (Please attach receip organization. Complete details on the	ts). Do not include am e other side of the form	ounts paid t	by Capital Health or re	imbursed ,	/ reimbursat	ole by another
	Non-Canadian Currency	Rate	Canadian \$ (includ	ing GST)	✓ if GST Included	DO NOT USE
Accommodation						
Meals						
Registration Fees	Capital I	· · · · · ·		50.00		
Transportation (including parking)	1	W Rose State	45.25	40.25		
Other (hosting/fax)	JUL	2005		128.54	69YW	
Mileage	ACCOL	INTS		130.34	w	
OTAL	PAYA			348:93		
ess Cash Advance		<u>and a state of the state of th</u>	G 354.13	0		
ŒĨ			3:13:33	348.03	72	
ne Information on this form is collecte ocess your claim.	ed under section 4 of th	e Regional	Health Authorities (Mi	nisterial) F	Regulation a	nd will be used to
ereby certify that the expenses listed on my behalf from Capital Health or		on Capital I		,		-u-
nployee Signature	The same		Date	Lud	4/9	10-
proved by					0	
nt Name Shella Weatherill	//		Title Presid	ent & CEC)	
mature Seclarsh	med for	<u> </u>		pital Hea		
nt Name	_//	· ·	I #Ie	CEIV		
nature		*	DateA	UG 192	בעט:	, , , , , , , , , , , , , , , , , , , ,
TE: GST amounts included in the expens	se claims will be calcul	ated by Acc		COUN	ITS Æ	,
Please ensure that the expense clair For all employees on the payroll sys	m is properly authorize	d.				

- internal mail system.

 See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court ~ 1100, 10045 111 Street, Edmonton, AB T5K 2M7)

For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the

Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

June 1, 2005	ieal \$ Registration \$	Transportation \$	Other \$	Mileage km	
June 14, 2005 Travel June 15, 2005 Travel June 21, 2005 Travel June 21, 2005 Travel June 24, 2005 Travel June 30, 2005 Travel June 30, 2005 Travel June 22, 2005 Hosting (UAH: Catelena) June 22, 2005 Parking June 13, 2005 Parking June 13, 2005 Parking June 15, 2005 Parking June 16, 2005 Hosting June 20, 2005 Travel June 20, 2005 Travel June 20, 2005 Travel June 30, 2005 Fax - May June 30, 2005 Fax - June June 5, 2005 CAANA Workshop				21	
June 15, 2005 Travel June 21, 2005 Travel June 24, 2005 Travel June 30, 2005 Travel June 22, 2005 Travel June 22, 2005 Travel June 22, 2005 Travel June 22, 2005 Parking (PAR Cafeteria) June 23, 2005 Parking June 13, 2005 Parking June 15, 2005 Parking June 15, 2005 Parking June 20, 2005 Travel June 20, 2005 Travel June 20, 2005 Travel June 30, 2005 Fax - May June 30, 2005 Fax - June June 5, 2005 CAANA Workshop				22	7
June 16, 2005 Travel June 21, 2005 Travel June 30, 2005 Travel June 30, 2005 Travel June 22, 2005 Hosting (DAH:Cafetera) June 23, 2005 Parking June 13, 2005 Parking June 13, 2005 Parking June 15, 2005 Parking June 16, 2005 Hosting June 16, 2005 Travel June 20, 2005 Travel June 20, 2005 Travel June 20, 2005 Fax - May June 30, 2005 Fax - June June 5, 2005 CAANA Workshop				27	1
June 21, 2005 Travel June 30, 2005 Travel June 22, 2005 Hosting (JAH Cafelgia) June 22, 2005 Parking (JAH Cafelgia) June 23, 2005 Parking June 13, 2005 Hosting June 13, 2005 Hosting June 15, 2005 Parking June 16, 2005 Hosting June 20, 2005 Travel June 20, 2005 Travel June 20, 2005 Fax - May June 30, 2005 Fax - May June 30, 2005 CAANA Workshop				21	1
June 24, 2005 Travel June 22, 2005 Thosting (CATEC afetera) June 22, 2005 Parking June 24, 2005 Parking June 13, 2005 Parking June 13, 2005 Parking June 16, 2005 Parking June 16, 2005 Hosting June 20, 2005 Travel June 20, 2005 Travel June 20, 2005 Fax - May June 30, 2005 Fax - May June 30, 2005 Fax - June June 5, 2005 CAANA Workshop				21]
June 30, 2005 Travel June 22, 2005 Shosting (CATEC Steteria) June 24, 2005 Parking June 13, 2005 Hosting June 15, 2005 Parking June 16, 2005 Hosting June 20, 2005 Travel June 20, 2005 Travel June 20, 2005 Fax - May June 30, 2005 Fax - June June 5, 2005 CAANA Workshop				10/5	h
June 22 2005				207	1.
June 24: 2005 Parking (triets) June 24: 2005 Parking (triets) June 13: 2005 Parking June 15: 2005 Parking June 16: 2005 Parking June 20: 2005 Travel June 20: 2005 Parking (triets) June 30: 2005 Fax - May June 30: 2005 Fax - June June 5: 2005 CAANA Workshop		,		14	1
June 24 2005 Parking June 13, 2005 Hosting June 15, 2005 Parking June 15, 2005 Parking June 16, 2005 Hosting June 20, 2005 Travel June 27, 2005 Parking:(meter) June 30, 2005 Fax - May June 30, 2005 Fax - June June 5, 2005 CAANA Workshop	to design the same of the same		- Table		د إ
June 2, 2005 Parking June 13, 2005 Hosting June 16, 2005 Parking June 20, 2005 Travel June 20, 2005 Travel June 27, 2005 Parking (meter) June 30, 2005 Fax - May June 5, 2005 CAANA Workshop	The contract of the contract o		44 15 (8.55)	The second secon	*
June 13, 2005 Hosting June 16, 2005 Hosting June 20, 2005 Travel June 20, 2005 Parking (meter) June 8, 2005 Fax - May June 30, 2005 Fax – June June 5, 2005 CAANA Workshop	All below to the second		Company of the parties of the company of the compan	The same of the sa	+
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June 16, 2005 Hosting June 20, 2005 Travel June 20, 2005 Parking (meter) June 8, 2005 Fax - May June 30, 2005 Fax - June June 5, 2005 CAANA Workshop	,.	√ 2.50	V		
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June 27:2005 Parking (meter) June 8, 2005 Fax - May June 5, 2005 CAANA Workshop		11.00		/ -	
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June 8, 2005 Fax - May June 5, 2005 CAANA Workshop	or per section of the	1/2/11/2019		printed to the property of the printed of the print	×
June 5, 2005 CAANA Workshop		7	31.42 س	The second secon	
June 5, 2005 CAANA Workshop			J32.11	w	Į
	√ 50.00				
		· 			
Total km					
I OTHI KITI				240	
				343	
TOTALS TO FRONT OF FORM	\$50.00	45.25	\$128,34	\$0.38 \$130.34	

Please see attached explanation for highlighted non-receipt items.

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EXPENSE LIMITS

. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$6.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile -- From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
 - includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.
- 3. Advance

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

. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.



Travel Expense Claim Form

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

Name Brian HLUS		······································	Emplo	yee NumberS.17(1), 17	7(4)(g)(i)	
Position Director				Cost Centre 00-20	1-9000-71	1500018
Department Government Affairs				none 407-7462		1000010
Period from July 1, 2005	to	July 31,				· · · · · · · · · · · · · · · · · · ·
Expenses Paid (Please attach rece organization. Complete details on t	ipts). Do not include an			Health or reimbursed	/ reimburs	able by another
	Non-Canadian Currency	Rate	Canad	ian \$ (including GST)	✓ If GST	
Accommodation 62412	Contelley	,			included	DO NOT US
Meals (, 24, 2, 6 100)				597,18		
Registration Fees	Capit	al Health		35.00		
ransportation (including parking)	REC	EIVEL	-	20.72	11.5	
Other (hosting/fax) 69600 -	396,79 W AUG	1 0 2005		39.75 461.71	+1.50=	
dieage U.Fa.v.	• • •			253,48		
OTAL		SOUNTS AYABLE		\$1,387,10		
ess Cash Advance						
ET				\$1,387.10		
e information on this form is collecte cess your claim.	of under continued with			41,367.10		
cess your claim. Ireby certify that the expenses lister on my behalf from Capital Health or ployee Signature roved by	1 about transfer in a	n Capital He	elth busi	ness and have not bee	n previous	ly claimed by me
Name Shella Weatherill			т	tle <u>President & CEO</u>		
ature Hubarti	s.l		_	ete		
Name			Ti			
eture			De	rte		

- For all employees on the payroll system, expense cheques will be deposited to employee bank account.

 For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

CH-0313 May 2005

. <u>*_</u>		#741 E144		DETAILS		Applica	ant copy
Date	Particulars Particulars	Accommodation (Meal \$	Registration \$	Transportation	\$ Other:	Mileage kn
July 4, 2005	Travel						16
July 4, 2005	Hosting					39.9	
July 6, 2005	Travel				16.00		
July 7, 2005	Travel			7			70
July 7, 2005	Parking				J 3.00		
July 8, 2005	Travel						5
July 8, 2005	Parking		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.00	5	
July 10, 2005	Meals (dinner)		17.00			-	
July 10, 2005	Travel					-	303
July 11, 2005	Travel		021		5.00		
July 12, 2005	Accommodation	575.6 597.18	die				
July 12, 2005	Meal (Break/lunch)	21.52	18.00				
July 12, 2005	Parking				6.00		-
July 13, 2005	Travel					 	ND 11
July 13, 2005	Hosting			1		59.48	
July 15, 2005	Hosting		-c 3			103.16	100
July 18, 2005	Travel						₹ 568
July 18, 2005	Hosting					160.50	A.L.
july 18, 2005	Hosting					26.00	
luly 19, 2005	Travel						21
uly 19, 2005	Parking (meter)				2.25		
uly 20, 2005	Travel						71
шу 20, 2005	Hosting					/33.7	
uly 21, 2005	Travel						40
uly 21, 2005	Hosting					. / 5.89	
ity 22, 2005	Travel					<u> </u>	9
ily 22, 2005	Parking				4.50		
ily 25, 2005	Travel						17
fy 26, 2005	Travel						87
ly 27, 2005	Travel						9
ly 27, 2005	Parking					1.50	
ly 31, 2005	Fax (July)					31.42	
	Total km			· ·	<u> </u>	<u> </u>	667
	@						\$0.38
TALS TO FR	ONT OF FORM	597.18	35.00		39.75	461.71	253.46

EXPENSE LIMITS

Meal Allowances 41.25 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) Lunch Dinner

460.21

\$17.00 (If the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used
 - includes all forms of transportation costs, including taxis and buses for local travel. Driving to and from work is not considered business travel and cannot be claimed.

Advance

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

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

10 (Satch KMT-07-JUL-2005-00)

Capital Health Director Aphical Health



Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel) JUL 19 2005

(Please Print or Type)					20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	The second of th
Name Brian HLUS	Name Brian HLUS			5.17(1), 17(-	4)(g)(i)	
Position Director			Oracle Cost Centre 00-201-9000-711500016			
Department Government Affairs			Bus. Phone 407-746	32		
Period from June 1, 2005	to	June 30), 2005			
Expenses Paid (Please attach receipt organization. Complete details on the	ts). Do not include ame other side of the form	ounts paid l ı.	by Capital Health or rei	mbursed /	reimburs:	able by another
	Non-Canadian Currency	Rate	Canadian \$ (includir	ng GST)	✓ if GST included	DO NOT USE
Accommodation					oidaqu	
Meals						Karatan pa
Registration Fees	Capital I	leaith		50.00		Treated Spings of the Control of the
Transportation (including parking)	The trans	WELL	45.25	40.25		
Other (hosting/fax)		3005		128.\$4	69500	50.77 14.25
Mileage	ACCOL	INITS	5	130.34	FAX	6 30 3 5₩
TOTAL	PAYA		\$	3 48 :93	ω	\$
Less Cash Advance			CF 354.13	0		
NET				340.93		
The information on this form is collected process your claim.	·		Health Authorities (Min			
I hereby certify that the expenses listed or on my behalf from Capital Health or o	above were incurred	on Capital I	fealth business and ha	ve not be	en previou	sly claimed by me
Employee Signature	se_		Date	1	0. 10	110
Approved by			Date	- Re-C	911	1/05
Print Name Sheita Weatherill			Title Preside	nt & CEO	•	
Signature Seela Th	med for	5 0	Date Car	oital Hea	lth	
Print Name			Tile	JEI V		
ignature	<u></u>		Date	6 1 9 2	005	
IOTE: GST amounts included in the expense Please ensure that the expense claim	e claims will be calcula	ated by Acc	AC ounts Payable.	COUN	TS	

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

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
June 1, 2005	Travel						21
June 9, 2005	Travel					 	22
June 14, 2005	Travel					<u> </u>	27
June 15, 2005	Travel						21
June 16, 2005	Travel					 	21
June 21, 2005	Travel						10/5
June 24, 2005	Travel						207
June 30, 2005	Travel					-	14
June 22, 2005	Hosting (UAH Cafeteria)				L L	3.42	
June 22, 2005	Hosting (ÜAH Cafeteria)					4.82	
June 24, 2005	Parking (meter)				プ <u>カナ25</u>		**************************************
June 2, 2005	Parking				3.50	w	
June 13, 2005	Hosting				0.00	19.01	17.01 2.6
June 15, 2005	Parking				✓ 2.50	w	
June 16, 2005	Hosting				2.00	✓ 37.76	73.764.6
June 20, 2005	Travel				11.00	لاد الاد الاد الاد الاد الاد الاد الاد	- 3. 70 -1
June 20, 2005	Travel				20.00	25.00 L	
June 27, 2005	Parking (meter)				2.00	9.66 0	
June 8, 2005	Fax - May	1 a.	<u>En la Sur la reconstruir d</u>	- T B	*************************************	31.42	
June 30, 2005	Fax – June		, ,			32.11	<i>ω</i> <i>ω</i>
June 5, 2005	CAANA Workshop			✓ 50.00		02.11	
				-			
			-/-				
					-		
	Total km	+					242
	@				1,00	·	343 \$0.38
OTALS TO FRO				\$50.00	45-25 \$40.25	\$128.34	\$0.38 \$130.34

Please see attached explanation for highlighted non-receipt items.

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2.

Use of personal automobile - From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with

- receipts in accordance with Capital Health Policy. Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

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

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

TELUS® Your TELUS Statement May 14, 2005

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

BAJHLUS

(780) 17(1), 17(4)(g)(i)

Your account number

Your TELUS Account 1, 17(4)(g)(i)

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

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

Applicant copy
Page
1 of 2

TELUS Communications Inc.

Thank you for keeping your account up to date.

Here's what you owe this month: \$31.42

Total amount due by Jun 04	\$31.42
Total new charges	31.42
GST (Registration 100652692) at 7%	2.03
Long Distance Charges (see details below)	4.95
Additional Charges and Credits (see details below)	.58
1 Residence Line Touchtone from May 13 to Jun 12	23.86
Amount overdue from your last bill	.00
Payment we processed on May 10 - Thank You	-31.42
Amount of your last bill	\$31.42

Additional Charges and Credits		.58
E9-1-1 Municipal Call Answer Fee May 13	\$.44	
E9-1-1 Provincial Network Fee May 13	.14	2/05
Total additional charges and credits	\$.58	<u>_</u> 81
	10 10	<u>e</u>
Long Distance Charges	pd J	4,95
		. માનું કે પ્રાથમિક કે તેને કે તેને ફેલ્ટ

Long Distance Administration Fee May 13

4.95

Tear off here

TELUS® Your TELUS Statement

Jun 14, 2005

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

BAJHLUS

(786)^{17(1), 17(4)(g)(i)}

Your account number

Your TELUS Account ID

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

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

Page tof 2

TELUS Communications Inc.
Applicant copy

Here's what you owe this month: \$32.11

Amount of your last bill	\$31.42
Payment we processed on Jun 13 - Thank You	-31.42
Amount overdue from your last bill	.00
1 Residence Line Touchtone from Jun 13 to Jul 12	23.86
Additional Charges and Credits (see details below)	.89
Long Distance Charges (see details below)	5.31
GST (Registration 100652692) at 7%	2.05
Total new charges	32,11
Total amount due by Jul 04	\$32.11

 Thank you for keeping your account up to date.

Additional Charges and Credits

E9-1-1 Provincial Network Fee Jun 13

E9-1-1 Municipal Call Answer Fee Jun 13

Late payment charge on overdue amount of \$31.42

\$.44 .14 .31

Total additional charges and credits

\$.89

Long Distance Charges

5.31

Long Distance Administration Fee Jun 13

Tear off here

CAANA Suite 107, 4990 – 92 Avenue Edmonton, AB T6B 2V4

Official Receipt

May 31, 2005

Mr. Brian Hlus Capital Health Government Affairs 1J2 Walter C. Mackenzie Centre 8440 112 Street Edmonton, AB T6G 2B7

\$25.00

Dear Mr. Hlus,

Thank you for attending the CAANA Workshop in Edmonton on March 9, 2005.

This is your receipt for your attendance at the workshop. Please note, when you receive your monthly credit card bill, this item will be listed under the Vendor "Activation Analysis Group Inc." This is the

\$25.00 Event Charges .

processing vendor for CAANA.

Reference Payment Payment

Breakdown

Current Financial Status

Total Due Already Paid This Payment Total Paid Still Owing
\$25.00 \$0.00 \$25.00 \$25.00 \$0.00

We hope that you found the workshop useful. For more information contact me directly at 780-415-5168.

Sincerely,

45

Lisa Pedersen Member Services Drnan Huffman Wold Wrobles

14:10

7002

Applicant copy

CAANA Suite 107, 4990 - 92 Avenue **T6B 2V4** Edmonton, AB

Official Receipt

May 31, 2005

Mr. Dan Huffman Cepital Health Regional Patient Transport & Patient Simulation Plaza 124, Suite 500 10216 - 124 Street Edmonton, AB T5N 4A3

Dear Mr. Huffman,

Thank you for attending the CAANA Workshop in Edmonton on March 9, 2005.

This is your receipt for your attendance at the workshop. Please note, when you receive your monthly credit card bill, this item will be listed under the Vendor "Activation Analysis Group Inc." This is the processing vendor for CAANA.

Reference	Payment Breakdown	Payment
46	\$25.00	\$25.00 Event Charges

Current Financial Status Still Owing Total Paid This Payment Aiready Paid \$0.00 \$25.00 \$25.00 \$0.00

We hope that you found the workshop useful. For more information contact me directly at 780-415-5168.

Lisa Pedersen Member Services

Total Due

\$25.00

s.17(1), 17(4)(e.1)	
CHARGE TO: ACCOUNT NO.	
11/06 V	TELEGRAM (780) 462-3456
BRIAN A > HLUS	[780] 462-3436 [780] 462-4444 ADMINISTRATION (780) 468-8500
G.S.T.#	AUTH, NO. DRIVER UNIT NO. TIME DAY MO, YR. Q
FROM	1 LG CG G5 0
TO 11AH	1341705 B
PRINTNAME	INT'L
CUSTOMERS SIGNATURE	CHARLETON TOTAL 25 200 pc
THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM PROPER PRESENTATION. FROMISE TO PRY SUCH T SUBJECT TO AND IN ACCORDANCE WITH THE AGREE!	IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON OTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON MENT COVERING THE USE OF SUCH CARD.
17/1\ 17/4\/ 1\	
S. 17(1), 17(4)(e-1) ACCOUNT NO	
J1/06 V	
BRIAN A J HLUS	75/14/19/19 (780) 462-3456 (780) 462-4444
	AUTH NO. PRIVER UNITING
Q.S.T.	1295830 g
10 0-F H	1295830
PRINT NAME	FARE // O
CUSTOMERS SIGNATURE	DSA GRATUTY
THE ISSUES OF THE CARD IDENTIFIES ON THE	AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON L'IOGETHER WITH ANY OTHER CHARGES DUE THEREON

THANGHETIEN RECORD #50616/13:03

BUR THAT RESTAURANT 18649 113 51 EDATON TON HLULATH THEMP

TEMM ID: 02358618 NID: 452781 s.17(1), 17(4)(e.1)

IARI *

EXP: 11 86

HEET TYPE: VISA ALF HO: 9002919

PURCHES AMOUNT 433. TH

E. Links

(881) APPROVED - THANK YOU AUTH #M26455

TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CAMPHILDED

CAROUNLESS STRUCTURE

Imperial Parking Canada Corporation DE 2.00 ACH REC 8313 **FACE UP** #R102466000 ON DASH WARNING - YOUR RISK SEE BACK Imperial Parking Canada Corporation O ETA 8313 D m **FACE UP** Ē ON DASH

WARNING - YOUR RISK

SEE BACK

96

RED GBR

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

Total Yas Total Fe CASH PAID Cash Tender Change Tue

PEARL JADE RESTAURANT 8525 112 STREET **EDMONTON**

S. 17(1),17(4)(e.1) CARD NUMBER EXPIRY DATE 1006 CARD TYPE VISA 7488 DATE/TIME 2005/06/13 12:34:49 RECEIPT NUMBER \$47035764-145-133 AUTHORIZATION AMOUNT \$17.01 TIP

TOTAL AMOUNT

01 APPROVED-027 THANK YOU

AUTH: # 036531

CARDHOLDER COPY

Non Receipts.

June 22/05

Coffee

#3,42

June 29/05

Parking meter

1,25

June 27/05

Parking meter

2,00

Mez.



Travel Expense Claim Form

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

(Please Print or Type)		1						
Name Brian HLUS	Name Brian HLUS				Employee Number S.17(1), 17(4)(g)(i)			
Position <u>Director</u>	Oracle Cost Centre 00-201-9000-711500016							
Department Government Affairs			Bus. Phone 407-7462					
Period from July 1, 2005	to	July 31,	2005					
Expenses Paid (Please attach receiorganization, Complete details on t	ipts). Do not include am he other side of the form	ounts paid b	y Capital Health or reimbursed	/ reimburs	able by another			
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE			
Accommodation 62412		-	597.18		575.66 21.57			
Meals 62412 6		145	35.00		w see			
Registration Fees	B THE BEST OF THE SECOND SECON	ai Health EIVEL			E405.028.62.22			
Transportation (including parking)	AC.	E CONTRACTOR OF THE CONTRACTOR	39.75	+1.50=	40.25 1,00			
Other (hosting/fax) 69600 -	396,79 W	1 0 X002	461.71					
Mileage 5 FAX-	31-42m	COUNTS	253.46		4 62412: 115.1 62410: 138.			
TOTAL	A P	AYABLE	\$1,387.10		\$			
Less Cash Advance			0		and the second s			
NET			\$1,387.10					
The information on this form is collectorocess your claim.	ted under section 4 of th	ne Regional I	lealth Authorities (Ministerial) F	Regulation	and will be used to			
hereby certify that the expenses list or on my behalf from Capital Health	or other organization.	on Capital H	ealth business and have not be	en previou	ısly claimed by me			
Employee Signature	Bles		Date	·				
pproved by								
rint Name Sheila Weatherill			Title President & CEC	<u> </u>				
ignature <u>Aubaut</u>	tus		Date					
Print Name			Title					
ignature								
OTE:								

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$		T		. 1	
July 4, 2005	Travel	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	
July 4, 2005	Hosting						16
July 6, 2005	Travel			ļ <u> </u>		39.9	7 ×
July 7, 2005	Travel				/ 16.00)	
July 7, 2005							70
July 8, 2005	Parking				3.00		
July 8, 2005	Travel						5
July 10, 2005	Parking				3.00		
July 10, 2005 July 10, 2005	Meals (dinner)		/ 17.00				
	Travel	_	A				303
July 11, 2005	Travel		per		5.00		
	Accommodation	575.6 597.18		<u> </u>			
	Meal (Break/lunch)	21.52	18.00				1
	Parking				6.00		
	Travel						11
·	Hosting					59.49	75
	Hosting					√ 103.16	· ·
	Travel						68
	losting					160.50	4
	Hosting					/ 26.00	W .
	ravel					y	21
July 19, 2005 F	Parking (meter)				2.25		<u> </u>
July 20, 2005 T	ravel						11
July 20, 2005	losting					/33.78	
luly 21, 2005 T	ravel					9	40
luly 21, 2005 H	losting					5.89	
uly 22, 2005 T.	ravel					0.00	9
uly 22, 2005 P	arking				4.50		3
uly 25, 2005 Tı	ravel						17
uly 26, 2005 Tr	avel						87
uly 27, 2005 Tr	avel						
ıly 27, 2005 Pa	arking		 			1.50	9
ıly 31, 2005 Fa	x (July)						
	Total km				i	31.42	u)
	@						667
OTALS TO FRO		597.18	35.00		20.75	404 = :	\$0.38
PENSE LIMITS		337.10	33.00		39.75	461.71	253.46

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of: \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) Breakfast

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) Dinner

460.21

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

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

Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President. 100



ACCOUNT NO.

(780) 462-3456

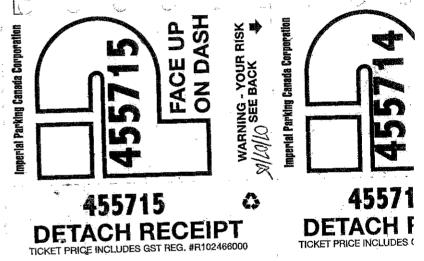
7 (780) 462-4444 465-8600

28132

CUSTOMER COPY

FARE

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



BLUE

**Merchant Copy*

JEAT FOOD GREAT PEOPLE

15Jul'05 08:04PM Card Type: Visa つけずら、17(1),17(4)(使約XX7(1),17(4)(e.1) ು-೧Rate: Auth Code: 024 Ca K 6259 Table 235/1 Sarver 20 JANINE Ref Number: 00112147" BRIAN

Subtotal:	91.16
Tip:	
Total:	103.16
Signature:	and distributions and the second seco

I agree to pay above total according to my card issuer agreement.

**Customer Copy*

GREAT FOOD GREAT PEOPLE

13Jui'05 12:59PM Date: Card Type: Visa 4ect #: 11/06 Exp bate: Auth Code: 074002 Check: 6729 Table, 332/1 Server: 8 LINDSAY Ref Number: 00112128115 BRIAN HLUS

52.49 Subtotal: Tir

Total: Signature:

I agree to pay above total according to my card issuer agreement.

**Merchant Copy*

TELUS PARKADE 657 INC. R#12438833

05JUL08 10:53 001 00: 05JUL08 10:17 01

7 0138 1178630

-01012991

RATE 1 TOTAL CASH

MANAGED BY IMPERIAL PARKING

IL LANDING GOLF CLUB 502 127H AVE σ 机铁铁 CARD NUMBER EXPIRY DATE 1108 CARD TYPE VISA 4060 2005/07/18 15:52:02 DATE/TIME RECEIPT NUMBER \$80545842-146-015 AUTHOR J ZATION AMOUNT \$28.M TIP TOTAL AMOUNT OI APPROVED 027 047627 THANK YOU CARDINOLDER WILL PAY TOTAL AMOUNT SHOW 18 CARD ISSUER ACCORDING TO CARDHOLDER

AGREEMENT.

REDTAIL LANDING GOLF CLUB 502 12TH AVE 0 NISKU CARD NUMBER EXPIRY DATE 1106 CARD TYPE VISA 5371 DATE/TIME 2005/07/18 12:10:57 RECEIPT NUMBER PURCHASE TOTAL AMOUNT OI APPROVED 027 AUTH. # 036336 THANK YOU CARDHICLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGRÉENENT. BRIAN HLUS

GREAT FOOD GREAT PEOPLE

20Jul'05 12:55PM Visa XXXXXXXXXX 11/06 037660

Card Type: Visa Acct #:

Date:

Exp Date:

Auth Code: Check:

5431

Table:

81/1

Server: 15 SANDRA Ref Number: 001121885699

Subtotal:

29.78

Total:______33,78

Signature:___

I agree to pay above total according to my card issuer agreement.

**Customer Copy*

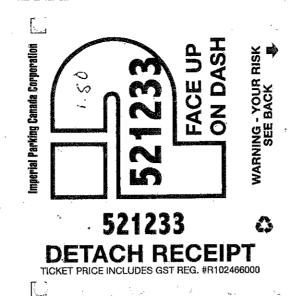
102

Capital Health Authority Hospitality Food Service

775

Host: Earl 775	×		-07/21/200% 2:16 PM 100775
Area: Divi	no		100773
Starbucks Cafe Latte			1.85 3.65
#Items 2	Sub Total Tax	•	5.50 0.39
	Order Total		5.89
	Cash		20.00

University of Alberta Hospital GST# R108161688



BLUE

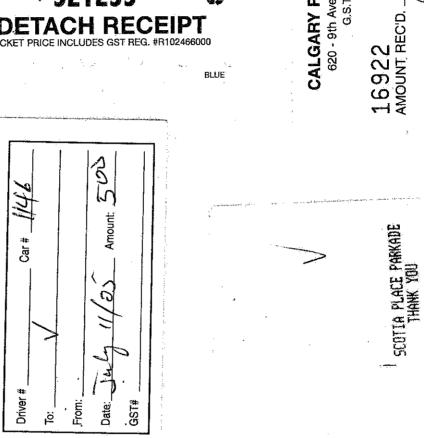
Applicant copy

LOT No.

ATTENDANT

DATE

CALGARY PARKING AUTHORITY 620 - 9th Avenue S.W., Calgary, Alberta G.S.T. REG. # 119457869



Calgasy

July 10

Meala

#17.00(0)

Mileage 303

Jely 11

5,00

1 uly 12 Accomposation Parking

8,00 (B) /

10,00 (L) /

345 \$597.18(K) # 6,00(R)



Sheraton Suites Calgary

255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

G r Brian Hlus	ROOM 303 RATE 269.00 NO.PERS. ¹			T A G E N E N	AG VE
U EJ2 Walter Mackenzie Center	FOLIO PAGE	471560 - 1	EX-A	ῗ T C	
Edmonton, AB T6G 2B7 Canada	ARRIVE DEPART PAYMENT	10-JUL-05 12-JUL-05 MC		A T R O G E	

DATE	REFERENCE	DESCRIPTION	CHARGES	S • CREDITS
10-JUL-05	RT303	Room Charge		269.00
10-JUL-05	RT303	Alberta Tourism Levy (4%)	. ••	10.76
10-JUL-05	RT303	GST (7%)		18.83
10-JUL-05	DEPOSIT	Deposit Applied		597.18-
11-JUL-05	RT303	Room Charge		269.00
11-JUL-05	RT303	Alberta Tourism Levy (4%)		10.76
11-JUL-05	RT303	GST (7%)		18.83
12-JUL-05 MC	Master Card	0	0.00-	
	Motol D			

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

EXPENSE REPORT SUMMARY

Date	Room & Tax Foo	d & Bev	Telephone	Other	Total	Payment
10-JUL-05	298.59	0.00	0.00	0.00	298.59	597.18-
11-JUL-05	298.59	0.00	0.00	0.00	298.59	0.00
Total	597.18	0.00	0.00	0.00	597.18	0.00

We have a Service Promise and would appreciate any feedback you may have. Please send to Ross Meredith at rmeredith@sheratonsuites.com.

** continued on the next page **

•	
I agree to remain personally liable for the payment of this account if the corporation or other	
third party billed fails to pay part or all of these charges.	OLONIATURG

For Reservations

Call 1-888-784-8370

Mr Brian Hlus

DEPART

AGENT



Sheraton Suites Calgary

255 BARCLAY PARADE SW CALGARY, ALBERTA T2P 5C2 PHONE (403) 266-7200 FAX (403) 266-1300

ROOM 303 RATE 269.00 NO.PERS.1 FOLIO 471560 EX-A PAGE 2 ARRIVE 10-JUL-05 19:51 DEPART 12-JUL-05 PAYMENT MC	AGENT TO
	RATE 269.00 RATE 269.00 NO.PERS. 1 FOLIO 471560 EX-A PAGE 2 ARRIVE 10-JUL-05 19:51 DEPART 12-JUL-05

DATE REFERENCE DESCRIPTION CHARGES • CREDITS

GST Summary

GST Room Revenue	37.66
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	0.00 37.66

139445290 RT0021

18.83 x2

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE

As a Starwood Preferred Guest you have earned at least 2 Starpoints for each \$1 US Dollar spent.

For Reservations Call 1-888-784-8370

Mr Brian Hlus FOLIO 471560

10-JUL-05

ROOM 303 DEPART

AGENT

TELUS Your TELUS Statement Jul 14, 2005

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

BAJHLUS

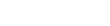
(**780**)^{S. 17(1),17(4)(e.1)}

Your account number

Your TELUS Account ID

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

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



Page 1 of 2

TELUS Communications Inc.
Applicant copy

Here's what you owe th	s month: \$31.42
------------------------	------------------

Total amount due by Aug 04	\$31.42
Total new charges	31.42
GST (Registration 100652692) at 7%	
Long Distance Charges (see details below)	4,95 2.03
Additional Charges and Credits (see details below)	.58
1 Residence Line Touchtone from Jul 13 to Aug 12	23.86 .58
Amount overdue from your last bill	.00
Payment we processed on Jul 08 - Thank You	-32.11
Amount of your last bill	\$32.11

 Thank you for keeping your account up to date.

Additional Charges and Credits

Additional Charges and Credits			and the second s	
E9-1-1 Municipal Call Answer Fee Jul 13				\$,44
E9-1-1 Provincial Network Fee Jul 13	· 医克尔克氏 医克克克氏 医克克克氏 医克克克氏 医克克克氏 医二甲基			.14
Total additional charges and credits		*		\$.58

Long Distance Charges 4.95

Long Distance Administration Fee Jul 13

4.95

.58

Tear off here





Travel Expense Claim Form

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

Name Brian HLUS			Employee Number ^{S.17(1), 17(4)(g)(i)}			
Position <u>Director</u>			Oracle Cost Centre00-201	<u>-9000-711</u>	500016	
Department Government Affairs			Bus. Phone 407-7462			
Period fromAugust 1, 2005	to	August 3	31, 2005			
Expenses Paid (Please attach receiorganization. Complete details on the	ipts). Do not include amone the other side of the form.	ounts paid b	y Capital Health or reimbursed /	reimbursa	able by another	
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE	
Accommodation			e e e e e e e e e e e e e e e e e e e			
Meals	pm 1.2	*1544		,		
Registration Fees		3 . 5 *	600.00			
Transportation (including parking)		7 255	87.00		76.60 10.41	
Other (hosting/fax) 69600 =	66.51 9.00	- ATTE	106.93			
Mileage FA x =	31.47 ACC	ABLE	19.76	w		
TOTAL	PA	THE RESERVE THE PARTY OF THE PA	\$813.69		\$	
Less Cash Advance			0			
NET		· · · · · · · · · · · · · · · · · · ·	\$813.69			
The information on this form is collect rocess your claim. hereby certify that the expenses list r on my behalf from Capital Health	ed above were incurred	on Capital F		en previou	ısly claimed by me	
mployee Signature			Date		7 0000	
pproved by			•		,	
			Title <u>President & CEC</u>		,	
pproved by rint Name Sheila Weatherill			•		,	
pproved by			Title <u>President & CEC</u>)		

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account,
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage kr
August 23	Travel						23
August 30	Travel						17
August 31	Travel						12
July 29	Hosting				,	40.13	V
August 22	Travel				31.00		
August 26	Hosting				,	35.38	x
August 29	Travel				22.00		
August 30	Travel				34.00		
August 14	Fax					31.42	
July 13	Conference			600.00			
		-					
					· ·		
· · · · · · · · · · · · · · · · · · ·							
							···
			·				
			·····		-		
·							
	T-4-11:						
	Total km						52
	@						\$0.38
DTALS TO F	RONT OF FORM			\$600.00	\$87.00	\$106.93	\$19.76

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
 in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used
- Includes all forms of transportation costs, including taxis and buses for local travel.
- · Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

SKEAT FOOD GREAT PEOPLE

GREAT FOOD GREAT PE

26Aug'05 12:45PM ard Type:

Acct 4. Fap Date: Auth Code:

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

143 JOSH H 001125081906 BRIAN HLUS Check: Table; Server: Ref Number: (

31.38

Subtotal:

30

 $\mathcal{S}_{\mathcal{S}}$

according to my card issuer agreement. I agree to pay above total

*********Customer Copy******

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

29Jul '05 12:52PM

Acct #: EXE ST

Auth Check: Table:

: 001129663142 BRIAN FLUS Ref Number: Check IU: Server:

35.13

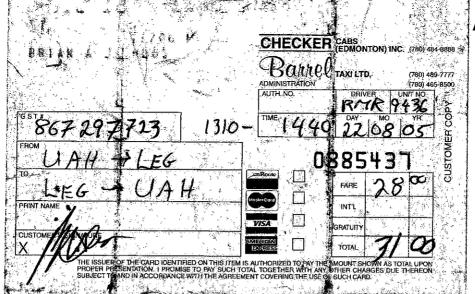
Subtotal:

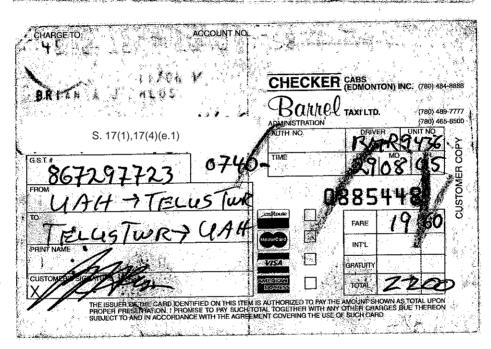
Total:

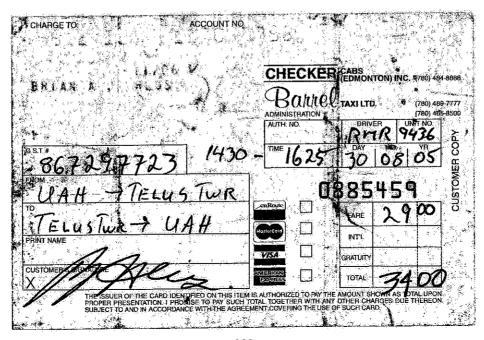
Signature:

according to my card issuer agreement. I agree to pay above total

**Customer Copy*







TELUS Your TELUS Statement Aug 14, 2005

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

Page

TELUS Communications Inc. Applicant copy

1 of 2

BAJ9ILUS

Your account number

Your ELUS Account ID

Here's what you owe this month: \$31.42

Amount of your last bill	\$31.42
Payment we processed on Aug-04 - Thank You	-31.42
Amount overdue from your last bill	.00.
1 Residence Line Touchtone from Aug 13 to Sep 12	23.86
Additional Charges and Credits (see details below)	.58
Long Distance Charges (see details below)	4.95
GST (Registration 100652692) at 7%	2.03
Total new charges	31.42
Total amount due by Sep 04	\$31.42

· Thank you for keeping your account up to date.

Additional Charges and Credits

E9-1-1 Municipal Call Answer Fee Aug 13 E9-1-1 Provincial Network Fee Aug 13 .14 Total additional charges and credits

\$.58

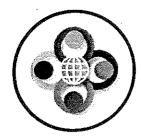
Long Distance Charges

4.95

Long Distance Administration Fee Aug 13

4.95

Tear off here



Halifax 5: The Canadian Healthcare Safety Symposium Advancing the Culture of Safety

October 20 to 22, 2005 Calgary, Alberta

RECEIPT

GST # 10695 3953 RT0001

Date	Receipt No.
07/13/2005	H000190

Payer:

Brian Hlus

8440-112 Street

Edmonton, AB T5Z 3C1

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000402	Registration for Brian Hlus for the event: Halifax 5: Advancing the Culture of Safety	\$600.00		\$600.00

	GST = \$0.00	Total Fees w/Tax	\$600.00
Visa: XX	XX XXXX XXXX(1), 17(4)(g)(i)	Total Paid	\$600.00
		Total Applied	\$600.00
		Unapplied Balance	0.00

1 on 07/13/2005.

BUKSA ASSOCIATES SUITE 307, 10328-81 AVENU AB EDMONTON

r statement will read BUKSA Assoc. (780) 436-0983 Edm.

CARD NUMBER

1006

EXPIRY DATE CARD TYPE

VISA

0F43

DATE/TIME RECEIPT NUMBER PURCHASE

2005/07/13 10:09:44 M4709204F-106-001

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

\$600.00

01 APPROVED-027

TOTAL AMOUNT

AUTH. # 001480

THANK YOU

CARDHOLDER COPY

Advancing the Culture of Safety Registration

Conference Management and Program Development 0328 - 81 Avenue NW Edmonton AB T6E 1X2

ext. 231 Fax: (780) 437-5984 E-mail: halifax5@buksa.com

PO: Batch KMT- 07-JUC-2005-001



Travel Expense Claim Form

Applicant copy Director, Accounting Services

(In Canadian Dollars)

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

JUL 19 mms

<u>, , , , , , , , , , , , , , , , , , , </u>	`				Sec. 15		
(Please Print or Type)			Rom-	Miles			
Name Brian HLUS Position Director			Employee Number S.17(1), 17(4)(g)(i)			
			Oracle Cost Centre <u>00-201-9000-711500016</u>				
Department Government Affairs	partment Government Affairs			Bus. Phone 407-7462			
Period from May 12, 2005	to May 3	31, 2005					
Expenses Paid (Please attach receipt organization. Complete details on the			by Capital Health or reimbursed	/ reimbursa	able by another		
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE		
Accommodation			72.15 72.42		69-55		
Meals							
Registration Fees			35.00				
Transportation (including parking)	Capital Healt	I E	14.50		w		
Other (hosting/fax)	H-RECEIVED		55.00		Α		
Mileage	JUL 1 9 20	05	361.90		Ü		
TOTAL	ACCOUNT	-8	\$538.55				
Less Cash Advance	PAYABLE		, 0		200		
NET			\$538.55				
The information on this form is collected process your claim.	ed under section 4 of th	ne Regiona	al Health Authorities (Ministerial)	Regulation	and will be used to		
I hereby certify that the expenses liste or on my behalf from Capital Health or	d above were incurred	on Capita	l Health business and have not b	een previo	usly claimed by me		
	Below.		Date	les 1	14/05		
Approved by				0			
,	/	í					
Print Name Sheila Weatherill	1 / 6	7 - (Title President & CI	EO	es to		
Signature July 1/h	medito		Date Cannal H	ealth			
Print Name			Tite	The last			
Signature	/	<u> </u>	Date <u> </u>	2005			
NOTE:			ACCOL	INTS	antivisment is a graph of the control of the contro		
GST amounts included in the exper		-					
Please ensure that the expense cla			eposited to employee bank acco	. mf			

- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS 2004

Applicant copy

			2004				
Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
May 11	Travel						84
May 12	Travel						12
May 18	Travel					a 1	_ 4/
May 19	Travel					10.	15 47
May 19	Hosting					25.00	
May 20	Travel					[Harrist Control of the Control of t	627
May 25	Travel						65
May 26	Travel					1/	42
May 26	Hosting				4	30.00	ř
May 27	Travel						112
May 9	Registration			√ 35.00	-		
May 12	Parking				7.50	مرة	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
May 18	Parking				V 4.00	w	
May 19	Parking				√ 3.00	v	
May 26	Accommodation	72.15	69.55				
May 30	Travel		2 60				17
May 31	Travel						2
	Total km						1034
	@						.35
TOTALS TO	FRONT OF FORM	\$72.15	\$	\$35.00	\$14.50	\$55.00	\$361.90

EXPENSE LIMITS

no receipts

. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Trave

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel
 in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

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

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

	BRIAN HLUS	s.17(1), 17(4)(g)(ii)	625
s.17(1),		Premier Pra Thirty Five	ya BL St.	\$ 35. & XX/100 DOLLARS A Security finatures included. Dotsife on back
	EDMONTON, ALTA.	T5E 4C1		NP NP
		S. 17(1),17(4)(e.1)		
	<i>j</i>		s Prayer Breakfast (ay 12, 2005	
	^r ☑ I will ☐ I will	be happy to attend the breakfast be unable to attend the breakfast	v	in receiving future invitations
	Name_	Guest(s) will attend [print name(s) or Brioin Hlus	n reverse of this card]	
	Address	Brian Hlus Capital H	Please print or type EQLH	

Please return this card along with your cheque payable to the 2005 Premier's Prayer Breakfast in the amount of \$35.00 per person, or \$350.00 per table of 10. Tickets will not be issued, please check in at the door.

Premier's Prayer Breakfast

Attn: The Honourable Victor Doerksen, MLA Room 612, Legislature Annex 9718 - 107 Street, Edmonton, AB T5K 1E4

_ Postal Code _____

.... Phone

RSVP by April 25, 2005 or call (780) 427-4255

If you are contemplating attending, it will be wise to reply as soon as possible. Room is limited for this event. No Tickets will be issued. All seating, except purchased tables, will be rush seating.

POROKA STANPENER MITEL LTD. 4215-6367

PONORA

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

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1006

WAX 1

METIME FORT THE 2005/05/26 15:40:54 SE01946EV-214-007

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TOTAL PARTIES

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CANDELLE WILL POR TOTAL ARREST SHOW THE CARD TOTALES ACCORDING TO CARDAGE DEP

MALIATE S

PONOKA STAMPEDER INN

4215 - 63rd St Ponoka, Alberta T4J 1J8 (403)783-5535

> Room # 201 Folio # 77668 Arrive 05/26/05 Depart 05/27/05

Description	Reference	Amount
	0 42 42 42 42 42 44 44 45 46 46 46 46 46 46 46 46 46 46 46 46 46	
arg		65.00
×		2.60
		-72.15
THE THE PARTY OF T	GST On Room Charge	4.55
	GST Reg. # R104264528	3

Balance: 0.00



Travel Expense Claim Form

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

(Please Print or Type)			1				
Name Brian HLUS		· · · · · · · · · · · · · · · · · · ·	, 	Employee Number S.1	17(1), 17(4	4)(g)(i)	.
Position Director				Oracle Cost Centre 00-201-9000-711500016			
Department Government Affairs			····	Bus. Phone 407-7462			
Period from July 1, 2005		to	July 31,	2005			•
Expenses Paid (Please attach rece organization. Complete details on t	ipts). Do not he other side	Include amo	ounts paid t	oy Capital Health or reli	mbursed	/ reimbursa	ble by another
	1	anadlan ency	Rate	Canadian \$ (includi	ng GST)	✓ if GST included	DO NOT USE
Accommodation 62412					597.18		
Meals 62412				7	35.00		
Registration Fees	Τ	Capit	Health		•		
Transportation (including parking)		REC	EIVE		39.75	+1.50-	
Other (hosting/fax) 69600 -	396,75	Z AUG	1 0 2005		461.71		
Mileage 4 Fax-	31.42		SOUNT		253.46		
TOTAL		AC	AYABLE	\$1,	387,10		
ess Cash Advance					0		
NET .			,,,,,,	\$1,	387.10		
ne information on this form is collect ocess your claim. Hereby certify that the expenses list on my behalf from Capital Health of Imployee Signature	ed above we	ore incurred		lealth business and ha			
oproved by				Date		 	the state of the s
int Name Shella Weatherill				Title <u>Preside</u>	nt & CE	<u>o</u>	
gnature Hubart	tul			Date	·		
int Name	4.17			Title			
nature		<u></u> ,		Date			
OTE: GST amounts included in the experience of Please ensure that the expense of For all employees on the payroll state of the payroll	aim is prope ystem, expe	rly authorize nse cheques	d will be dep	osited to employee ba	nk accou	ent.	

- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.

 Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

CH-0313 May 2005

		EXPENSE	E CLAIM	DETAILS		Applica	nt copy
Date	Particulars Particulars Particulars Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage kn
July 4, 2005	Travel					- Andrews	16
July 4, 2005	. Hosting					39.97	(A)
July 6, 2005	Travel				16.00		
July 7, 2005	Travel						70
July 7, 2005	Parking				3.00		
July 8, 2005	Travel						5
July 8, 2005	Parking				3.00		
July 10, 2005	Meals (dinner)		17.00				
July 10, 2005	Travel			l l		.	303
July 11, 2005	Travel		per		5.00		
July 12, 2005	Accommodation	575. 597.18	- A(**] `			
July 12, 2005	Meal (Break/lunch)	21.52	18.00				
July 12, 2005	Parking			J	6.00		
July 13, 2005	Travel						1 11
July 13, 2005	Hosting					59.49	
July 15, 2005	Hosting	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-: 2			103.16	
July 18, 2005	Travel						J 68
July 18, 2005	Hosting			-		160,50	
July 18, 2005	Hosting					26.00	
July 19, 2005	Travel				,		21
July 19, 2005	Parking (meter)				2.25		
July 20, 2005	Travel				· <u></u> -		711
July 20, 2005	Hosting					/33.78	
July 21, 2005	Travel		,,,,,		7		40
July 21, 2005	Hosting		. '			. / 5.89	
July 22, 2005	Travel						9
July 22, 2005	Parking				4.50		<u> </u>
July 25, 2005	Travel						17
July 26, 2005	Travel						87
July 27, 2005	Travel					· · · · · · · · · · · · · · · · · · ·	9
July 27, 2005	Parking					1.50	
July 31, 2005	Fax (July)]	31.42	ш/
	Total km						667
	@						\$0.38
TOTALS TO F	RONT OF FORM	597.18	35.00		39.75	461.71	253.46
							·

EXPENSE LIMITS

Meal Allowances

41.25 When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of: Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (If the departure time is earlier or the return time is later than 7:00 p.m.) 460.21

1.50

Dinner For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after, Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used
 - includes all forms of transportation costs, including taxis and buses for local travel. Driving to and from work is not considered business travel and cannot be claimed.
- Advance

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Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.





Travel Expense Claim Form

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

(Please Print or Type)				***************************************			
Name Brian HLUS			Employee Number S.17(1), 1	7(4)(g)(i)			
Position <u>Director</u>			Oracle Cost Centre <u>00-201-9000-711500016</u>				
Department Government Affairs	Bus. Phone <u>407-7462</u>						
Period from August 1, 2005	to	August	31, 2005				
Expenses Paid (Please attach receiporganization. Complete details on the			by Capital Health or reimburse	d / reimbursa	able by another		
	Non-Canadian Currency	Rate	Canadian \$ (including GST	y if GST included	DO NOT USE		
Accommodation			in Charles				
Meals	S. S		The state of the s				
Registration Fees		The Contract Names	600.0	0			
Transportation (including parking)		7 2005	87.0	0	76.60 1046		
Other (hosting/fax) 69600 =	66.51 9:00		106.9	3			
Mileage FA x =	79 1 4 . edi	VELL	19.7	نها 6			
TOTAL	PA		\$813.6		\$		
Less Cash Advance				0			
NET			\$813.6	9			
The information on this form is collect process your claim.	cted under section 4 of the	he Regiona	l Health Authorities (Ministeria	l) Regulation	and will be used to		
I hereby certify that the expenses list or on my behalf from Capital Health	or other organization.		4		_		
Employee Signature	Alex	<u> </u>	Date Septe	nber i	, aos		
Approved by							
Print Name Sheila, Weatherill			Title President & C	EO			
Signature August			Date				
Print Name			Title				
Signature			Date	am			

NOTE:

- · GST amounts included in the expense claims will be calculated by Accounts Payable.
- · Please ensure that the expense claim is properly authorized.
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- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
August 23	Travel						23
August 30	Travel						17
August 31	Travel						12
July 29	Hosting				/	40.13	(4
August 22	Travel				31.00		
August 26	Hosting				-	35.38	X
August 29	Travel			1	22.00		
August 30	Travel				34.00		
August 14	Fax			1		31.42	
July 13	Conference			600.00			
		,					
· · · · · · · · · · · · · · · · · · ·		-					
 							
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· · · · · · · · · · · · · · · · · · ·							
							
							 .
	Total km						52
-	@						\$0.38
TOTALS TO F	RONT OF FORM			\$600.00	\$87.00	\$106.93	\$19.76

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

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4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

GREAT FOOD GREAT PL 3

	'n
Date:	29Jul'05 12:อฮู๊PM
Card Type:	Visa 🖹
Acct #:	XXXXXXXXX 💆
Exp ar-	11/06 (2)
Auth ~	Visa (1),17(4)(e,1) XXXXXXXXXX (1),17(4)(e,1) 0666883
Check.	8621
Table:	431/1
Check ID.	BRIAN/PATTY
Server:	106 DANI
Ref Number:	001122663142
	BRIAN HLUS

Tip:

Total:

AD.13

Signature:

I agree to pay above total according to my card issuer agreement.

35.13

Subtotal:

**Customer Copy*

Carls
GREAT FOOD GREAT PEOPLE

	.,,
26Aug'05	12:4 5 P
 17:	_

Card Type: Visa Acct #: XXXXXXXXXX Exp Date: 11/06

Auth Code: 052114 Check: 6464 Table: 324/1

Date:

Server: 143 JOSH H Ref Number: 001125081906

BRIAN HLUS

Subtotal:	31	. 3	8
Tip:			
	~		

I agree to pay above total according to my card issuer agreement.

*********Customer Copy*******

L)	•	
		CHARGE TO: ACCOUNT NO S. 17(1), 17(4)(e.1)
		CHECKER CABS
		CHECKER (EDMONTON) INC. (780) 484-8888 CEDMONTON) INC. (780) 489-97777
		ADMINISTRATION (780) 465-8500 AUTH NO. DRIVER UNIT NO.
		867297723 1310- TIME 1440 DAY MO VIE 8
		UAH +/ LEG 0885437 * 0
		LEG TUAH
		PRINT NAME INTE
		X // TOTAL 7/ CO
7		THE ISSUER OF THE CARD IDENTIFIED ON THIS TIEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.
		The same of the sa

	CHARGE TO:	S.17(1), 17(4)(e-1)
		CHECKER CABS (EDMONTON) INC. (780) 484-886
	S. 17(1),17(4)(e.1)	ADMINISTRATION (780) 489-777 ADMINISTRATION (780) 469-850 AUTH: NO. DRIVER OUNT NO.
•	867297723 6	740- TME 2908 45
	T-1. T. SON	ZL KL
	PRINT NAME &	7 1 1 1 INTL
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CHARGE TO:	. Karamana	4			Provident til service messen	
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BRIAS A			<u>CHEC</u>	KER CAB	S IONTON) INC.	9 780) 484-8888
			$^{\circ}$ B a l	LICO TAXI		(780) 489 7777
			ADMINISTRA AUTH, NO.		RIVER UN	(780) 465-8500 FT NO.
GST. 8/21	97723	1430	TIME 17	الم الور استور	17/7 Y4	
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PRINT NAME	,		L	เท่าเ		
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X	EER OF THE CARD IDENT ER PRESENTATION I PROM CT TO AND IN ACCORDANCE		DORESS	TOTAL	74	α

TELUS Your TELUS Statement Aug 14, 2005

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

BAJHLUS

(**786**) ^{17(1),17(4)(e.1)}

Your account number

Your TELUS Account ID

S.17(1), 17(4)(q)(i)

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

Page 1 of 2

Here's what you owe this month: \$31.42

Total amount due by Sep 04	\$31.42
Total new charges	31.42
GST (Registration 100652692) at 7%	2.03
Long Distance Charges (see details below)	4.95
Additional Charges and Credits (see details below)	.58
1 Residence Line Touchtone from Aug 13 to Sep 12	23.86
Amount overdue from your last bill	.00.
Payment we processed on Aug 04 - Thank You	-31.42
Amount of your last bill	\$31.42

Thank you for keeping your account up to date.

TELUS Communications Inc.

Applicant copy

Additional Charges and Credits	
E9-1-1 Municipal Call Answer Fee Aug 13	\$.44
E9-1-1 Provincial Network Fee Aug 13	.14
Total additional charges and credits	\$.58

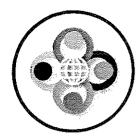
4.95 **Long Distance Charges**

Long Distance Administration Fee Aug 13

4.95

.58

Tear off here



Halifax 5: The Canadian Healthcare Safety Symposium Advancing the Culture of Safety

October 20 to 22, 2005 Calgary, Alberta

RECEIPT

GST # 10695 3953 RT0001

Date	Receipt No.
07/13/2005	H000190

Payer:

Brian Hlus

8440-112 Street

Edmonton, AB T5Z 3C1

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000402	Registration for Brian Hlus for the event: Halifax 5: Advancing the Culture of Safety	\$600.00		\$600.00

	GST = \$0.00	Total Fees w/Tax	\$600.00
Visa: XXXX X	Visa: XXXX XXXX XXXX		\$600.00
	s.17(1), 17(4)(e.1)	Total Applied	\$600.00
		Unapplied Balance	0.00

BUKSA ASSOCIATES SUITE 307, 10328-81 AVENU EDMONTON AB

statement will read BUKSA Assoc. (780) 436-0983 Edm.

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

on 07/13/2005.

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

1006 VISA 0F43 2005/07/13 10:09:44 14709204F 106-001

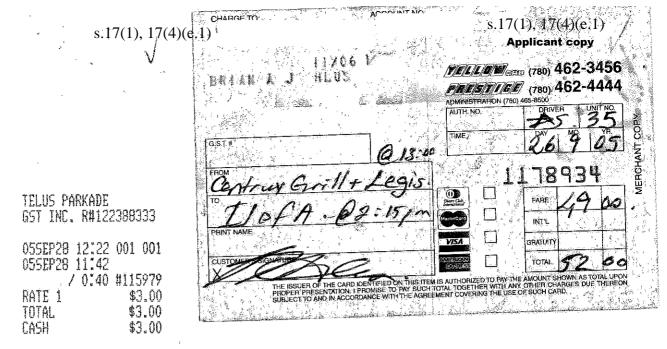
01 APPROVED-027 THANK YOU AUTH. # 001480

CARDHOLDER COPY

vancing the Culture of Safety Registration

ference Management and Program Development 3 - 81 Avenue NW Edmonton AB T6E 1X2

231 Fax: (780) 437-5984 E-mail: halifax5@buksa.com



MANAGED BY IMPERIAL PARKING

Best Copy Possible

Capetal Health Authority

254

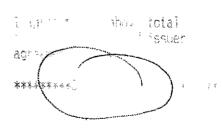
Host: 16 4 254	09/28 2005 9:55 AM 5:44
Area: Cafete va	· · · · · · · · · · · · · · · · · · ·
Coffee 1202 (2 %) _1.	2.46
#Items 1 Sub-local Tax	2.46 0.17
hider i Hai	2.63
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University of Alberta Hospital 651# R108161688

57 AVI 57 AVI 51127848839 -FIAN HLUS

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Eap Date 11706

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Name akian Nibt

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

Auth # 063836

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P. Auth Purchase

\$15.26

Tip

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18.25

Customer copy

241

Area: (a)

Coffee 80.

#Item ' Jar Dist

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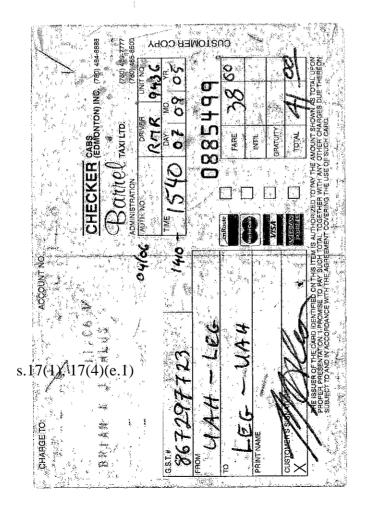
J. (10), 111]

3 Alberta Hospital

Authority J We vis 1.3

20.00

anuerta Muspita AT# R108161686



J9/02/200E 9:17 AM ز نا**ل** 100305 Area: Divino 3.65 Cafe Latte 16oz 2.90 Cafe Latte 1202 #Items 2 Sub Tota 6.550.46 Tax Order Total 7.0^{1} 10.0€ Cash

> University of Alberta Hospital GST# R108161688

CAPITAL YEALTH SOYAL ALEXANDRA PUBLIC PARKING

Applicant copy MOXIL S RESTAURANTS 40628 KINGSURY AVENUE EDMONTON AB

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

Ript# 7298 09/16/05 14:12 08/16/05 12:16 Tkt# 754955 Dally Rate Total Fee Insk FAID	19 1 AB 11	17173 :	PRE-AUTHORIZATION	885 578327 0 01-601	18 1112 1211
lash Tender Shanse Due	\$ 5.20 \$ 0.00		TIP		
		,	TOTAL AMOUNT	44 - 44 - 44 - 44 - 44 - 44 - 44 - 44	A 5

01 APPROVED - 827 THANK YOU

CARD NUMBER

AUTH. # 059080

CARDHOLDER COPY

PLEASE PAY YOUR SERVER***

Host: Early 487 #Items i Area: Divino

Cafe Latte 1502 (2 @3.65)

7,30

Sub Total Tax

487

Capital Health Authority Hospitality Food Service

University of Alberta Hospital GST# R108161688

Cash

20.00

Order Total

7.30 0.51 7,81

10/13/2005 9:59 AM 100487

Carls GREAT FOOD GREAT PEOPLE

Carls

Carl S

REAL PEOPLE

Date: 240ct105 01:15PM Card Type: Visa

Acct #: XXXXXXX \$x 17(1),17(4)(e.1)

Exp Date: 11/06

ABORT 33

Server: 18 MICHELLE Ref Number: 001130181329

BRIAN HLUS

Total: 36.19

Signature:____

Tip:

I agree to pay above total according to my card issuer agreement.

**Customer Copy*

Hellit

Tol	61/1		233	Gst
	24Gr)	11:57A	M
	American			
Î	COOLER			2.50
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	Cubtotal			30.08
	Tax			2.11
	Ιđλ			2.11
01:	15 lotal		32	19

PLEASE PAY YOUR SERVER

Robert Aoki, Managing Partner Mike Bates, Head Chef

GST#R1015441134

Capital Health Authority Hospitality Food Service

#Items 2 Sub Total
Cash
University of Alberta Hospital
637# R108161688

2,68 1,85

22,52

5,00

.85

LEAVE ON DASH - THIS SIDE UP . EXPIRATION DATE

AMOUNT PAID

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

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE

CREDIT CARD NUMBER

University of Alberta

RECEIPT



** STARBUCKS COFFEE TANADA **

HIGH STREET

#04404

EDMONTON

ABT5NUM

DUL ILAIE	RECEIPT
1 GR LATTE -	3.65
1 GR MILD BREWED	1.85
SUBTOTAL	5.50
TAX 7.0	0.39
TOTAL	5.89
CASH	20.00
CHANGE DUE	14.11

GST #86585 3535

04404 01B2 697151 001231616E 10/31/05 15:00

--- DUPLICATE RECEIPT ---We're known for our coffee. But our people make us famous. Discover a career with us. www.starbucks.com/careers

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Best Copy Possible

9,00 6,00

3.30

2.50 2.28 34.78

There are only so many hours in the day.

Make 4 of them happy.

HAPPY HOUR

Monday to Friday 3 pm to 7 pm

www.luxsteak.com

THANK YOU FOR PARKING AT THE CROWN PLAZA IMPERIAL PARKING

0506727 22:19 001 002 0506727 17:17 / 5:02 #08\$130

 DAY RATE
 \$1.00

 TOTAL
 \$2.00

 CASH
 \$4.00

FOR INQUERIES CALL 780 420 1976

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACDONALD ESTATES

055EP02 19:42 001 002 055EP02 17:01 01 / 2:41 #162609 -01026037 NATE 1 \$6.50

RATE 1 \$6.50
TOTAL \$6.50
CASH \$6.50

FOR MONTHLY PARKING PHONE 4201976 G5T INCLUDED

Brian Hlus Expense Summary 2005-2006 Functional Centre: 201,9000.7110500016

CATEGORY

Accounting Period	Invoice Number	General Office Supplies 41090000	Course Material 61030000	Telephone/Line Rentals 61020003	Travel- Local/Parking 62410000	Travel in Province 62412000	Travel-Out of Province 62414000	<u>Taxi</u> 62410001	Data Communication Charges 64020000	Miscellaneous 69500000	<u>Meals</u> 69600000	<u>GS</u> T		Total	Comments
APR-06	REIMBURSE-31MAR05				245.19									- Octal	Comments
MAY-06	REIMBURSE-30APR05	139.90							29.36		23.50	20.56		318.61	MII E/DDV (1/OPPN/OPPN/OPPN/OPPN/OPPN/OPPN/OPPN/OPP
JUN-06	REIMBURSE-12MAY05				403.85	164.96			29.65	234.05	53.26	67.71		1 002 20	MILE/PRK/HOSTING/FAX MAR 1-31/05
					308.98		631.74		29.36	266.41	24.00	76.69		1,055.18	HOTEL/MEALS/HOSTING/MILE/PARK APR 1-30/05
	1st Quarter Total	139.90		· · · · · · · · · · · · · · · · · · ·							2	70.02		1,337.18	OTTAWA/HOSTING/FAX/MILEAGE MAY1-12/05
	• • • • • • • • • • • • • • • • • • • •	139.90			958.02	164.96	631.74		88,37	500,46	100.76	164.96	s	2,749,17	-
JUL-06	REIMBURSE-30JUN05		50.00								700,70	104,50		2,749.17	-
JUL-06	REIMBURSE-31MAY05				164.10				59.36	61,70		18.97			.
AUG-06	REIMBURSE-31JUL05		35.00		351.77	67.60				55.00		29.18		354.13	MILEAGE/HOSTING/REGIS/FAX- JUN 1-30/05
SEP-06	REIMBURSE-31AUG05			29.36	38.62	829.11				35,00	402.77			538.55	MILEAGE/HOSTING/REGIS - MAY1-31/05
5E1 55	KENADOKSE-S (AOGOS		600,00		18,47			81.99	29.36			87.24		1,387.10	CALGARY/HOSTING/FAX/MILEAGE-JUL05
	2nd Quarter Total		(05.00						47.30		71.16	12.71		813.69	REGIS/HOSTING/FAX AUG 1-31/05
			685.00	29.36	572.96	896.71		81.99	88.72	116.70	473.93	148.10		2 222	•
OCT-06 NOV-06 DEC-06	REIMBURSE-30SEP05 REIMBURSE-31OCT05 REIMBURSE-30NOV05			29.36 29.65	152,67 134,51	659.45		215,26		1.19	54.41 319.07	29.87 76.62	3	3,093.47 481.57	- HOSTING/MILE/TAXI/FAX SEP 2005
					97.51				29.44	*	203,20	22.13		1,220.49	. CALGARY/HOSTING/MILE/PARK SEP02-OCT31/05
	3rd Quarter Total			59.01	201.60							42.13		332.48	HOSTING/PARK/MILE/FAX NOV01-30/05
				79,01	384.69	659,45		215.26	29.44	1,19	576.68	128.62		2,054,34	- '
JAN-06 FEB-06 MAR-06	REIMBURSE-31DEC05 REIMBURSE-31JAN06				320,56 103,40			55.31 115.73	29.56	90,00	262.11	44.27	<u>~</u> _		- HOSTING/MILE/PARK/FAX DECOS
WIAK-UD	REIMBURSE-28FEB06				311,65	189,18		115.75	30.40		55.55	20.07		325,15	HOSTING/TAXI/PARK/MILE JAN01-31/06
	4th Quarter Total										320.76	51.55		873,14	HOSTING/PARK/MILE/CALGARY- DEC12; FEB1-28/06
	an Annier Inst		 .	-	735.61	189.18		171.04	59.96	90.00	(20.42				
	Total to Date	139.90	606.00						37,70	90,00	638.42	115.89	\$	2,000.10	
		137.90	685.00	88.37	2,651.28	1,910.30	631.74	468.29	266,49	708.35	1,789.79	557.57		9,897.08	-
												22,21		9,097.08	•

Phone #

Date



Travel & Employee Expense Claim Form

(In Canadian Dollars)

			(-			
Name:	Brian Hlus		Employee Numb	er: 7(1), 17(4)(g)(i)	Union Na	ame: Management/l	Exempt
Position	: Director			Department: Gov	ernment Affa	airs - Corporate Offic	e
Busines	s Phone: 4	07-8543	Period From: De	ecember 1, 2005 to	December	31, 2005	
Expenses another o	s Paid (pleas organization	se attach receipts). Do no . Complete details on the	t include amount other side of the	s paid by Capital H	ealth or rei	mbursed / reimburs	sable by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71105000016				\$760.43	
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Less Cas	h Advance		- Sastaring			801.81 0.00	
Total					Carried States	\$760.43	
he inform vill be use	nation on the	is form is collected under s your claim.	section 4 of the F		thorities (M	linisterial) Regulati	on and
l hereby o	certify that t by me or on	he expenses listed above my behalf from Capital He	ealth or other orga	Capital Health bus anization.	siness and	have not been prev	iously
Employee	Signature:	Me	я.	Date	: Jaw	13,2006	·
Approved	l By: Sheila	Weatherill	Title: Presiden	t & CEO		Phone # 407-800	3
(Signature)	Thi)	earles			··· _i ,	Date Join 1	3,2006

NOTE:

Approved By:

(Print name) (Signature)

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.

Title:

- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec 2	Travel						107
Dec 7	Travel						52
Dec 9	Travel						95
Dec 12	Travel						13
Dec 13	Travel						38
Dec 14	Travel						73
Dec 20	Travel						459
Dec 22	Travel						13
Dec 1	Hosting (Community member)					7.81	
Dec 7	Hosting (Provincial Government)					41.20	(E) = (
Dec 8	Parking				4.00		44
Dec 8	Hosting (Provincial Government)					∕ 41.38	6960
Dec 9	Hosting					24.61	
Dec 12	Hosting (Community member)					41.38	/
Dec 13	Travel				~ 29.00		
Dec 13	Parking				6.00		
Dec 12	Hosting (Provincial Government)					√ 79.34	\
Dec 19	Travel				30.00		j
Dec 20	Hosting (Corporate member)					√3.qo	
Dec 22	Hosting (Corporate member)					33.96	- Andrews
Dec 13	Parking (meter - no receipt)				4.00	AU	
Dec 31	Fax					31.63	FAX
Dec 7	Hosting (Government member)					(5.50)	Case 646
Dec 7	Parking (meter - no receipt)				4.00	Litt	
Dec 20	Parking (meter - no reciept)				2.00	N	7
Dec 13	Ticket Purchase					/ 15.00	λ
Dec 13	Hosting (Government members - no receipt)					(A5.80)	/basag
	Total km					,	850
	TOWN KIT			· · · · · · · · · · · · · · · · · · ·			\$0.38
	@				\$79.00	\$358.43	(except where collective agreement specifies otherwise)

Meal Allowances 90n

2.60

\$323.00

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of: \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

Dinner For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

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 lunch/dinner meeting.

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

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

Hosting Community

> Capital Health Authority Hospitality Food Service

> > 690

The AUTH

1 11 11

Lunch.

U 01805219

Slokt 1,76541

X L .

EDMONTON AB

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Sub Total Tax

Order Total

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APPROVED AUTH 015377

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11/06

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Cash

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COSTOMER COPY

University of Alberta Hospital
GST# R108161688

SPLAY FACE UP ON DASH | Imperial Parking

EXPIRY DATE AND TIME

EXP 11:03am DEC 08,2005

TICKET#

LOT# 00020032

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> Park 1 Hr. \$4.00 Questions/Comments? Call 780-420-1976

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(2)

IL PORTICO EDMONTON: ALBERTA G.S.T.# R128503554

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1 *POP 2.00
1 LUNCH SPEC 18.00
1 PASTA SPEC 14.00

SUBTOTAL 34.00
G.S.T. 2.38
TOTAL DUE 36.38

PLEASE PAY SERVER

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Applicant copy



har, tale grill 9698 Jusper Avenue Edmonton, Alberta (780) 423-0969

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LUNCH - PROV GOY

IL PORTICO RESTAURANT 10012 107 ST EDMONTON AB

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APPROVED AUTH 051,223 SEQNADADO 100 TOZA, 1961 DEC 9 2005

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TOTAL

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CUSTOMER COPY

ood: \$18.50 everage: \$1.70

THANK YOU FOR YOUR PATRONAGE

IL PORTICO RESTAURANT 10012 107 ST EDMONTON

IL PORTICO EDMONTON, ALBERTA G.S.T.# R128503554

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CHK 1112 DEC12'07 12:48PM TBL 8/1. GST 0 2 LUNCH SPEC 32.00 1 *POP 2.00 SUBTOTAL 34.00 G.S.T. 2.38 36.38

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TOTAL AMOUNT

TIP

01 APPROVED-027 THANK YOU

AUTH. # 060489

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

CARDHOLDER SIGNATURE

11/06 V Y/E/L/L/A/W/cais (780) 462-3456 HLUS BRI'AN A FINESTIFE (780) 462-4444 DMINISTRATION (780) 465-8500 CUSTOMER COPY G.S.T. s.17(1), 17(4)(e. FROM FARE U. ODA INTA. VISA GRATUITY TE SSUER OF THE CARD DENTIFIED ON THIS ITEM IS AUTHORIZED TO PAN TOPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH IBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE

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CASH \$6.00

FOR MONTHLY PARKING PHONE 4201976 GST INCLUDED

Prov. Gov't.

THE FREE PRESS #80 10014-104 street Edmonton PHONE# 497-7784

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PLEASE PAY SERVER
GST# 869854109 RT
HAVE A NICE DAY!!!

Prov. Govit

THE FREE PRESS BISTRO LTD 18014 184TH STREET UNIT B EDMONTON AB

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

EXPIRY DATE 1186
CARD TYPE VISA 5886
DATE/TIME 2005/12/13 12:57:58
RECEIPT NUMBER S80584658-663-005
AUTHORIZATION AMOUNT \$69.34

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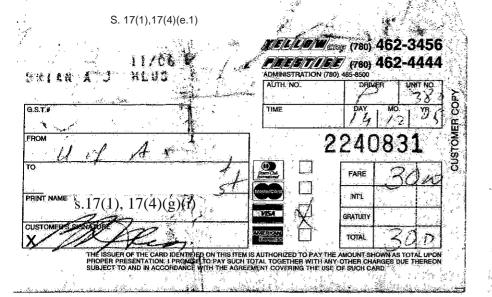
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BRIAN HLUS

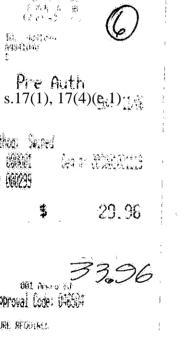
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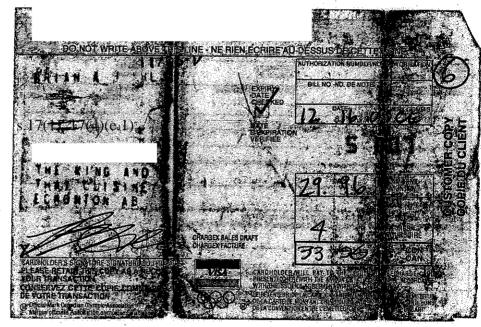
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Pre Auth

Approval Code: 046594

Customer Copy

NO SIGNATURE REGISTRES.



Best Copy Possible

TELUS® Your TELUS Statement Dec 14, 2005

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

BAJHLUS

(780^{S.17(1), 17(4)(g)(i)}

Your account number

Your TELUS Account ID

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

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

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Page

1 of 2

Here's what you	owe	this	month:	\$34.75
Amount of your last bill				3.12
ranount of your last bill				21,00

\$32.76 Payment we processed on Dec 06 - Thank You -32.76Amount overdue from your last bill .00

Season's Greetings from TELUS.

TELUS Communications Inc.

Applicant copy

Total new charges	34.75
GST (Registration 100652692) at 7%	2.24
Long Distance Charges (see details below)	8.07
Additional Charges and Credits (see details below)	.58
1 Residence Line Touchtone from Dec 13 to Jan 12	23.86

Total amount due by Jan 04

\$34.75

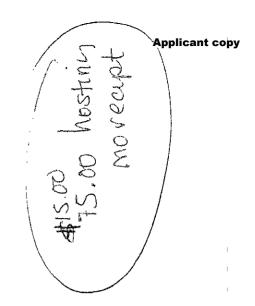
Additional Charges and Credits	*	.58
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E9-1-1 Provincial Network Fee Dec 13	.14	
Total additional charges and credits	\$.58	*

Long Distance Charges

Long Distance Administration Fee Dec 13

8.07

Tear off here



The real prosperity cheque's in the mail in the meantime...

@ The Faculty Club
University of Alberta
11435 Saskatchewan Drive

COME TO Legislature Press Gallery Christmas Gala \$ 400.00

He Annual

About Beautiful
Commission writing
So buyer beware

MEMO at Shirley's discretion

141

141



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: Brian Hlus	Employee Number: 7(1), 17(4)(g)(i)	Union Name: Management/Exemp				
Position: Director	Department: Gove	Department: Government Affairs - Corporate Office				
Business Phone: 407-8543	Period From: January 1, 2006 to J	anuary 31, 2006				

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

Bal Unit e.g. 201	Location e.g. 9000		nal Centre 35050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
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Total				***************************************			\$318.69	

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

I hereby certify that the expenses listed above were incurred on Cap claimed by me or on my behalf from Capital Health or other organiza	ital Health business and have not been previously tion.
Employee Signature:	Date: January 31, 2006

Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone # 407-8008
(Signature) Coather		Date
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE

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

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Jan 3	travel						7
Jan 10	travel						12
Jan 11	travel						12
Jan 16	travel						17
Jan 18	travel						6
Jan 19	travel						12
Jan 20	travel						57
Jan 23	travel						15
Jan 30	travel						84
Jan 31	travel						56
Jan 1	travel				√ 42.00	38,00 4,00	
Jan 1	travel				31.00	28.60 240	
Jan 5	travel				√ 39.00	35.00 \$.00	
Jan 17	travel				/ 11.00	9.60 1.40	
Jan 16	parking				/ 2.00		
Jan 23	parking (meter - no receipt)				3.00		
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					• •		otherwise)

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

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 lunch/dinner meeting.

Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

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



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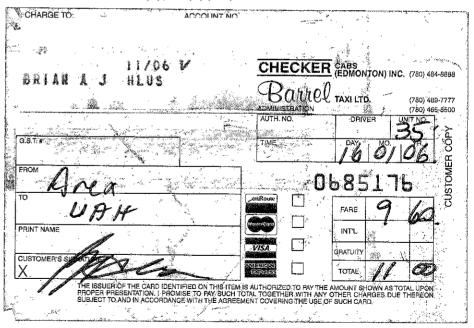
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TELUS * Your TELUS Statement Jan 14, 2006

TELUS Communications Inc.

Page 1 of 3

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

BAJHLUS

(780).17(1), 17(4)(g)(i)

Your account number

Your TELUS Account ID

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

Here's what you owe this month: \$36.43

Amount of your last bill	\$34.75
Payment we processed on Jan 06 - Thank You	-34.75
Amount overdue from your last bill	.00.
1 Residence Line Touchtone from Jan 13 to Feb 12	23.86
Additional Charges and Credits (see details below)	.57
Long Distance Charges (see details below)	9.65
GST (Registration 100652692) at 7%	2.35
Total new charges	36.43
Total amount due by Feb 04	\$36.43

 Thank you for keeping your account up to date.

\$.44

.13 \$.57

Total amount due by Feb 04

Additional Charges and Credits E9-1-1 Municipal Call Answer Fee Jan 13 E9-1-1 Provincial Network Fee Jan 13

.57

Long Distance Charges

Total additional charges and credits

9.65

Long Distance Administration Fee Jan 13

4.95

Tear off here



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: Brian Hlus	Employee Number 77(1), 17(4)(g)(i)		Union Name: Management/Exemp	
Position: Director		Department: Gove	rnment Affairs - Corporate Office	
Business Phone: 407-8543	Period From: D	ecember 12, 2005 to	February 28, 2006	

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

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	
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Total	Total			PAYABLE		\$873.14		

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

I hereby certify that the expenses listed claimed by me or on my behalf from Cap	above were incurred on Capital He pital Health or other organization.	ealth business and have not been previously
Employee Signature:	Hea.	Date: March 7, 2006
Approved By: Sheila Weatherill (Print name)	Title: President & CEO	Phone # 407-8008
(Signature) Awarther		Date Mav 17/06
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

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

EXPENSE CLAIM DETAILS

Applicant copy

* Date				——————————————————————————————————————	T		
Date	Particular	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage KM
Feb 1	Travel						13
Feb 3	Travel						71
Feb 6	Travel & Parking				7.00 (no receipt)		15
Feb 9	Travel						11
Feb 10	Travel & Parking		(Salar	P	7.00 (no receipt)		21
Feb 15	Travel	<u> </u>				_	88
Feb 21	Travel	T					10
Feb 22	Travel						36
Feb 23	Travel						24
Feb 28	Travel						8
Feb 1	Parking				√ 4.50	· · · · · · · · · · · · · · · · · · ·	
Feb 1	Travel (LRT tickets discounted)				√ 18.50		
Feb 1	Hosting		√ 64.71	1.1			
Feb 2	Hosting		127.60	D-C			
Feb 2	Travel			/	32.00		
Feb 3	Parking				27.38		
Feb 3	Travel				9.00		
Feb 3	Travel				/ 15.00		
Feb 3	Travel				/ 33.20		
Feb 3	Parking (no receipt)				3.50		
Feb 3	Hotel	/ 144.62					
Feb 4	Travel & Parking		_		√ 5.00		
Feb 6	Hosting (Prov Gov)		/ 71.88				
Feb 10	Parking				/ 15.00		
Feb 10	Hosting		12.00				
Feb 13	Hosting		32.78				
Feb 15	Parking (no receipt)				/ 16.50		
eb 15	Hosting (no receipt)		11.98				
eb 23	Travel				✓ 9.00		
eb 27	Parking		_		/ 6.00	1	*
Dec 12	Hosting		/ 19.92				
Dec 12	Parking				24.85		 .
Dec 12	Travel				33.00		-
	Total km				•		319
	@						.38
OTALS TO F	RONT OF FORM	144.62	340.87		266.43		121.22

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable. Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the name of the individual or organization whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From June 1, 2005, reimbursement at the rate of \$0.38 per km for the first 15,000 kilometers of approved travel
 in a fiscal year (April 1 to March 31) and \$0.35 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy. If union contract rates differs from \$0.38 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Advance

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

EDMONTON REGIONAL AIRPORT AUTH MAIN STATION (INT'L . WAIRP EDMONTON

CARD NUMBER EXPIRY DATE

1106

VISA

0613

DATE/TIME

CARD TYPE

2005/12/02 16:52:25

RECEIPT NUMBER

\$80533695-424-022

PURCHASE TOTAL AMOUNT

01 APPROVED 027 THANK YOU

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

AGREEMENT.

BRIAN HLUS

Tb1 22/1 69 Duffy **Applicant copy** HAVE A GREAT FLIGHT 892 12:19PM 888 8000

03005935 31312142

THANK YOU

(001) APPROVED AUTH #072852

TOTAL:

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

CREBII

TRANSACTION RECOVE

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

2000 HIRPORT RD NE

051202/13:28

** CUSTOMER/CLIENT **

DAT	TABLE No.	L	DUISIONA PURCHASE 0 3	LOUISTANA 10320 - 11		•
1	7.000W3-1G	û	S.T.# R120735576	EDMONTO		
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3		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same are true and the true and the true and the true are true and the true are t	MER/MAR #: 93		
4		TBL 2/1	CHK 481 GST 2	TERM #: 04337		
5	<u> </u>		EB13'06 12:19PM	DATE:13/02/06 AUTH#:088140		
6	<u> </u>	1 LARO	1	USER/USAG:01	B/L#:719	
		<u>1 TEA</u> 1 LAFI1	1.95 TE 11.50	CARD/CARTE:UI NO.:	sw∕gl s.17(1), 17((4)(e.1)
7		45.14.44	WPICKIN 11.50	EXPIR.: 11/06		(1)(0.1)
8		G.S.1	26.90	HOLD		
9		u.5.1 101AL		ATTENTE		
10	<u> </u>					
11	·			AMT/MONT:	\$28.78	
12	<u> </u>	<u>,</u>				
13				TIP/POURE:	\$	
14		-			32,78	
15				TOTAL:		
16				•		
17		<u>a</u>				
18	<u> </u>					
19			,	,	ASSOCIATED CAB ALTA LTI 307 - 41 AVE NE	ì
20					(403) 299-1111 THANK YOU CALL AGAIN	
		<u> </u>			HERM TOO GILL TOWN THE	
D BUSIN	ESS FORMS 1411		· · · · · · · · · · · · · · · · · · ·		DATE: 2 PICK-UP TIME:	996/02/03 98:06
٠. ح	_	SUEST RECEIP			DROP-OFF TIME:	08:23
L	00603	DA	TE AMOUNT G.S.T.	•	TRIP ID: • 083000-45	0 122165082
					CAR NUMBER: CARD TYPE 7(1), 17(4)(CARD: S.17(1), 1.7(4)(1)	1184 VISA
					CARD: S.1 /(1/), ************************************	***** *****
		REG. NO).		AUTH:	AP075660
					FARE (\$):	29. 40
					EXTRA (\$): SUBTTL (\$):	9. 99 29. 40
					2001 F 791.	23, 40
	•	*			TIP (\$):	

22/41

SCOTTA RLACE PARKADE EST #121791016

06FE901 13:13 001 001 06FE201 1::52 / 1:22 #020692 =Z76913

=276713 CATB 1 \$4.50 TUTAL \$4.50 CASR \$4.50

HAVE A NICE DAY THANK YOU FOR PASKING WITH IMPERIAL PARKING MACDONALD ESTATES

04FEB04 23:20 001 002 04FEB04 18:14 01 - / 5:04 #205407 =01048409 RATE 1 \$5.00 10TAL \$5.00 CASH \$5.00

FOR MONTHLY PARKING PHONE 4201976
EST INCLUDED

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACDONALD ESTATES

06FEB10 12:15 001 001 06FEB10 07:06 01 / 5:09 #207046

=01069967

RATE 1 \$15.00 TOTAL \$15.00 CASH \$15.00

FOR MONTHLY PARKING PHONE 4201974
6ST INCLUDED

THANK YOU FOR PARKING WITH INPERIAL PARKING MACRONALD ESTATES

OAFER27 18:43 001 002 OAFER27 17:27 01 / 1:16 #211844

=01974910

FOR MINITHLY PARKING FHONE 4201976 651 INCLUDED

= TRANSACTION RECEIPT

The Checker Group 316 Meridian Road SE Calgary AP TA 1X2 403 298 TH

ACCT TYPE: CRIBIT CARD CARD NUMBER: S.17(1), 17(4)(e.1) XXXXXXXXXXX CARD TYPE: VISA DATE/TIME 06/02/62:22:40:40 AUTHORIZATION: 014388.

VEH/DRV: 0688 / 5552 GST#: 887999308 TXN ID: 1511035

AMOUNT: TIP:

\$ 13.00 \$ 2.00 50.004 112:

\$ 7.80 \$ 1.20

\$ 9.00

ANTACTION RECEIPT

The Checker Group J. Meridian Road Sh Lines AB TVA IXZ 135 SBJ 9989

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

ALCO TYPE: ENEDIF CARD
CARD NUMBERS
EXXXXXXXXX

VOLETTE VISA
CARD ZEEML SART

Adv ALIZATIONS 025197

1147 / 2053 181# 134466443 188 10 1510783

s.17(1), 17(4)(e.1) 70 Š 76 X200 7 급 網絡 经第三分的 . HLUS Š USE TH E AMOUNT Y OTHER C GRATURY FARE O 0 O O **CUSTOMER COPY**

TOTAL:



133 9th Avenue SW ALBERTA CANADA T2P 2M3 T 403 262 1234 F 403 260 1260 G.S.T. Registration # 139445290 Room

1006

Folio#

Cashier# 122

Page #

1 of 1

Govt Ab

Brian Hlus

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

Arrival

: 02-02-06

Departure

: 02-03-06

Fairmont President's Club

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

Dáte	Description	Additional Information	Charges	Credits
02-02-06	Room Charge	[NA Room]	129.00	
02-02-06	Calgary Destination Marketing Fee	[Add: 1%.(B)]	1.29	
02-02-06	Alberta Tourism Levy (4%)	[Add: 4%.(S1)]	5.21	
02-02-06	Room GST (7%)	[Add: 7%.(S1)]	9.12	
	·	Total	144.62	0.00
		Balance Due	144.62	

GST Summary

Room	9.12
F&B	0.00
Other	0.00
Total	9.12

Guest signature Signature du client X .

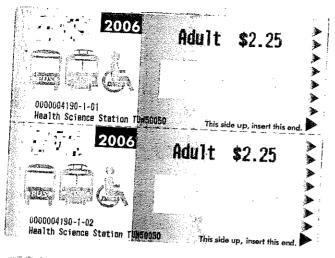
For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414 Pour information et réservations visitez notre web au

www.fairmont.com ou téléphoner au Hôtels Fairmont de: De États-Unis or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per morth after one month. (19.6% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon-Fri) and \$1.25 (Sat.) oredit to my account. (At participating hotels.)

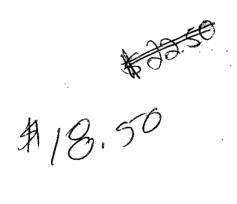
Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentant désigné en refuserait le palement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,6% par année) 1/3 accepté la livraison du journal The Globe and Mail. Si J'avaiser refusé, J'aurais pu obtenir un crédit à mon compte de 0,50% par jour (du Lundi au Verstredii) et de 1,25% le Samedi, (Dans les hôtels participants.)

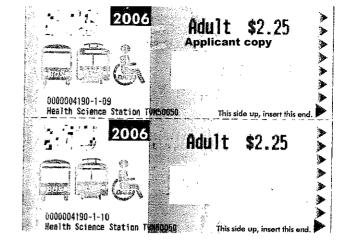


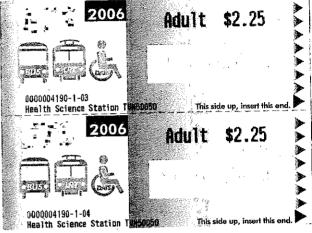


0000004190-1-06

Health Science Station Toksogso









LUX STEAKHOUSE & BAR 10155-102 STREET EDMONTON, AB T5J 4G8 (780) 424-0400 GST# 863482766

147 DON

Tb1 18/1 Chk 9023 Gst 2 Feb01'06 11:45AM 9.00 1 CALAMARI 2 STEAK SANDWICH @ 17.00 34.00 BISQUE **FRIES** 5.00 1 SAN PELLEGRINO 1 SAN PELLEGRINO 5.00 53.00 Food GST 3.71 Amount Due 56.71

MARTOONIE T TODAYS

Get Shakin'

Em acon 110

LUX STEAKHOUSE & BAR 10155-102 STREET EDMONTON, AB T5J 4G8 (780) 424-0400 GST# 863482766

Feb01'06 12:49PM Date:

Card Type: VISA

Acct #:

Exp Date: 11/06 Auth Code: 061044 9023 Check: Table: 18/1 147 DON Server:

BRIAN HLUS

Subtotal:

56.71

TIP __ TOTAL SIGNATURE

****** CUSTOMER COPY ********

> THANKS FOR COMING IN TYCE COME AGAIN !!

BUON GIORNO RISTAURANTE 823 17TH AVE SW CALGARY

CARD HUMBER

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

EXPIRY DATE CARD TYPE

1106

VISA

DATE/TINE RECEIPT NUMBER PURCHASE

2896/92/92 21:32:52 \$4709562F-045-062

TOTAL AYOUNT

\$127.60

01 APPROVED-027

AUTH. # 602041

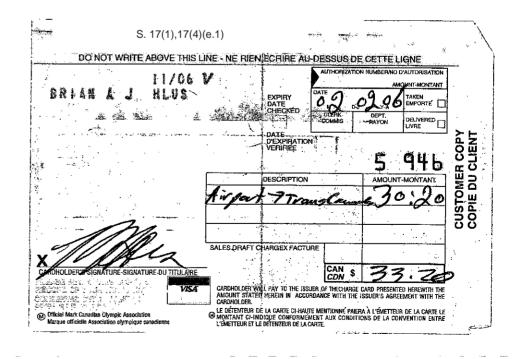
THANK YOU

CARCHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER

AGREEMENT.

CARBHOLDER SIGNATURE

MERCHANT COPY



EDMONTON REGIONAL AIRPORT AUTH MAIN STATION(INT'L ..AIRP EDMONTON AB EDMONTON AIRPORTS
GST # R128599776
VALET PARKING
THONIK 'YOU'
HAVE A NICE DAY

innon Sportservice Ltd. How 11450 Main Post Office Bootton, Alberta T5J-3K6

CARD NUMBER CARD TYPE DATE/TIME RECEIPT NUMBER PURCHASE TOTAL AMOUNT	VISA	17(1),17(4)(e.1 ** 1261 3 10:20:11 -085-017	02/03/06 000#7648 SHIFT PA	11:03AM A
01 APPROVED 027 THANK YOU	AUTH, #	017661	#0000C00000c VALET PARKING MDSE ST G.S.T.	74\$14.00 74\$11.59 \$25.59
CARDHO	OLDER COPY	•	Un Deln	\$1.79

20:02PM	Terminal:09367
Clerk:	
DRAFT BEER	\$6.50
LIQUOR	\$5.50
	•
Subtotal	\$12.00
Cash	12.00
Change	\$0.00
GST	\$0.79
Necerpt#10613 GST Re	eg

OMO CH. \$27.38

Dominion Sportservice Ltd. 1450 Main Post Office 1460 Hours, Alberta T5J 3K6

	19:07PM 00352 MORGAN M	Terminal:09351
[able	31	
	REG BUFFET	
	2 @24, 95	\$49.90
	VODKA	\$5. 37
	COKE	
	HOLD	
	CAESER	\$5.37
	HOLD	
	Subtotal	\$64, 88

Receipt# GST Reg# R: -- 7444

R PLACE 740 TH AVENUE EDVICATION AB

CARD NUMBER	S. 17(1),17	(4)(e.1)	
EXPIRY DATE	1106		
CARD TYPE	VISA	2634	
DATE/TIME	2006/02/06	19:04:23	
CLERK NUMBER ,	10		
RECEIPT NUMBER	S47117695-085-026		
AUTHORIZATION	+		
AMOUNT	\$64.88		
rie			
TALLAMALIAT	- 10 to 10 t		

VIHL HMOUNI

71.88

~~~n27

AUTH. # 054203

CARDHOLDER COPY



#### **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name:                                                              | Brian Hlus                 |                                                            | Emple              | oyee Numbe                                     |                             | )(i)                | Union Na    | me:                                    |                   |
|--------------------------------------------------------------------|----------------------------|------------------------------------------------------------|--------------------|------------------------------------------------|-----------------------------|---------------------|-------------|----------------------------------------|-------------------|
| Position                                                           | n: Director                |                                                            |                    |                                                |                             |                     |             | irs - Corporate                        |                   |
| Busines                                                            | s Phone: 4                 | 07-7462                                                    | Perio              | d From: Man                                    |                             |                     |             | ************************************** |                   |
| Attachme<br>Expenses<br>another o                                  | s Paid (plea               | se attach receipts). Do not<br>. Complete details on the c | inclu              | de amounts i                                   | oald by Capi                |                     |             |                                        | able by           |
| Bal Unit<br>e.g. 201                                               | Ĭ                          | Functional Centre<br>e.g. 71135050044                      | ,                  | Account<br>. 69500001                          | Non-Cana<br>Currenc         |                     | Rate        | Canadian \$<br>(including<br>GST)      | ✓ if GST included |
| 201                                                                | 9000                       | 71105000016                                                |                    |                                                |                             |                     |             | \$33                                   | / 🗆               |
|                                                                    |                            | 62410 = 40.00w 7.00                                        | 34                 |                                                |                             |                     |             | 334-73                                 |                   |
|                                                                    |                            | 69600 - 163.78 16.00                                       |                    |                                                | al Health                   |                     |             |                                        | <b>J</b>          |
|                                                                    |                            | FAX- 52486                                                 |                    | REC                                            | EVE                         |                     | · · · · ·   | ·                                      |                   |
|                                                                    |                            | 6246-55.47                                                 |                    | 400                                            | 1 e 2006                    | THE PROPERTY OF     |             |                                        |                   |
|                                                                    |                            |                                                            |                    | <i>(</i> • • • • • • • • • • • • • • • • • • • |                             | erranda de          |             |                                        |                   |
| Less Cash Advance                                                  |                            |                                                            | ACC                | COUNTS<br>VABLE                                |                             |                     | 334. 7 0.00 |                                        |                   |
| Total                                                              |                            |                                                            |                    |                                                |                             |                     |             | V\$333.85                              |                   |
| vill be use                                                        | ed to proces               | is form is collected under s<br>is your claim.             |                    |                                                |                             |                     | `           |                                        |                   |
| claimed b                                                          | oy me or on                | he expenses listed above we my behalf from Capital Hea     | vere in<br>alth or | other organ                                    | apital Healt<br>ization.    | h busin             | ess and h   | tave not been prev                     | iously            |
| Employee                                                           | e Signature:               |                                                            | <i>7</i> =-        | <del></del>                                    |                             | Date:               | April 4, 20 | 06                                     |                   |
| Approved By: Sheila Weatherill (Print name) Title: President & CEO |                            |                                                            |                    |                                                |                             | Phone # 407-8000    | )           |                                        |                   |
| (Signature) for a 'her                                             |                            |                                                            |                    |                                                |                             |                     |             | Date                                   |                   |
| Approved By:<br>(Print name)                                       |                            |                                                            | Title:             |                                                |                             |                     | Phone #     |                                        |                   |
| (Signature)                                                        |                            |                                                            |                    |                                                |                             |                     |             | Date                                   |                   |
| OTE:<br>Expens<br>approv                                           | se claim mu<br>er. The app | st be properly authorized a rover must initial individual  | nd mu<br>l items   | ust be suppo<br>s that are no                  | rted by orig<br>t supported | inal red<br>by orig | eipts or a  | copy as certified i                    | by the            |

- required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

| Date      | Particular           | Accommodation \$ | Meal \$                                | Registration \$  | Transportation \$                     | Other \$ | Mileage KM   |
|-----------|----------------------|------------------|----------------------------------------|------------------|---------------------------------------|----------|--------------|
| March 1   | Travel               |                  |                                        |                  |                                       |          | 27           |
| March 1   | Parking              |                  |                                        |                  | 2.00                                  |          |              |
| March 3   | Travel               |                  |                                        |                  |                                       |          | 27           |
| March 3   | Hosting (staff)      |                  |                                        |                  |                                       | 35.23    |              |
| March 3   | Hosting (government) |                  |                                        |                  | -                                     | 45.00    |              |
| March 3   | Hosting (government) |                  | ······································ |                  |                                       | 73.00    |              |
| March 3   | Parking (no receipt) |                  |                                        |                  | 7.00                                  | 88       |              |
| March 8   | Travel               |                  | <u></u>                                | ,                | (W)                                   | ·        | 17           |
| March 9   | Travel               |                  |                                        |                  |                                       |          |              |
| March 10  | Hosting (government) |                  |                                        |                  |                                       | 25.67    |              |
| March 13  | Travel               |                  |                                        |                  |                                       |          | 23           |
| March 13  | Parking              |                  |                                        |                  | ✓ 12.00                               |          |              |
| March 13  | Parking              |                  |                                        |                  | ✓ 6.00                                |          | <del> </del> |
| March 14  | Travel               |                  | · · · · ·                              |                  | 0.00                                  |          | 18           |
| March 14  | Parking              |                  | <del> </del>                           |                  | <b>4.50</b>                           |          | 10           |
| March 14  | Parking              |                  |                                        |                  | 10.50                                 |          |              |
| March 14  | Parking              |                  | · · · · · · · · · · · · · · · · · · ·  |                  | 5.00                                  |          |              |
| March 15  | Travel               |                  |                                        |                  | 7 0.00                                |          | 9            |
| March 31  | Fax (Feb/March)      |                  |                                        |                  |                                       | 52.48    | 9            |
|           |                      |                  |                                        |                  |                                       |          | ·            |
|           |                      |                  |                                        |                  |                                       |          |              |
|           |                      |                  |                                        |                  |                                       |          |              |
|           |                      |                  |                                        |                  |                                       |          |              |
|           |                      |                  |                                        |                  |                                       |          |              |
|           | Total km             |                  |                                        |                  |                                       |          |              |
|           |                      | *(or alto        | rnate rate :                           | e outlined in Sa | ction 2 - Travel b                    |          | 129          |
| TOTALS TO | FRONT OF FORM        | (or are          | indic rate a                           | is oddined in Se | , , , , , , , , , , , , , , , , , , , |          | \$0.43*      |
| OTALS TO  | FRUNT OF FURIN       | <u> </u>         | ·                                      |                  | \$47.00                               | \$231.38 | \$55.47      |

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses much 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 lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

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

#### DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATIONTIME

\_1\_

AMOUNT PAID

\$ 2,00 19740000 11:54 AMLOTU



NON TRANSFERABLE

#### DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

CREDIT CARD NUMBER



RECEIPT

GST # R108102831

CITY OF EDMONTON LIBRARY PARKANT GST # 119326270 RT0001

Ropt# 34500 03/13/06 12:13 L# 2 A# 35 Txmi114956 03/13/06 08:34 In 03/13/06 12:13 Out Tkt# 277654 Regular Hate s 1101 Total Tax \$ 0.79 Total Fee \$ 12.00 CASH PATD \$ 12.00-Cash Tender 3 20.00 Change Due \$ 8.00 THANK YOU CONE AGAIN

> CITY OF EDYCMICAL LIBRARY PRAYADE EST # 119326270 NT0001

Root# 34702 03/14/06 08:41 LM 2 AM 28 TXMM115239 03/14/06 07:16 In 03/14/06 08:41 Out Tkt# 2779(8) Regular Rate \$ Total Tax 0.29 4.50 Total Fee ¢ MASH PAID 4.50-Cash Tender \$ 10.00 ŝ £ 50 Charge Lie THAK YOU DONE AGAIN

CITY OF EDMANTON LIGHARY PASKAGE GST # 119826270 RICOOL

ROPUL MANY 03/13/06 16:44 L# 2 A# 36 Txr#115146 03/13/06 16:45 In 03/13/06 18:44 Out Tkt# 27787K Regular Rate \$ Total Tax \$ 0.39 Total Fee Ē 6.00CASH FAID 6 6.00-Cash Tender \$ 20.60 Crane le \$ 14.00 THANK YOU COME AGAIN

> CITY OF EDMINION LIBRARY PARKADE EST # 119326270 RT0001

Root# 34877 03/14/06 16:21 L# 2 A# 15 TXM#115637 03/14/06 12:54 In 03/14/05 16:21 Out Tkt# 2/0232 Regular Rate § 9.81 Total Yax \$ 0.69 Total Fee 10.50 4 CASH PAID \$ 10.59-Sash Tender 🗼 10.50 Ghans Ita \$ ()..()() HANK YOU COME AGAIN

### DO NOT LEAVE VEHICLE



**CAR AND CONTENTS LEFT** AT OWNER'S RISK NO

94203

16:38 OUT

Please leave this pass with parking lot attendant on exit **Amount PD** 

## GREAT FOOD GREAT PLOPLE

Thank You For Joining Us At Farīs On Campus 8629-112 Street

Edmonton, Alberta T6G-1K8

Date:

03Mar'06 12:44PM Visa

Card Type:

ACCT #: XXXXXXXXXXXX7758

ite: 11/06 ್ಲ Code: 036533 neck: 459 Table: 22/1 Server:

68 MARISA ef Number: 001141415095

BRIAN HLUS

Subtotal:

31.23

Tip:

Total:\_

I agree to pay above +-+a] according to my card agreement.

Thank You For Joining Us

Subtotal GST Tax 12:44 Total

All Wee Campus

leekends

## earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At Earls On Campus 8629-112 St. eet Edmonton, Alberta T6G-1K8

#### 22 STEFANE

| Tbl 51/1 Chk 19<br>10Mar'06 1                           |                                |
|---------------------------------------------------------|--------------------------------|
| 1 ICED TEA<br>1 POP<br>1 10FD TAX RELID<br>1 THAT SALAD | 10.50                          |
| 1 CAESAR SALAD Subtotal GST Tax 12:13 Total             | 5.99<br>21.19<br>1.48<br>22.67 |

All Week Long Campus Earls Marg Monday 2.99 Margaritas Bellini Tuesday 2.99 Bellinis Wing Wednesday 4.50 Wings Thursday 2.99 Highballs Weekends 5.50 Martini's Visit us on line at www.earls.ca Head Chef Andrew Fiebiger General Manager Colin Corbett GST# 10154 1191 RT0001 GOVERNMENT COUNTRY CONTROL CON

Thank You For Joining Us At Earls On Campus 8629-112 Street Edmonton, Alberta

T6G-1K8

Date: 10Mar'06 12:13PM

Card Type: Visa

Exp Date: 11/06 Auth Code: 003465 Check: 1929 Table: 51/1

Server: 22 STEFANE Ref Number: 001142018025

Subtotal:

22.67

I agree to pay above total according to my card issuer agreement.

\*\*\*\*\*\*\*\*\*Customer Copy\*\*\*\*\*\*\*\*

| ·s.17(1); 17(4)(e.1)<br>景 罡                      | 1106<br>VISA<br>2006/03/03 18:46:3<br>10<br>S47117695-092-018<br>\$64.88                                          | 8 8                 | # 022063                     |          | Dominion Sp<br>E Bax 11450 Main Pos                 | pplicant copy<br>portservice Ltd.<br>t Office<br>J 3K6 |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|----------|-----------------------------------------------------|--------------------------------------------------------|
| REXALL PLAGE<br>7400-118TH AVENUE<br>EDMONTON AB | -                                                                                                                 | 20                  | AUTH,                        | 3        |                                                     | ferminal:09351                                         |
| Youngo.                                          | CARD NUMBER<br>EXPIRY DATE<br>CARD TYPE<br>DATE/TIME<br>CLERK NUMBER<br>RECEIPT NUMBER<br>AUTHORIZATION<br>AMOUNT | TIP<br>TOTAL AMOUNT | 01 APPROVED-027<br>THANK YOU | <u>.</u> | DIET COKE<br>RICKARDS RED<br>REG BUFFET<br>2 @24.95 | \$5.37<br>\$5.37<br>\$49.90                            |
|                                                  |                                                                                                                   |                     |                              |          | Subtotal                                            | \$64.88                                                |

Receipt# GST Reg# R128977444

### TELUS® Your TELUS Statement

Mar 14, 2006

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

**BAJHLUS** 

(**786**) <sup>17(1),17(4)(e.1)</sup>

Your account number S.17(1), 17(4)(g) Your TELUS Account ID

**TELUS Communications Inc.** 

Page 1 of 2

(26.37)

#### Here's what you owe this month: \$52.48

| Amount of your last bill Amount overdue from your last bill | \$2 <del>6.11</del><br>26.11 | Notice - Overdue is payable now. If payment |
|-------------------------------------------------------------|------------------------------|---------------------------------------------|
| 1 Residence Line Touchtone from Mar 13 to Apr 12            | 23.86                        | has been made, thank<br>you.                |
| Additional Charges and Credits (see details below)          | .83                          | ,                                           |
| GST (Registration 812758878) at 7%                          | 1.68                         |                                             |
| Total new charges                                           | 26.37                        |                                             |
| Total amount due by Apr 04                                  | \$52.48                      |                                             |

| Additional Charges and Credits                   | ,83,  |
|--------------------------------------------------|-------|
| E9-1-1 Municipal Call Answer Fee Mar 13          | \$.44 |
| E9-1-1 Provincial Network Fee Mar 13             | .13   |
| Late payment charge on overdue amount of \$26.11 | .26   |
| Total additional charges and credits             | \$.83 |

#### **News from TELUS**

#### Reconnection charges

In the event it becomes necessary to suspend service, payment of the full amount due plus a reconnection charge may be required before service is restored. Once service is suspended, five working days are allowed to pay the account before service is terminated. Regular connections charges apply for the re-establishment of a terminated service. A deposit may also be required.

## TELUS® Your TELUS Statement Feb 14, 2006

**TELUS Communications Inc.** 

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

Page 1 of 2

**BAJHLUS** 

(780)

Your account number Your TELUS Account ID

Here's what you owe this month: \$26.11

| Amount of your last bill                           | \$36.40 |
|----------------------------------------------------|---------|
| Payment we processed on Feb 02 - Thank You         | -36,43  |
| Amount overdue from your last bill                 | .00.    |
| 1 Residence Line Touchtone from Feb 13 to Mar 12   | 23.86   |
| Additional Charges and Credits (see details below) | .57     |
| GST (Registration 100652692) at 7%                 | 1.68    |
| Total new charges                                  | 20.14   |
| Total amount due by Mar 04                         | \$26.11 |
|                                                    | 1-0     |

Thank you for keeping your account up to date.

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

### **News from TELUS**

CRTC Consumer guide to competition in the residential telephone service market

For information about the provision of competitive residential local telecommunications services in Canada, please refer to the CRTC web site at http://www.crtc.gc.ca/eng/consumer.htm

Thank you for choosing TELUS as your communications provider.



#### Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: Brian Hlus         | Employee Number: Union Name:                 |
|--------------------------|----------------------------------------------|
| Position: Director       | Department: Government Affairs - Corporate   |
| Business Phone: 407-7462 | Period From: April 1, 2006 to April 30, 2006 |
| Attachment               |                                              |

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by

another organization. Complete details on the other side of the form

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate             | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|------------------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           |                          |                          |                  | \$907.97                          |                   |
|                      |                       | TAYI: 82 W Sn                         |                          |                          |                  |                                   |                   |
|                      |                       | Cak/: 340.64W                         | 47.50 p                  | Capital Health           | . 100 1 24       |                                   |                   |
|                      |                       | 62410: 83.67                          | 100 mm                   | CEVE                     |                  |                                   |                   |
|                      |                       | mile : 88.15                          | 100 mm                   | MAY 0 4 2006             | S. (cabbillation |                                   |                   |
|                      |                       | 62412: 261.01                         |                          | ACCOUNTS                 |                  |                                   |                   |
| Less Ca              | sh Advance            |                                       |                          | PAYABLE                  |                  | 0.00                              |                   |
| Total                |                       |                                       |                          |                          |                  | \$907.97                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization. |                   |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|--|--|
| Employee Signature:                                                                                                                                                                            | Date: May 3, 2006 |  |  |  |

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8000 |
|---------------------------------------------|------------------------|------------------|
| (Signature)                                 |                        | Date             |
| Approved By: (Print name)                   | Title:                 | Phone #          |
| (Signature)                                 |                        | Date             |

NOTE:

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

#### **EXPENSE CLAIM DETAILS**

#### **Applicant copy**

| Date                 | Particular              | Accommodation \$ | Meal \$     | Registration \$  | Transportation \$ | Other \$           | Mileage KM                                       |
|----------------------|-------------------------|------------------|-------------|------------------|-------------------|--------------------|--------------------------------------------------|
| February 16,<br>2006 | Hosting (Prov. Gov.)    |                  |             |                  |                   | 11.93              |                                                  |
| April 3, 2006        | Taxi                    |                  |             |                  | 35.00             |                    |                                                  |
| April 3, 2006        | Hosting (Prov. Gov.)    |                  |             |                  |                   | J) 64.50           |                                                  |
| April 3, 2006        | Hosting (Prov. Gov.)    |                  |             |                  |                   | 115.65             |                                                  |
| April 7, 2006        | Travel                  |                  |             |                  |                   | ,                  | 24                                               |
| April 11, 2004       | Gift (staff Prov. Gov.) |                  |             |                  | . 1               | 41.45              |                                                  |
| April 13, 2006       | Travel ((algan,)        |                  |             |                  |                   |                    | 607                                              |
| April 15, 2006       | Parking                 |                  |             |                  |                   | 12.00              |                                                  |
| April 15, 2006       | Parking                 |                  |             |                  | \                 | 4.50               |                                                  |
| April 17, 2006       | Travel                  |                  |             |                  | Å .               |                    | 17                                               |
| April 20, 2006       | Parking (no receipt)    |                  | 5 °         |                  |                   | <b>/</b> 20.00     |                                                  |
| April 21, 2006       | Parking                 |                  | •           |                  | <i>J</i> *        | 20.00              |                                                  |
| April 24, 2006       | Travel                  |                  |             |                  | į.                |                    | 24                                               |
| April 25, 2006       | Travel                  |                  |             |                  |                   |                    | 39                                               |
| April 25, 2006       | Parking                 |                  |             |                  |                   | 3.00               |                                                  |
| April 25, 2006       | Gift (staff Prov. Gov.) |                  |             |                  |                   | / 10.17            |                                                  |
| April 26, 2006       | Travel                  |                  |             |                  |                   |                    | 9                                                |
| April 26, 2006       | Parking (no receipt)    |                  |             |                  |                   | <sup>4</sup> 10.00 |                                                  |
| April 26, 2006       | Hosting (Prov. Gov.)    |                  |             |                  |                   | / 114.50           |                                                  |
| April 27, 2006       | Travel                  |                  |             |                  | Λ .//             |                    | 17                                               |
| April 27, 2006       | Taxi                    |                  |             |                  | /52.00            |                    |                                                  |
| April 27, 2006       | Hosting (Prov. Gov.)    |                  |             |                  | N N               | 35.00              |                                                  |
| April 28, 2006       | Travel                  |                  |             |                  |                   |                    | 75                                               |
| April 28, 2006       | Parking                 |                  |             |                  | الما الأولا       | 4.00               | <del>)                                    </del> |
| April 28, 2006       | Hosting (Prov. Gov.)    |                  |             |                  |                   | 5.11               |                                                  |
|                      | Total km                |                  |             |                  | ,                 |                    | 812                                              |
|                      |                         | *(or alt         | ernate rate | as outlined in S | Section 2 - Trave | l below) @         | \$0.43*                                          |
| OTALS TO F           | FRONT OF FORM           |                  |             |                  | \$87.00           | \$471.81           | \$349.16                                         |

#### **EXPENSE LIMITS**

**Meal Allowances** 

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses much 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 lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

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



Provincial

\*\* STARBUCKS COFFEE CANADA \*\*

101 & JASPER AVE #04541 EDMONTON Alku0000

1921日末19 9.1 1 SCHOOL HOW IN THE 1.75

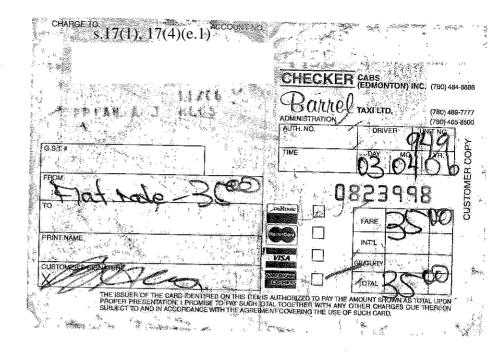
14114 M MACLL 15 4.10

126118

I UK LAITE l bb 1 COOKIE CLHIP 1.65 SUBTOTAL 11.15 TAX 7.0 0.78 TOTAL 11.93 CASH 20,00 CHANGE DUE 8.07

GST #86585 3535

04541 0282 697746 000300681E 02/15/06 -- DUPLICATE RECEIPT ---We're known for our coffee. But our people make us famous. Discover a career with us. www.starbucks.com/careers



tion Sportservice itd. x 11450 Main Post office atom, Alberta for &6

19:4 # 33 mena 1509404 ∲NI . 11/2 \$6.50 \$5.50 \$5,50 DAME: BLIR \$6.50 DRAFT BELR 3 @6,50 \$19,50 1.1000R \$5,50 LIQUOR \$5,50 WATER BEEN 18.50 Subtotal \$61.00 apt# GST Reg

REXALL PLACE 7400-118TH AUE EDMONTON

D TYPE Ε 2006/ Ε 7491 20 EIPT NUMBER 4412664-001-005-\* - AUTHOR (ZATION UNT

1 013881 < YOU

CARDHOLDER CO

municipal

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23 84H1N

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Faliment Holls Machinalis SSI #132445290

WAR: It

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300M # \_ \_ \_ #

PRINT NAME

ITONATURE

NOT A CREDIT CARD VOUCHER PLEASE PAY YOUR SERVER The state of the second

.

1-1-1

**Best Copy Possible** 

testing of

...lor

STOMATIKE

PLEASE RETURN & SIGNED COPY

٠,

### Attn: Patricia

COOKIES BY GEORGE HB EDMONTON CENTRE EDHONTON

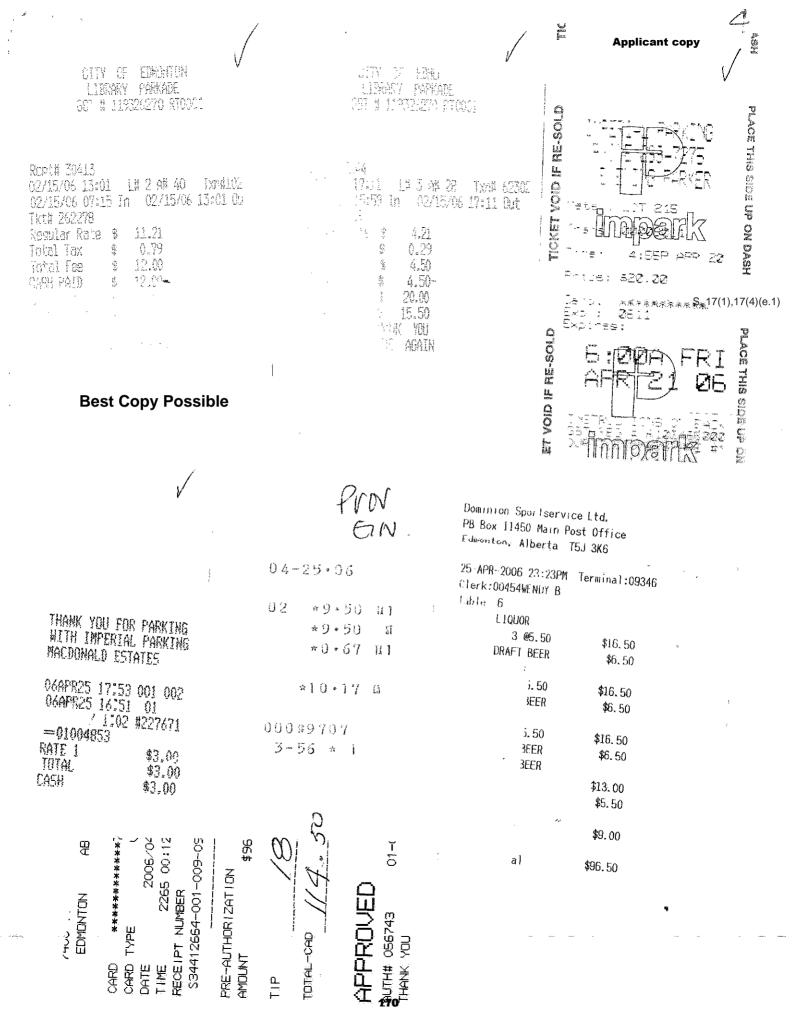
CARD MIMBER EXPIRY DATE S. 17(1),17(4)(e.1) CARD TYPE 1106 MIE/THE VISA ECEIFI NUMBER 2006/04/11 14:0 PURCHASE M80526807-485-02 TOTAL AMOUNT \$41.45

CI APPROVED 027 THANK YOU AUTH. #

04036

CARDHOLDER WILL PAY TOTAL ANGUNT SHO TO CARD ISSUER ACCORDING TO CARDHOLD HUREEKENT.

Thank you!



<u>d</u>

#### **Best Copy Possible**

CHECKER (CABS (EDMONTON) INC. (780) 484-8888

ACCOUNT NO.

REXALL PLACE 7400-118TH AVENUE EDMONTON AB

CARD

CARD TYPE.

DATE

2006/04/27

TIME

5112 22:22:04

EIPT NUMBER

-34412664-001-010-063-0

PRE-AUTHORIZATION

AMOUNT

\$29.50

TIP

AUTH# 054102

THANK YOU

. POPY

Nominion Sportservice Ltd. 1 · . il450 Main Post Office tum , Alberta 75J 3K6

2/ APN 2006 21:34PM Terminal:09344 Clerk:00454WENDY B

Table 4

CHARGE TO:

t fouos 2 @5.50

\$11.00 \$6.50

DRALL BEER DRAFT BEER

\$6.50

LIQUOR

\$5.50

Subtotal

\$29.50

TIM HORTONS EDMONTON AB

GST 867616336

#222 2 MD ICE C OUT 4.78

TXB1 GST

4.78

.33

4.78

5.11 10.00

CHNG

4.89

RE-PRINT RECEIPT

SHIFT 2

2915 14:12 #02 APR.28'06 REG0002



## **Payment Requisition**

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

| I PAYEE INFORMATION (Check one only) Invoice Date 29-May-06 (DD-MMM-YY)                                                                                                                                                                  | ☐ Vendor ☐ Patient N                                   | _                                      |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------|
| (DD-MMM-YY)                                                                                                                                                                                                                              |                                                        | ⊨mployee (E                            | Enumabler(1), 17(4)(g)( |
| Vendor Number (or S.I.N.)                                                                                                                                                                                                                |                                                        | <del></del>                            |                         |
| Address GOVERNMENT AFFAIRS                                                                                                                                                                                                               | Payee Name BRIAN HLUS                                  |                                        |                         |
| Province/State AB                                                                                                                                                                                                                        | Postal O. I. To                                        | City EDMOI                             | NTON                    |
| II PAYMENT DETAILS                                                                                                                                                                                                                       | Postal Code T6G 2B7                                    | Country CA                             | NADA                    |
| <del></del>                                                                                                                                                                                                                              |                                                        |                                        |                         |
| Reason for payment VISA PAYMENT FOR PH Is this a contract payment?                                                                                                                                                                       |                                                        | PO#                                    |                         |
| If this is a contract payment, what is the contract                                                                                                                                                                                      | Yes (Attach copy of contract if not previously forward | arded)                                 | No                      |
| Have goods / samilars t                                                                                                                                                                                                                  | <del></del>                                            | Number                                 |                         |
|                                                                                                                                                                                                                                          | Yes, When? 24-Mar-06                                   |                                        | No                      |
| Are original attachments to be mailed with cheque                                                                                                                                                                                        |                                                        | <del></del>                            |                         |
| Palling Codes (IN URACLE FINANCIA                                                                                                                                                                                                        | L SYSTEM FORMAT) (Departments                          | must provide (                         | Complete Coding)        |
| g. 201 e.g. 9000 e.g. 71135050044                                                                                                                                                                                                        | Account Expense e.g. 69500001 Sub-Total                | GST if                                 | Total Payment           |
| 201 9000 71105000016                                                                                                                                                                                                                     | 66040000                                               | applicable                             | \$1,894.88              |
|                                                                                                                                                                                                                                          | Capital Health                                         |                                        | <del> </del>            |
|                                                                                                                                                                                                                                          | RECEIVED                                               |                                        | 339.19 W                |
|                                                                                                                                                                                                                                          |                                                        |                                        | 1555.69 n               |
|                                                                                                                                                                                                                                          | HAY 3 0 5008                                           | -                                      |                         |
|                                                                                                                                                                                                                                          | ACCOUNTS                                               |                                        |                         |
|                                                                                                                                                                                                                                          | PAYABLE                                                |                                        |                         |
| Canadian U.S. Other                                                                                                                                                                                                                      | TOTAL                                                  |                                        |                         |
| AUTHORIZATION                                                                                                                                                                                                                            | TOTAL                                                  |                                        | \$1,894.88              |
| onfirm that the above items have not been pre                                                                                                                                                                                            | Viously soid and the                                   |                                        |                         |
| onfirm that the above items have not been pre quisitioned by (Print name) Patricia Fernandez,                                                                                                                                            | Project Co.                                            | to Capital Hea                         | alth business.          |
| (Signature)                                                                                                                                                                                                                              | Project Coordinator - Government Affairs               | Phone #                                | 407-8543                |
|                                                                                                                                                                                                                                          |                                                        | Date 29-                               | May-06                  |
| oroved by (Print name) Brian Hlus, Director (Signature)                                                                                                                                                                                  | - Government Affairs                                   | Phone #                                | 407-7462                |
|                                                                                                                                                                                                                                          | Jen.                                                   | Date                                   |                         |
| - Lesa                                                                                                                                                                                                                                   | Shued                                                  | Phone #                                |                         |
| (Signature)                                                                                                                                                                                                                              |                                                        |                                        |                         |
| HORIZATIONS SHOULD BE IN ACCORDANCE                                                                                                                                                                                                      | WITH SIGNING AUTHORITY POLICY NUM                      | BER FINANCE                            | 41                      |
| s: All employee payments will be made electronically based o All cheques and attachments will be mailed out by Accounti Fully completed payment requisitions received in Accountin Incomplete/improperly authorized payment requisitions | n payroll banking information.                         | ······································ |                         |



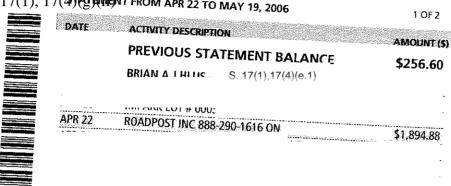
VISA Platinum

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

BRIAN A J HLUS

 $s.17(1),\,17(4)$  (4) (2) (2) FROM APR 22 TO MAY 19, 2006

1 OF 2



IMPORTANT INFORMATION

**CONTACT US** 

sign up today.

Customer Service / Lost & Stolen Collect Outside North America

Be secure with Air Canada

Air Canada now has Verified by Visa! Use your Verified by Visa personal password to shop

securely at www.aircanada.com. Don't have a

password yet? Visit www.visa.ca/verified to

1-800-769-2512 (416) 974-7780

PAYMENT INFORMATION

Minimum payment Payment due date

Credit limit

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

Available credit Annual interest rate

S.17(1), 17(4)(g)(i) 18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance

Payments & credits Purchases & debits Cash advances

Interest

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

Fees

**NEW BALANCE** 

TOTAL NEW BALANCE

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

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



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" TORONTO, ONTARIO M5W 2E6

**NEW BALANCE** 

MINIMULA DANA COM S.17(1), 17(4)(g)(i)

□ PAID

VISA Platinum

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

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

 $\textbf{RBC0150010}_{-} \quad \textbf{S.17(1)}, \ \textbf{17(4)(g)(i)}$ 

01980

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

**Payment options** 

· Telephone banking 1-800-769-2511

Online banking www.rbcroyalbank.com

: RBC Royal Bank ATM

· RBC Royal Bank Branch

· By mail

**Detach and return with payment.**Please do not send cash through the mail. Please do not staple or damage this form.

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

BRIAN A J HLUS

#### Attention: Iridium Direct Internet Customers

fridium has upgraded the software required for its Direct Internet service. This update will improve several features of the service including superior data speeds and expanded browser support.

The new version (Direct Internet 2.0.2) is available to existing Roadpost customers. FREE of charge.

Go to www.roadpost.com/satellite/data;asp by May 31, 2006 to obtain the new version.

If you are not yet an Indium customer and are looking for a voice and data solution for remote destinations, call Roadpost Customer

> Contact Us 1.888.622,7368 info@roadpost.com

Customer Name: Brian Hlus/Capital Health

Account Nugib∉(1), 17(4)(g)(i)

Page Number: 1 of 5

Invoice Number: 1217497 Invoice Date: Apr 07, 2006

| Purchase Order   | \$0.0<br>\$317.00<br>\$1,453.92<br>\$0.00 |
|------------------|-------------------------------------------|
|                  | \$317.00<br>\$1,453.92                    |
|                  | \$317.00<br>\$1,453.92                    |
|                  | \$1,453.92                                |
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|                  | \$0.00<br>\$0.00                          |
|                  | Ψ0.00                                     |
|                  | \$1,770.92                                |
|                  | \$22.19                                   |
|                  | \$101.77                                  |
| applicable)      |                                           |
|                  | \$1,894.88                                |
|                  |                                           |
|                  | \$0.00                                    |
|                  | \$1,894.88                                |
| Inpaid balances. |                                           |
| 00.10            | ,                                         |
|                  | applicable)  Unpaid balances.  April 2    |



Account Number (1), 17(4)(g)(i)Invoice Number: 1217497

Invoice Date: Apr 07, 2006 Due Date: Apr 07, 2006

**Total Amount Due** 

\$1,894.88

Brian Hlus/Capital Health Capital Health #1J2 WMC - 8440 - 112 Street Edmonton AB T6G 2B7 Canada

Your Credit Card will be charged on the 21st of the month for the charges listed above. No additional payment is necessary at this time.

Charges



| Brian Hlus/ | Capital | Health |
|-------------|---------|--------|
|-------------|---------|--------|

### **Current Activity Summary**

Page Number: 2 of 5

Invoice Number: 1217497

| Quantity     | Description                      | Start Date   | End Date     |                  |
|--------------|----------------------------------|--------------|--------------|------------------|
| Service Type | e: General Products and Services |              | Life Date    | Charges          |
| 1            | Delivery-Standard (Return)       |              |              |                  |
| 1            | Delivery-Standard (Return)       | Mar 15, 2006 | Mar 15, 2006 | \$2 <u>5.0</u> 0 |
|              | •                                | Mar 13, 2006 | Mar 13, 2006 | \$25.00          |
| Service Type | : International Rentals          |              | ,            | \$23.00          |
| 1            | Loss/Theft/Damage-Accepted/M+AM  | M- : 45 0000 |              |                  |
| 1            | oneRoamWld Rentai/M+AM-Eng       | Mar 15, 2006 | Mar 15, 2006 | \$69.00          |
| 1            | oneRoamWld Rental/M+AM-Eng       | Mar 15, 2006 | Mar 15, 2006 | \$99.00          |
| OTAL FOUR    |                                  | Mar 13, 2006 | Mar 13, 2006 | \$99.00          |
| OTAL EQUIP   | PMENT & SERVICE CHARGES          |              |              | ¥00.00           |
|              | rges Summary (Before Credits)    |              | ,            | \$317.00         |

| New Call Charges by Service Identifier<br>Rate Plan | s.17(1), 1                        | 17(4)(g)(i)  |
|-----------------------------------------------------|-----------------------------------|--------------|
| oneRoamWorld Rental/M+AM-Eng                        | Service Identifier  Mobile Number | Minutes Used |
| oneRoamWorld Rental/M+AM-Eng                        | Mobile Number:                    | 319          |

\$1,420.41 9 \$33.51 Total 328 \$1,453.92

| New Call Charges by U | Usage Type - Total Account |  |
|-----------------------|----------------------------|--|
| Usage Type            | -3- 'JPO 'OUL ACCOUNT      |  |

| TOTAL NEW CALL CHARGES BEFORE CREDITS | 328          | \$1,453.92 |
|---------------------------------------|--------------|------------|
| Total                                 | 7            | \$19.53    |
| Voicemail                             | 1            | \$0.99     |
| Text Messaging                        | 1            | \$2.79     |
| Local                                 | 300          | \$1,347.00 |
| International                         | 19           | \$83.61    |
| Incoming                              | Minutes Used | Charges    |

| Airtime Bundle Summary by Rate Plan* |                    |     |                    |      |                  |        |     |
|--------------------------------------|--------------------|-----|--------------------|------|------------------|--------|-----|
| Rate Plan                            | From Last<br>Month | New | Total<br>Available | Used | To Next<br>Month |        | •   |
| Iridium HV150 /Wk + Add. Day -Rent   | 114                | O   | 114                |      |                  | Credit |     |
| TOTAL AIRTIME BUNDLE CREDIT          |                    |     | 114                | U    | 114              | \$0.00 |     |
| TOTAL AIRTIME OWING                  |                    |     |                    |      |                  |        | \$( |

Carry Forward and Pooled Minute Details:
Unused subscription minutes carry forward for a 6 or 12 month period, based on the service purchased. Airtime bundles, for multip subscriptions under one account, are pooled and used towards total rate plan usage.

<sup>\*</sup>Bundled minutes apply to specific types of airtime based on your rate plan. Unused minutes are non-refundable.



Brian Hlus/Capital Health

## Detail of Call Charges Page Number: 4 of 5

| Call Date                    | Call Tir                              | ne Originating Lo    | cation Number of                |                       |             | <del></del>           |    |
|------------------------------|---------------------------------------|----------------------|---------------------------------|-----------------------|-------------|-----------------------|----|
| Mobile Num                   |                                       | ), 17(4)(g)(i)       | cation Number C                 | ailed Called Location | n Minute    | es Charges            | Co |
| Mar 21, 2006                 |                                       |                      |                                 | s.17(1), 17(4         | )(g)(i)     |                       |    |
| Mar 21, 2006                 |                                       | · <del></del>        |                                 | Alberta               |             | 1 \$4.49              |    |
| Mar 21, 2006                 |                                       |                      |                                 | Alberta               |             | 4 1.45                |    |
| Mar 21, 2006                 |                                       | -                    |                                 | Alberta               |             | ΨΤ.ΨΟ                 |    |
| Mar 21, 2006                 |                                       | _                    |                                 | Alberta               |             | . Ψ1.70               |    |
| Mar 21, 2006                 | 14:09:26                              | _                    |                                 | Alberta               |             | · Ψ4.43               |    |
| Mar 21, 2006                 |                                       | _                    |                                 | Alberta               |             | . 41.45               |    |
| Mar 21, 2006                 | 15:48:08                              | <del></del>          |                                 | Alberta               |             | 1 \$4.49<br>7 \$31.43 |    |
| Mar 21, 2006                 | 17:41:27<br>21:51:14                  |                      |                                 | Alberta               |             | ¥ • 1 0               |    |
| Mar 22, 2006                 | 09:44:40                              |                      |                                 | Alberta               | 3           |                       |    |
| Mar 22, 2006                 |                                       |                      |                                 | Alberta               | 5           |                       |    |
| Mar 22, 2006                 | 09:47:52                              |                      |                                 | Alberta               | 3           | 4.0.11                |    |
| Mar 22, 2006                 | 12:38:21                              | Mexico               |                                 | Alberta               | 4           |                       |    |
| Mar 22, 2006<br>Mar 22, 2006 | 16:00:54                              | Mexico               |                                 | Alberta               | 7           | 701.10                |    |
| Mar 22, 2006                 | 16:28:55                              | Mexico               |                                 | Alberta               | 6           |                       |    |
|                              | 16:32:42                              | Mexico               |                                 | Alberta               | 4           | 7                     |    |
| Mar 22, 2006                 | 16:36:28                              | Mexico               |                                 | Alberta               | 2           |                       |    |
| Mar 22, 2006                 | 16:36:58                              | Mexico               |                                 | Alberta               | 1           | \$4.49                |    |
| Mar 22, 2006                 | 17:01:02                              | Mexico               |                                 | Alberta               | 5           | \$22.45               |    |
| Mar 22, 2006                 | 17:01:25                              | Mexico               |                                 | Alberta               | 1           | \$4.49                |    |
| Mar 22, 2006                 | 17:03:23                              | Mexico               |                                 | Alberta               | 2           | \$8.98                |    |
| Mar 23, 2006                 | 08:51:19                              | Mexico               |                                 | Alberta               | 3           | \$13.47               |    |
| Mar 23, 2006                 | 08:54:09                              | Mexico               |                                 | Alberta               | 3           | \$13.47               |    |
| Mar 23, 2006                 | 09:05:24                              | Mexico               |                                 |                       | 1           | \$4.49                |    |
| Mar 23, 2006                 | 09:45:40                              | Mexico               |                                 | Alberta               | 7           | \$31.43               |    |
| Mar 23, 2006                 | 09:46:41                              | Mexico               |                                 | Alberta               | 1           | \$4.49                |    |
| Mar 23, 2006                 | 09:47:16                              | Mexico               |                                 | Alberta               | 1           | \$4.49                |    |
| Mar 23, 2006                 | 09:58:43                              | Mexico               |                                 | Alberta               | 12          | \$53.88               |    |
| Mar 24, 2006                 | 08:46:46                              | Mexico               |                                 | Alberta               | 2           | \$8.98                |    |
| Mar 24, 2006                 | 09:09:38                              | Mexico               |                                 | Alberta               | 14          | \$62.86               |    |
| Mar 24, 2006                 | 10:23:45                              | Mexico               |                                 | Alberta               | 4           | \$17.96               |    |
| Mar 24, 2006                 | 10:25:10                              | Mexico               |                                 | Alberta               | 1           | \$4.49                |    |
| /lar 24, 2006                | 12:44:24                              | Mexico               |                                 | Alberta               | 6           | \$26.94               |    |
| /lar 24, 2006                | 12:46:19                              | Mexico               |                                 | Аірепа                | э           | \$13.47               |    |
| 1ar 24, 2006                 | 15:04:19                              | Mexico               |                                 | Alberta               | 10          | \$44.90               |    |
| 1ar 24, 2006                 | 15:18:23                              | Mexico               |                                 | Alberta               | 13          | \$58.37               |    |
|                              |                                       | Mexico               |                                 | Alberta               | 5           | \$22.45               |    |
|                              | 15:34:25                              | Mexico               |                                 | Alberta               | 1           | \$4.49                |    |
|                              | 4                                     | Mexico               |                                 | United Kingdom        | 1           | \$4.49                |    |
|                              |                                       |                      | 7(1), 17(4)(g)(i)               | Incoming              | 1           | \$4.49                |    |
|                              |                                       |                      | , (1), 1/( <del>1</del> )(8)(1) | Incoming              | 11          | \$49.39               |    |
| ummary of Char               | ges by Usa                            | де Туре              |                                 |                       |             | <del></del>           |    |
| coming                       | •                                     |                      |                                 |                       |             |                       |    |
| ternational                  |                                       |                      |                                 |                       | 13          | \$56.67               |    |
| cal                          |                                       |                      |                                 |                       | 300         | \$1,347.00            |    |
| picemail                     |                                       | s.17                 | 7(1), 17(4)(g)(i)               |                       | 1           | \$2.79                |    |
| Calis, 319 Minu              | Ites for Mot                          |                      | (-), - / ( 1/(8/(1)             |                       | 5           | \$13.95               |    |
|                              | · · · · · · · · · · · · · · · · · · · | ne itumber:          |                                 |                       | <del></del> | \$1,420.41            | _  |
| Il Date C                    | all Time C                            | originating Location | Number Called                   | Called Location       | Minutes     | <u></u>               |    |
| bile Number: S               | 6. 17(1),17(4                         | l)(e.1)              |                                 |                       | manutes     | Charges Cod           | ie |
| ır 16, 2006 10               | 0:00:24 C                             | anada                | 7750388652                      | M-1                   |             |                       |    |
|                              | _                                     | <del>-</del>         | 773038852                       | Voice Mail            | 1           | \$2.79                |    |



### Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Positio                   | : Director -                          | Government Affairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employed Number                              |                             |                  |                   | lame:                             | <del></del>     |
|---------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|------------------|-------------------|-----------------------------------|-----------------|
|                           | s Phone: 4                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                            |                             | ment: Corp       |                   |                                   |                 |
| Attachme                  | ent                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Period From: May                             | / 1, 200                    | 06 <b>to</b> May | 31, 2006          |                                   | ·               |
| Expenses<br>another c     | Paid (pleation                        | se attach receipts). Do no<br>. Complete details on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ot include amounts<br>e other side of the fo | paid by                     | y Capital H      | ealth or re       | imbursed / reimburs               | sable by        |
| Bal Unit<br>e.g. 201      | Location<br>e.g. 9000                 | Functional Centre<br>e.g. 71135050044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Account<br>e.g. 69500001                     | e.g. 69500001 Currency Rate |                  |                   | Canadian \$<br>(including<br>GST) | ✓ if GS include |
| 201                       | 9000                                  | 71105000016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 69600                                        | 45.50 n                     |                  | \$686.49          |                                   |                 |
|                           | · · · · · · · · · · · · · · · · · · · | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Capital Health                               | <b>6</b> 9                  | 2014             | 59.00             |                                   |                 |
|                           |                                       | an parameter and a second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIEGELY!                                     |                             | 138.46           | <u></u>           |                                   |                 |
|                           |                                       | A STATE OF THE STA | hythrogan                                    | *                           | 52.55            | 1 <del>-3</del> 0 | 5.45 n                            |                 |
|                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACCOUNTS                                     | <del>}</del>                | 106.99           | 4.00              |                                   |                 |
| ess Cash Advance          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                             |                  |                   |                                   |                 |
| Fotal                     | Mx= >2.12                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                             | 0.00             |                   |                                   |                 |
| <del> </del>              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                             |                  |                   | \$686.49                          |                 |
| hereby collaimed by       | ertify that th                        | s form is collected under s your claim.  ne expenses listed above my behalf from Capital He                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                             |                  |                   | nave not been previ               |                 |
| pproved                   | By: Sheila V                          | Vpathorili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                             |                  | - un              | 21104                             |                 |
| rint name)<br>ignature)   |                                       | 7 Cauterill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Title: President &                           | CEO                         |                  |                   | Phone # 407-800                   | <b>&gt;</b>     |
| proved i                  | Bv:                                   | Wearky                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T                                            | <del></del>                 |                  |                   | Date                              |                 |
| rint name)<br>gnature)    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title:                                       | <u> </u>                    |                  |                   | Phone #                           |                 |
|                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                             |                  |                   | Date                              |                 |
| TE:<br>Expense<br>approve | claim musi                            | t be properly authorized a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and must be support                          | ted by                      | original re      |                   |                                   | v tho           |

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

#### **EXPENSE CLAIM DETAILS**

| Date       | Particular                      | Accommodation \$ | Meal \$       | Registration \$ | Transport         | 1 000          |                     |
|------------|---------------------------------|------------------|---------------|-----------------|-------------------|----------------|---------------------|
| May 1      | Hosting (staff)                 |                  |               | registration \$ | Transportation \$ | Other \$       | Mileage K           |
| May 2      | Hosting (government)            |                  |               |                 |                   | 37.45          | `                   |
| May 2      | Travel                          |                  |               |                 |                   | 34.06          | ×                   |
| May 3      | Parking                         |                  |               | -               |                   |                | 1                   |
| May 4      | Parking                         |                  |               |                 | 7.50              |                |                     |
| May 8      | Hosting (staff)                 |                  |               |                 | 9.00              |                |                     |
| May 12     | Hosting (government)            |                  |               |                 | <del></del>       | <b>30.48</b>   | ¥.                  |
| May 15     | Parking                         |                  |               |                 | /                 | <b>35.19</b>   | ×                   |
| May 15     | Hosting (government)            |                  |               |                 | 2.00              |                |                     |
| May 15     | Travel                          | -                |               |                 |                   | <b>√</b> 77.59 | <i></i>             |
| May 16     | Parking                         |                  | <del></del>   |                 |                   |                | 1                   |
| May 16     | Hosting (government)            |                  |               |                 | 12.00             |                |                     |
| May 16     | Travel                          |                  |               |                 |                   | 2.30           | ¥                   |
| May 17     | Travel                          |                  |               |                 |                   |                | 9                   |
| May 17     | Transit Passes                  |                  |               |                 |                   | TAKI           |                     |
| May 18     | Travel                          |                  |               |                 | 18.50             |                | 7                   |
| May 19     | Hosting (government)            |                  |               |                 | 48.00             | TAKI           | 1.1                 |
| May 23     | Hosting (government) NO RECEIPT |                  | 10b.99        |                 |                   | 34.25          |                     |
| May 26     | Hotel                           | 110.99           | 4.63          |                 |                   | 26.50          |                     |
| May 26     | Travel                          | 710.00           |               |                 |                   | <u> </u>       |                     |
| May 29     | Travel                          |                  |               |                 |                   |                | 267                 |
| May 31     | Fax (April/May)                 |                  |               |                 |                   |                | . 8                 |
| May 31     | Travel                          |                  |               |                 |                   | ✓ 52.22 Ŋ      | <u> </u>            |
|            |                                 |                  |               |                 |                   |                | 8                   |
|            |                                 |                  |               |                 |                   |                |                     |
|            |                                 |                  |               |                 |                   |                |                     |
|            |                                 |                  |               |                 |                   |                |                     |
|            | Total km                        |                  |               |                 |                   |                |                     |
|            |                                 | *(or alte        | rnate rate as | outlined in Sec | tion 2 T          |                | 322                 |
| OTALS TO F | RONT OF FORM                    | \$110.99         |               |                 | \$107.00          | \$330.04       | \$0.43*<br>\$138.46 |

#### **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses much 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 lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager. 1. Monthly travel in excess of 250 kilometers; or

  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed. Advance

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

#### MURRIETA'S EDMONTON

10612 82i, Ave. Tel: 780-436-4100 Check: 28019

Server: Nick M.

Date: 05/01/2006

Table: 45

Tie 2:19

VISA

\*\*\*\*\*\*\* , 158

HL BRIAN

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

At. ii MERCHANTA

9999

SUBTOTAL \$ 33.45

TIP \$

37.45

#### MURRIETA (5) EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check #: 28019

Server: Nick M. Date: 05/01/ Table: 45 Time: 12:17

Date: 05/01/2006

Client: 2

| 1<br>1<br>1<br>1 | Tea<br>Salmon Club<br>Soft Drinks<br>Cup of Soup<br>SmPrawn Tagliatelle | 2.66<br>11.83<br>2.66<br>3.77<br>10.34 |
|------------------|-------------------------------------------------------------------------|----------------------------------------|
|                  | SUB-TOTAL:                                                              | 31.26                                  |

TOTAL:

33.45 

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

## GREAT FOOD GREAT PEOPLE

#### 8 LINDSAY

| ~                                                         |                                             |
|-----------------------------------------------------------|---------------------------------------------|
| Tbl 73/1 Chk 13<br>02May'06 1                             |                                             |
| 1 POP<br>1 THAI SAL/CHX<br>1 HOT CHK CAES<br>add Oil & Vi | 2.35<br>13.50<br>10. <sup>c</sup><br>n 1.25 |
| Subtotal<br>GST Tax                                       | 28.09<br>1.97<br>30.06                      |

# GREAT FOOD GREAT PEOPLE

Date: 02May'06 12:58PM

Card Type: Visa

Acct #:

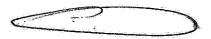
Exp Date: 11/06 Auth Code: 027741 Check: 1310 Table: 73/1 Server: 8 LINDSAY Ref Number: 001146596279

Subtotal: 30.06

Tip:

Signature:\_\_\_34.06

I agree to pay above total according to my card issuer agreement.



SEQ 221001001001 AUTH 091201 ISO 081

DATE May 08 2006 TIME 12:36 pm

APPROVED

#### **Best Copy Possible**

| TAN                            | 3 1 A1 40    |             |                                                            | 20.00<br>820.00<br>820.00<br>820.00<br>821.00 | 1043                            | * 601<br>A & SPAGHETTI HOUSE<br>B3 80 AVENUE<br>INTON AB |
|--------------------------------|--------------|-------------|------------------------------------------------------------|-----------------------------------------------|---------------------------------|----------------------------------------------------------|
|                                |              |             |                                                            | 14                                            | CARD NUMBER                     | S. 17(1),17(4)(e.1)                                      |
| •                              | mh           |             |                                                            | ·                                             | EXPIRY DATE CARD TYPE DATE/TIME | 1106<br>VISA 2002<br>2006/05/12 13:45:21<br>             |
| YOKOZUNA JAPA                  | PROFE DEST   |             |                                                            |                                               |                                 | 19                                                       |
| 8409 112 ST                    | EDMONTON     | 므           |                                                            |                                               | ; <b>F</b>                      | · *** *** *** *** *** *** *** *** *** *                  |
| ID: A4008567<br>Store: 4008567 | SLIP #: 4878 | OMER/CLIENI | 000000#0096                                                |                                               | TOTAL AMOUNT                    | 35,19.                                                   |
|                                | \$26.48      | •           | *CC<br>DIN IN/FOOD<br>DIN IN/FOOD<br>DIN IN/BEV<br>MDSE ST | 74\$2.50<br>74\$4.70<br>\$29.15               | 01 APPROVED 027<br>THANK YOU    | AUTH. # 051448                                           |
| TOTA                           | L\$ 30,48    | •           | GSTAX                                                      | \$2.04                                        |                                 | Y TOTAL AMOUNT SHOWN<br>DRDING TO CARDHOLDER             |
| SIGNATURE X                    |              |             | CASH                                                       | \$31. 19                                      | AGREEMENT.                      |                                                          |
| VISA S. 17(1),17(4)(e.         |              |             | 18 # T2a                                                   | 11440059 RT                                   |                                 |                                                          |
| Arou                           | 1100 *5      |             |                                                            |                                               | BRI                             | AN HLUS                                                  |



| THE COPPER *:<br>G.S.T.8807129718                                                                    |                                                                          | 9707                  | THE COPPER |         |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------|------------|---------|
| E REE                                                                                                |                                                                          | ((q<br>(d. 1) )       | i Mari     |         |
| TBL 28/1 CHK 60<br>MAY15'76 12:11                                                                    | 65 T                                                                     | PRE                   |            | \$68,59 |
| 1 POP 1 *OPEN WINE 1 *OPEN WINE 1 *OPEN WINE 1 MEATSAND/SALAD 2 .FISH: SUBTOTAL G.S.T. TOTAL DUE 6.8 | 3,75<br>3,70<br>9,00<br>9,00<br>8,95<br>25,97<br>64,10<br>4,49<br>8,55,9 | APPROVE<br>SECRETARIA | 1 A) H is  | 7 7.59  |

PLEASE PA SERVER MAN.COPPERMAT on

OUR PLEASURE SERVING YOU

| MICH IMPER<br>MACDONALD |                           |
|-------------------------|---------------------------|
| 06MAY16 21              |                           |
| 06MAY16 17<br>14 /      | 140   01<br>105   #234024 |
| =01001599               | # Z A A                   |
| RATE 1<br>TOTAL         | \$6.00<br>\$6.00          |
| CASH                    | \$6.00                    |
| FOR MONTHLY             | PARKING                   |
| PHONE 42019             |                           |
| <b>6ST INCLUDE</b>      | )                         |

THANK YOU FOR PARKING

| THANK YOU F | OR PAR      | KING |
|-------------|-------------|------|
| WITH IMPERI |             | KING |
| MACDONALD E | STATES      |      |
| 06MAY16 21: | 46 001      | 002  |
| 06MAY16 18: |             |      |
|             | 16 #234     | 025  |
| =01001619   |             |      |
| RATE 1      | \$6         | .00  |
| TOTAL.      | \$1         | 00.3 |
| CASH        | <b>\$</b> ₹ | .00  |
| FOR MONTHLY | Parktn      | G    |

65T INCLUDED

|                                                             | Notari 1000 00               |
|-------------------------------------------------------------|------------------------------|
|                                                             | ; 61                         |
| THANK YOU FOR PARKING<br>WITH IMPERIAL PARKING              | Host: T-House South          |
| MACDUNALD ESTATES                                           | Area: Tea House              |
| 06MAY16 21:46 001 002<br>06MAY16 18:10 01<br>/ 3:36 #234025 | Coffee, Sm.<br>Pop Can 355ml |
| =01001619<br>RATE 1 \$6.00<br>TOTAL \$6.00                  | #Items 2 Sub Total<br>Tax    |
| CASH \$6.00                                                 | Order Total                  |
| FOR MONTHLY PARKING<br>PHONE 4201976                        | Cash                         |

Capital Health Authority Retail Food Service

|                            | O i              |                                 |
|----------------------------|------------------|---------------------------------|
| Host: T-Hou<br>61          | use South        | 05/16/2006<br>9:50 AM<br>100061 |
| Area: Tea H                | łouse            | (0000)                          |
| Coffee, Sm.<br>Pop Can 355 |                  | 1.17<br>0.98                    |
| #Items 2                   | Sub Total<br>Tax | 2.15<br>0.15                    |
|                            | Order Total      | <b>2.30</b>                     |
|                            | Cash             | 10.00                           |
| . W                        |                  | The second second               |

# **Best Copy Possible**

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ÷          | CHARGE TO:                                  | į                                                                          | ACCOUNT NO.                                                             |                                                                                      | •                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                     | r<br>Je                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , <u>,</u> | \$P\$李素镜 2. 4.                              |                                                                            | <u> </u>                                                                | HECKER CABS                                                                          | NTON) INC. (780) 484                                 | <b>-88</b> 88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | g.s.t.#<br><b>867 197</b>                   | 743                                                                        |                                                                         | ME DAY                                                                               | TD. (780) 489<br>(780) 465<br>VER UNIT NO.<br>MO YR. | -8500<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| -                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | FROM U4H                                    | 7-4)                                                                       | _cnRoi                                                                  | 073 FARE                                                                             | 1268<br>& 80                                         | CUSTOMER.COPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | PRINT NAME  CUSTOMER'S SIGNALIFIE  THE ISSU | ER OF THE CARD IDENTIFE                                                    | ED ON THIS ITEM IS AUTHO                                                | TOTAL                                                                                | 100                                                  | And the second s |
| n sie                                               | Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | PROPERTY SUBJECT                            | 0,                                                                         | E TO PAY SUCH TOTAL TO<br>WITH THE AGREEMENT CO                         | PRIZED TO PAY THE AMOUNT S<br>SETHER WITH ANY OTHER CH<br>WERING THE USE OF SUCH CAI | ARGES DUE THEREON<br>AD.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                     | And the second of the second o |            | B818+ /                                     |                                                                            | DE 1                                                                    | <i>Ulu</i> (780) 4                                                                   |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| #                                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·          | .s.T.#                                      | 17(4)(e.1)                                                                 | AUTH,                                                                   | FRATION (780) 455-8500                                                               | ^ I                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| á                                                   | igna e de la companya | F          | 7672977<br>ROM JAH                          |                                                                            | 1800-10<br>1175                                                         | 310                                                                                  | OUSTOWER COPY                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ž                                                   | 34 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -5         | PINT NAME  JSTOMER'S SIGNATURES             | ETURN                                                                      | - VISA                                                                  | FARE INT'L GRATURY                                                                   | 43 8                                                 | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6 (1077)<br>36 84<br>108 10 0<br>21 00 0<br>2846 40 | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>   |                                             | F THE CARD IDENTIFIED O<br>ENTATION, I PROMISE TO<br>NO IN ACCORDANCE WITH | N THIS ITEM IS AUTHORIZE<br>PAY SUCH TOTAL TOGET<br>THE AGREEMENT COVER | ED TO PAY THE AMOUNT SHOW<br>HER WITH ANY OTHER CHARG<br>ING THE USE OF SUCH CARD.   | TAS TOTAL UPON<br>ES DUE THEREON                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| T(s                                                 | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                             |                                                                            |                                                                         |                                                                                      |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·ye                                                 | *\##*;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                             |                                                                            |                                                                         |                                                                                      |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

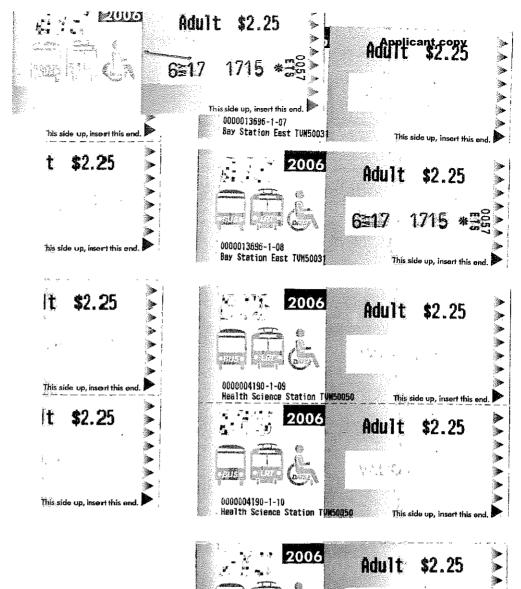
May 23/06

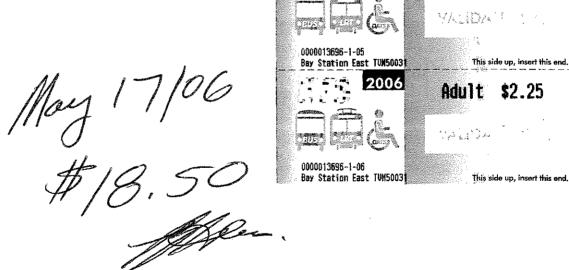
Parking 10.00

Food #16.50

Sandwich Poscory
Water

Rexall Mace





PONOKA SUPER 8 6707 HIGHWAY 53 #1 PONOKA AB

Date Folio number

5/26/06 08:18:14

0000007272 Arrival date 5/25/06 Departure date

5/26/06

Room type One King Bed /NS

Room number 217

Total gross

Paid

110.99

CARD NUMBER

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

EXPIRY DATE

1106

VISA

1495

CARD TYPE DATE/TIME

2006/05/26 08:15:33

RECEIPT MUMBER PURCHASE ADVICE

80127241-089-021

1112 ST

TOTAL AMOUNT

\$110,99

37

01 APPROVED 027

AUTH, #

062971

THANK YOU

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

CARDHOLDER SIGNATURE

| Supplement                               | Qty.      | Dain. | _       |
|------------------------------------------|-----------|-------|---------|
| Day                                      | Qty.      | Price | Amount  |
|                                          | 1         | 99.99 | 99.99   |
|                                          |           |       | 7.00    |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |           |       | 4.00    |
|                                          |           |       | -110.99 |
| visit and we hope to see you again soon. | Total net |       | 99.99   |
|                                          | GST Tax   |       | 7.00    |
|                                          | Hotel Tax |       |         |
|                                          |           |       | 4.00    |

-110.99 As a TripRewards member, you could have earned valuable points for this stay. To become a member, please visit us at Balance 0.00

Signature:

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any or part of the full amount of these charges and I shall be responsible for any loss or damage to the premises or its contents.

Please contact the Manager about any issues with your stay. Super 8 Motels or affiliates may contact you about goods and services unless you call 877-227-3557 or write to Box 27970, Minneapolis, MN 55427-0970 to opt out. View our

## TELUS® Your TELUS Statement Apr 14, 2006 TELUS Communications Inc. Questions? For customer service ar bill inquiries, please refer to page 2 for contact information. Page 1 of 2 B A J HLUS (780)Your account number 1 Your TELUS Account ID Here's what you owe this month: \$26.11 Amount of your last bill Payment we processed on Mar 16 - Thank You \$52.48 Thank you for keeping -26.11 Payment we processed on Apr 07 - Thank You your account up to date. Amount overdue from your last bill -26.371 Residence Line Touchtone from Apr 13 to May 12 Additional Charges and Credits (see details below) 23.86 GST (Registration 812758878) at 7% ..57 Total new charges 1.68 Total amount due by May 04 26.11 \$26.11 **Additional Charges and Credits** E9-1-1 Municipal Call Answer Fee Apr 13 .57 E9-1-1 Provincial Network Fee Apr 13

# **News from TELUS**

Total additional charges and credits

Thank you for choosing TELUS as your communications provider.

# Visit our web site

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

.13 \$.57

# TELUS Your TELUS Statement May 14, 2006

TELUS Communications Inc.

Page 1 of 2

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

(780)

BAJHLUS

Your account number Your TELUS Account ID

Here's what you owe this month ₹ \$26.11

| Amount of your last bill           | <b>\</b> @ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$26.11 |
|------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Payment we processed on May 09 - T | hank You   | The state of the s | -26.11  |
| Amount overdue from your last bill |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .00     |

 Thank you for keeping your account up to date.

| 1 Residence Line Touchtone from May 13 to Jun 12   | 23.86   |
|----------------------------------------------------|---------|
| Additional Charges and Credits (see details below) | .57     |
| GST (Registration 812758878) at 7%                 | 1.68    |
| Total new charges                                  | - PF 14 |

Total amount due by Jun 04

\$26.11

# **Additional Charges and Credits**

.57 عالف مايورها مربو طريها مراها مراما الورامي فايتا مريقات

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

# **News from TELUS**

# Directory Assistance rates may change

TELUS has applied to the Canadian Radio-Television and Telecommunications Commission (CRTC) to remove the charge for calls to be completed via Directory Assistance, as well as increase the charge for phone number and address requests via Directory Assistance to 80 cents from 75 cents. If approved, these changes will come into effect June 1, 2006.



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Nama                   | Drice III                               | <del></del>                                             |                                            | ······································ | <u> </u>       |                                   |                   |
|------------------------|-----------------------------------------|---------------------------------------------------------|--------------------------------------------|----------------------------------------|----------------|-----------------------------------|-------------------|
|                        | Brian Hlus                              | _                                                       | Employee Numbe                             | ( <b>4</b> )(g)(i), S.17(1), 17(       | (4)(0)(ii)on N | ame:                              |                   |
| 1                      |                                         | Government Affairs                                      |                                            | Department: Corp                       | orate          |                                   |                   |
| Busines<br>Attachme    | s Phone: 4                              | 107-7462                                                | Period From: Jun                           | e 1, 2006 to June                      | e 30, 2006     |                                   |                   |
| Expenses               | s Paid (plea                            | se attach receipts). Do no<br>. Complete details on the | ot include amounts<br>other side of the fo | paid by Capital H<br>orm               | ealth or rei   | mbursed / reimburs                | sable by          |
| Bal Unit<br>e.g. 201   | Location<br>e.g. 9000                   | Functional Centre<br>e.g. 71135050044                   | Account<br>e.g. 69500001                   | Non-Canadian<br>Currency               | Rate           | Canadian \$<br>(including<br>GST) | ✓ if GST included |
| 201                    | 9000                                    | 71105000016                                             | 69660=                                     | 200.98                                 | 24.90          | \$453.15                          |                   |
|                        | ··· ·,.                                 |                                                         | 62410=                                     | 12.00 20.                              | 60             |                                   |                   |
|                        |                                         |                                                         | taxi:                                      | 65.00                                  |                |                                   |                   |
|                        | ·                                       |                                                         | Carviel Heal                               | in<br>Property                         |                |                                   |                   |
|                        |                                         |                                                         | Se de sincere l'appli dessare de           | Same Prof                              |                |                                   |                   |
|                        |                                         |                                                         | JUL 072                                    | MG .                                   |                |                                   |                   |
|                        | h Advance                               |                                                         | ACCOUN                                     |                                        |                | 0.00                              |                   |
| Total                  |                                         |                                                         | PAYABL                                     |                                        |                | \$453.15                          |                   |
|                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | s form is collected under<br>s your claim.              |                                            |                                        |                |                                   |                   |
| hereby collaimed by    | ertify that tl<br>y me or on i          | ne expenses listed above<br>my behalf from Capital He   | were incurred on C<br>aith or other organ  | apital Health bus<br>ization.          | iness and i    | have not been prev                | iously            |
| mployee                | Signature:                              | 11/1/20                                                 | 2.                                         | Date                                   | July 5, 20     | 05                                |                   |
| pproved<br>Print name) | By: Sheila \                            | Weatherill                                              | Title: President 8                         | CEO                                    |                | Phone # 407-8008                  |                   |
| ignature)              | Aud                                     | allunde.                                                | 101541                                     |                                        |                | Date Quelo 6                      | 101               |
| pproved (              | By: /                                   |                                                         | Title:                                     |                                        |                | Phone #                           |                   |
| ignature)              |                                         |                                                         |                                            |                                        |                | Date                              |                   |
| TE:                    |                                         | _                                                       |                                            |                                        | <u></u>        | <u> </u>                          |                   |
| Expense                | e claim mus                             | t be properly authorized a                              | and muct be summer                         | و تا درا المماهم                       |                |                                   |                   |

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

### **EXPENSE CLAIM DETAILS**

| Date       | Particular                     | Accommodation \$ | Meal \$      | Registration \$ | Transportation \$ | Other \$ | Mileage K |
|------------|--------------------------------|------------------|--------------|-----------------|-------------------|----------|-----------|
| May 29     | Hosting (prov. gov)            |                  |              |                 |                   | V 44.59  | 1         |
| June 1     | Hosting (CH staff)             |                  |              |                 |                   | 23.87    |           |
| June 2     | Travel                         |                  |              |                 |                   |          | 4         |
| June 5     | Hosting (prov. gov) NO RECEIPT |                  |              |                 |                   | 14.00    | <u>Z</u>  |
| June 5     | Parking – NO<br>RECEIPT        |                  |              |                 |                   | 6.00     | )         |
| June 5     | Travel                         |                  |              |                 |                   |          | 2:        |
| June 7     | Travel                         |                  |              |                 |                   |          | 49        |
| June 7     | Hosting (prov gov)             |                  |              |                 |                   | 29.24    |           |
| June 12    | Travel                         |                  |              |                 |                   | 20.24    | 87        |
| June 12    | Meeting                        |                  | 11.45        |                 |                   |          | - 07      |
| June 14    | Hosting (prov. gov)            |                  |              |                 |                   | 33.43    |           |
| June 17    | Meeting                        |                  | 4.91         |                 |                   | 00.70    |           |
| June 19    | Taxi                           |                  |              |                 | 18.00             |          |           |
| June 20    | Travel                         |                  |              |                 | 10.00             |          | 4         |
| June 20    | Parking                        |                  |              |                 |                   | 2.00     | 4         |
| June 21    | Travel                         |                  |              |                 |                   | 2.00     |           |
| June 22    | Travel                         |                  |              |                 |                   |          | 8<br>19   |
| June 22    | Taxi                           |                  |              |                 | 13.00             |          | 19        |
| June 23    | Hosting (CH staff)             |                  |              |                 | 10.00             | ✓ 9.23   |           |
| June 23    | Hosting (CH staff)             |                  |              |                 |                   | 3.91     |           |
| June 26    | Travel                         |                  |              |                 |                   | 5.91     | 20        |
| June 29    | Travel                         |                  |              |                 |                   | <u>`</u> | 38        |
| June 29    | Parking                        |                  |              |                 |                   | 6.00     | 10        |
| lune 29    | Hosting (prov. gov)            |                  |              |                 |                   | 65.25    |           |
| une 30     | Travel                         |                  |              |                 |                   | 00.20    |           |
| une 30     | Taxi                           |                  |              |                 | 40.00             |          | 6         |
| une 30     | Parking                        |                  |              |                 | 740.00            | 4.00     |           |
|            |                                |                  |              |                 |                   |          |           |
|            | Total km                       |                  |              |                 |                   |          | 289       |
|            |                                | *(or alter       | nate rate as | outlined in Sec | ction 2 - Travel  | below) @ | \$0.43*   |
| OTALS TO F | RONT OF FORM                   |                  | \$16.36      |                 | \$71.00           | 241.52   | \$124.27  |

#### **EXPENSE LIMITS**

#### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the department time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses much 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 lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and taxes for local travel.

Pon

# IL PORTICO RESTAURANT 10012 107 ST EDMONTON AR

Best Copy Possible

CARD NUMBER S. 17(1),17(4)(e.1) EXPIRY DATE 1106 CARD TYPE VISA 1160 id LUGA DATE/TIME 2006/05/29 13:09:10 RECEIPT NUMBER S47131088-894-014 AUTHORIZATION **AMOUNT** \$39.59 TIP 1 TOTAL AMOUNT 01 APPROVED-027 G.S.T. AUTH. # 070913 THANK YOU

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

CARDHOLDER SIGNATUR

VOKOZUNA JAPANESE REST
8409 112 ST EDMONTON AB
S.17(1), 17(0)(g)(i), S.17(1), 17(4)(g)(ii)
STORE: 4008567 SLIP #: 5591
PRE-AUTH
\$20 8. 2

POURBOIRE/TIP \$

TOTAL \$ 2387

PLEASE PRY

SEQ 257001001303 AUTH 071773 APPROVED DATE Jun 01 2006 TIME 1 ••

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| *** | ALT.        |

| TBL 11/1 CHK 67<br>JUN07'06 12:17F                                           | GST 0                                         | * AUII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ÷ .  |
|------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 2 POP 1 DAY/CEASAR 1 *OPEN FOOD 1 MEATSAND/SOUP SUBTOTAL G.S.T. TOTAL DUE 25 | 4.50<br>9.20<br>1.50<br>8.95<br>24.15<br>1.69 | THE STATE OF THE S | ** * |

OUR PLEASURE SERVING YOU

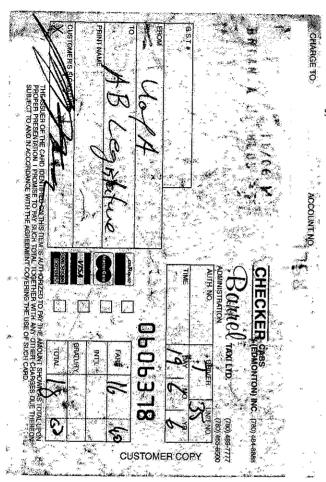
PLEASE PAY SERVER WWW.COPPERPOT.CA

### ROYAL PIZZA & SPAGHETTI HOUSE 10433 80 AVENUE EDMONTON AB

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

|                                                                       |                                             | 0. 17(1),17(1)(0.1)                                           |  |  |
|-----------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|--|--|
| 10433-80 AVE. EDMONTON AB<br>06/12/2006 5:42PM 0200<br>000000#0106 PM | CARD TYPE DATE/TIME RECEIPT NUMBER PURCHASE | 1106<br>VISA 1044<br>2006/06/12 17:38:19<br>S80580046-410-037 |  |  |
| *COPY* DIN IN/FOOD 14\$6.95 DIN IN/BEV 14\$2.35                       | AMOUNT<br>TIP                               | \$9.95<br>\$1.50                                              |  |  |
| MDSE ST \$9.30<br>GSTAX \$0.65                                        | TOTAL AMOUNT                                | \$11.45                                                       |  |  |
| CREDIT/C \$9. 95                                                      | 01 APPROVED 027<br>THANK YOU                | AUTH. # 046329                                                |  |  |

? VILL PAY TOTAL AMOUNT SHOWN SUER ACCORDING TO CARDHOLDER



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

33,43

Solo Sol



# THE KING & I

8208 - 107 Street Edmonton, Alberta T6E 6P4 Telephone: (780) 433-2222

| GUEST | RECEIPT |
|-------|---------|
| DATE  | AMOUNT  |
|       | 27.50   |
| TAX   | 1.93    |
| TOTAL | 29.48   |

Thank You!

**Best Copy Possible** 

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

**EXPIRATION TIME** 

AMOUNT PAIL

2.001974000005:49 PMLOTV



NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

TE ISSUED TIME ISSUED AMOUNT PA

CREDIT CARD NUMBER



RECEIPT

GST # R108102831



# Capital Health Authority Retail Food Service

# Capital Health Authority Retail Food Service

431

# 430

|                                                           | 00.000.0000                     |                           |                       |  |
|-----------------------------------------------------------|---------------------------------|---------------------------|-----------------------|--|
| Host: South<br>430                                        | 06/23/2006<br>2:52 PM<br>130430 | Host: South<br>431        | 06/23/2006<br>2:54 PM |  |
| Area: Frendz Express                                      |                                 | Area: Trendz Express      | 130431                |  |
| Cafe'au Laīt 16oz<br>Starbucks 16oz /<br>Macchiato 16oz / | 2.68<br>1.85<br>4.10            | Cafe Latte 160z 🗸         | 3.65                  |  |
| #Items 3 Sub Total                                        | 8.63<br>0.60                    | #Items 1 Sub Total<br>Tax | 3.65<br>0.26          |  |
| Order Total                                               | 9.23                            | Order Total<br>Cash       | 3.91                  |  |
| Cash                                                      | 20.00                           | , cuali                   |                       |  |

Non-Responsive

THANK YOU FOR PARKING WITH IMPERIAL PARKING MAKDEWALD ESTATES

0631W29 12:07 001 001 0631W29 11:49 01 / 1:56 #247115 =01002417 RATE 1 \$6.00 TOTAL \$6.00 CASH \$6.00

POR MONTHLY PARKING FHOME 4201976 GET INCLUDED

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| Fairmant noted the many and the Property of 128 研育價度                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fairmont Hotel Macdonald The Harvest Room 10065-100 Street Edmonton, Alberta T5J0N6 |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|
| 402/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (780) 424 5181<br>CHECK: 1094<br>TABLE: 402/1<br>SERVER: 128 MICHELLE               |  |  |  |
| FEBRUARE CALL  FOR SOME CALL  FOR SOME CALL  SWELL TEN CALL  FOR SOME CALL  FOR S | DATE: JUN29'06 1:21PM CARD TYPE: VISA ACCT #: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |  |  |  |
| Fond  Minora:  Con  Sin  Total Lan  Sphere Con  Total Lan  Total L | SUBTOTAL: 57.25  GRATUITY  TOTAL                                                    |  |  |  |
| FRIMANT BATTO MALE DE LA CONTRACTOR DE L | SIGNATURE                                                                           |  |  |  |
| GRATUITY,  TOTAL 65,25  ROOM #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLEASE RETURN A SIGNED COPY<br>TO YOUR SERVER                                       |  |  |  |
| PRINT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |
| SIGNATURE  NOT A CREDIT CARD VOUCHER  PLEASE PAY YOUR SERVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CHARGE TO: ACCOUNT NO.                                                              |  |  |  |

| CHANGE TO:                                                                        | ACCOUNT         | NG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | el vo                                                                                     |              |
|-----------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------|
| BRIAN & SHOULD                                                                    |                 | ا إلى إلى إلى إلى المسال ا                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (780) 462-345<br>(780) 462-444                                                            | 6            |
| 867297723<br>FROM                                                                 |                 | AUTH, NO. TIME // 2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DRIVER UNIT NO                                                                            |              |
| TO UAH PRINT NAME                                                                 |                 | Printer Chair<br>Printer Chair<br>Pr | FARE 35 60                                                                                | Marketonia T |
| CUSTOMER'S SIGNATURE  THE ISSUER OF THE CARD IDENTITY PROPER PRESENTATION I SECUL | ED ON THIS ITEM | IS AUTHORIZED TO DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GRATUITY  TOTAL  THE AMOUNT SHOWN AS TOTAL UPON OTHER CHARGES DUE THEREON E OF SUCH CARD. |              |

impark Jun 30 your parking authority 200 G. #887315638RT0001 **FACE UP** ON DASH WARNING - YOUR RISK SEE BACK impark Jurgo your parking authority 200 GST REG. #887315638RT0001 **FACE UP** ON DASH WARNING - YOUR RISK SEE BACK R

Phone # 407-8008

Date

Date

Phone #



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: Brian H                                     |                                                                                                                    | Employee Nilmiton        | 1\/~\/:\ C 47/4\ 47/4\    |                       |                                   |                   |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|-----------------------|-----------------------------------|-------------------|
| Position: Direct                                  |                                                                                                                    |                          | 1)(g)(i), S.17(1), 17(4)  | (g)(iii)<br>Onion Nar | ne:                               |                   |
| rosition. Direc                                   | ctor - Government Affairs                                                                                          |                          | epartment: Corpo          | rate                  |                                   |                   |
| Business Phor                                     | ie: 407-7462                                                                                                       | Period From: July        | 1, 2006 <b>to</b> July 1: | 3, 2006               |                                   |                   |
| Attachment<br>Expenses Paid (<br>another organiza | (please attach receipts). Do no ation. Complete details on the                                                     | at include amounts       | oold by Camital III       |                       | bursed / reimburs                 | able by           |
| Bal Unit Locat<br>e.g. 201 e.g. 9                 | tion Functional Centre                                                                                             | Account<br>e.g. 69500001 | Non-Canadian<br>Currency  | Rate                  | Canadian \$<br>(including<br>GST) | ✓ if GST included |
| 201 9000                                          | 71105000016                                                                                                        |                          |                           |                       | \$1,900.64                        |                   |
|                                                   | FAX - 26.11 7%                                                                                                     |                          |                           |                       | -                                 |                   |
|                                                   | 62410 - 11.00 7%                                                                                                   | - Capital Hea            | ith                       |                       |                                   |                   |
|                                                   | - 2.00 6%                                                                                                          | MEVER                    |                           |                       |                                   |                   |
|                                                   | 62412-1437.67 68                                                                                                   | JUL 142                  | 006                       |                       |                                   |                   |
|                                                   | 215.69 n                                                                                                           | ACCOUN                   | T®                        |                       |                                   |                   |
| Less Cash Adva                                    | ance 69600-190.67 6%                                                                                               | PAYADL                   |                           |                       | 0.00                              |                   |
| Total                                             | 17-50 n                                                                                                            |                          |                           |                       | \$1,900.64                        |                   |
| hereby certify t                                  | on this form is collected under rocess your claim.  that the expenses listed above or on my behalf from Capital He | Were incurred on C       | anital Hoalth busi        |                       | nisterial) Regulatio              | on and            |
| Employee Signa                                    | oapital Tie                                                                                                        | alth or other organ      | ization.                  | July 5, 200           |                                   |                   |

#### NOTE:

(Print name

(Print name)

(Signature)

Approved By:

Approved By: Sheila Weatherill

Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
approver. The approver must initial individual items that are not supported by original invoices or do not have all the
required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
approval.

Title: President & CEO

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.

Title:

- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

| Date     | Particular                 | Accommodation \$ | Meal \$        | Registration \$    | Transportation \$  | Other \$ | NATION   1500 |
|----------|----------------------------|------------------|----------------|--------------------|--------------------|----------|---------------|
| May 24   | Parking                    |                  | ,              |                    | 6.00               | Other \$ | Mileage KI    |
| May 24   | Parking                    |                  | †              | $-\gamma \eta_{u}$ |                    |          |               |
| June 30  | Fax – June                 |                  |                |                    |                    | L. 26.11 |               |
| July 6   | Hosting (Prov. Gov)        |                  | -              |                    | <u> </u>           |          | ļ             |
| July 9   | Travel                     |                  | 1080.85        |                    |                    | 52.80    | 1,241°        |
| July 9   | Hotel                      | 0 1,296.54       | 1000.00        |                    |                    |          | 674           |
| July 9   | Parking                    | 1,200.07         | -              |                    | 9 /                |          |               |
| July 10  | Hosting (Community)        |                  |                |                    | <b>1</b> √ 57.00   |          |               |
| July 10  | Hosting (Prov. Gov)        |                  |                |                    |                    | 31.59    |               |
| July 10  | Hosting (Prov. Gov)        |                  |                |                    |                    | √ 43.92  |               |
| July 10  | Taxi                       |                  |                |                    | · rA               | 36.86    |               |
| July 11  | Breakfast (daily per diem) |                  | / 8.00         |                    | 6° 10.00           |          |               |
| July 11  | Lunch (daily per diem)     | 10               | 10.00          |                    |                    |          |               |
| July 11  | Dinner (daily per diem)    | 6th              | 17.00          |                    |                    |          |               |
| July 12  | Breakfast (daily per diem) |                  | 8.00           |                    |                    |          |               |
| July 13  | Parking                    |                  |                |                    | 6 2.00             |          |               |
|          |                            |                  |                |                    |                    |          |               |
|          |                            |                  |                |                    |                    |          |               |
|          |                            |                  |                |                    |                    |          |               |
|          |                            |                  |                |                    |                    |          |               |
|          |                            |                  |                |                    |                    |          |               |
|          |                            |                  |                |                    |                    |          |               |
|          |                            |                  |                |                    |                    |          |               |
|          | Total km                   |                  |                |                    |                    |          | 674           |
| TALCTO   |                            | *(or alt         | ernate rate as | outlined in Se     | ction 2 – Travel b | pelow) @ | \$0.43*       |
| JIALS TO | FRONT OF FORM              | \$1,296.54       | \$43.00        |                    | \$80.00            | \$191.28 | 289.82        |

# **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses much 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 lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager. 1. Monthly travel in excess of 250 kilometers; or

  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

Amount Pd:

Licence

Date

MURRIETA'S EDMONION

10612 82nd Ave. lel: 780-438-4100 Check: 35024

Server: Michelle C. Table: 42

Date: 07/06/2006 Time: 13:21

:15A

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

HEUD/BKIAN

AUTH

004410

ONLINE

MERCHANT#

SUBTOTAL

5475

47.30

TIP

TOTAL \$

24-05-06

\*5.00

\*5.00 TL

\*5.00 CK TD

\*0.00GG

7-21A 405-6732

\*\* CUSTOMER COPY \*\*

GST#857377576RT0001

Thank You Murrieta's Bar & Griff

Date: 07/06/2006 Time: 13:12

Murrieta s Bar & Grill.

EDMONTON

Server: Michelle C. Table: 42

Client:

# THE WESTIN

320 4TH AVENUE SW, CALGARY, ALBERTA T2P 2S6 TEL: (403) 266-1611 FAX: (403) 233-7471

| \$ Edmonton<br>T Canada                                                                                                                                                                         | er Mackenzie Cente<br>1, AB T6G 2B7                                                                                                                              | ROOM 1.520 RATE 389.00 NO.PERS. 2 FOLIO 107277 EX-A PAGE 1 ARRIVE 09-JUL-06 20:06 DEPART 12-JUL-06 PAYMENT VI                                                                                                                                                                                                                                                                                                                                                                        | T A G E W T C C H A R G E   |                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>,</b> 以政建                                                                                                                                                                                    | RESERVOS TO E                                                                                                                                                    | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHARGE                      | S • CREDITS                                                                                                      |
| 09-JUL-06<br>09-JUL-06<br>09-JUL-06<br>09-JUL-06<br>09-JUL-06<br>09-JUL-06<br>10-JUL-06<br>10-JUL-06<br>10-JUL-06<br>10-JUL-06<br>11-JUL-06<br>11-JUL-06<br>11-JUL-06<br>11-JUL-06<br>11-JUL-06 | RT1520 | Room Charge Good And Services Tax Destination Marketing Fee Tourism Levy Parking Self - Weekday TAX - GST OTHER Deposit Applied Room Charge Good And Services Tax Destination Marketing Fee Tourism Levy Parking Self - Weekday TAX - GST OTHER Room Charge Good And Services Tax Destination Marketing Fee Tourism Levy Parking Self - Weekday TAX - GST OTHER Room Charge Good And Services Tax Destination Marketing Fee Tourism Levy Parking Self - Weekday TAX - GST OTHER Visa | 481.32-                     | 389.00 23.57 3.89 15.72 17.92 1.08 872.22- 389.00 23.57 3.89 15.72 17.92 1.08 389.00 23.57 3.89 15.72 1.08 15.72 |
|                                                                                                                                                                                                 |                                                                                                                                                                  | Cotal Charges<br>Cotal Credits<br>Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1353.54<br>1353.54-<br>0.00 |                                                                                                                  |

\*\* continued on the next page \*\*

i agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE

Mr Brian Hlus FOLIO 107277 09-JUL-06



# THE WESTIN

320 4TH AVENUE SW, CALGARY, ALBERTA T2P 2S6 TEL: (403) 266-1611 FAX: (403) 233-7471

|     |                             |                             |                        | ····· |                           |                               |
|-----|-----------------------------|-----------------------------|------------------------|-------|---------------------------|-------------------------------|
| G   | Mr Brian Hlus               | ROOM<br>RATE<br>NO. PERS.   | 1520<br>389.00         |       | T A<br>R G<br>A E<br>V M  |                               |
| £   | 1j2 Walter Mackenzie Center | FOLIO                       | 107277                 | EX-A  | E Y                       |                               |
| S   | Edmonton, AB T6G 2B7        | PAGE                        | 2                      | EA-H  | •                         |                               |
|     | Canada                      | ARRIVE<br>DEPART<br>PAYMENT | 09-JUL-06<br>12-JUL-06 | 20:06 | C<br>H<br>A T<br>R O<br>G |                               |
|     | DATE REFERENCE              |                             | VI<br>NESCRIPATORE     |       | E                         | Philips years whiteness was a |
| FO: | r Vour convenience          |                             |                        |       |                           | RGES • CREDITS                |

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

## EXPENSE REPORT SUMMARY

| Date      | Room & Tax Foo | d & Bev | Parking | Telephone | O+ h  |         |         |
|-----------|----------------|---------|---------|-----------|-------|---------|---------|
| 09-JUL-06 | 432.18         | 0.00    | 7       | -         | Other | Total   | Payment |
| 10-JUL-06 |                |         | 19.00   | 0.00      | 0.00  | 451.18  | 872.22- |
|           | 432.18         | 0.00    | 19.00   | 0.00      | 0.00  | 451.18  |         |
| 11-JUL-06 | 432.18         | 0.00    | 19.00   | 0.00      |       |         | 0.00    |
| Total     | 1296.54        |         |         | 0.00      | 0.00  | 451.18  | 0.00    |
|           | 1470.54        | 0.00    | 57.00   | 0.00      | 0.00  | 1353.54 | 872.22- |

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary

| Room Food & Beverage | 70.71 |
|----------------------|-------|
| Telephone            | 0.00  |
| Other Revenue        | 3.24  |
| Total                | 73.95 |

Vendor Ns配台: 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE

As a Starwood Preferred Guest vou have earned at least 2334 Starpoints for this v(x; x; t), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Mr Brian Hlus FOLIO 107277

09-JUL-06

THE WESTIN

# Thank You for choosing

# ASSOCIATED CAB

| for all your transportation needs.                           | onada International Arrival West to     |
|--------------------------------------------------------------|-----------------------------------------|
| AIRE OUR COMMENT AT THE                                      | Air Lond                                |
| Calgary International Airport<br>international arrival door. | ASSOCIATED CAB                          |
| - red. o                                                     | Date July DE 06                         |
|                                                              |                                         |
| Car # 5 9 9                                                  | - · · · · · · · · · · · · · · · · · · · |
| GST Included #                                               |                                         |

Delta Bow Valley Calgary G.S.T.#R863510996 Elements Bar 313 CHRISTIE 413/1 7403 GST 1 10JUL'06 10:49PM 3 Bar Gin @ 5.00 15.00 2 Bar Vodka @ 5.00 10.00 6.00 1 Corona 31.00 Subtotal 1.86 G.S.T. 11:32 Amount Due \$32.86 Gratuity\_\_\_\_\_\_ Total\_\_\_\_\_.\_\_\_. Room Number\_\_\_\_ Print Name\_\_\_\_\_ Signature THANK YOU - MERCI

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| TO AT HOLD A STORA | 4 99  |
| TOTAL ASSESSMENT   | 10,99 |
| TOTAL ASSESSMENT   | 4,99  |

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191 Stating PARADE SU Facility Alberta, Callaba Facility Strewingco.com (403) 233-2739 651(6%) #862812112

PLEASE PAY SERVER
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EVERY HAV PINIS HIGHBALLS & MINE

Happy of other

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(27年 1974 ACCOMT 東京 1974 2017年 (2017年 2月15年 2月15日 S.17(1), 17(4)(e.1)

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TOTAL: 43.92

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PHONE: ( ) - CARGO DEEP WITH PAY LARD ISSUIR ABOVE

AMBURT PURCEANT TO CARDHULDER AGREEMENT PLEASE LEAST A CLEMED COPY

Buplificate Date



# **Best Copy Possible**

| (on<br>208(S) |            | 1846<br>197 (중)<br>'주니                                                                   | BUT ALU CATE MILLY PARADE SE GAR AB                                                            |
|---------------|------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
|               | 97<br>118r | CARD NUMB: EXPIRY DA. CARD TYPE DATE ZITME CLERK NUMBER RECEIPE NUMBER AUTHORIZATION TIP | S. 17(1),17(4)(e.1)  1101-  1101-  1101-  1101-  1101-  1111:5-  4  947111623-552-024  \$28.00 |
| OUS: 1.       |            | TOTAL AMOUNT  01 APPROVED-027 THANK YOU  CF DII                                          | 3/.59<br>AUTH. # 063393                                                                        |

346745

# TELUS® Your TELUS Statement Jun 14, 2006

**TELUS Communications Company** 

Page 1 of 2

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

**BAJHLUS** 

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

Your account number Your TELUS Account ID

Here's what you owe this month 를 \$26.11

| Amount of your last bill                           | ФФС 4.4        |
|----------------------------------------------------|----------------|
| Payment we processed on Jun 01 - Thank You         | \$26.11        |
| Amount overdue from your last bill                 | -26.1 <u>1</u> |
| 1 Residence Line Touchtone from Jun 13 to Jul 12   | 23.86          |
| Additional Charges and Credits (see details below) |                |
| GST (Registration 812758878) at 7%                 | 1,68           |
| Total new charges                                  | 26.11          |
| Total amount due by Jul 04                         | \$26.11        |

 Thank you for keeping your account up to date.

**Additional Charges and Credits** 

|   | **********************************   |      |                               | EN                           |                |                            |                                                                                                                                                                                                                                                                                                                                                     |                               |                                        |                    | 4, 4                                                                   | C.,   |   |
|---|--------------------------------------|------|-------------------------------|------------------------------|----------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|--------------------|------------------------------------------------------------------------|-------|---|
| 4 | E9-1-1 Municipal Call Answer Fee Jun | 13   |                               | 133783374<br>                | er e deletari  | rigisk et kolensk kom<br>V | Andrews (All All Andrews Andre<br>Andrews Andrews Andrew<br>Andrews Andrews | e je te je drije ogjenje<br>o | e, e, e e e, Sie, e e e e e, e, e,     | ويوييرونه وجاواه و | de en jari                                                             |       |   |
|   | E9-1-1 Provincial Network Fee Jun 13 | , jw | a na grand refu a grafi<br>To | (**********<br>"<br>"-Carror | rd gefaldening | eren egelőre<br>Somo       | ersena en<br>S                                                                                                                                                                                                                                                                                                                                      | ederen era                    | भ सम्बद्धान् ज्ञासन् कृष्टीयाच्या<br>स | (#BP)OUSÓOSOS<br>O | erana araban kerberak<br>Perana araban kerberak<br>Perana dan kerberak | 12    | - |
|   | Total additional charges and credits |      |                               |                              |                | 38.73                      |                                                                                                                                                                                                                                                                                                                                                     | Alas a                        | n Sandaria                             | e and a second     | ng a sa                                                                | \$ 57 |   |

# **News from TELUS**

# Supporting our communities

TELUS is committed to working in an economically, environmentally and socially responsible manner. To find out how we are helping to make the future friendly, visit telus com/socialresponsibility and view our 2005 corporate social responsibility report.



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: Brian Hlus         | Employee Number (g)(i), S.17(1), 17(4) (g)(ii) nion Name: Management/Exemp |
|--------------------------|----------------------------------------------------------------------------|
| Position: Director       | Department: Government Affairs - Corporate Office                          |
| Business Phone: 407-8543 | Period From: July 14, 2006 to August 31, 2006                              |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016 49.07 (                   | 690)                     |                          |      | \$1,010.14                        |                   |
|                      |                       | 61020003 = 403.68 W                   | (7%)                     | particular secretarian   |      |                                   |                   |
|                      | <u> </u>              | 20.81 ~                               | GECEIVE                  |                          |      |                                   |                   |
|                      |                       | 69600 = 216.93 w                      | SEP 07 %                 | 06                       |      |                                   |                   |
|                      | -                     |                                       |                          |                          |      |                                   |                   |
|                      |                       | 62410 = 143.652                       | ACCOUN<br>PAYABI         |                          |      |                                   |                   |
|                      | h Advance             | 69500 = 148.00m                       | -                        |                          |      | 0.00                              |                   |
| Total                |                       |                                       |                          |                          |      | \$1,010.14                        |                   |

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

| I hereby certify that the expenses listed claimed by me or on my behalf from Ca | d above were incurred on Capital He<br>apital Health or other organization. | alth business and have not been previously |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|
| Employee Signature:                                                             | Ales.                                                                       | Date: August 31, 2006                      |
| Approved By: Sheila Weatherill (Print name)                                     | Title: President & CEO                                                      | Phone # 407-8008                           |
| (Signature) All earl                                                            |                                                                             | Date                                       |
| Approved By:/ (Print name)                                                      | Title:                                                                      | Phone #                                    |
| (Signature)                                                                     | ,                                                                           | Date                                       |

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

| Date      | Date Particular Association Applicant copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |              |                                                  |                   |                  |              |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|--------------------------------------------------|-------------------|------------------|--------------|
| Date      | Particular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Accommodation \$ | Meal \$      | Registration \$                                  | Transportation \$ | Other \$         | Mileage KI   |
| June 22   | Rental (phone equipment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |              |                                                  | <u> </u>          | 403.68           | imicage Ki   |
| July 4    | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   |                  |              |
| July 5    | Hosting (community)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |              |                                                  |                   | / 31.98          | <b> </b>     |
| July 5    | Hosting (CH staff)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   | / 4.45           | /            |
| July 17   | Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  |                   | <b>′</b> 25.01   | <b></b>      |
| July 17   | Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  |                   | <del> </del>     | 22           |
| July 18   | Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  | 12.00             |                  |              |
| July 18   | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  | 14.00             | <del> </del>     |              |
| July 18   | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   | 1.64             |              |
| July 19   | Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              | <del>                                     </del> |                   |                  | ~            |
| July 19   | Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  | 2.00              |                  |              |
| July 19   | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  | 6.00              |                  |              |
| July 19   | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   | 68.00            | /            |
| July 20   | Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  |                   | / 32.07          | <b>/</b>     |
| July 21   | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   |                  | 84           |
| July 22   | Rental (phone equipment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |              |                                                  |                   | / 83.29<br>20.81 | ✓            |
| July 24   | Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  |                   | 20.01            | <del>-</del> |
| July 26   | Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | <del>-</del> |                                                  |                   |                  | 97           |
| July 26   | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   |                  | 10           |
| July 28   | Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  |                   | / 4.22           | <u> </u>     |
| August 15 | Hosting (CH staff)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   |                  | 21           |
| August 18 | Miscellaneous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |              |                                                  |                   | -/ 28.97         |              |
| August 21 | Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |              |                                                  |                   | 80.00            | ✓            |
| August 23 | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              | ·                                                |                   |                  | 21           |
| August 28 | Hosting (prov gov)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |              |                                                  |                   | 8.81             | /            |
| August 30 | Fax (July/August)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |              |                                                  |                   | 21.79            | <i>y</i>     |
|           | , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |              |                                                  |                   | 49.07            |              |
|           | Total km                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |              |                                                  |                   |                  | 255          |
| OTALOTO   | form of the first | *(or alter       | nate rate a  | s outlined in Se                                 | ction 2 - Travel  | below) @         | \$0.43*      |
| UIALS TO  | FRONT OF FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |              |                                                  | \$34.00           | \$866.49         | \$109.65     |

# **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses much 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 lunch/dinner meeting.

#### 2.

- Use of personal automobile -- From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

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



# MURRIETA'S EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check: 34830

Server: Nick M. Table: 133

Date: 07/04/2006

Time: 12:39

ONL THE

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

HLUS/BRIAN

AUTH MERCHANT#

050939

9999

SUBTOTAL \$

. 8.48

TIP &

TOTAL \$

31.98

001

# MURRILIA'S EDMONTON

10612 8znd Ave. Tel: 780-438-4100 Check #: 34830

Ulient: 2

2 Soft Drinks

1 Sency Chricken

5.32

Smithicken Penne

10.67

SUB-TOTAL: GSf:

. 1.61

10TAL: 28.48

. (4857577576RT0001 Thank You

Murrieta's Bar & Grill,

\*\* United the Copy \*\*

**Best Copy Possible** 

GST#85.677576RT0601 Plank You Murrieta s Bar & Gold.

> CITY OF FEMENTON LIEGHT FRANK 657 # 119526270 RT0001

CITY OF EMENTOR LIBRARY PARKETE 687 # 119826276 RTOON

MANULTE PLACE

Communit

REG 17-03-06 13134 TUI 1001 106647

THE LATE T \$2.95 Saft a stand 54, 45

Ropt# 52555 07/17/05 08:58 L# 2 A# 20 Txr#169439 07/17/05 07:20 In 07/17/06 08:58 Qt Tkt# 049156 Regular Rate \$ 5.66 Total Tax \$ 0.34 \$ 5.00 Total Fee

COME AGAIN

\$ 6.00-CASH FATT \$ 21.00 Cash Tender \$ 15.00 Change Due THANK YOU

Ropt# 52595 07/17/06 13:24 L# 2 # 28 Twift6354 07/17/06 11:44 In 07/17/06 13:24 Out 7kt# 049263 Resular Rate \$ Total Tax \$ 0.34 Total Fee 6.00CASH PAID 6.(%)-Cash Tender 5.00 Charge Ne ů. (0.00)THANK YOU CEME MEATH

207

2.7

8409 112 ST

EDMONTON

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

STORE: 4008567

SLIP #: 6762

PRE-AUTH

\$22.51

POURBOIRE/TIP \$

SIGNATURE X\_\_\_

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

1106

SEQ 309001001015 AUTH 022308 ISO -001

**APPROVED** 

DATE Jul 05 2006

TIME 1:07 pm

CITY OF EMPRICA LIBARY PARKADE GET & 1193ZE270 RTOCO:

Port EVIII 67/18/06 20:19 LB 2 A\$ 36 TXNB170114 07/18/06 18:02 In 07/18/06 20:19 Out Thus 048712

COME ASAIN

Regular Rate \$ Total Tax 0.11 Total Fee 2.00 CASH PAID 2.00-Case Tender 2.00 Charse Rue 0.00 THANK YOU

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Total Tox

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SHE MAIN

Capital Health Authority Retail Food Service

640

Host: North 07/18/2006 640 3:29 PM 120640

Area: Trendz Express

Dasani 591ml 1.55

#Items 1 Sub Total 1.55 Tax 0.09

> Order Total 1.64

Cash 2.00

University of Alberta Hospital GST# R108161688

## Capital Health Authority Retail Food Service

#### 639

| Host: North          | 07/18/2006 |
|----------------------|------------|
| 639                  | 3:29 PM    |
| Area: Trendz Express | 120639     |
| Juice 341ml          | 1.00       |
| Dasani 591ml         | 1.55       |
| #Items 2 Sub Total   | 2.55       |
| Tax                  | 0.15       |
| Order Total          | 2.70       |
| Cash                 | 5.00       |

University of Alberta Hospital GST# R108161688

I PART MARKE EET 1 119325270 KT0041

ROW 14255 深速 991级 DEBULAY NATO 'otal lax 0.11 9 Total Fee 2.0 CAST TAID 2.00 Cash Tender Store Re 0.00 THANK YOU STATE ASSAUR

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACDONALD ESTATES 06JUL19 22:01 001 002

06JUL19 18:05 01 / 3:56 #252390 =01007764RATE I \$6,00 TOTAL. \$6.00 CASH \$6.00

FOR MONTHLY PARKING PHONE 4201976 651 INCLUDED

68.00

neamaz

City of Edmonton Municipal Golf Courses GST #R119326270 RT0001

PLU#: 2456

Green Fees VCRS - Weekday 18 Holes 32.08 3

32.08tx

Green Fees VCRS - Weekday 18 Holes 32.08 3 32.08tx

\_\_\_\_\_ SubTotal: 64.16 3.84 GST Total: 68.00

Visa Card Front Desk 7/19/2006 07:18 #2740309 /82/82

Tee time reservations: Riverside (780) 496-8700 Rundle (780) 944-4426 Victoria (780) 496-4900 www.edmonton.ca

VICTORIA - PRO SHOP 12130 RIVER RD T5JZR7 **EDMONTON** 

22307603

kame: Acct # HLUS BRIAN

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

Date 06/07/19 Time 07 17 50 Exp Date 0611 Auth # 044621 Card Type VI Tran Code 00 H22307603001 001114014

> Subtotal Tax Total \$68.00

Signature 1 I agree to pay above total amount according to card issuer agreement Retain this copy for your records

Top copy-customer Bottom copy-merchant

THANK YOU Come Again

Customer Copy

2686/87/21-13:75:58

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

5.00

175

Cash

University of Alberta Hospital

GST# R108161688

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

 $s.17(1),\,17(4)(g)(i)\, {\stackrel{\hbox{\footnotesize BRIAN HLUS}}{\xi}}$ 

DATE 3 0062006

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VOKOZUNA JAPANESE REST

8489 112 ST

EDMONTON

AB

STORE: 4008567

SLIP #: 7735

PRE-AUTH

POURBOIRE/TIP \$

TOTAL \$

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VISA

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**Best Copy Possible** 

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ROYAL 8 PIZZA 8 10433-80 AVE. EDMONTON AB

TIME 1:29 pm

SEQ 357001001014 AUTH 076512 ISO -001

APPROVED
DATE Aug 15 2006

08/28/2006 12:38PH 0100 000000#0016 AM

CREDIT/C \$19.29

GST # 891440059 RT

ROYAL PIZZA & SPAGHETTI HOUSE 10433 80 AVENUE EDMONTON AB

TIP

TOTAL AMOUNT

21.79

01 APPROVED 027 AUTH. # 060318

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLD IN MORLEMENT.

BRIAN HLUS

60V 0EHH775 #3-76 √ 10868-104 #JE NU

**Applicant copy** 

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REULIPT NUMBER

518.4589924-601-032-002-0

PRE-AUTHORIZATION AMOUNT \$7.81

TIP

TOTAL-CAD 8.8/

APPROVED

AUTH# 01≨4,73 01±0\$7 THAN, YOU

CARDHULDER COPY

# TELUS® Your TELUS Statement Jul 14, 2006

**TELUS Communications Company** 

Page 1 of 2

Questions? For customer service of all inquiries. please refer to page 2 for contact internation.

(780)

1

**BAJHLUS** 

1 Residence Line Touchtone from Jul 13 to Aug 12

Additional Charges and Credits (see details below)

Your account number

Your TELUS Account ID

Your Telus Account ID

Here's what you owe this month: \$25.87

| Amount of your last bill                   | .17( | \$26.11 |
|--------------------------------------------|------|---------|
| Payment we processed on Jul 06 - Thank You |      | -26,11  |
| Amount overdue from your last bill         |      | .00     |
|                                            |      |         |

 Thank you for keeping your account up to date.

GST (Registration 812758878) at 6% Total new charges

Total amount due by Aug 04

\$25.87

23.86

1.44

| Additional Charges and Credits |
|--------------------------------|
|--------------------------------|

| ***********************                 | <br>         |                                          | .ew<br>Carena e e construir de la calenda           | our van Tandhere on o | en 1900 en 190<br>En 1900 en 190 | A     |
|-----------------------------------------|--------------|------------------------------------------|-----------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| E9-1-1 Municipal Call Answer Fee Jul 13 |              | .35                                      | west .                                              |                       |                                                                                                                                                                                                                                  | \$.44 |
| E9-1-1 Provincial Network Fee Jul 13    | <br>******** | ,9 1 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | # 6. m s.m. m d n m n n n n n n n n n n n n n n n n | green van gebreed a   | कुत्र कि अवस्थिति विशेष के शिक्ष करा करा है के बार<br>कुत्र कर कर के<br>पुरस्कार कर कि                                                                                                                                           | .13   |
| Total additional charges and credits    |              |                                          |                                                     | a vyrog               | a sur a                                                                                                                                                                                                                          | \$ 57 |

# **News from TELUS**

Thank you for choosing TELUS as your communications provider.

# Visit our web site

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

# TELUS® Your TELUS Statement Aug 14, 2006 **TELUS Communications Company** Hugust 29/06 Page 1 of 2 Questions? For customer service abill inquiries, please refer to page 2 for contact infermation. **BAJHLUS** 1 Your account number **Your TELUS Account ID** Here's what you owe this month: \$23.20 Amount of your last bill \$25.87 Thank you for keeping Payment we processed on Jul 28 - Thank You your account up to date. -25.87 Amount overdue from your last bill 1 Residence Line Touchtone from Aug 13 to Sep 12 Additional Charges and Credits (see details below) GST (Registration 812758878) at 6% 1.29 Total new charges 23.20 Total amount due by Sep 04 \$23.20 **Additional Charges and Credits** Change in Residence Line Touchtone (for 72 days from Jun 01 to Aug 13) Quality of Service Rebate Aug 09 E9-1-1 Municipal Call Answer Fee Aug 13 E9-1-1 Provincial Network Fee Aug 13 Total additional charges and credits -\$1.43 **News from TELUS** Residential phone line rates decrease Residential phone line rates have been decreased by approximately \$0.50 per month, as approved by the Canadian Radio-television and Telecommunications Commission (CRTC). The rate decrease is retroactive to June 1, 2006.

Tear off here



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: Brian Hlus         | Employee Number (g)(i), S.17(1), 17(4 (g)(ii) Name: Management/Exemp |
|--------------------------|----------------------------------------------------------------------|
| Position: Director       | Department: Government Affairs - Corporate Office                    |
| Business Phone: 407-8543 | Period From: September 1, 2006 to September 30, 2006                 |
|                          | ,                                                                    |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Account<br>e.g. 69500001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Non-Canadian<br>Currency | Rate | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 69500 Vano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ٠ ١                      |      | \$385.24                          |                   |
| 201                  | 9000                  | 71110500051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 62410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |      | 54.50                             | <u> </u>          |
| × 6960               | 14071<br>20.91        | and the state of t | Capital Leading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |      |                                   |                   |
| - 0 (00              | 16.00                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | ·    |                                   |                   |
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| Less Cas             | h Advance             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACCOUNTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |      |                                   |                   |
|                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PAYABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |      | 0.00                              |                   |
| Total                |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G. Control of the Con |                          |      | \$439.74                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization. |                       |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|--|--|
| Employee Signature:                                                                                                                                                                            | Date: October 2, 2006 |  |  |  |  |  |
| Approved Day Chaile Weath will                                                                                                                                                                 |                       |  |  |  |  |  |

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature) Signature) Approved By:         | ul                     | Date             |
| (Print name)                                | Title:                 | Phone #          |
| (Signature)                                 |                        | Date             |

#### NOTE

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

**Applicant copy** 

| Date         | Particular           | Accommodation \$ | Meal \$    | Registration \$   | Transportation \$                      | O45 A          | 100 300     |
|--------------|----------------------|------------------|------------|-------------------|----------------------------------------|----------------|-------------|
| September 1  | Travel               |                  |            | regionation p     |                                        | Other \$       | Mileage KM  |
| September 1  | Travel               |                  |            |                   | 19.00                                  |                |             |
| September 1  | Hosting (fed gov)    |                  |            |                   | 15.00                                  | 7000           |             |
| September 5  | Mileage              |                  |            |                   |                                        | 25.34          |             |
| September 5  | Hosting (prov gov)   |                  |            |                   | <del>-</del>                           | 64.4           | 11          |
| September 7  | Mileage              |                  |            |                   |                                        | 41.45          |             |
| September 8  | Mileage              |                  |            |                   |                                        |                | 39          |
| September 11 | Mileage              |                  |            |                   |                                        |                | 23          |
| September 11 | Hosting (prov gov)   |                  |            |                   |                                        | /              | 13          |
| September 12 | Mileage              |                  |            |                   |                                        | 36.84          |             |
| September 13 | Mileage              |                  |            |                   |                                        |                | 27          |
| September 14 | Mileage              |                  |            |                   |                                        |                | 48          |
| September 19 | Mileage              |                  |            |                   |                                        |                | 27          |
| September 19 | Parking              |                  |            |                   |                                        |                | 17          |
| September 19 | Parking (no receipt) |                  |            |                   | 2.00                                   |                | <del></del> |
| September 20 | Mileage              | · .              |            |                   | 4.00                                   |                |             |
| September 22 | Mileage              |                  |            |                   |                                        |                | 74          |
| September 25 | Mileage              |                  |            |                   | <u> </u>                               |                | 206         |
| September 27 | Mileage              |                  |            |                   | ······································ |                | 8           |
| September 27 | Hosting (staff)      |                  |            |                   |                                        |                | 4           |
| September 29 | Mileage              |                  |            |                   |                                        | <b>/</b> 52.78 |             |
| September 29 | Fax (September)      |                  |            |                   |                                        |                | 10          |
|              | T an (Ospionisor)    |                  |            |                   |                                        | / 25.32        |             |
|              |                      |                  |            |                   |                                        |                |             |
|              |                      |                  |            |                   |                                        |                |             |
|              | <u> </u>             |                  |            |                   |                                        | <u>.</u>       |             |
|              | Total km             | */               |            |                   |                                        |                | 507         |
| TOTALS TO E  | RONT OF FORM         | or alte          | rnate rate | as outlined in So | ection 2 - Travel                      |                | \$0.43*     |
| - CIALO IOF  | TONI OF FURIN        |                  |            |                   | \$40.00                                | \$181.73       | \$218.01    |

### **EXPENSE LIMITS**

### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses much 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 lunch/dinner meeting.

#### Travel

- Use of personal automobile -- From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.

Fax: 25.32 W

Mens: 140.41 W 16.000

Driving to and from work is not considered business travel and cannot be claimed.

Advance

Park: 6.00 w

Travel advance may be requested provided travel expenses are likely to exceed \$500. Mile 1 218.01 w



## MURRIETA'S EDMONTON

10612 d2nd Ave. Tel: 780-438-4100 Check #: 44281

Server: Charlene L. Date: 09/27/2006

fable: 46 Time: 13:11

Client: 3

| 2<br>1<br>1<br>1 | Soft Drinks<br>Add Chicken<br>Ig.Caesar<br>Tea<br>Salmon Salad | 9.91<br>2.66<br>11.81 |
|------------------|----------------------------------------------------------------|-----------------------|
| 1                | SmChicken Penne                                                | 11.81<br>10.67        |
|                  | SUB-TOTAL.                                                     | 03 NA                 |

GST:

And the second s

2.68

TOTAL:

47.26

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

## MURRILIA'S EDMONTON

10612 82nd Ave 180-438 41 -44201

10

Har 13:13

VISA

HLUS/BRIAN

AUTH

071874

ONLINE

MERCHANT# 9999

BTOTAL \$

47.28

TIP \$

TOTAL \$ 52.78

\*\* CUSTOMER COPY \*\*

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

## **Boston Pizza**

WESTMOUNT #176

0040 Table 66 #Party 2 MICHELLE S SVCCk: 4 12:06 09/01/06

NATER 0.00 BAK POP, tonic 2.60 SPINACH SAL 8.45 THAT CHK SAL 10.50

> Sub Total: 21.55

GST: 1.29

09/61 12:44 TOTAL:

22.84

GOF# 12227 6058

PLEASE PAY SERVER

ESKINOS PARK AND RIDE \$20 TICKET, BEVERAGE AND RIDE TO GAME \$20,00

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* WIN \$1000 in a WEEKLY DRAW!!!

and/or \$10,000 in a YEARLY DRAW!!! to enter complete our GUEST SATISFACTION SURVEY.

Recieve TEN CHANCES of winning by visiting www.bostonpizzasurvey.com OR recieve 1 chance of winning by calling 1-888-649-0825

dithin 3 DAYS

m. ince

found at

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

FROM

s.17(1), 17(4)(e.1) \( \frac{1}{6} Server: MICHELLE S 09/01/06/12:51, Swiped ansaction Record PreAuth and Hold

FARE

INTL

GRATURY

X Cardholder Signature

# GREAT FOOD GREAT PEOPLE

| 18 MICHELLE                                                          |                                |
|----------------------------------------------------------------------|--------------------------------|
| Tb1 453/1 Chk 5689<br>05Sep'06 11:48AM                               | Gst 2                          |
| 1 POP<br>2 BELLINI TUES @ 2.99<br>1 SANTA FE CHICK<br>1 THAI SAL/CHX | 2.35<br>5.98<br>13.50<br>13.50 |
| Subtotal GST Tax 12:59 Total 37                                      | 35.33<br>2.12<br><b>.45</b>    |

## PLEASE PAY YOUR SERVER

Robert Aoki, Managing Partner Dean Mitchell, Head Chef



| Card Type:<br>Acct #:<br>Exp Date:<br>Auth Code:<br>Check:<br>Table:<br>Server:<br>Ref Number: | XXXXXXXXX<br>11/06<br>038663<br>5689                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s.17(1), 17(4)(e.1) |
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| Tip:                                                                                           | general and the second of the second | non å.              |
| Total:                                                                                         | 41.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |
| Signature:_                                                                                    | II. SAME STATE OF THE STATE OF |                     |
| -                                                                                              | pay above total<br>c my card issuer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| **Cus1                                                                                         | tomer Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *                   |

|                                                                  | an and an analysis of the second         |
|------------------------------------------------------------------|------------------------------------------|
| Jooys<br>Mediterracean Grill                                     | Joeys <sup>()</sup>                      |
| Edmonton                                                         | Mediterranean Grill                      |
| 11228 Jasper Avanue                                              | Edmonton                                 |
| Tel: /80-420-1996                                                | 11228 Jasper Avenue<br>Tel: 780-420-1996 |
| GST#0 1965762                                                    | GST#R893495762                           |
| 1 1 (1)                                                          | Date: Sep11'06 01:17PM                   |
| 1 11:30                                                          | Card Type: Visa                          |
| This bear the control of the control                             | Acct #: XXXXXXXXXXX 17(1) 17(1) 17(1)    |
| TOP IN CONTRACT                                                  | Exp Date: 11/06 S.17(1), 17(4)(6.1)      |
| No. 1 West States                                                | Auth Code: 097654                        |
| 2 SODA WATER 4.50                                                | Check: 408                               |
| ) ESPRESSO 2 50                                                  | Table: 12/1                              |
| 1 ADD EYTRA SHOT 1.25                                            | Server: 1 RICHARD                        |
| 1 DECAF COEFFE 2 25                                              | Ref Number: 001158002219                 |
| i sonnyaki 8.88                                                  | BRIAN HLUS                               |
| ' MUSHSOUP' 11/0HEEN 10,49                                       | Subtotal: 32.84                          |
| SUBTY 30.98                                                      | Tip: 4                                   |
| Tax GST 1.86                                                     |                                          |
| 01:04PM TOTA: 32.84                                              | Total: 36.89                             |
| Check out our AMAZING slushy<br>drinks-GREAT for any summer day! | I agree to pay above total               |
| WAS ANYON E                                                      | according to my card issuer agreement.   |
| RKURED                                                           | *********Customer Copy*******            |
| EAVES HAPPY                                                      |                                          |
| WE WANT TO HEAR FROM YOU!  WWW.JOEYSRESTAURANTS.COM              |                                          |
|                                                                  | Name 10.36                               |
|                                                                  |                                          |

| Name       | 10:36  |
|------------|--------|
| Amount Pd: | 2,0    |
| Licence    | Prov   |
| Make       | Color  |
| Date       |        |
| Νō         | 112087 |

# TELUS® Your TELUS® Statement® Sep 14, 2006

**TELUS Communications Company** 

Page 1 of 2

Questions? For customer service exbill inquiries. please refer to page 2 for contact information.

**BAJHLUS** 

(780)

Your account number Your TELUS Account ID



Here's what you owe this month: \$25.32

| Amount of your last bill                                                              | \$23.20 |
|---------------------------------------------------------------------------------------|---------|
| Payment we processed on Aug 30 - Thank You Amount overdue from your last bill         | -23,20  |
|                                                                                       | .00     |
| 1 Residence Line Touchtone from Sep 13 to Oct 12                                      | 23,34   |
| Additional Charges and Credits (see details below) GST (Registration 812758878) at 6% | .57     |
| (10gishation 8127588/8) at 6%                                                         | 1.41    |

Thank you for keeping your account up to date.

Total new charges Total amount due by Oct 04

## **Additional Charges and Credits**

| E9-1-1 Municipal Call Answer Fee Sep 13 | ************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ************************************** |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| E9-1-1 Provincial Network Fee Sep 13    | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$44                                   |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>13</b>                              |
| Total additional charges and credits    | The second secon | <b>2.57</b>                            |

## **News from TELUS**

## Charges for area codes beginning with "8".

Did you know some calls to area codes beginning with "8" are not toll-free? Calls to area codes beginning with an "8" and ending in a double digit such as 1-800, 1-888, 1-877 and 1-866 are toll-free; however, calls to 1-867, 1-807 and 1-819, for example, will incur long distance charges.



## **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Position: Director Department: Government Affairs - Corporate Office      | /Exemp | Name: Brian Hlus         |  |
|---------------------------------------------------------------------------|--------|--------------------------|--|
|                                                                           | ice    | Position: Director       |  |
| Business Phone: 407-8543 Period From: October 1, 2006 to October 31, 2006 |        | Business Phone: 407-8543 |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre.g. 71135050044 |                      | Non-Canadian<br>Currency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rate | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | \$330.25                          |                   |
| 201                  | 9000                  | 71110500051                      | 69600                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 35.00                             | NN A              |
|                      |                       |                                  | Capital Health       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                   |                   |
|                      |                       | 62410: 45.50                     | RECEIVE              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                   |                   |
|                      |                       | 6241001: 9-40 1-66               | MOV 0 3 2000         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ·  |                                   |                   |
|                      |                       | 62910: 104.06                    | 1401 A B VOOD        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                   |                   |
| Less Cas             | sh Advance            | 69600-16119 8.                   | SO ACCOUNTS          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 0.00                              |                   |
| Total                |                       |                                  | E # 4 p # ddr warmen | Control of the Contro |      | \$365.25                          |                   |

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

| I hereby certify that the expenses listed above were incurred on claimed by me or on my behalf from Capital Health or other orga | Capital Health business and ha | ve not been previously |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|
| Employee Signature:                                                                                                              | Date:                          |                        |

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature) & Ja allel                      |                        | Date             |
| Approved By:<br>(Print name)                | Title:                 | Phone #          |
| (Signature)                                 |                        | Date             |

#### NOTE:

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

| Date         | Particular         | Accommodation \$ | Meal \$                               | Registration \$  | Transportation \$                     | Other \$                              | Mileage KM |
|--------------|--------------------|------------------|---------------------------------------|------------------|---------------------------------------|---------------------------------------|------------|
| September 21 | Hosting (CH event) |                  |                                       |                  | 3                                     | 35.00                                 |            |
| September 27 | Parking            |                  |                                       |                  | ✓2.00                                 |                                       |            |
| October 2    | Mileage            |                  |                                       |                  |                                       |                                       | 13         |
| October 3    | Mileage            |                  |                                       |                  | 43.2                                  | ro                                    | 10         |
| October 3    | Hosting (prov-gov) |                  |                                       |                  | 5                                     |                                       |            |
| October 4    | Mileage            |                  |                                       |                  | -                                     |                                       | 17         |
| October 16   | Mileage            |                  |                                       |                  | <i>y'</i>                             |                                       | 10         |
| October 16   | Parking            |                  |                                       |                  | 4.50                                  | <u> </u>                              |            |
| October 17   | Mileage            |                  |                                       |                  |                                       | · · · · · · · · · · · · · · · · · · · | 11         |
| October 17   | Parking            |                  |                                       |                  | 3.50                                  |                                       |            |
| October 18   | Mileage            |                  |                                       |                  |                                       |                                       | 18         |
| October 18   | Mileage            |                  |                                       |                  |                                       |                                       | 20         |
| October 18   | Hosting (CH event) |                  |                                       |                  |                                       | / 37.50                               | لسل        |
| October 18   | Hosting (CH event) |                  | · · · · · · · · · · · · · · · · · · · |                  |                                       | <u>√</u> 51.50                        | لين        |
| October 20   | Mileage            |                  |                                       |                  |                                       | <i>y</i> 35                           | 30         |
| October 20   | Parking            | 1.               | ·                                     |                  | 6.00                                  |                                       |            |
| October 20   | Hosting (muni-gov) |                  |                                       |                  | 28,99 1.                              | ςυ 32.49                              | <u> </u>   |
| October 24   | Mileage            |                  |                                       |                  | , , , , , , , , , , , , , , , , , , , | ,                                     | 80         |
| October 24   | Parking            |                  |                                       | -                | 3.00                                  | ·                                     |            |
| October 24   | Parking            |                  |                                       |                  | 26.50                                 |                                       |            |
| October 25   | Mileage            |                  |                                       |                  |                                       | ·                                     | 10         |
| October 30   | Mileage            |                  |                                       |                  |                                       |                                       | 23         |
| October 31   | Travel             |                  |                                       | 9,40 1           | .60 /11.00                            |                                       |            |
|              |                    |                  |                                       |                  |                                       | ·                                     |            |
|              |                    |                  |                                       |                  |                                       |                                       |            |
|              | Total km           |                  |                                       |                  |                                       | -                                     | 242        |
|              |                    | *(or alt         | ernate rate                           | as outlined in S | iection 2 – Travel                    | below) @                              | \$0.43*    |
| TOTALS TO F  | RONT OF FORM       |                  | <u> </u>                              |                  | \$56.50                               | \$204.69                              | \$104.06   |

#### **EXPENSE LIMITS**

### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses much 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 lunch/dinner meeting.

#### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### 3. Advance

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

CIPA SE EMBYEL LIMPAY PAYANE ESE 4 INVESTAD WICCO

CAMADA PLACE PARKADE OPERATED BY IMPERIAL PARKING FOR THE CITY OF EDMINTON

Rcpt# 39961 10/16/06 09:11 L# 1 A# 51 Txx# 92765 10/16/06 08:00 In 10/16/06 09:11 Out Regular Rate \$ 4.25 Total Tax ÷ 0.25 Total Fee Ť 4.50 CASH PAID 4.50-Cash Tender \$ 10.00 Change Due 5.50 THANK YOU WE APPRECIATE YOUR BUSINESS COME AGAIN

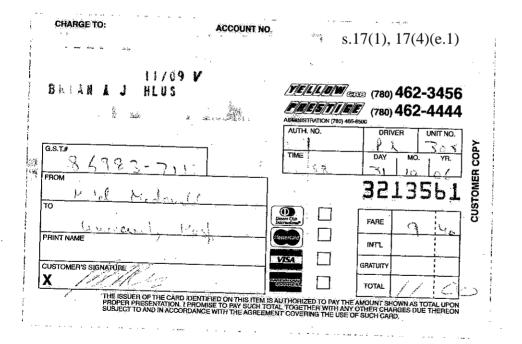
CITY OF EDWENTON LIBRARY PARKADE GST # 119326270 RT0001

CITY OF EDWONTON LIBRARY PARKADE GST # 119326270 RT0001

Rootti 5989 10/17/06 21:39 L# 3 A# 12 Txr# 73618 10/17/06 17:48 In 10/17/06 21:39 Out Tkt# 089978 Regular Rate \$ 0.20 Total Tax 3.50 Total Fee 3.50-CASH PAID 10.00 Cash Tender 6.50 Change Due \$ THANK YOU COME AGAIN

Roptil 63422 10/20/06 13:34 L# 2 d# 14 Txn#207507 10/20/06 11:48 In 10/20/06 13:34 Out Tkt# 091568 Regular Rate \$ 5 66 Total Tax 0.34 Total Fee 5.0 CASH PAID 6.00-Cash Tender 6.00 Change Due 0.00 THANK YOU COME AGAIN

EDMONTON AIRPORTS GST # R128599776 VALET PARKING EDMONTON REGIONAL AIRPORT AUTH THANK YOU MAIN STATION(INT'L .. AIRP HAVE A NICE DAY **EDMONTON**  $^{AB}$ s.17(1), 17(4)(e.1) CARD NUMBER TELUS PARKADE CARD TYPE GST INC. R#122388333 MASTERCARD 10/24/06 10:02PM DATE/TIME 2006/10/24 22:21:53 000#6961 E RECEIPT NUMBER 980582267-610-043 060CT24 08:39 001 001 SHIFT E **PURCHASE** -----s<del>.17(1),</del>-17(4)(e.1) 060CT24 07:49 TOTAL AMOUNT \$26.50 / 0:50 #151999 #0000000000871247 RATE 1 \$3.00 **PARKING** TOTAL 74\$25.00 \$3.00 01 APPROVED 027 CASH AUTH. # MDSE ST 002156 \$25.00 : \$3.00 THANK YOU G.S.T. \$1.50 MANAGED BY IMPERIAL PARKING COPY COPY CARD CH. \$26.50

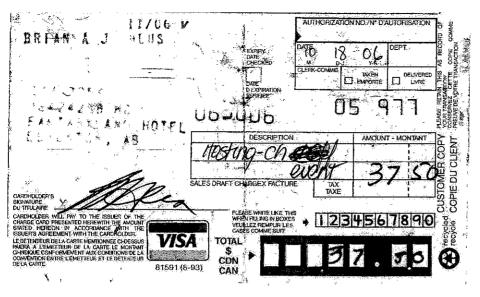


| CHARACTERS REST<br>10/5/7 - 105 Street<br>- CMCMION, AB.<br>150 163<br>(780) - 421 4100<br>031# 89206 4479                                         | CHARACTERS REST 60V<br>10257 - 105 STREET<br>EDMONTON, AB,<br>T5J 1E3<br>760-421-4100<br>GST# 89206-4429              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 166 BABSON B                                                                                                                                       | Date: Octo3'06 01:04PM<br>Card Type: VISA                                                                             |
| To 1 43/1   Lok 3415   List 2   Schud 106   12:19PM   1   PUP OF SOUP   4.00   1   TORTELLINI   16.00   1   LUNCH SPECIAL   18.00   1   POP   2.75 | Acct V: s.17(1), 17(4)(e.1) Exp Date: 11/06 Auth Code: 041077 Check: 3415 Table: 43/1 Server: 168 BABSON B BRIAN HLUS |
| Subtotal 40.75<br>GST 2.45<br>01:02 Amount Du 43.20                                                                                                | Subtotal: 43.20 GRATUITY                                                                                              |
| WELCOME TO CHARACTERS!                                                                                                                             | TOTAL 48. 20                                                                                                          |

## **Best Copy Possible**

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





## **Best Copy Possible**

SATI BOUND ofother & BAR A Ave ±12-2448

|                     | FACTORINA                                              | . C                         | 17(1) 17(                               | rven: Amgr<br>ble 32/1<br>éste: 2<br>Main Dining Res                   | দ                            | 10/20/2006<br>1:19 PM<br>10015 |
|---------------------|--------------------------------------------------------|-----------------------------|-----------------------------------------|------------------------------------------------------------------------|------------------------------|--------------------------------|
|                     | 1017<br>EDMONTO<br>(788<br>VISA MI<br>MASTERCARD<br>S. | MID:<br>17(1), 17(4)        |                                         | GPEEN TOS (2 ST.<br>GINGEP DALAMARI<br>CHEF'S FIRED ORE<br>SUSHI GAMBO | •                            | 2,50<br>6,35<br>7,95<br>9,95   |
|                     | Merchant ID: 000010<br>Term ID: 003<br>Server ID: 8    | Ref                         | #: 016<br>A                             | Subtotal<br>Tax                                                        |                              | 27.35<br>1.64                  |
|                     | GST #: 8793880 <u>1</u> 5                              | ale mun                     | John John John John John John John John | Total                                                                  |                              | 28.99                          |
|                     | 57                                                     | are $u_{m_i}$               |                                         | Balance                                                                | Due                          | 28.99                          |
| s.17(1), 17(4)(e.1) | XXXXXXXXXX<br>VISA                                     | Entry Nethod:               |                                         |                                                                        | Thank You!<br>Thataboliv spa | cials                          |
|                     | 10/20/06<br>Inv #: 000016<br>Apprvd: Online            | 13<br>Appr Code:<br>Batch#: |                                         |                                                                        |                              |                                |
|                     | Amount:<br>Tip:                                        | <b>,\$</b>                  | 28.99                                   |                                                                        |                              | ·                              |
|                     | Total:                                                 | 32,0                        | 79                                      |                                                                        |                              | -                              |

|                                                                       | s.17(1), 17(4)(e.1)                                                                                                            |                           |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| NEWMAN THEOLOGICAL<br>COLLEGE<br>15611 ST ALBERT TRAIL<br>EDMINTON AB | CHED ********  CHED TYPE 2006/09/21  TIME 1597 14:44:17  RECEIPT NUMBER  M30699008-001-003-019-0  PLACHASE  TOTAL-CAD  \$35.00 | APPROVED OI-027 THANK YOU |

| V35, ω     | 1 I                                              | 59/ail       | 1 00 -  |      |                | The state of the s |
|------------|--------------------------------------------------|--------------|---------|------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$ CHEQUES | \$ CASH                                          | RECEIPT DATE | 13CIan  | HLUS | KCTicket"168   | 0P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            | IF (ENCIRCLED) INDICATES CASH RETURNED FOR       |              | <u></u> |      | DESCRIPTION    | RECEIVED<br>BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|            | ADJUSTMENT TO<br>NET AMOUNT OF<br>ACTUAL PAYMENT | ·¥           | No.     |      | RECEIPT NO. 31 | 156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Newman Theological College

15611 ST. ALBERT TRAIL EDMONTON, ALBERTA T6V 1H3 PHONE (780) 447-2993

G.S.T. REGISTRATION #R107771321

31056 RECEIPT NO.

KEEP THIS RECEIPT FOR YOUR RECORDS.

Date



## **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| <del></del>          |                               |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|----------------------|-------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Name:                | Brian Hlus                    |                                                         | Employee Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (4)(g)(i), S.17(1), 17(4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                              | me: Management/E                  | xemp                                   |
| Position             | : Director                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                              | airs - Corporate Offic            | e                                      |
| Busines              | s Phone: 4                    | 07-8543                                                 | Period From: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vember 1, 2006 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000         | Functional Centre<br>e.g. 71135050044                   | Account<br>e.g. 69500001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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#### NOTE:

(Signature)

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

| Date             | Particular         | Accommodation \$ | Meal \$                               | Registration \$  | Transportation \$ | Other \$ |            |
|------------------|--------------------|------------------|---------------------------------------|------------------|-------------------|----------|------------|
| November 1 Mil   | leage              |                  |                                       |                  | runsportation \$  |          | Mileage KM |
| November 2 Mis   | scellaneous        |                  |                                       |                  |                   | - 5      | 21         |
| November 3 Ho    | sting (prov. gov)  |                  |                                       | -                |                   | 41.40    |            |
|                  | eage               |                  |                                       |                  |                   | 23.59    |            |
| November 10 Mile | eage               |                  |                                       | <del>- </del>    |                   |          | 11         |
| November 10 Hos  | sting (CH staff)   |                  |                                       |                  |                   |          | 11         |
|                  | ok Purchase        |                  | ,                                     |                  |                   | 21.79    |            |
|                  | minar              |                  |                                       |                  |                   | 60.75    |            |
| November 15 Mile | eage               |                  |                                       |                  |                   | 175.50   |            |
|                  | eage               |                  | · · · · · · · · · · · · · · · · · · · |                  |                   |          | 10         |
|                  | eage               |                  |                                       |                  |                   |          | 91         |
|                  | eage               |                  | <u> </u>                              |                  |                   |          | 21         |
|                  | eage               |                  |                                       |                  |                   |          | 11         |
|                  | eage               |                  |                                       |                  |                   |          | 24         |
|                  | eage               |                  |                                       |                  |                   |          | 7          |
|                  | sting (prov gov)   |                  |                                       |                  |                   | /        | 31         |
|                  | (October/November) |                  |                                       |                  |                   | 33.12    |            |
|                  | ,                  |                  |                                       |                  |                   | 51.28    |            |
|                  |                    |                  |                                       |                  |                   | 50.96    |            |
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| Tota             | l km               |                  |                                       |                  |                   |          | 000        |
|                  |                    | *(or alte        | rnate rate                            | s outlined in Se | ection 2 – Travel | halaw) @ | 238        |
| TOTALS TO FRONT  | OF FORM            | , = 1            |                                       | Judinied III 30  | cuon z – rravel   |          | \$0.43*    |
|                  | <u>-</u> L         |                  |                                       |                  |                   | \$407.52 | \$102.34   |

## **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses much 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 lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

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

**Applicant copy** 

| STORE:                               |                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ORDER#:                                        |
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| ESTIMONION CITY CENT                 | A Company                        | DATE OF DELIVERY/PICK-UP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Nova                                           |
| FELTON FALBERTA<br>TEL.780 429-3661  | Por Port                         | TIME TO BE DELIVERED/PIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CKED-UP 10:00                                  |
| G.S.T. #R895637247                   |                                  | (ALLOW 4/5 HRS FOR REG DELI<br>TO COURIER COMPANY - AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VERIES FROM CALL IN THE                        |
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| ***                                  | NAME (WHO IT IS GOING TO):       | A CONTRACTOR OF THE PROPERTY O | ÉSIDENCE<br>RCLE)                              |
| EDIUM GEORGE BOX 31.9<br>ELIVERY 9.5 |                                  | IELUS Plaza North                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tower.                                         |
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| CLEAK NUME 00009                     | NAME (IF APPLICABLE)             | GI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ` .                                            |
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| DELIVE                               | RY PHONE # (PH. # WHÉRÉ DELIVER  | Y IS GOING) TO [ B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | #8 EDMONTON CENTR<br>EDMONTON AB               |
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| GIFTIT                               | PE AND COOKIE/THE:               | 0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CARD TYPE                                      |
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| CARD/L                               | ABEL: Akinking                   | of your T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RECEIPT NUMBER<br>M30617194-001-009-0          |
| MESSA                                | GE IN CARD .                     | τ τ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Alba Waga aya aya aya aya aya aya aya aya aya  |
|                                      | too do                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PURCHASE<br>TOTAL-CAD                          |
|                                      | - July 100                       | great work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$41 :                                         |
| ** <u> </u>                          |                                  | Buan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 41.40                                          |
|                                      | YESINO CELLO COLOUR:             | BALLOONS: NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APPROVED                                       |
| (PLEASE                              |                                  | llend /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AUTH# 096394 01                                |
| SENDE                                | R'S MAME (FULL NAME):            | Duan Thu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | THANK YOU                                      |
| NAME C                               | ON CARD (IF DIFFERENT FROM ABOVE | =):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CARDHOLDER COPY                                |
| / O SENDE                            | R'S PHONE NUMBER (DURING D.      | AY OF DELIVERY): 407 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -8545.                                         |
| Must gir                             | ve two numbers – Home and wo     | ork or Home and cell Uniter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sity Hospital                                  |
| SENDE                                | R'S MAILING ADDRESS:             | BURNEY AND 8'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 440-1125+                                      |
| PAID/BY                              | : MASTERCARD 136                 | WCM LES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |
| ¥2                                   | VISA                             | GET CUSTOMER TO REPEAT #)S.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7(1), 17(4)(e.1)                               |
| dor par                              | D AMEX                           | EXPIRY DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 407                                            |
| 12 44                                | OCASH/INTERAC*/CHEQU             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                              |
|                                      | DACCOUNT (PRE-APPRO)             | /ED) ACCT #<br>AT STORE ONLY, NOT OVER THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PHONE                                          |
| 101                                  | - HILLIONO OMRO USED             | AT STORE ONLT, NOT OVER THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PHONE                                          |
| M >                                  |                                  | . Here was and the second of t |                                                |

YIANNIS' TAVERNA YIAMNIS TAVERNA RESTAURANT 10444-82 Ave Edmonton, Alberta, Canada 10444 82 AVE T6E 2A2 EDMONTON AB s.17(1), 17(4)(e.1) 780-435 6768 GST#R105758184 CAFD CARD TYPE 31 LYNNE 2006/11/03 TIME 7012 13:27:50 Ibl 13/1 Link 336 CLÉRK TO Nov03'06 12 : # RECEIPT HUMBER \$30m2 !! 90 001 !!54 004~0 PRE-AUTHOR LEAT FON AMOUNT \$21,09 Subtutat **Best Copy Possible** 19.90 TIP 1.19 Ai wi Due വയ Thank You: THANK THE S. 17(1),17(4)(e.1)

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

FIRY DATE

1109

AND TYPE

VISA

2006/11/10 12:49:59

SHOLITYS4-247-0:0

STUDING STATE SHOW

319-29



36 King Street East, Toronto, ON M5C 2L9 (416)364-0321

## RECEIPT

Date: November 10, 2006

Invoice No.: STB068001076

Received from:

Capital Health Attn: Patricia V. Fernandez 1J2 WMC, 8440 112 Street Edmonton, AB T6G 2B7

<u>Amount</u> \$ 60.75

Received for:

1 CP Stylebook 1 CP Caps & Spelling Book

Thank you for your business!



**Full Order Details** 

TARABINAMAT

Print Page

Close Window

## Order Number: 21-21909/VAN

This is not a ticket. This cannot be used for entry.

All orders are subject to credit card approval and billing address verification. Additionally, persons who exceed ticket limits may have any or all of their orders and tickets cancelled without notice by Ticketmaster in its discretion. This includes orders associated with the same name, e-mail address, billing address, credit card number or other information. Purchase Policy

Delivery Details: Will Call - Tickets may be picked up at the venue Box Office Will Call window by the credit card holder only with the purchasing credit card and valid photo ID. Subject to a 2 business day waiting period unless the event is occurring within that time or unless otherwise specified in the event information. No additional Delivery Price.

## **Purchase Summary**

| Event/Item                                                                                                                 | Qty | Туре                                       | Sec   | Row | Seats | Description   |
|----------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------|-------|-----|-------|---------------|
| Global Leadership Forum: Guest Rudy Giuliani Staw Conference Centre Edmonton, AB Tue, Nov 14, 2006 12:00 PM Charge Summary | 2 . | Firefighter Single<br>Ticket Special Offer | TABLE | 83  | 7-8   | Price Level 1 |

| item.                                        | Charge         |
|----------------------------------------------|----------------|
| Global Leadership Forum: Guest Rudy Giuliani |                |
| Firefighter Single Ticket Special Offer      | CA \$79.50 x 2 |
| Convenience Charge                           | CA \$7.00 x 2  |
| Delivery (Will Call)                         | No Charge      |
| Order Processing Fee                         | CA \$2.50      |
| TOTAL CHARGES                                | CA \$175.50    |

### **Billing Summary**

| Card Type | Charge      | Last 4 Digits | Expiration | Address         |
|-----------|-------------|---------------|------------|-----------------|
| VISA      | CA \$175.50 | 7758          | 11/2006    | 8907-156 Avenue |

# earls GREAT FOOD GREAT PEOPLE

340 MillOH ..... Tbī 54/1 Chk 2222 28Nov'06 12:11PM 1 TEA 1 COFFEE 2.50 ! THAI SAL/CHX 14.00 GREENS\FTR SOUP 11,00 Subtotal 30.00 Partr 10% 3.00-GST Tax 1.62 12:48 Total 28.62

PLEASE PAY YOUR SERVER

earls

GST #138048285

www.earls.ca

earls
GREAT FOOD GREAT PEOPLE

28Nov'06 12:59PM Date: Card Type: M/C Acct #: Exp Date: 03/07 Auth Code: 145939 Check: 2222 Table: 54/1 Server: 340 MITCH Ref Number: 001164743978 BRIAN AJ.MR HLUS Subtotal: 28.62

I agree to pay above total according to my card issuer agreement.

\*\*\*\*\*\*\*\*\*Customer Copy\*\*\*\*\*\*\*

## TELUS® Your TELUS Statement Oct 14, 2006

**TELUS Communications Company** 

Page 1 of 2

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

(780) +

1

**BAJHLUS** 

Your account number Your TELUS Account ID

Here's what you owe this month ₹ \$25.32

| Total amount due by Nov 04                         | \$25.32 |
|----------------------------------------------------|---------|
| Total new charges                                  | 25.32   |
| GST (Registration 812758878) at 6%                 | 1,41    |
| Additional Charges and Credits (see details below) | .57     |
| 1 Residence Line Touchtone from Oct 13 to Nov 12   | 23.34   |
| Amount overdue from your last bill                 | .00.    |
| Payment we processed on Oct 11 - Thank You         | -25.32  |
| Amount of your last bill                           | \$25.32 |

 Thank you for keeping your account up to date.

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

## **News from TELUS**

## Dial 411 for Quick Access to Phone Numbers and Addresses

Dialing 411 for Directory Assistance is a quick and easy way to get published phone numbers, addresses and postal codes for anywhere within Canada and the US. Service is available 24 hours a day, 7 days a week. Dial 411 from your home, business or mobile phone. Charges apply.

## TELUS® Your TELUS Statement Nov 14, 2006

**TELUS Communications Company** 

Page

Questions? For customer service ∰ bill inquiries, please refer to page 2 for contact in rmation.

1 of 2

**BAJHLUS** 

(780)

Your account number Your TELUS Account ID



Here's what you owe this month ₹\$50.96

| Total amount due by Dec 04                         | \$50.96          |
|----------------------------------------------------|------------------|
| Total new charges                                  | 1.41             |
| GST (Registration 812758878) at 6%                 |                  |
| Additional Charges and Credits (see details below) | 23.34            |
| Residence Line Touchtone from Nov 13 to Dec 12     | 20,02            |
| Amount overdue from your last bill                 | \$25.32<br>25.32 |
| Amount of your last bill                           | <b>#05</b> po    |

otice - Overdue is ayable now. If payment as been made, thank u.

Additional Charges and Credits

| E9-1-1 Municipal Call Answer Fee Nov 13          | ************************* |
|--------------------------------------------------|---------------------------|
|                                                  |                           |
| Late payment charge on overdue amount of \$25.32 | .13                       |
|                                                  | .32                       |
| Total additional charges and credits             | \$ 8G                     |

## **News from TELUS**

## Reconnection charges

In the event it becomes necessary to suspend service, payment of the full amount due plus a reconnection charge may be required before service is restored. Once service is suspended, five working days are allowed to pay the account before service is terminated. Regular connections charges apply for the re-establishment of a terminated service. A deposit may also be required.



## **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: I                | Brian Hlus            |                                                                                                      | Employee Number                             | <u>4)(g)(i), S.17(1), 17(4</u>        | Offion Na         | me: Management/E                  | xemp              |  |
|------------------------|-----------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|-------------------|-----------------------------------|-------------------|--|
| Position               | : Director            | ·                                                                                                    |                                             | epartment: Gove                       | rnment Affa       | irs - Corporate Offic             | e                 |  |
| Busines                | s Phone: 4            | 07-8543                                                                                              | Period From: Dec                            | ember 1, 2006 to                      | December          | 31, 2006                          |                   |  |
| xpenses                | Paid (pleas           | se attach receipts). Do no<br>. Complete details on the                                              | ot include amounts per other side of the fo | oaid by Capital He                    | alth or reir      | mbursed / reimburs                | able by           |  |
| Bal Unit<br>e.g. 201   | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044                                                                | Account<br>e.g. 69500001                    | Non-Canadian<br>Currency              | Rate              | Canadian \$<br>(including<br>GST) | ✓ if GST included |  |
| 201                    | 9000                  | 71105000016                                                                                          | 62410<br>62410                              | 28.83 2.50<br>113.84 2<br>33.20 3.80  |                   | \$182.17                          |                   |  |
| 201                    | 9000                  | 71110500051                                                                                          | 69600                                       |                                       |                   | 35.15                             |                   |  |
|                        |                       | -                                                                                                    |                                             | gartina - yang managatan taun ta kata |                   |                                   |                   |  |
|                        |                       |                                                                                                      |                                             |                                       |                   |                                   |                   |  |
|                        |                       |                                                                                                      |                                             |                                       |                   |                                   |                   |  |
|                        |                       |                                                                                                      | I JAN 0 9                                   | 2007                                  |                   |                                   |                   |  |
| Less Cash Advance      |                       |                                                                                                      | ACCOUNTS                                    |                                       |                   |                                   |                   |  |
| Total                  |                       |                                                                                                      | PAYA                                        | 51. E                                 | <b>/</b> \$217.32 |                                   |                   |  |
| hereby                 | certify that          | is form is collected under<br>s your claim.<br>the expenses listed above<br>my behalf from Capital H | were incurred on (                          | Capital Health bus                    |                   |                                   |                   |  |
| Employe                | e Signature           | : Marie                                                                                              | 2                                           | Date                                  | :                 |                                   |                   |  |
| Approve                | d By: Sheila          | Weatherill                                                                                           | Title: President                            | & CEO                                 |                   | Phone # 407-8008                  |                   |  |
| (Signature)            | $-\mathcal{O}$        | Woath                                                                                                |                                             |                                       |                   | Date                              |                   |  |
| Approved<br>Print name |                       |                                                                                                      | Title:                                      |                                       |                   | Phone #                           |                   |  |
|                        |                       |                                                                                                      | Date                                        |                                       |                   |                                   |                   |  |

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

| ا<br>مرتب   |                          | EXPENS           | E CLAIM DI | Applicant copy  |                   |                                       |            |
|-------------|--------------------------|------------------|------------|-----------------|-------------------|---------------------------------------|------------|
| Date        | Particular               | Accommodation \$ | Meal \$    | Registration \$ | Transportation \$ | Other \$                              | Mileage KM |
| December 4  | mileage                  |                  |            |                 | 1121              |                                       | 24         |
| December 4  | parking (no receipt)     |                  |            |                 | 1 1 1             | 15.00                                 | 29         |
| December 6  | mileage                  |                  |            | _               |                   |                                       | 29         |
| December 6  | parking                  |                  |            | 23.401          |                   | 12.00                                 |            |
| December 8  | taxi                     |                  |            | 2.600           | 26.00             |                                       |            |
| December 13 | mileage                  |                  |            | ~ 0040          |                   |                                       | 12         |
| December 13 | hosting (gov)            |                  |            | 696             | 2000              | 7.74                                  |            |
| December 14 | mileage                  |                  |            | 0 / 0           |                   |                                       | 14         |
| December 18 | mileage                  |                  |            |                 |                   |                                       | 18         |
| December 18 | parking                  |                  | _          |                 |                   | 6.00                                  |            |
| December 19 | mileage                  | /                | 01097      |                 | \ \               |                                       | 15         |
| December 19 | hosting (gov)            |                  | <b>3</b>   | C-696           | ) Qu —            | 23.59                                 |            |
| December 20 | mileage                  |                  | 2.50 N     | T               |                   |                                       | 27         |
| December 21 | hosting (Capital Health) |                  |            |                 |                   | 35.15                                 |            |
| December 22 | taxi                     |                  |            | 1.00 N          | 11.00             | /                                     |            |
| December 28 | mileage                  |                  |            | 0 500           |                   | Ľ                                     | 20         |
| -           |                          |                  |            | 4-801           | 33                | 83 N                                  | `          |
|             |                          |                  |            |                 | /                 | -3000                                 |            |
|             |                          |                  |            |                 |                   | 20.69                                 |            |
|             |                          |                  |            |                 |                   |                                       |            |
|             |                          |                  |            |                 |                   |                                       |            |
|             |                          |                  |            | ,               |                   |                                       |            |
|             |                          |                  |            |                 |                   |                                       | <u> </u>   |
|             |                          |                  |            |                 |                   | -                                     |            |
|             |                          |                  |            |                 |                   |                                       |            |
|             |                          |                  |            |                 |                   |                                       |            |
|             |                          | 1                |            |                 |                   | · · · · · · · · · · · · · · · · · · · |            |

## **EXPENSE LIMITS**

#### Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

TOTALS TO FRONT OF FORM

Total km

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

\*(or alternate rate as outlined in Section 2 - Travel below) @

37.00

99.48

188

\$0.43\*

80.84

Meal expenses much 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 lunch/dinner meeting.

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

### Advance

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

GOV

Capital Health Authority Retail Food Service

\*

### 448

| Host: So. 448 | rth              | 12/13/2006<br>1:14 PM |
|---------------|------------------|-----------------------|
| Area: Tre     | indz. Expréss    | 130448                |
| Case Latt     | e 1602 (2 %3.65) | 7.30                  |
| #liems 1      | Sub Total        | 7.30                  |
| Sec.          | Ţax              | 0.44                  |
| 1             | Order Total      | 7.14                  |
|               | Cash             | 20.00                 |

GITY OF EDMINTON
LIBRARY PARKAGE
SST # 119326270 FT0001

Royal Coach Dini (nateau Louis Ht Edmonton, AB Fam L

Royal Coach Dini

nateau Louis Ht

19106 01:29PM

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Fare: 03/07

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83 CLAUDII

BRIAN AJ.MR HLUS

Mi: 21.09

12

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Name

Signature \_\_\_\_

29 KM

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACDONALD ESTATES

OXPECIE 19:08 001 002 OXDECIE 17:13 / 1:55 #29K035 RATE 1 \$6.00 TOTAL \$6.00 CASH \$6.00

FOR MONTHLY PARKING FMONE 4201976 GET INCLUDED

| Ð | 03/07<br>RIAN A J HLUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | K   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · (780) <b>462-3456</b> |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| - |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | ## E # J / J / E / ## ADM/NIS 465-85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (780) 462-4444          |
| _ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | AUTH. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DRIVER UNIT NO.         |
| - | G.S.T.#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | ÎME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (DAY MO. YA.            |
| 1 | FROM<br>INTERESTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | , . |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9197229                 |
| ľ | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Pines Orte<br>mermulasa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FARE 224                |
| ŀ | s.17(1), 17(4)(g)(i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | disterCera)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INTIL                   |
| Ŀ | - Partie - P | i.  | VISA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GRATUITY                |
| ľ | CUSTOMER'S SIGNATURE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | ALCONOMIC CONTRACTOR OF THE PROPERTY OF THE PR | TOTAL 7                 |

| 03/97 K              |                                        | . •                    |
|----------------------|----------------------------------------|------------------------|
| BRIAN A J HLUS       | /Y/E/L/L/D/W/ GRE                      | (780) <b>462-3456</b>  |
|                      | ###################################### | (780) <b>462-444</b> 4 |
| •                    | AUTH, NO.                              | DRIVER UNIT NO.        |
| esu                  | TIME                                   | P^Y /2   Z             |
| FROM A. H            |                                        | 1267372                |
| telus B              |                                        | ARE 980                |
| PRINTNAME            | Master Cara                            | tt.                    |
| CUSTOMER'S SIGNATURE | SVISA: GR                              | ATUITY                 |
| X                    | Automotivene                           | OTAL 11 Car            |

Stop

# Jobeys

Sobeys Namac Center
A Radco Food Store
780.473.3442
GST# 887076636

## , Served by: SOHA

| LAV'S BAKED ORI<br>LAV'S BAKED ORI<br>TOSTITOS BKD TR<br>LAV'S BAKED ORI<br>PACE SALSA PCNT<br>1 @ 2/\$5<br>KR PHIL DIP HRB<br>1 @ 2/\$5<br>KR PHIL C/BIP R | GINAL<br>NGLS<br>GINAL<br>MED<br>.00<br>/GRL<br>.00<br>ANCH | à        | \$3.99 GE<br>\$3.99 GE<br>\$4.99 GE<br>\$3.99 DE<br>\$5.99 DE<br>\$2.50 DE | <u>)                                    </u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------|----------------------------------------------------------------------------|----------------------------------------------|
| 1 6 4/ 25                                                                                                                                                   |                                                             |          | About the second                                                           |                                              |
| PEPSI REGULAR 2                                                                                                                                             | LT                                                          |          | \$1.25 GD                                                                  |                                              |
| *RECYCLING FEE                                                                                                                                              |                                                             | D۲       | \$0.02 G                                                                   | i                                            |
| +BOTTLE DEPOSIT                                                                                                                                             |                                                             | DΡ       | \$0.20                                                                     |                                              |
| 1 0 4/\$5                                                                                                                                                   | .00                                                         |          |                                                                            |                                              |
| PEPSI DIET 2LT                                                                                                                                              |                                                             |          | \$1.25 GD                                                                  |                                              |
| +RECYCLING FEE                                                                                                                                              |                                                             | DΡ       | \$0.02 G                                                                   |                                              |
| +BOTTLE DEPOSIT                                                                                                                                             |                                                             | ĎΡ       | \$0.20                                                                     |                                              |
| 1 @ 4/\$5                                                                                                                                                   | กัก                                                         | ****     | * /##\$##                                                                  | > -                                          |
| PEPSI REGULAR 2                                                                                                                                             |                                                             |          | \$1.25 GD                                                                  |                                              |
| +RECYCLING FEE                                                                                                                                              | ÷.•                                                         | DP       | 150 251 12725                                                              |                                              |
|                                                                                                                                                             |                                                             | DP       | \$1577 PM 95 975 TV                                                        |                                              |
| +BOTTLE DEPOSIT                                                                                                                                             | 00                                                          | ٥r       | \$0.20                                                                     |                                              |
| 1 @ 4/ \$5.                                                                                                                                                 | เบบ                                                         |          | ساعد خامد شاهد                                                             | /                                            |
| SCHW_G/ALE 2LT                                                                                                                                              |                                                             | - AC     | \$1.25 GD                                                                  |                                              |
| +RECYCLING FEE                                                                                                                                              |                                                             | ΒP       | \$0.02 G                                                                   |                                              |
| +BOTTLE DEPOSIT                                                                                                                                             | ear early                                                   | DP       | \$0.20                                                                     |                                              |
| SUB1                                                                                                                                                        | TOTAL                                                       |          | \$33.83                                                                    |                                              |
| PST                                                                                                                                                         |                                                             |          | \$0.00                                                                     |                                              |
| GST                                                                                                                                                         |                                                             | -        | \$1.32                                                                     |                                              |
| TOTAL                                                                                                                                                       |                                                             | (\$3     | 5.15                                                                       | >                                            |
| Master Card                                                                                                                                                 | TENDER                                                      | <b>-</b> | \$35.15                                                                    |                                              |
| Cash                                                                                                                                                        | CHANGE                                                      |          | \$0.00                                                                     |                                              |
| Aries.                                                                                                                                                      |                                                             |          | *****                                                                      |                                              |

### NUMBER OF ITEMS

11

### **APPROVED**

Term Iran Store Oper 12/21/06 9 5428 3165 137 19:01:09

Thank you for shopping at Sobeys Ready to Serve

Date



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

|                       |                                        | ·<br>·                                                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                   |                                       |  |
|-----------------------|----------------------------------------|----------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|---------------------------------------|--|
| Name:                 | Brian Hlus                             |                                                          | Employee Number                        | 1)(g)(i), S.17(1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ), 17(4 (¶)(iii)on Na | ıme: Management/E                 | Exemp                                 |  |
| Position              | : Director                             |                                                          | ,                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | airs - Corporate Offic            | · · · · · · · · · · · · · · · · · · · |  |
| Busines               | s Phone: 4                             | 07-8543                                                  | Period From: Janu                      | uary 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | to January 31, 2      | 2007                              | · · · · · · · · · · · · · · · · · · · |  |
| Expenses<br>another o | Paid (plea<br>rganization              | se attach receipts). Do no<br>n. Complete details on the | t include amounts r                    | aid by Capi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                   | able by                               |  |
| Bal Unit<br>e.g. 201  | Location<br>e.g. 9000                  | Functional Centre<br>e.g. 71135050044                    | Account<br>e.g. 69500001               | Non-Cana<br>Currence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | Canadian \$<br>(including<br>GST) | ✓ if GST included                     |  |
| 201                   | 9000                                   | 71105000016                                              | burbonister                            | roany                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1200                  |                                   |                                       |  |
| 201                   | 9000                                   | 71110500051                                              | 69500                                  | 64.29 w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 41.95%                | 136.24                            |                                       |  |
|                       |                                        | FAX: 2532W                                               | 69600                                  | 30r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )                     |                                   |                                       |  |
|                       | ······································ |                                                          | RECEVE                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                   |                                       |  |
| <u> </u>              |                                        | 62410001 = 366 4                                         | 1 0000 0 2 2007                        | ज्यक्ष के हात्रक                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                   |                                       |  |
|                       |                                        | 69600 - 32.86 w                                          |                                        | N. T. T. T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                   |                                       |  |
| Less Cas              | sh Advance                             | FAX= ZS.32W                                              | ACCOUNTE<br>BAVARIE                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 0.00                              |                                       |  |
| Total                 |                                        | R<br>Section                                             |                                        | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM |                       | \$326.43                          |                                       |  |
| will be use           | ea to proces                           | nis form is collected under<br>ss your claim,            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***                   |                                   |                                       |  |
| l hereby o            | certify that<br>by me or on            | the expenses listed above<br>my behalf from Capital H    | were incurred on Cealth or other organ | apital Healt<br>ization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | th business and       | have not been prev                | /iously                               |  |
| Employe               | e Signature                            |                                                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date: January         | 31, 2007                          |                                       |  |
| Approved              | <b>i By:</b> Sheila                    | a Weatherill                                             | Title: President                       | & CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Phone # 407-800                   | )8                                    |  |
| (Signature)           |                                        | 11 1                                                     | /                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Date                              |                                       |  |
| Approved              |                                        | ax Anniel St                                             | / Title:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Phone #                           |                                       |  |

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

(Signature)

NOTE:

### **EXPENSE CLAIM DETAILS**

| Date                                  | Particular          | Accommodation \$ | Meal \$                               | Registration \$  | Transportation \$ | Other \$    | Mileage KM |
|---------------------------------------|---------------------|------------------|---------------------------------------|------------------|-------------------|-------------|------------|
| December 14                           | fax (January)       |                  |                                       |                  |                   | 25.32       |            |
| January 10                            | travel              |                  |                                       |                  | 24.00             |             |            |
| January 10                            | travel              |                  |                                       |                  | <b>/</b> 16.00    |             |            |
| January 11                            | travel              |                  |                                       |                  |                   |             | 20         |
| January 11                            | parking             |                  |                                       |                  | 2.00              |             |            |
| January 11                            | event (gov)         |                  |                                       |                  |                   | 30.00       |            |
| January 16                            | travel              |                  |                                       |                  |                   |             | 11         |
| January 19                            | travel              | -                |                                       |                  |                   |             | 10         |
| January 20                            | travel              |                  |                                       |                  |                   |             | 6          |
| January 22                            | hosting (CH staff)  |                  |                                       |                  |                   | 32.86       |            |
| January 23                            | travel (tickets)    |                  |                                       | -                | /22.50            |             |            |
| January 24                            | travel              |                  |                                       |                  | <b></b>           |             | 34         |
| January 29                            | apprec. token (gov) |                  |                                       |                  |                   | 41.95       |            |
| January 30                            | travel              |                  |                                       |                  |                   | . , , , , , | 76         |
| January 30                            | congrat. gift (gov) |                  |                                       |                  |                   | 64.29       |            |
|                                       |                     |                  |                                       |                  |                   | 5 0 1.20    |            |
|                                       |                     |                  |                                       |                  |                   |             |            |
|                                       |                     |                  |                                       |                  |                   |             |            |
| · · · · · · · · · · · · · · · · · · · |                     |                  |                                       |                  |                   |             |            |
|                                       |                     |                  |                                       |                  |                   |             |            |
|                                       |                     |                  | · · · · · · · · · · · · · · · · · · · |                  |                   |             |            |
|                                       |                     | -                |                                       |                  |                   |             |            |
|                                       |                     |                  |                                       |                  |                   |             |            |
|                                       |                     |                  |                                       |                  |                   |             |            |
|                                       |                     |                  |                                       |                  |                   |             | <u> </u>   |
|                                       |                     |                  |                                       |                  |                   |             |            |
|                                       |                     |                  |                                       |                  |                   |             |            |
|                                       | Total km            |                  |                                       |                  |                   |             | ·····      |
|                                       |                     | *(or alt         | ernate rate                           | as outlined in S | ection 2 – Travel | below) @    | \$0.43*    |
| TOTALS TO F                           | RONT OF FORM        |                  |                                       |                  | \$64.50           | \$194.42    | 67.51      |

### **EXPENSE LIMITS**

#### **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the department time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable

Meal expenses much 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 lunch/dinner meeting.

#### Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective Mach 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 250 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fare at \$20 per way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

#### Advance

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

## TELUS® Your TELUS Statement Dec 14, 2006

**TELUS Communications Company** 

Page 1 of 2

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

.57

B A J HLUS (780)

Your account number
Your TELUS Account ID

Here's what you owe this month: \$25.32

| Total amount due by Jan 04                         | \$25.32 |
|----------------------------------------------------|---------|
| Total new charges                                  | 25.32   |
| GST (Registration 812758878) at 6%                 | 1.41    |
| Additional Charges and Credits (see details below) | .57     |
| 1 Residence Line Touchtone from Dec 13 to Jan 12   | 23.34   |
| Amount overdue from your last bill                 | .00.    |
| Payment we processed on Nov 24 - Thank You         | -25.64  |
| Payment we processed on Nov 15 - Thank You         | -25.32  |
| Amount of your last bill                           | \$50.96 |
| <del>-</del>                                       |         |

Season's Greetings from TELUS.

**Additional Charges and Credits** E9-1-1 Municipal Call Answer Fee Dec 13

E9-1-1 Provincial Network Fee Dec 13 .13 \$.57 Total additional charges and credits

## **News from TELUS**

## Share your holiday photos and WIN

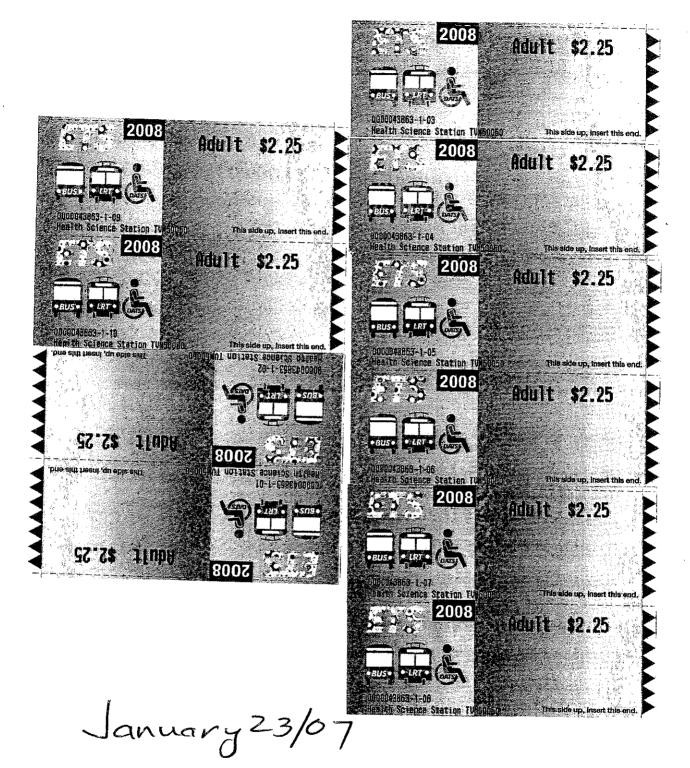
Create your online photo album for FREE so you can share your great holiday moments with your family and friends. You can store up to 2,000 photos and send virtual greeting cards. When you sign up between December 4 and 31 you can enter for a chance to win a one week vacation for two to Guadeloupe, plus other cool prizes. Visit telus.com/photos for more information and contest details.

Tear off here

WHITE

SEE BACK

|    | THI            | E KING                                             | ANDIF                                                                                                       | RESTAU                                 | RANTS I  | TD.      |            |                               |                                  |                                                |              |
|----|----------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|----------|----------|------------|-------------------------------|----------------------------------|------------------------------------------------|--------------|
| Ď  | ATE            | TABLE NO.                                          | SERVER                                                                                                      | PERSONS                                | CHECK    | NO.      |            | •                             |                                  |                                                |              |
|    |                | 45                                                 | LH                                                                                                          | 7                                      | ٤        |          |            |                               |                                  |                                                |              |
| 1  |                |                                                    |                                                                                                             | ì                                      | `.       |          |            |                               |                                  |                                                |              |
| 2  | C              | held                                               | X2                                                                                                          | \$2                                    | 7.00     |          |            |                               |                                  |                                                |              |
| 3  |                | U                                                  |                                                                                                             | 0 \                                    | ľ .      |          |            |                               |                                  |                                                |              |
| 4  |                |                                                    | · · · · · · · · · · · · · · · · · · ·                                                                       |                                        | r        | , Ås     |            |                               | Title trave                      |                                                |              |
| 5  |                |                                                    |                                                                                                             |                                        | W        |          |            |                               | THE KING AND<br>8208 1<br>EDMON  | ) I THAI C<br>07 STREET<br>TON, AB<br>433-2222 | UISINE       |
| 6  |                |                                                    |                                                                                                             |                                        |          |          |            | M 4                           |                                  |                                                |              |
| 7  |                |                                                    |                                                                                                             |                                        |          |          |            | Herchan<br>Herm ID<br>Shift # | t ID: 40410<br>: A4041040<br>: 1 | 40                                             |              |
| 8  | ļ. <del></del> |                                                    |                                                                                                             |                                        |          |          |            |                               | Pre                              | Auth                                           |              |
| 9  |                | - <u> </u>                                         |                                                                                                             |                                        |          |          |            | VISA                          | 116                              | паці                                           | Exp: 11/09   |
| 10 |                |                                                    | 10 - 20 e |                                        |          | s.17(1), | , 17(4)(e. |                               |                                  | - <b>-</b> .                                   |              |
| 11 |                |                                                    |                                                                                                             |                                        |          |          |            | Entry Ne                      | thod: Swipe                      |                                                |              |
| 12 |                |                                                    |                                                                                                             |                                        |          |          |            | Batch #:                      |                                  | Seq #:                                         | 121001001005 |
| 13 |                |                                                    |                                                                                                             | /                                      | _        | 1/       |            | Invoice#                      | 613377                           |                                                |              |
| 14 |                |                                                    |                                                                                                             | 1                                      | 7-7      | 561      |            | Amount:                       | \$                               |                                                | 32.86        |
| 15 |                |                                                    |                                                                                                             | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 504      | " /      |            | Tip:                          |                                  |                                                |              |
| 16 |                |                                                    |                                                                                                             |                                        |          |          |            | Total:                        |                                  | 3                                              | 6.86         |
| 17 |                |                                                    |                                                                                                             |                                        |          |          |            | _                             | 001 Appr                         | oved .                                         | 4.00         |
| 18 |                | ·                                                  |                                                                                                             |                                        |          |          |            |                               | Proval Code:                     | N/3638                                         |              |
| 19 |                |                                                    | ş-                                                                                                          |                                        | <b>`</b> |          |            | un SIPNUIA                    | RE REQUIRED                      |                                                |              |
|    | 1200           | 00D T                                              | TOTAL                                                                                                       | \$ 2                                   | 7-00     |          |            | 22/01/07                      |                                  |                                                | 12:58:57     |
|    | LIC            | UOR 1                                              | TOTAL                                                                                                       |                                        | 4.00     |          |            | i.                            | stone                            | · Cop                                          | у            |
|    |                | CONTRACTOR AND | TAX                                                                                                         |                                        | 1.86     |          |            |                               |                                  |                                                |              |
| 13 | 13.8           | PAY TH                                             | S TOTAL                                                                                                     | <u>&gt; 3</u>                          | 2.86     |          |            |                               |                                  |                                                |              |



|   | Thursday, January 11th, 2007 | 4-30 to 8:00 deb | licar<br>Q<br>9 |                           | \$30.00 Ad | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---|------------------------------|------------------|-----------------|---------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • | Thursday, J                  |                  |                 | Cash Bar                  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   | Derrick Club                 | 3500-119 Street  | Toast & Roast   | Hors D'ocuvres & Cash Bar | Na. 120    | The control of the state of the control of the cont |

**Jan Bader's Retirement** 

s.17(1), 17(4)(e.1) **HSIO** 09:43:00 M30517194-001-019-003-0 COOKIES BY CEDROE Q \$41 ECELPT NUMBER PURCHASE 9 RIE COOKIES BY GENRE EDMONTON CITY CENTRE MEDILIN GEORGE BOX 31 95 G-5.T. #R895637247 JFN2972007 HAVE A NICE HAVE A NICE DAY HOD1-CG00089 Served by NEL INSERY

Balloons, Bears and Bouquets Special Somethings for Special Someones 4316-118 Avenue Edmonton, Alberta T5W 1A6 (780) 479-1075 Toll Free 1-800-338-8470 Terminal ID: BABEBO-ZZ5CZF05

Transaction: 000006 30/01/2007 2:02 PM \$

|                  | 600 4 0 car 400 ch |   |
|------------------|--------------------|---|
| Greeting Card    | 2.75               | 1 |
| Specialty Basket | 40.00              | 1 |
| 2 @ \$8.95       |                    |   |
| Miscellaneous    | 17.90              | 1 |
| •                |                    |   |

4 Items GST \$3.64 Total \$64,29

Credit Card \$64.29 \$0.00 Change

Thank You for your Business! HAVE A WONDERFUL DAY EUSTONER, LUIENT 8 31F# 1152 \$64 s.17(1), 17(4)(e.1) 4315-118 AVE

ID: 84881824

SIGMFURE X

skû 132001001004 avir 692496 APPROVED

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ALTH# 090422

CARDHOLDER COPY



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee Númber (g)(i), S.17(1), 17(4 (g)(ii) Name: Management/Exemp |                      |  |  |  |
|--------------------------|----------------------------------------------------------------------|----------------------|--|--|--|
| Position: Director       | Department: Government A                                             |                      |  |  |  |
| Business Phone: 407-8543 | Period From: February 1, 2007                                        | to February 28, 2007 |  |  |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate     | Canadian \$<br>(including<br>GST) | ✓ if GST<br>included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|----------|-----------------------------------|----------------------|
| 201                  | 9000                  | 71105000016                           |                          |                          |          | \$51 <b>\$</b> .98                |                      |
| 201                  | 9000                  | 71110500051                           | 41090000                 |                          |          | 302.96                            | <b>&gt;</b>          |
|                      |                       | 62410 = 158.26 W                      |                          |                          |          |                                   |                      |
|                      |                       | 6241001 = 38.80 2.20                  | Gapital Health           | $D \setminus \Box$       |          |                                   |                      |
|                      |                       | A 1000 2011 Y 1'(3()                  | 1000                     | i fi                     |          | _                                 |                      |
|                      |                       | 4450 = 58.29 W                        | MAR ! E COL              |                          |          |                                   |                      |
|                      | h Advance             | 6102000 3 - 25 32 W                   | ACCOUNT                  |                          |          | 0.00                              |                      |
| Total                |                       | PAY                                   |                          |                          | \$820.94 |                                   |                      |

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

| I hereby certify that the expenses listed above were incurred on Capital claimed by me or on my behalf from Capital Health or other organization | Health business and have not been previously |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Employee Signature:                                                                                                                              | Date: March 5, 2007                          |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill |                                  |         |
|--------------------------------|----------------------------------|---------|
| (Print name)                   | int name) Title: President & CEO |         |
| (Signature)                    | -                                |         |
| Approved By:                   | Date                             |         |
| (Print name)                   | Title:                           | Phone # |
| (Signature)                    |                                  |         |
|                                |                                  | Date    |
| NOTE:                          |                                  |         |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **EXPENSE CLAIM DETAILS**

## Brian Hlus

Period from: February 1-28, 2007

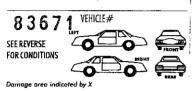
| Date                                  | Particular (Describe<br>Purpose of Trip & Location)                       | Accomm. \$      | Meals                                  | Course<br>Registration<br>& Materials | Transportation \$      | Other          | Mileage KM |
|---------------------------------------|---------------------------------------------------------------------------|-----------------|----------------------------------------|---------------------------------------|------------------------|----------------|------------|
| Dec 25                                | Cell phone memory card                                                    |                 |                                        |                                       | 11                     | 58.29          |            |
| Jan 14                                | Fax (February)                                                            |                 |                                        |                                       |                        | 25.32          |            |
| Feb 1                                 | LRT passes                                                                |                 |                                        |                                       | -                      | 21:00          |            |
| Feb 2                                 | travel (meeting Medical Officer)                                          |                 |                                        |                                       | []                     | 20.00          | 13         |
| Feb 3                                 | travel (Glenrose Chocolate Affair<br>Gala)                                |                 |                                        |                                       |                        |                | 24         |
| Feb 3                                 | parking (Glenrose Chocolate<br>Affair Gala)                               |                 |                                        |                                       | <b>25.00</b>           |                |            |
| Feb 5                                 | travel (meetings at Leg bldg and<br>Kingsway area)                        |                 |                                        |                                       |                        |                | 28         |
| Feb 6                                 | travel (meeting City of St. Albert)                                       |                 |                                        |                                       |                        |                | 51         |
| Feb 6                                 | hosting (city of St. Albert)                                              |                 |                                        |                                       |                        | 68.11          |            |
| Feb 7                                 | travel (meeting with Glenrose<br>Foundation Executive Director)           |                 |                                        |                                       |                        |                | 22         |
| Feb 9                                 | travel (meeting with provincial government)                               |                 |                                        |                                       |                        |                | 9          |
| Feb 9                                 | hosting (provincial government)                                           |                 | ······································ |                                       |                        | 50.26          |            |
| Feb 9                                 | office supplies                                                           |                 |                                        |                                       |                        | 302.96         |            |
| Feb 12                                | travel (meeting with Minister of Health & Wellness)                       | 1               |                                        |                                       |                        |                | 6          |
| Feb 12                                | parking (meeting with Minister of Health & Wellness)                      |                 |                                        |                                       | 3.50                   |                |            |
| Feb 13                                | travel (meeting with AD<br>Economic Development)                          |                 |                                        |                                       |                        | ,              | 6          |
| Feb 13                                | hosting AD Economic Development)                                          |                 |                                        |                                       |                        | 38.31          |            |
| Feb 15                                | travel (meeting at Leg bldg)                                              |                 |                                        |                                       |                        |                | 9          |
| Feb 16                                | travel (meetings at Plaza 24 with<br>ED for Government Public<br>Affairs) |                 |                                        |                                       |                        |                | 24         |
| eb 16                                 | hosting ED for Government<br>Public Affairs)                              | ***             |                                        |                                       |                        | 35.80          |            |
| Feb 23                                | hosting Chief of Staff Mayor's office                                     |                 |                                        |                                       |                        | <b>/</b> 42.63 |            |
| eb 26                                 | travel (meeting at Mayfield centre and downtown)                          |                 |                                        | ·                                     |                        |                | 17         |
| eb 26                                 | parking (meeting at Mayfield centre and downtown) No receipt              |                 |                                        |                                       | JUA 2.00               |                | V-         |
| eb 27                                 | travel (provincial government event)                                      |                 |                                        |                                       | P                      |                | 23         |
| eb 27                                 | parking (provincial government event.) No receipt                         |                 |                                        |                                       | AN 8.00                |                |            |
| eb 27                                 | travel (corporate and government meeting)                                 |                 |                                        |                                       | ✓ 13.00                |                |            |
| eb 28                                 | travel (corporate and government meeting)                                 |                 |                                        |                                       | 28.00                  |                |            |
| · · · · · · · · · · · · · · · · · · · |                                                                           | -               |                                        |                                       |                        | Total KM       | 232        |
| otals                                 | · · · · · · · · · · · · · · · · · · ·                                     | - <del></del> 1 | Rate a                                 |                                       | ction 2 - travel below |                |            |
| UIGIS                                 |                                                                           |                 |                                        |                                       | \$79.50                | \$649668       | \$99.76    |
|                                       |                                                                           |                 |                                        |                                       | V                      | 1              | /          |

TO ORDER YOUR VEHICLE



Please Dial 6918 (allow 15 minutes advance notice to have your vehicle waiting)

1eb 3/07



CITY OF EDMONTON
LIBEVARY PARKADE
GST # 119326270 RTCC01

Roots 5525 02/12/07 21:22' LW 2 AW 15 TWAW 17503 02/12/07 17:54 In 02/12/07 21:22 Out Tkt# 156651 Regular Rate \$ 3.30 Total Tax 0.20 3.50 Total Fee CASH PAID 3.50-3.9 Cash Tender 0.00 Charge Bus

THANK YOU COME AGAIN

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

## 24 STEFAN

| TBL 61/1<br>FEBS                     | CHK 1652<br>23'07 12:18 | GST 2                  |
|--------------------------------------|-------------------------|------------------------|
| 1 SPAGHETT<br>1 MACARONI<br>2 COFFEE |                         | 14.00<br>16.00<br>5.50 |
| Subtotal<br>G S T<br>Total Du        | •                       | 35.50<br>2.13<br>4.63  |

PLEASE PAY SERVER THANK - YOU



de o ed Hr. 495146 1500 N. 1986269 Evol vee Hr. 24

## Pre-Auth

別論 [100年 | 新明鏡[15]] 新歌歌歌歌歌

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

 $e_{i,1}, \dots N_{2}$ 

Aug. p. 1.

Total:

\$42.63

126265 PARKETT 126265

Track.

Custosen Copy CHRISTMAS SHEPPING FUR THAI SUMEONE SPECIAL IN CHET CARDS THE PERFECT GIFT

## 2.9/2007 9:45:16 AM

## Legislative Assembly of Alberta

10820 - 98 Ave Edmonton, Alberta T5K 2N5 Phone, 783-427-7362 65T#R 24072513

| 2/9/2007      | Receipt# | 41 856 |
|---------------|----------|--------|
| Assoc: cvogel | Cashler  | ovogel |
|               |          |        |

| ITEM#                    | QT/         | PRICE         | EXTRACE       |
|--------------------------|-------------|---------------|---------------|
| 276 (<br>100 Years of De | 4<br>meera  | 19.95         | 73.00         |
| 2926<br>Alberta's Center | 3           | 19 95         | 59 85         |
| 1252<br>Copper Mug. Co   | 2<br>at of∋ | 26.95         | 53 90         |
| 797<br>Napoleon Clock    | 1<br>Cost   | <b>90</b> .00 | <b>9</b> 0 00 |
| 523<br>Postcard 5x7      | 1           | 0.60          | 0.50          |
| 523<br>Postcard Sx7      | 1           | 0.60          | 0.60          |
| 523<br>Postcard Sx7      | 1           | 0.50          | 0 60          |
| 522<br>Postcards 4x8     | 1           | 0.23          | fi .          |
| 522<br>Postcards Axi     | 1           | . 0.23        | 0 <b>2</b> 3  |

|        | ğ | Unit(s) Subtotal: | 285 81 |
|--------|---|-------------------|--------|
|        |   | 5 000 % Tax       | 17.15  |
|        |   | RECEIPT TOTAL:    | 302.96 |
| Retail |   | Tend:             | 302.96 |
|        | • | Change:           | 0.00   |

CrCard: 302.96 MSA

Thank you for shopping at the Legislative Assembly

Returns within 30 days with original receipt.
All earning sales are final.

## **Best Copy Possible**

| ** ** * ******************************* | Wille             | LEATEL P             |         | RSEMI<br>MALL | 1. Y 01<br>63404                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11.9<br>17.034 | y   |  |
|-----------------------------------------|-------------------|----------------------|---------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|--|
|                                         | 10: 641<br>510/E: | 78643<br>4179643     |         |               | Pr TT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in a line      | ih) |  |
| !                                       | ALE               | /                    |         |               | 43;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ge.            |     |  |
|                                         | 5 GATU<br>Viin    | S. 17(1),            | 17(4)(e | .1)           | Capacitant | 2 <u> </u>     |     |  |
| ř                                       | IPPROVED          | 81981.881<br>89 2887 |         |               | 89<br>9242                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | -33 |  |

## **Best Copy Possible**

SOFFINING. 

TO MEN IN . A. CAST 1 500K 34,47 67074 STORES 17.30 PARKS LATERATE DETON. 57.65 55 7 J., 45. THIN ILE F.1 .11

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STORE (45286) TENN REASONS

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(318. S. 17(1),17(4)(e.1) SES /06/07 12:14

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LUX STEAKHOUSE & BAR 10150-101 STREET EDMONTON, AB

T5J 4G8 (780) 424-0400 GST# 815344742

Date: Feb09'07 12:40PM

Card Type: VISA

Acct #: 

Exp Date: 11/09 Auth Code: 091532 Check: 9771 Table: 98/1

Server:

141 DEANNE BRIAN HLUS

Subtotal: TIP

50,26

LUN DILMINUUL - BAR 10150-101 STREET EDMONTON, AB T5J 4G8 (780) 424-0400 GST# 815344742

## 141 DEANNE

|                                            | ** ··· · · · · · · · · · · · · · · · · |
|--------------------------------------------|----------------------------------------|
| Tb1 98/1 Chk 9                             | 771 Gst 2                              |
| Feb09'07                                   | 11:37AM                                |
| 1 VIRGIN CEASAR<br>1 CHIX SAND<br>DAY SOUP | 2.75<br>12.00                          |
| 1 PERRIER                                  | 3.00                                   |
| 1 CAMEMBERT                                | 11.00                                  |
| 1 PRAWN COCKTAIL                           | 13.00                                  |
| Food                                       | 41.75                                  |
| GST                                        | 2.51                                   |
| Amount Due                                 | <b>44.26</b>                           |

MARTOONIE THURSDAYS Get Shakin' & Stirred in our LUX LOUNGE

## Packrat Louie

TUE FEBRUARY 13,2007
CHECK #121504-1
TABLE #33

| ,91  |
|------|
| ,00  |
| .90  |
| .00. |
| .00  |
| .90  |
|      |

Monday, Monday...
Starting in February,
Packrat Louie Open for
Lunch and Dinner Every
Monday. Join Us!
Time: 13:01 2 CUSTOMERS

GST# RT0001810812149

PHUKNHI LUUTE KITCHEN & BAR NO 10335 83RD AVENUE UNIT 10

TIP

TOTAL AMOUNT

38.31

01 APPROVED - 027

AUTH. # 070471

THANK YOU

CARDHOLDER COPY

## Cafe School

Edmonton, A8 (780) 428 | 1629

| fab]                        | e 52       |           |      |
|-----------------------------|------------|-----------|------|
| Station 001                 |            | Check     | 5    |
| TERVER: DWAYNE              |            | Guests    | 1    |
| i i iday                    | 2/16/07    | 12:3      | 4 pm |
| T "m" mm t m" m m m m t 44. | 50         | LUZIETI : |      |
|                             | [Seat  ]   |           |      |
| t lunch one                 |            | 15.       | ÛÛ   |
| 1 LUNCH ONE                 |            | 15.4      | 00   |
| 01.7                        |            | On .      | 2222 |
| Sub T                       | <b>[</b> ] | 30.0      | JU   |
| Ťax .                       |            | 1.6       | 30   |
|                             |            |           |      |

SELECT ON 6TH 10018 106TH ST EDMONTON AE

| CARD NUMBER EXPIRY DATE CARD TYPE — DATE/TIME CLERK NUMBER RECEIPT NUMBER AUTHORIZATION AMOUNT | S. 17(1),17(4)(e.1)  1109  VICA 2007/02/16 12:37:55  009 \$80552214-687-002  \$31.80 |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| TIP                                                                                            |                                                                                      |
| TOTAL AMOUNT                                                                                   | 35.80                                                                                |
| 01 APPROVED 027                                                                                | AUTH. # 026408                                                                       |

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

THANK YOU

| CHARGE TO:                                                                                                  | ACCOUNT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s.17(1),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17(4)(e.1)                                                       | 79                  |          |                                |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------|----------|--------------------------------|
|                                                                                                             | t we makes yet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | gan reserv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | :                   |          |                                |
| 11/0                                                                                                        | ė                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tegge (780) <b>462</b> -                                         | 2456                |          |                                |
| MATAR AND REUS                                                                                              | mark marketer market                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [F][5][5][7][1][                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (780) 462-                                                       |                     |          |                                |
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| G.S.T.#                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DAY MO.                                                          | , ve 8              |          |                                |
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| 11435 - 84AVE                                                                                               | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dinest Cab<br>International                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Γ                                                                | 8 CUSTOMER          |          |                                |
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| CUSTOMER'S SIGNATURE                                                                                        | , or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Nerican<br>Distress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TOTAL / 3                                                        | 00                  |          |                                |
| THE ISSUER OF THE CARD ID:<br>PROPER PRESENTATION, I PR<br>SUBJECT TO AND IN ACCORD                         | ENTIFIED ON THIS ITEM IS<br>ROMISE TO PAY SUCH TO<br>DANCE WITH THE AGREEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AUTHORIZED TO PAY THE<br>TAL TOGETHER WITH A<br>TENT COVERING THE US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HE AMOUNT SHOWN AS TO<br>NY OTHER CHARGES DUE<br>IF OF SUCH CARD | TAL UPON<br>THEREON |          | -                              |
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| BRIAN A J HLUS                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b> S  T   E  E</b>   (786                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | o) 462-3456<br>o) 462-4444                                       | DE INCL             | ω<br>m   |                                |
| •                                                                                                           | ADMINISTR<br>AUTH, N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RATION (780) 465-8500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RIVER UNIT NO.                                                   |                     | 38985    | 000E4                          |
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| RINT NAME                                                                                                   | VISA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INT'L GRATUIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Y                                                                |                     |          | ON DASH                        |
| USTOMER'S SIGNATURE                                                                                         | 2007-315-201<br>(SCP-018-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | +                                                                | TOOO1               | ₿ w/     | ARNING - YOUR RISK<br>SEE BACK |
| THE ISSUE OF THE CARD IDENTIFIED ON PROPER PRESENTATION. I PROMISE TO P SUBJECT TO AND IN ACCORDANCE WITH 1 | THIS ITEM IS AUTHORIZED<br>PAY SUCH TOTAL TOGETHI<br>THE AGREEMENT COVERIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D TO PAY THE AMOUNT<br>ER WITH ANY OTHER C<br>NG THE USE OF SUCH C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SHOWN AS TOTAL UPON<br>HARGES DUE THEREON<br>ARD.                | ±                   |          |                                |
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256

WARNING - YOUR RISK SEE BACK

TELUS® Your TELUS Statement
Jan 14, 2007

**TELUS Communications Company** 

Page 1 of 2

Questions? For customer service of ill inquiries, please refer to page 2 for contact internation.

B A J HLUS (780)

Your account number
Your TELUS Account ID

Here's what you owe this month:
(\$25.32

| Total new charges  Total amount due by Feb 04      | 25.32<br><b>\$25.32</b> |
|----------------------------------------------------|-------------------------|
| GST (Registration 812758878) at 6%                 | 1.41                    |
| Additional Charges and Credits (see details below) | .57                     |
| 1 Residence Line Touchtone from Jan 13 to Feb 12   | 23.34                   |
| Amount overdue from your last bill                 | .00                     |
| Payment we processed on Jan 12 - Thank You         | -25.32                  |
| Amount of your last bill                           | \$25.32                 |

 Thank you for keeping your account up to date.

**Additional Charges and Credits** 

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

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V 150/



Health Science Station TUN50051

Health Science Station TVM50051 0000067046-1-02

| Order Number 47209596 (Global Contract ID: 76806122990070;      | 3), placed on 25-Dec-2006 11:18:36 PM,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Hus<br>s.17(1), 17(4)(g)(i)                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| inipment-invoiced (PC#: 20911300)                               | The state of the s |
|                                                                 | hin/ski) (he link bil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| INVESTMENT AND REPARENCE IN COMMENT                             | 80613 1 \$54.99 \$54.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                 | 80613 1 \$54.99 \$54.99 \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| s.17(1), 17(4)(g)(                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| hipment Method: Ground<br>hipment Date: 28-Dec-2006             | Order Subtotal:<br>\$7.96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| racking Numbers: 7231196504630809<br>tar Invoice Number: 900703 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 | Subtotal:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                 | GST:<br>Total:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| TURESHOP GST Number: 13566 4738 RT001                           | s.17(1); 17(4)(g)(i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| u have authorized payment for this order on your                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MasterCard: 5191xxxxxxxx3552                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| the event that a product is exchanged in store, the exchange    | receipt issued will be your new proof of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| rchase                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ak here to see our return policy.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee¹Númbĕr()(g)(i), S.17(1), 17(4)(g)(ii)on N: | ame: Management/Exemp   |
|--------------------------|-----------------------------------------------------|-------------------------|
| Position: Director       | Department: Government Aff                          | airs - Corporate Office |
| Business Phone: 407-8543 | Period From: March 1, 2007                          | to March 26, 2007       |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000                 | Functiona<br>e.g. 71135 |         | Account<br>e.g. 69500001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Non-Canadian<br>Currency | Rate     | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|---------------------------------------|-------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|-----------------------------------|-------------------|
| 201                  | 9000                                  | 71105000016             | 41090 = | 46.71 W FAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 25.32w                   |          | \$397.13                          |                   |
| 201                  | 9000                                  | 71110500051             | 41090   | 94.03w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6960U=                   | 62.35 6. | ისუ 168.18                        |                   |
|                      | · · · · · · · · · · · · · · · · · · · |                         | 69.500  | 74.156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 62410=                   | 256.75   |                                   |                   |
|                      |                                       |                         | : 98    | HALLOW TO THE PARTY OF THE PART |                          | -        |                                   |                   |
|                      |                                       |                         | E STATE | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |          |                                   |                   |
|                      |                                       |                         |         | AR 2 8 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |          |                                   | . 🛘               |
| Less Cas             | h Advance                             |                         |         | COLINTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |          | 0.00                              |                   |
| Total                | ٠.                                    |                         |         | PAYABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |          | \$565.31                          |                   |

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

| I hereby certify that the expenses listed above were incurred claimed by me or on my behalf from Capital Health or other o | on Capital Health business and have not been previously organization. |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Employee Signature:                                                                                                        | Date: March 26, 2007                                                  |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|--------------------------------------------|------------------------|------------------|
| (Signature) Hurat                          |                        | Date May 27/07   |
| Approved By: (Print name)                  | Title:                 | Phone #          |
| (Signature)                                |                        | Date             |

### NOTE

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **EXPENSE CLAIM DETAILS**

## Brian Hlus

Period from: March 1 to March 26, 2007

| Feb 22   Office supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date     | Particular (Describe<br>Purpose of Trip & Location) | Accomm.\$                              | Meals                                 | Course<br>Registration<br>& Materials | Transportation \$ | Other                                   | Mileage KM                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|-------------------|-----------------------------------------|---------------------------------------|
| March 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Feb 22   |                                                     |                                        |                                       |                                       |                   | 46.71                                   |                                       |
| March 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | March 2  | LRT passes                                          |                                        |                                       |                                       | 128.12            |                                         |                                       |
| March 6   Travel (provincial government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | March 4  | Fax                                                 |                                        |                                       |                                       |                   | 25.32                                   |                                       |
| March 6         Travel (provincial government meetings)         1/2           March 7         Travel (provincial government meetings)         22           March 8         Cell phone tools         74.15           March 9         Fort Saskatchewan)         13           March 12         Parking         6.50           March 13         Parking         10.00           March 13         Parking         10.00           March 14         Hosting (CPI staff)         27.32           March 14         Hosting (CPI staff)         7.55           March 16         Travel (constituency/provincial government meetings)         24           March 20         Hosting (CPI staff)         27.32           March 20         Hosting (CPI staff)         27.38           March 20         Hosting (CPI staff)         27.38           March 20         Hosting (CPI staff)         27.38           March 20         Office supplies         39.09           March 20         Microbia supplies         39.09           March 20         Travel (meetings)@         WinspearCloy           March 21         Parking (no receipt)         4.50           March 22         Parking (no receipt)         4.50           March 22 <td>March 6</td> <td>Hosting (provincial government)</td> <td>·</td> <td>···</td> <td>-</td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | March 6  | Hosting (provincial government)                     | ·                                      | ···                                   | -                                     |                   |                                         |                                       |
| March 8   Cell phone tools                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | March 6  | Travel (provincial government                       |                                        |                                       |                                       |                   |                                         | 14                                    |
| March   9   Travel (municipality meetings - Fort Saskatchewan)   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131   131     | March 7  |                                                     |                                        |                                       |                                       |                   | , w                                     | 23                                    |
| March 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | March 8  | Cell phone tools                                    |                                        |                                       |                                       |                   | 74 15                                   |                                       |
| March 12   Travel (provincial government meeting)   5   5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | March 9  | Travel (municipality meetings – Fort Saskatchewan)  |                                        |                                       |                                       | 710               |                                         | 131                                   |
| March 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | March 12 | Parking                                             |                                        |                                       |                                       | 6.50              |                                         |                                       |
| March 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | March 12 |                                                     |                                        |                                       |                                       |                   |                                         | 5                                     |
| March 13   Travel (provincial government meetings)   10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | March 13 | Parking                                             |                                        | <u></u>                               |                                       | / 10.00           | † — • • • • • • • • • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · |
| March 14 Hosting (CH staff)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | March 13 |                                                     |                                        |                                       |                                       |                   |                                         | 10                                    |
| March 14   Hosting (CH staff)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | March 14 | Hosting (CH staff)                                  |                                        |                                       |                                       | <del></del>       | 27.32                                   |                                       |
| Travel (constituency/provincial government meeting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | March 14 | Hosting (CH staff)                                  |                                        | ····                                  |                                       |                   | <b>———</b>                              |                                       |
| March 20 Office supplies 39.09 March 20 Office supplies 54.94 March 20 Office supplies 54.94 March 20 Travel (meetings @ Winspear/City) 2.00 March 21 Parking 7.200 March 22 Parking 7.300 March 22 Parking 7.300 March 22 Parking 7.300 March 23 Parking 7.300 March 24 Parking 7.300 March 25 Parking 7.300 March 26 Parking 7.300 March 27 Parking 7.300 March 28 Parking 7.300 March 29 Parking 7.300 March 20 Parking 7.300 March 20 Parking 7.300 March 21 Parking 7.300 March 22 Parking 7.300 March 20 Parking 7.300 March 21 Parking 7.300 March 22 Parking 7.300 March 21 Parking 7.300 March 22 Parking 7.300 March 23 Parking 7.300 March 24 Parking 7.300 March 25 Parking 7.300 March 26 Parking 7.300 March 27 Parking 7.300 March 28 Parking 7.300 March 29 Parking 7.300 March 20 Parking 7. | March 16 | Travel (constituency/provincial government meeting) |                                        |                                       |                                       |                   |                                         | 24                                    |
| March 20   Office supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | March 20 | Hosting (provincial government)                     |                                        |                                       |                                       |                   | 27.38                                   |                                       |
| March 20   Office supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | March 20 | Office supplies                                     |                                        |                                       |                                       |                   | <del>  /</del>                          |                                       |
| Travel (meetings @ Winspear/City)   34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | March 20 | Office supplies                                     |                                        |                                       |                                       |                   |                                         |                                       |
| Aarch 21   Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | March 20 |                                                     |                                        |                                       |                                       | 1                 | <u> </u>                                | 34                                    |
| Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | March 20 | Parking (no receipt)                                | ###################################### | , , , , , , , , , , , , , , , , , , , |                                       | 2.00              |                                         |                                       |
| Aarch 22 Parking  Author  Action 22 Parking  Author  A | March 21 | Parking                                             | <u></u>                                |                                       | ·····                                 | N                 | <u> </u>                                |                                       |
| Total KM 241  Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | March 22 | Parking                                             |                                        |                                       |                                       |                   |                                         |                                       |
| Total KM 241  Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                     |                                        |                                       |                                       | ·                 | •                                       | 1                                     |
| Total KM 241  Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                     |                                        |                                       |                                       |                   | NU JU                                   | east                                  |
| Total KM 241  Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                     |                                        |                                       |                                       |                   | Mite                                    | (U)                                   |
| Total KM 241  Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                     |                                        |                                       |                                       |                   | å                                       | 52 77                                 |
| Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                     |                                        |                                       |                                       |                   | •                                       | * ~                                   |
| Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                     |                                        |                                       |                                       |                   |                                         |                                       |
| Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                     |                                        |                                       |                                       |                   |                                         |                                       |
| Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                     |                                        |                                       |                                       |                   |                                         |                                       |
| Rate as outlined in Section 2 – travel below @ \$0.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                     |                                        |                                       |                                       |                   |                                         |                                       |
| tolo .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                     |                                        | Rata as                               | outlined in Sect                      |                   |                                         | 241                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vtale    |                                                     |                                        | nate as                               | oduned in Sect                        |                   |                                         |                                       |

- WESTEND -

16608 - 109 AVENUE EDMONTON, AB T5R 1C2 PH: 483-7325 • FAX: 484-4282



🗍 – SOUTHSIDE 🗕

9853 - 63 AVENUE EDMONTON, AB T6E 0G7 PH: 437-5533 • FAX: 437-5267

Page

Edmonton

A Div. of Royal Rubber Stamp Co. Ltd. 10633 - 109 STREET EDMONTON, ALBERTA T5H 3B5 PH: 422-6927 • FAX: 424-8126

- HEAD OFFICE -

10633 - 109 STREET, EDMONTON, ALBERTA T5H 3B5 PH: 426-4676 • FAX: 424-7941 • TOLL FREE: 1-800-272-8859

CAP015

CAPITAL HEALTH AUTHORITY

ATTH: ACCOUNTS PAYABLE

10TH FLOOR, 10030 - 107 ST.

EDMONTON AB T5J 3E4

H CAPITAL HEALTH, GOV'T AFFAIRS

P UNIVERSITY OF ALBERTA HOSPITAL

T 1J2 WMC, 8440 - 112 ST.

O PATRICIA FERNANDEZ 407-8543

CAPITAL HEALTH AU CAPO16

| Phone: (780) 735-0506<br>DATE BRANCH SHIP VIA OI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADER DATE        |        | ON. AB TO | STREET, STREET | INVOICE NO. | INV. DATE INV. NO. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| 02/22/07 184 P/W/R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | aww.             |        |           | 1/30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 00224821    |                    |
| SELDAS440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Ouant<br>Ordered | 1.0000 | UNIT      | UNIT PRICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AMOUNT      |                    |
| TRODAT DIE PLATE DATER 2 X 1-1/8" F PRICE INCLUDES DIE 'BRING FORWARD"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Shipped          | 1.0000 | EACH      | 46.71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 46.71       |                    |
| The state of the s |                  |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                    |



BRING FORWARD FEB 2 0 2007

PHONE WHEN READY \*\*\*\*\*\* CASH PICKUP \*\*\*\*\*

Subtotal: 46.71 NON-TAXABLE GST # 10464 6047 RT TAXABLE **GST** INVOICE TOTAL INVOICE 46.71 .00 .00 TOTAL .00 .00 46.71 46.71

Products on this Invoice remain the Property of Royal Rubber Stamp Co. Ltd. until paid in full.

**CUSTOMER COPY - PLEASE REMIT FROM THIS INVOICE** 

## Fernandez, Patricia

From:

COE Web Store [onlinestore@edmonton.ca]

Sent:

Friday, March 02, 2007 3:24 PM

To:

Hlus Brian

Subject:

Purchase Receipt

City of Edmonton Online Store Internet Purchase Receipt.

Order Date:

3/2/2007 2:24:12 PM

Order Number: Bank Auth Number: 023038

56035

Order Total:

128.12

Name on Card:

Brian Hlus

Email Address: brian.hlus@capitalhealth.ca

BILL TO:

Name:

Government Affairs

Address Line 1: 1J2 WMC 8440-112 St

Address Line 2:

City: Edmonton State/Province: AB Zip/Postal Code: T6G 2B7

Country: CA

Phone Number: 780-407-8543

Please keep this receipt for your records.

# TELUS® Your TELUS Statement Feb 14, 2007

**TELUS Communications Company** 

Page 1 of 2

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

B A J HLUS (780)

Your account number
Your TELUS Account ID

Here's what you owe this month: \$25.32

| 1 Residence Line Touchtone from Feb 13 to Mar 12 Additional Charges and Credits (see details below) GST (Registration 812758878) at 6% |
|----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                        |
| Total new charges                                                                                                                      |

 Thank you for keeping your account up to date.

.57

**Additional Charges and Credits** 

| E9-1-1 Municipal Call Anguar Face Programmer                                 |                              |
|------------------------------------------------------------------------------|------------------------------|
| E9-1-1 Municipal Call Answer Fee Feb 13 E9-1-1 Provincial Network Fee Feb 13 | **************************** |
|                                                                              | \$.44                        |
| Total additional charges and credits                                         | -13                          |
|                                                                              | \$.57                        |

CITY OF EDWENTON LIBRARY PARKADE GST # 119326270 RT0001

## Capital Health Authority Retail Food Service

## 391

| Hous be a<br>391<br>RÉPRINTE :<br>Area: Tremit Express | 03/06/2007<br>10:25 AM<br>120391 |
|--------------------------------------------------------|----------------------------------|
| Cafe Latte 1602<br>Starbucks 1602                      | 3.80<br>1.95                     |
| #Items 2 Sub Total<br>Tax                              | 5.75<br>0.35                     |
| Order Total                                            | 6.10                             |
| Cash                                                   | 6.10                             |

University of Alberta Hospital

Ropt# 9871 03/12/07 21:35 L# 2 A# 14 Txn# 31991 03/12/07 16:34 In 03/12/07 21:35 Out Tkt# 172559 Regular Rate 6.15Total Tax 0.37 Total Fee CASH PAID 6.50 6.50-Cash Tender 20.00 ° 13.50 Change Due THANK YOU COME ASSIN



Thank you for shopping on-line with Motorola Canada. We have received your order as summarized below. Within 24 hours we will send confirmation that your order is being processed.

Motorola Canada Online Order

Order number

118706

Method of Payment

Credit card payment

**Credit Card Type** 

Visa

Credit Card #

\*\*\*\* \*\*\*\* \*\*\* 17(1),17(4)(e.1)

**Expire Date** 

11/2009

Authorization #

16965-13-0

Order date

3/8/2007 10:30:41 AM

## Dealer Name:

## P.O. Number:

Bill to:

Mr. Brian Hlus

Capital Health- Government Affairs

1J2 WMC, 8440-112 St

Edmonton, AB

T6G 2B7

Canada

780-407-7462

## Ship to:

Mr. Brian Hlus

Capital Health- Government Affairs

1J2 WMC, 8440-112 St

Edmonton, AB

T6G 2B7

Canada

780-407-7462

Brian.Hlus@capitalhealth.ca

## Order Details: (Currency: CAD)

| Quantity Item Name                   |  | Unit Price           | Total<br>Price: |  |
|--------------------------------------|--|----------------------|-----------------|--|
| Motorola Phone Tools 4.0 (ref 22345) |  | \$59.95              | \$59.95         |  |
|                                      |  | Merchandise Subtotal | \$59.95         |  |
| Shipping method: Standard shipping   |  | Shipping             | \$10.00         |  |
|                                      |  | GST                  | \$4.20          |  |
|                                      |  | PST                  | \$0.00          |  |
|                                      |  | Grand Total          | \$74.15         |  |

### Print Close

A GOPYRIGHT 1994 - 2003 MOTOROLA, INC. ALL RIGHTS RESERVED



BACK TO

| D   | : : :       | T                |    |     |  |
|-----|-------------|------------------|----|-----|--|
| PTE | <u>viou</u> | ic P             | 21 | 70  |  |
|     | YIVU        | $\omega$ $\star$ | u  | . • |  |
|     |             | *****            |    |     |  |
|     |             |                  |    |     |  |

<u>Home</u>

## PRODUCT DETAILS

**Phones** 

Cordless Phones

Two Way Radios

Accessories

Shop

Support

Search FAOs

Rebates

Product Category Data Products

Product Name

Motorola Phone Tools 4.0

Product Code

22345

Stock Availability Available

Current Price

\$59.95

Description

Never lose your data if you lose you phone. Transfer and store your phon numbers on your computer. With a c synchronize your phone contacts, ca and tasks. Choose from Microsoft O Outlook Express, Lotus Notes or the built Motorola Phone Tools phone b and calendar client. Transfer and sto pictures taken with your cell phone of to your computer. You don't have to about filling up your phone memory Take as many pictures as you please

store them all on your computer. Personalize your phone by creating y own ringtones and adding personal pictures or videos to your phone. Mc Phone Tools requires a Windows 20 Windows XP based PC. Note: With CDMA handsets some or all multimand internet connection features in th software will be disabled due to the carrier's request. Please contact your

Compatible With

A840/E1/E815/K1/K1m/L2/] L7/PEBL/v186/V190/V220/V V262 / V265 / V3 / V360 / V361 / V V3i / V3m / V3T / v551 / v635 / v71

service provider for further informat







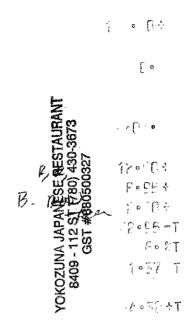




Click here to view enlarged image

## **Best Copy Possible**







| TTM HORTO<br>ELMONTON AB<br>GS1 867618336 | )NS  |
|-------------------------------------------|------|
| 4276                                      | OUT  |
| FIRECULA<br>2 UNIAM                       | 1.51 |
| 1 SM COFF                                 | 1.13 |
| 1 40 PACK TIMBETS                         | 4.75 |
| TXB1                                      | 2.64 |
| GST                                       | .16  |
| TXB3                                      | 2.64 |
| TOTL                                      | 7.55 |
| CASH                                      | 8.00 |
| CHNG                                      | .45  |

| IMPERIAL PARKING CANADA CORPORATION 10239 - 107th STREET EDMONTON, ALBERTIA 422-1976                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 815516       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| READ CONDITIONS CAREFULLY  • Vehicles not displaying Valid Ticket on dash will be towed or charged at owners expense.  • Vehicles and content of the service | OUT:         |
| risk • Maximum Daily Rate Charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and stocket fees unless attendance betting • We reserve the privilege of moving vehicles to other section of lot. • Ticket is pon-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AMOUNT:      |
| transferable. • No in and out privrileges.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SSDE         |
| UP ON D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 <b>9</b> 4 |

NOODLE NOODLE 10008 - 106 AVE T5HON7

EDMONTON

22212654

1111

03-20-2007 12:51:33

Acct # \*\*\*\*\*\*\*\*\* **s** s.17(1), 17(4)(e.1) Exp Date 11/09

Card Type VI Name:

Trace # 080028 FS2221265402

Inv. # 481 Auth # 040751

RRN 001008028

P. Auth Purchase Tip

Total

Customer copy

CAHADA PLACE PARKADE OFERATED BY INFERIAL PARKING FOR THE CITY OF EDMONTON

Rcpt# 51711 03/22/07 08:36 L# 1 A# 51 Txn#125975 03/22/07 07:20 In 03/22/07 08:36 Out Regular Rate \$ 4.25 Total Tax 0.25 Total Fee 4.50 CASH PAID 4.50-

5.50

Change Due 1.00 THANK YOU

Cash Tender

WE APPRECIATE YOUR BUSINESS CONE AGAIN

10 · \* Doodle

|        | 2 • 0 0                                            | 2 <b>70</b> | sodle .<br>ECIALISTS | For Excellence |
|--------|----------------------------------------------------|-------------|----------------------|----------------|
| 003    | 12 · 75                                            | 1           |                      | 099            |
|        | 23·00<br>1·38<br>24·38                             |             |                      |                |
| V      | /                                                  | *           |                      |                |
| . (    | Ht on                                              | *           |                      |                |
| \$5.00 |                                                    | -           |                      |                |
| \$4.25 | 4 (                                                |             |                      |                |
| \$4.50 |                                                    |             |                      |                |
| \$4.75 |                                                    |             |                      |                |
| \$4.95 |                                                    |             |                      |                |
| \$5.25 |                                                    |             |                      |                |
| \$5.50 |                                                    |             |                      |                |
| \$5.75 |                                                    |             |                      |                |
| \$5.95 |                                                    |             | N. S.                |                |
| \$6.25 | <del>-   .                                  </del> |             |                      |                |
|        |                                                    |             | MISC. TOTAL          |                |
| \$6.95 |                                                    |             | DIM SUM TOTAL        |                |
| \$7.50 |                                                    |             | SUB TOTAL            |                |
| \$7.95 | 4,                                                 |             | GST                  |                |
| \$8.25 | $\langle  '     $                                  |             | TOTAL                |                |

| 0.00                 | 百喜大酒家                                                                  | DATE AMOUNT  |
|----------------------|------------------------------------------------------------------------|--------------|
|                      | Noodle Noodle                                                          |              |
| Manage of the second | 10008 - 106 Ave., Edmonton, AB T5H 0N7<br>Reservations: (780) 422-6862 | N2 1/1/1/199 |
| B                    |                                                                        | N2 14499     |



BCOM COMPUTER CENTRE SOUTH

3136 Parsons Road

Edmonton Alberta T6N 1L6 Telephone No: (780)413-4488

Fax No : (780)413-4418 Web Site : www.bcom.ab.ca Applicant copy INVOICE

No.: 02070300694

Date: Order No.:

G.S.T. No.:

3/20/2007 02070300677

892718693RT

Sold To:

PARTICIA FERNANDEZ (02PF0020)

8440 112ST

EDMONTON Telephone: (780)407-8543 Ship to (if different address):

PARTICIA FERNANDEZ (02PF0020)

8440 112ST EDMONTON

Telephone: (780)407-8543

Attention: Cash

| PURCHAS                                               | E ORDER NO.             | F.O.                                                                                                                                                     | В.                                    | SHIPPI                                          | ED VIA     | S       | ALES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PERSO  | N I                | TERMS    |
|-------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------|----------|
|                                                       | Edmonton Warehouse BCOM |                                                                                                                                                          |                                       | SA01 / SA0                                      |            |         | COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                    |          |
| ITEM NO.                                              |                         | DESCR                                                                                                                                                    | IPTION                                |                                                 |            | ORD     | SHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | В/О    | UNIT PRICE         | AMOUNT   |
| MM1KI1MM0017<br>AC1GG1ACE001<br>Serial Numbe          | SUPER DUST              | JSB FLASH 2GB DTI/<br>TER 450G (AIR COMP                                                                                                                 |                                       |                                                 |            | 1       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0      | \$22.88<br>\$14.00 | ,        |
| All pr<br>No return wi<br>Replacement<br>NO REFUND OR | product war             |                                                                                                                                                          | CENTRE INC SO<br>ARSON ROAD<br>TON AB | UTH                                             | ice.       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                    |          |
|                                                       |                         | CARD NUMBER EXPIRY DATE CARD TYPE DATE/TIME RECEIPT NUMBER PURCHASE TOTAL AMOUNT  01 APPROVED 027 THANK YOU  CARDHOLDER WILL PAY TO CARD ISSUER ACCORDER | ' TOTAL AMOUNT                        | 9002<br>16:37:47<br>6-014<br><br>24141<br>SHOWN |            |         | And the second s |        |                    |          |
| NOTES: All ret                                        | urns or exch            | BRIA                                                                                                                                                     | IN HLUS                               |                                                 | charge, a  | and bas | sed (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Subtat | al al              | \$36.88  |
| on the lower of                                       | either curre            |                                                                                                                                                          |                                       |                                                 | ail produ  | icts m  | ust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Subtot | ar                 |          |
| lave manufactu<br>lays of purchas                     |                         |                                                                                                                                                          |                                       |                                                 | r exchange |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tax    |                    | \$2.21   |
| roducts are so                                        | old with a 9            |                                                                                                                                                          |                                       |                                                 | in mate    | erial a | nd 📙                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other  |                    | \$0.00   |
| orkmanship. <sup>3</sup><br>f RCOM until 1            |                         | verdue invoices bear                                                                                                                                     |                                       | Sir of Java                                     | nain the   | prope   | rty  -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total  |                    | \$39.09  |
| f payment may                                         | lead to the term        | nination of all warrar                                                                                                                                   | ity. *ALL CPU                         | & MEMO                                          | RIES AR    | E SO    | LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deposi | t                  | \$0.00   |
| VITH 7 DAYS                                           | FUNCTIONA               | L WARRANTY & A SUBJECT TO A \$2.                                                                                                                         | <i><b>ABSOLUTELY</b></i>              |                                                 |            |         | LL dash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | it Due             |          |
| Signature:                                            |                         | 5/2                                                                                                                                                      | Pa <b>273</b>                         | 37:                                             | a: \$39.09 |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                    | <u> </u> |



BCOM COMPUTER CENTRE SOUTH

3136 Parsons Road

Edmonton Alberta T6N 1L6 Telephone No: (780)413-4488

Fax No: (780)413-4418

Web Site: www.bcom.ab.ca

Applicant copy INVOICE

No.: 02070300693

Date:

3/20/2007

Order No.: G.S.T. No.:

02070300676 892718693RT

Sold To:

Ship to (if different address):

BRIAN HLUS (02BH0060)

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

BRIAN HLUS (02BH0060)

**EDMONTON AB** Telephone: (780)

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

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)**EDMONTON AB** 

Telephone: (780)

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

Attention: Cash

| PURCHASE ORDER NO.                                             |                            | F.O.B. SHIPPED                                                             |                                                                       |                                | ) VIA               | S              | ALES 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PERSO  | N T                | TERMS        |  |
|----------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|---------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------|--------------|--|
|                                                                | Edmonton Warehouse BCOM SA |                                                                            | SA01 /                                                                | SA01                           |                     | COD            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                    |              |  |
| ITEM NO.                                                       |                            | DESCRIP                                                                    | TION                                                                  |                                |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | UNIT PRICE         | AMOUNT       |  |
| SPICR1SP2006                                                   | CREATIVE L                 | SB FLASH 2GB DTI/26<br>ABS SBS260 PC SPEAR<br>**                           | ŒR                                                                    | ******                         | <del>,</del>        | 1              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0      | \$22.88<br>\$28.95 | \$22<br>\$28 |  |
| All produ<br>o return will<br>eplacement pro<br>o REFUND OR EX | duct warra                 | BCOM COMPUT 3136                                                           | ER CENTRE IN<br>PARSON ROAD<br>ONTON AB<br>S. 17(1),1<br>1109<br>VISA | 7(4)(e.1)                      |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                    |              |  |
| -                                                              |                            | DATE/TIME RECEIPT NUMBER PURCHASE TOTAL AMOUNT                             | 2007/03/2                                                             | 1648<br>0 16:32:37<br>-666-013 |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                    |              |  |
|                                                                |                            | 01 APPROVED 027 THANK YOU  CARDHOLDER WILL PA TO CARD ISSUER ACCORDERMENT. | y Total amoi!                                                         | NT SHOUN                       |                     | ٠              | a sometime and a some |        |                    |              |  |
| OTES: All returns the lower of eith                            |                            | BRIA                                                                       | N HLUS                                                                | ·                              | arge, ar            | nd bas         | sed S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ubtot  | al                 | \$51.83      |  |
| ve manufacturer<br>ys of purchase. *                           | authorized                 |                                                                            |                                                                       |                                | xchang              | e afte         | r 7   T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ax     |                    | \$3.11       |  |
| oducts are sold<br>rkmanship. *BC                              | with a 90                  |                                                                            | •                                                                     |                                | ise spec<br>n mater | rial a         | nd 🖸                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ther   |                    | \$0.00       |  |
| 3COM until fully                                               | paid. *Al                  | Vice device day, pages 4 / 1.                                              |                                                                       |                                | in the punction     | *Vails         | TO I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | otal   |                    | \$54.94      |  |
| TH 7 DAYS F                                                    | UNCTIONAL                  | ination of all warranty<br>L WARRANTY & AB                                 | <i>SOLUTELY 1</i>                                                     | & MEMOR<br>NO CASH I           | IES ARE<br>REFUNI   | E SOL<br>D *Al | $L_L \mid \mathbf{D}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eposit | t l                | \$0.00       |  |
| TURNED CHEQ                                                    | UHE ARE                    | SUBJECT TO A \$25                                                          | CHARGE.                                                               |                                | •                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | moun   | t Due              | so.00        |  |



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee Number (9)(i), S.17(1), 17(4 (1)) Won Name: Management/Exemp |  |  |  |  |
|--------------------------|-----------------------------------------------------------------------|--|--|--|--|
| Position: Director       | Department: Government Affairs - Corporate Office                     |  |  |  |  |
| Business Phone: 407-8543 | Period From: March 27, 2007 to March 30, 2007                         |  |  |  |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001              | Non-Canadian<br>Currency | Rate | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|---------------------------------------|--------------------------|------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           |                                       |                          |      | \$120.25                          |                   |
| 201                  | 9000                  | 71105000016                           | 62410000                              |                          |      | 10.75                             |                   |
|                      |                       |                                       |                                       |                          |      |                                   |                   |
| -                    |                       |                                       | , , , , , , , , , , , , , , , , , , , |                          |      |                                   |                   |
|                      |                       |                                       |                                       |                          |      |                                   |                   |
|                      |                       |                                       | and a second                          |                          |      |                                   |                   |
| Less Cas             | sh Advance            | APR U                                 | 5 2007                                |                          |      |                                   |                   |
| Total                |                       | ACCO<br>PAYA                          | unte                                  | `                        |      | \$131.00                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization. |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Employee Signature: Date: March 30, 2007                                                                                                                                                       |  |  |  |  |  |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title) President & CEO | Phone # 407-8008                      |
|---------------------------------------------|------------------------|---------------------------------------|
| (Signature)                                 | HOORT                  | Date Apra/07                          |
| Approved By: (Print name)                   | Title:                 | Phone #                               |
| (Signature)                                 |                        | Date                                  |
| MOTE:                                       |                        | · · · · · · · · · · · · · · · · · · · |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approvai.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **Recommended Coding**

- Local Travel Staff 62410000
- Staff Local Travel Taxi 62410001
- Staff Travel UNA 62410002
- Staff Provincial Travel 62412000 (all expenses)
- Staff Out of Province Travel 62414000 (all expenses)
- Catering 69600000
- Meals 62410000
- Mileage 62410000
- Course Registration & Materials 61030000

| Date   | Particulars (Describe<br>Purpose of Trip & Location)                    | Accomm. \$ | Weals       | Course<br>Registration<br>& Materials | Transportation \$  | Other    | Mileage km |
|--------|-------------------------------------------------------------------------|------------|-------------|---------------------------------------|--------------------|----------|------------|
| Mar 28 | Safeway - Fruit basket &<br>flowers for Patricia Fernandez<br>(surgery) |            |             |                                       |                    | \$120.25 |            |
| Mar 29 | Travel                                                                  |            |             |                                       |                    |          | 25         |
|        |                                                                         |            |             |                                       |                    | :        |            |
|        |                                                                         |            |             |                                       |                    |          |            |
|        |                                                                         |            |             |                                       |                    |          |            |
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|        |                                                                         |            | <del></del> |                                       |                    |          | 1          |
|        |                                                                         |            |             |                                       |                    |          |            |
|        |                                                                         |            | ·           |                                       |                    |          |            |
|        |                                                                         |            |             |                                       |                    |          |            |
|        |                                                                         |            |             |                                       |                    |          |            |
|        |                                                                         |            |             |                                       |                    |          |            |
|        |                                                                         | -          |             |                                       |                    |          |            |
|        |                                                                         |            |             |                                       |                    |          |            |
|        |                                                                         |            |             |                                       |                    |          |            |
|        |                                                                         |            |             |                                       |                    | Total km | 25         |
|        |                                                                         |            | Rat         | e as outlined i                       | n Section 2 – Trav |          | 0          |
| Totals |                                                                         |            |             |                                       |                    | 120.25   | \$10.75    |

## **EXPENSE LIMITS**

### 1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)

Lunch

\$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individual

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 lunch/dinner meeting.

### 2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the general rate of \$0.43 per km for the first 15,000 kilometers of
  approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
  otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
  - 1. Monthly travel in excess of 340 kilometers; or
  - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
  - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

## 3. Advance

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

## Receipt

### **CANADA SAFEWAY SPECIALTY**

1020 64th Avenue NE Floral - Deli - Bakery Order Desk Calgary AB T2E 7V8

> 1-888-391-9759 GST# R119347672

| Transaction | Type:         | Purchase    |
|-------------|---------------|-------------|
|             | , , , , , , , | r with cost |

Order ID:

150620

Card Type: Date/Time:

**VISA** 

Mar 28 2007 10:48AM

Sequence Number: 660807870015400810 M

Amount:

120.25

Card Number:

\$ 17(1),17(4)(e.1)

Approval Code:

055709

; 3

Response / ISO Code: 27/1

Message: APPROVED \* =

Customer ID:

FRAN ALGAR

Tip Information

Original Amount:

\$120.25

Tip Amount:

\$0.00

| Order Information |      |             |        |              |  |
|-------------------|------|-------------|--------|--------------|--|
| Qty               | Item | Description |        | Amount       |  |
|                   |      |             |        |              |  |
|                   |      |             | Total: | 120.25 \$CAD |  |

### Purchaser Information

Bill To:

Ship To:

tel:

fax: 780-407-6776

tel: fax:

**Special Instructions** 

E-Mail Address:

**Refund Policy** 

delivered to day



## Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employed Number (g)(i), S.17(1), 17(4)                     |  |  |  |
|--------------------------|------------------------------------------------------------|--|--|--|
| Position: Director       | Department: Government Affairs - Corporate Office          |  |  |  |
| Business Phone: 407-8543 | <b>Period From:</b> April 1, 2007 <b>to</b> April 30, 2007 |  |  |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 |          | ional Centre<br>1135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|----------|----------------------------|--------------------------|--------------------------|------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000 | 0016                       |                          |                          |      | \$308.55                          |                   |
| 62410                | 68.55 L               |          |                            |                          |                          |      |                                   |                   |
| 69500                | 53.00 -               | ,        | Capital Health             | Authority                |                          |      |                                   |                   |
| 61020013             | SO.78                 | ں ا      | Capital Leans              |                          |                          |      |                                   |                   |
| 69600                | 123.72                | 12.50    | MW 0                       | 4 2007                   |                          |      |                                   |                   |
|                      |                       |          | ACCA                       | CTNU                     |                          |      |                                   |                   |
| Less Ca              | sh Advance            | ;        | PAY                        | AGLE.                    |                          |      | 0.00                              |                   |
| Total                |                       |          |                            |                          |                          |      | \$308.55                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Ca<br>claimed by me or on my behalf from Capital Health or other organiz | pital Health business and have not been previously zation. |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Employee Signature:                                                                                                                       | Date: //acs 2/07                                           |
| thereby equify that I have no down the                                                                                                    |                                                            |

ereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| (Print name) Shorta Weather 11 Title: President a CEO | Phone # |
|-------------------------------------------------------|---------|
| (Signature)                                           | Date    |
| Approved By: Title:                                   | Phone # |
| (Signature)                                           | Date    |
| NOTE:                                                 |         |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
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- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **EXPENSE CLAIM DETAILS**

Brian Hlus

Period from: April 1 – 30, 2007

| Date     | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$      | Meals        | Course<br>Registration<br>& Materials | Transportation<br>\$                   | Other        | Mileage<br>KM   |
|----------|--------------------------------------------------------|-----------------|--------------|---------------------------------------|----------------------------------------|--------------|-----------------|
| April 13 | travel (meeting - federal government)                  |                 |              |                                       |                                        |              | 7               |
| April 24 | travel (meeting – provincial government)               |                 |              |                                       |                                        |              | . 7             |
| April 25 | travel (meeting – provincial government and CH events  |                 | Martha e ton |                                       |                                        |              | 24              |
| April 25 | parking (no receipt)                                   |                 |              |                                       | 4.00                                   |              |                 |
| April 26 | travel (meeting – community)                           |                 |              |                                       | ************************************** |              | . 7             |
| April 27 | travel (CH events)                                     |                 |              |                                       | , , , , , , , , , , , , , , , , , , ,  |              | 40              |
| April 10 | parking (community)                                    |                 |              |                                       | 19.00                                  |              |                 |
| April 13 | hosting (federal government)                           |                 | <u></u>      |                                       | /                                      | 30.72        |                 |
| April 16 | hosting (CH member)                                    |                 |              |                                       | ب                                      | 25.53        |                 |
| April 16 | hosting (CH member)                                    |                 |              |                                       |                                        | 3.20         |                 |
| April 17 | parking (CH event)                                     | -               |              |                                       | 9.00                                   |              | <del></del>     |
| April 25 | hosting (community)                                    |                 |              | :                                     | ,                                      | 15.01        | · <u>·</u> ···· |
| April 25 | hosting (provincial government)                        |                 |              |                                       |                                        | 28.97        |                 |
| April 26 | hosting (community)                                    |                 |              |                                       |                                        | <b>24.73</b> |                 |
| April 30 | hosting (community)                                    |                 |              |                                       | <u> </u>                               | 8.06         |                 |
| April 28 | Token (CH staff)                                       | •               |              |                                       | ~                                      | 53.00        |                 |
| April 30 | Fax (March/April)                                      |                 |              |                                       | /                                      | 50.78        |                 |
|          |                                                        |                 |              |                                       |                                        |              |                 |
|          |                                                        |                 |              |                                       |                                        |              |                 |
|          |                                                        |                 |              |                                       | 'n                                     | otal KM      | 85              |
| Totals   | Rate as outli                                          | ined in Section | 2 – travel   | below @ \$0.43                        | 20.00                                  |              |                 |
|          |                                                        | ·               |              |                                       | 32.00                                  | 240.00       | 36.55           |

## **Best Copy Possible**

CITY OF EDMONTON LIBRARY PARKADE GST # 119326270 RT0001

RCPt# 15241 04/17/07 10:04 L# 2 A# 36 Txn# 48688 04/17/07 07:16 In 04/17/07 10:04 Out Tkt# 191675 Regular Rate \$ 8.49 Total Tax \$ 0.51 Total Fee 9.00 CASH PAID 9.00-\* Cash Tender \$ 10.00 1.00 Change Due

THANK YOU COME AGAIN

ATTROTT OF ALARYA HERMAN IN A ST. THAN YOU TOO MAKING

## RESTAURANT

| 04/13/2007<br>000000#047 | 2-120и             |
|--------------------------|--------------------|
| 000000#0471              | CLERKO1            |
| DIMSUM                   | -                  |
| DIMSUM                   | 14\$3.50           |
| SM TEA                   | 3 @ \$0.80         |
| DIMSUM                   | 14\$2.4n           |
| OP FOOD                  | 14\$4.95           |
| MDSE ST<br>GST           | \$10.88<br>\$25.68 |
| ***                      | \$1.54             |
| ITEMS 70                 |                    |
| CASH SE                  | 27. 20             |

## DYNASTY RESTAURANT 10316 76 AVENUE EDMONTON AB

| CARD NUMBER CARD TYPE DATE/TIME RECEIPT NUMBER AUTHORIZATION AMOUNT | S. 17(1),17(4)(e.1) ************** MASTERCARD 0020 2007/04/13 14:05:25 S805/2053-144-062 \$27.22 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| TOTAL AMOUNT                                                        | 30,72                                                                                            |
| 01 APPROVED 027<br>THANK YOU                                        | AUTH. # 160526                                                                                   |

CARDHOLDER COPY

## **Best Copy Possible**

( · ·

YOKOZUNA JAPANESE REST 8409 112 ST S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii) STORE: 4008567 SLIP #: 7665 PRE-AUTH \$22.55 POURBOIRE/TIP \$ SIGNATURE X\_\_\_\_\_ VISA S. 17(1),17(4)(e.1) 

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| A JAPANE:<br>112 ST (78<br>3ST #8805 | 1•2F T                |
| YOKOZUN<br>8409 -                    | (1900)                |

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| * * * * * * * * * * * * * * * * * * * |                              |  |  |  |
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| 1.46                                  | 3.02                         |  |  |  |
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| 1,14                                  | 3.20                         |  |  |  |
| CASH                                  | 10.00                        |  |  |  |
| CHNC                                  | 6.30                         |  |  |  |

Shirl ? 7847 12:44 #02 APR.16'07 REGUCO3

EDMONTON DOWNTOWN, AB. OOTO Table 46 Waity 2 KLIPA A SVILK: 6 7:0 04/5/07 2 COHILE 4 36 1 DALMA  $i_{i_1}\{i_1^\ell\}$ ( MIL Date a . 1994 Sale leter rd in (E.3) 4.85 04/25 07:30 1 COLAL - 155 . (1) HAME CHI MINA WELL

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DENNY TO GET NI LINVE COLLEGE

\$ 17(1),17(4)(e.1) CARD CARD TYPE VISA DATE 2007/04/25 TIME 1243 00:09:36 CLERELID RECEIPT NUMBER \$30698924 001-276-008-A PRE-AUTHORIZATION AMOUNT \$15.01 TIP TOTHL-CAD

DENNY'S #3-76

10803-104 AVE NU EDMONTON

AUTH# 081167 THANK YOU....

01-022

Community

DOAN'S VIETNAMESE RESTAURANT 7909 104 STR EDMONTON AB

| CARD NUMBER                      |          |
|----------------------------------|----------|
|                                  | ****     |
| CARD TYPE<br>DATE/TIME           | VISA     |
|                                  | 2007/04  |
| RECEIPT NUMBER PRE-AUTHORIZATION | \$780016 |
| AMOUNT                           |          |

\$21,73

ŢĮp

TOTAL AMOUNT

3.00

24.7

01 APPROVED - 027 THANK YOU

AUTH. # 000083

CARDHOL: }

10197 - 124 STREET EIMONTON 48

Capital Health Authority Retail Food Service

232

04/30/2007

9:49 AM

130232

7.60

7.60

0.46

8.06

20.00

Host: South

Area: Trendz Express

Cafe Latte 160z (2 @3.80)

Tax

Cash

Sub lotal

232

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

EXPIRY DATE 1109

CARD TYPE VISA 6590

DATE/TIME 2007/04/25 12:56:29

CLERK NUMBER 67

RECEIPT NUMBER 580569503-249-002

AMOUNT \$25,97

3.00

TOTAL AMOUNT

28:97

01 APPROVED 02? THANK YOU

AUTH. # 088824

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

Cafe de Ville 10137 - 124 Street (780) 488-9188 Edmonton, Ab T5N 1P5 R138889381 cafedeville.com

17 ALAN A

TbT 14/1 Chk 488 Apr25'07 11:56AM

1 THAI FULL 10.00 1 ANTIBE 10.00 2 COFFEE @ 2.25 4.50 Subtotal 24.50 GST 24.50

1.47 Amount Due 25.97

PLEASE PAY SERVER RESERVATIONS RECOMMENDED DUAN: S
FRESTAURANT & LOUNGE
7909 - 104 STREET
CALL FOR RESERVATIONS

CALL FOR RESERVATION: TEL. (403) 434-4448 G.S.T. # RT127830149

04/26/07 1:33PM 01A 0000000#1151

FOOD 11\$9.25 FOOD 11\$9.25 FOOD 11\$2.00 MOSE ST \$20.50 G.S.T. \$1.23

XXXTOTAL \$21.73 VISA \$24.73 CHANGE \$3.00

## AUTOMATIC COVER SHEET

DATE

APR-04-2007 03:13 AM

Ballo FAX # Bears & 4356991 Hets Ltd

Sales Receipt

Date Sale No. 28/04/2007 57/5

4316-118 Ave

Edmonton, AB, T5W IA6 Phone 479-1075

Sold To:

Brian Hus

Fdx 475-6991

| •                                                                                                                                      |     | Cheque No. | Payment Method           |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|------------|--------------------------|
| Description                                                                                                                            | T   |            | VISA                     |
|                                                                                                                                        | Qty | Rate       | Amount                   |
| Floral Arrangement for Professional Assistants Week Delivery to Patti Fernandez on April 26, 2007  otal GST Business Number: R89826800 |     | 00,0h      | 10,00T<br>10,00T<br>3,00 |
| Visit us @  Www.balloons-bears-bouquets.com  nk-you for your business!                                                                 |     | Total      |                          |

## **★TELUS®** Your TELUS statement **TELUS Communications Company** Apr 13, 2007 For Customer Service please call 310-2255 Page From outside the province call Toll-free 1-888-811-2323 1 of 3 BAJHLUS Your account number Total amount you owe.....\$50.64 Your T企US Account ID Summary of your account s.17(1), 77(4)(g)(i)Previous charges and credits Amount of your last bill · Notice - Overdue is Payment processed Apr 09 - Thank You payable now. If payment \$50.78 has been made, thank Balance forward -25.46 25.32 New charges Monthly services GST (Registration 812758878) 23.91 Total new charges 1.41 Total amount due by May 05, 2007

\$50.64

# TELUS® Your TELUS Statement Mar 14, 2007

Questions? For customer service of ill inquiries, please refer to page 2 for contact intermation.

**BAJHLUS** 

(780)

Your account number Your TELUS Account ID **TELUS Communications Company** 

Page 1 of 2



Here's what you owe this month: \$50.78

| Amount overdue from your last bill                                                                                                     | \$25,32<br>25,32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul> <li>Notice - Overdue is<br/>payable now. If payme</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1 Residence Line Touchtone from Mar 13 to Apr 12 Additional Charges and Credits (see details below) GST (Registration 812758878) at 6% | 23.34<br>.72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | has been made, thank<br>you.                                      |
| Total new charges                                                                                                                      | 1.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
| Total amount due by Apr 04                                                                                                             | 25.46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |
|                                                                                                                                        | \$50.78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| Additional Charges and Credits                                                                                                         | 7.5-6-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                 |
| Quality of Service Rebate Feb 28                                                                                                       | 25-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12                                                                |
| E9-1-1 Municipal Call Answer Fee Mar 13                                                                                                | Lander and the control of the contro | \$16                                                              |
| ate payment charge on overdue amount of \$35.40                                                                                        | nne napan sahah ay 15 dalah dagah kepang saha s<br>Tigi<br>Langan ang panggan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13                                                                |
| =9-1-1 Provincial Network Fee Mar 13  ate payment charge on overdue amount of \$25.16  otal additional charges and credits             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Parigornas<br>Parigornas Istor<br>Parigornas Agricas<br>Si        |

## **News from TELUS**

## Reconnection charges

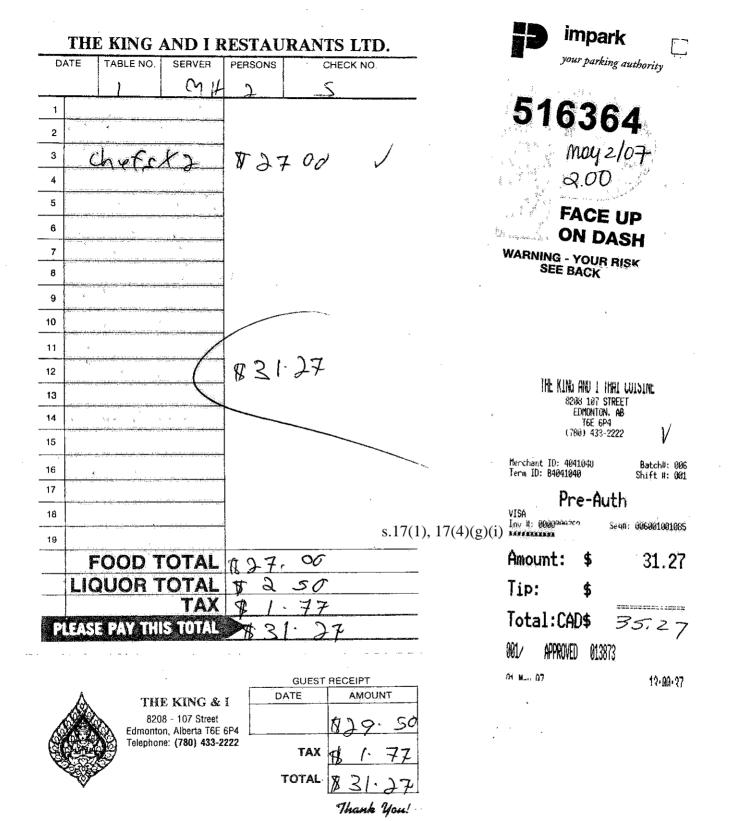
In the event it becomes necessary to suspend service, payment of the full amount due plus a reconnection charge may be required before service is restored. Once service is suspended, five working days are allowed to pay the account before service is terminated. Regular connections charges apply for the re-establishment of a terminated

## Capital Health EDMONTON AREA

# Travel & Employee Expense Claim Form

|                              | BRIAN HLU                      | JS                                                                                                     | Employee Mum      | <b>54.4</b> )(g)(i), S.17(1), 17(4 | 1)(g)(ii)   |                                   |                 |  |
|------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|-------------|-----------------------------------|-----------------|--|
|                              | n: Director                    |                                                                                                        | I                 | Denortment C                       | Union Na    | me: Management                    | Exemp           |  |
| Business Phone: 407-8543     |                                | Period From: May 1, 2007 to May 24, 2007                                                               |                   |                                    | ce          |                                   |                 |  |
| xpense                       | s Paid (plea                   | se attach receipts). Do no                                                                             | t include amounts | paid by Capital Ha                 |             | to May 31, 2007                   |                 |  |
| Bal Unit<br>e.g. 201         | 204 Location Functional Centro |                                                                                                        | Account           |                                    |             |                                   |                 |  |
| 201                          | 9000                           | e.g. 71135050044<br>71105000016                                                                        | e.g. 69500001     | Currency                           | Rate        | Canadian \$<br>(including<br>GST) | ✓ if GS include |  |
|                              |                                | 69600= 84.26 52                                                                                        | A.                |                                    |             | \$465.92                          | Ε               |  |
|                              |                                | 62410=195.54 81                                                                                        | -00<br>80         |                                    |             |                                   |                 |  |
|                              |                                | 61020003 = 25.32 w                                                                                     | Capital           | Health                             |             |                                   |                 |  |
|                              |                                |                                                                                                        | RECE              | IVED                               |             |                                   |                 |  |
|                              |                                |                                                                                                        | O NUL             | 2007                               |             |                                   |                 |  |
| ess Cash Advance             |                                | ACCOI<br>PAYA                                                                                          | UNTS<br>BLE       |                                    | 0.00        |                                   |                 |  |
|                              |                                |                                                                                                        |                   |                                    |             | 7407 6-                           |                 |  |
| ereby ca                     | ertify that th                 | s form is collected under s<br>your claim.<br>he expenses listed above w<br>ny behalf from Capital Hea |                   |                                    |             |                                   |                 |  |
| ployee                       | Signature:                     | Me                                                                                                     |                   | Date: 1                            | Any 24, 200 |                                   |                 |  |
| eby cert                     | tify that! ha                  | ve reviewed the expenses                                                                               | and rate at which | mileage is heing at                | May 31, 200 | /                                 |                 |  |
| t name)                      | 7V' / 1                        |                                                                                                        |                   | lont & CE                          |             |                                   |                 |  |
| proved By: int name)  Title: |                                |                                                                                                        |                   |                                    |             | Phone #                           |                 |  |
|                              |                                |                                                                                                        | Title:            | <del></del>                        |             | <del></del>                       |                 |  |
|                              |                                | <u> </u>                                                                                               | <del></del>       |                                    | į Pr        | one #                             |                 |  |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP



| CHARGE TO: ACCOUNT NO.                                                                       | - The state of t   |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S. 17(1),17(4)(e.1)                                                                          | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01/09                                                                                        | [TELLION (780) 462-3456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| N A J WLUS                                                                                   | FAEST//SE (780) 462-4444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| No the                                                                                       | ADMINISTRATION (780) 465-8500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| G.S.T.# 37297773                                                                             | TIME 9 40 07 05 08 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FROM                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TH THEG                                                                                      | 2465489 PAR DE COMPANY OF THE PROPERTY OF THE  |
| 10 FEC -> 1/04                                                                               | FARE 2/10 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PHINT NAME                                                                                   | CHICAGO TO THE TOTAL TOT |
|                                                                                              | NTE NTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CUSTOMER'S SIGNATIONE                                                                        | GRATUITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                              | TOTAL 54 CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PROPER PRESENTATION. I PROMISE TO PAY SUCH TOT SUBJECT TO AND IN ACCORDANCE WITH THE AGREEME | NUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON<br>AL TOGETHER WITH ANY OTHER CHARGES DUE THEREON<br>INT COVERING THE USE OF SUCH CARD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                              | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                              | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| V                                                                                            | $\nu$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| KYOTO JAPANESE CUISENE                                                                       | Kyoto Japanese Cuisine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8701 109 STREET T6E2L5                                                                       | 8711-109 Street Edma on Alberta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PRIAITAL S-                                                                                  | (780)4146055                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| EDMUNTUN AB 22124024                                                                         | . 30 10 11 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Name: HLUS BRIAN                                                                             | Trans#: 15332 Serv: MEGUMI<br>5/14/2007 12:58:05 PM # Cust:2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Acct # **********************************                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                              | Quan Descript Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Date 07/05/14 Time 12 59 16                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Exp Date 0911 Auth # 078993                                                                  | 2 Japanese Tea \$2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Card Type VI Tran Code 01                                                                    | 1 Sushi & Maki Boat \$31.95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| N22124024001 001875008                                                                       | Net Total: \$33.95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Op 1D: 002                                                                                   | GST \$2.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Cβ 101 002                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Invoice No.: 28645                                                                           | TOTAL: \$35.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 20070                                                                                        | Food: \$31.95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Subtotal \$35,99                                                                             | Beverage: \$2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Tip                                                                                          | CST No. 902127202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Retain this copy for your rec.

# GREAT FOOD GREAT PEOPLE

GREAT FOOD GREAT PEOPLE

| te. |  |  |
|-----|--|--|
|     |  |  |
|     |  |  |
|     |  |  |

15May'07 01:04PM

Card Type: Visa

Acct #:

Exp Date:

11/09

Auth Code: 020204

Check:

1938

Table:

333/1

Server:

162 MIRANDA

Ref Number: 001179255841

BRIAN HLUS

Subtotal:

27.30

Tip:

Total:\_\_\_

I agree to pay above total according to my card issuer agreement.

\*\*\*\*\*\*\*\*\*Customer Copy\*\*\*\*\*\*\*\*

162 MIRANDA

| Tb1 333/1 Chk 19<br>15May'07 |       |
|------------------------------|-------|
| 1 WATER                      | 0.00° |
| 1 POP                        | 2.50  |
| 1 QUESADILLA                 | 11.25 |
| 1 THAI SALAD                 | 12.00 |
| Subtotal                     | 25.75 |
| GST Tax                      | 1.55  |
| 12:58 Total                  | 27.30 |

PLEASE PAY YOUR SERVER

earls

GST #138048285

www.earls.ca

| Canadian College of Health Service Executives Collège canadien des directeurs de services de santé  Northern Alberta Chapter Power Breakfast Program  Date: May 15, 2007  May 2007 Breakfast |              |              |              |                                             |              |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|---------------------------------------------|--------------|--------------------------------------------------|
| Received                                                                                                                                                                                     |              |              |              |                                             | · N          | Member □<br>Ion Member⊠<br>tudent □              |
| Session<br>1                                                                                                                                                                                 | Session<br>2 | Session<br>3 | Session<br>4 | Session<br>5                                | Session<br>6 |                                                  |
|                                                                                                                                                                                              |              |              |              | To Jimit 10                                 | X            |                                                  |
| Total Paid                                                                                                                                                                                   | \$30.00      | Pd by        | YSa          | Individual Sessi Students:  All 6 Sessions: | ons:         | M=\$20<br>NM=\$30<br>M=\$10<br>NM=\$15<br>M=\$85 |

ACCOUNT NO

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

| sich A. J. Mens                                                       | TELLING (780) 462-3456  FINESTICE (780) 462-4444  ADMINISTRATION (780) 465-8500 |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| GST4 67297723                                                         | AUTH. NO. PORIVER UNIT NO. 17 TIME 925 PAY 16 05 87                             |
| HOM UAH TLEG WAR                                                      | 2465481                                                                         |
| - UAH                                                                 | FARE 43 20                                                                      |
| PRINT NAME                                                            | INT'L GRATUITY                                                                  |
| CUSTOMER'S GANATORE  X  THE ISSUER OF THE CARD IDENTIFIED ON THIS TEM | IS AUTHORIZED TO PAY THE AMOUNT SHOWN ASTOTAL UPON                              |

# earls GREAT FOOD GREAT PEOPLE

## 62 DAMIEN H

|              | CAPP OF THE SECOND SECO |
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| Tb1 52/1 Chk | 3763 Gst 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 22May'07     | 11:43AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1 COOLER     | 2.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1 QUESADILLA | 11.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1 CA AMARI   | 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Gobto:       | 23.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| GST          | 1.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 12:57        | 25 . 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

PLEASI FOR YOUR SERVER

Robert Auki, Managing Partner Dean Mitchell, Head Chef

# earls GREAT FOOD GREAT PEOPLE

| Check:<br>Table:<br>Server:<br>Ref Number: | 22May'07 01:18PM<br>Visa<br>XXXXXXXXXXXXX <sup>6</sup> 7(1),17(4)(e.1)<br>11/09<br>041750<br>3768<br>85/1<br>62 DAMIEN H<br>001179861486<br>BRIAN HLUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subtotal:                                  | 38.69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Tip:                                       | The state of the s |
| Total:                                     | 41.69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Cianat                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

I agree to pay above total according to my card issuer agreement.

\*\*Customer Copy\*

GST#R1015441134

Fairmont Hotel Macdonald The Confederation Lounge

| 118 PRESTON                                                               | •                   |
|---------------------------------------------------------------------------|---------------------|
| <b>42</b> /1 CHK<br>MAY28'07 1                                            | 5593 GST 2<br>:46AM |
| 1 BOMBAY SAPPHIRE<br>1 TANQUERAY<br>1 BUFFALO BURGER<br>1 MAC CLUB        | 7 50                |
| Food Liquor 53.00 GST Payment Total Due \$ 9605/FPC Platinu HOUSE ACCOUNT | m                   |
| FAIRMONT HOTEL MA<br>GST #1394452                                         | ACDONALD<br>290     |
| GRATUITY                                                                  | 8.00                |
| TOTALS                                                                    | 9.01                |
| ROOM #                                                                    |                     |
| PRINT NAME                                                                |                     |
| SIGNATURE  NOT A CREDIT CARD V PLEASE PAY YOUR S                          | Olleurn             |

THANK YOU FOR PARKING WITH IMPERIAL PARKING FACEDUNAL) ESTATES

0784728 12155 001 001 0784728 11136 01 / 1119 #334508 -01059301

SEL LATTEED CHANE SZRIOJE EUS MALLETA LAUKING

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 21680 05/29/07 08:04 L# 2 A# 15 Txn# 69534 05/29/07 07:23 In 05/29/07 08:04 Out Tkt# 215904 Regular Rate \$ 2.83 Total Tax \$ 0.17 Total Fee 3.00 CASH FAID 3.00-Cash Tender 3.00 Change Due 0.00

THANK YOU COME AGAIN

# TELUS® Your TELUS statement

**TELUS Communications Company** 

Page 1 of 3

May 13, 2007

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

**BAJHLUS** 

Total amount you owe.....\$25.32

## Summary of your account

#### Previous charges and credits

| Amount of your last bill |             | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$50.64 |
|--------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Payment processed May 02 | - Thank You |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -50.64  |
| Balance forward          |             | Andrews Andrews Andrews (Andrews Andrews Andre | .00.    |

#### **New charges**

| ::<br>:: | Monthly services  |          |    |  | 23.91 |
|----------|-------------------|----------|----|--|-------|
| )<br>. · | GST (Registration | 81275887 | 8) |  | 1.41  |
|          | Total new charges |          |    |  | 25.32 |

## Total amount due by Jun 03, 2007

S.17(1) S.17(1

30/0

### **EXPENSE CLAIM DETAILS**

### Brian Hlus

Period from: May 1 to May 31, 2007

| Date       | Particular (Describe<br>Purpose of Trip & Location)       | Accomm. \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Meals                                 | Course<br>Registration<br>& Materials | Transportation \$ | Other    | Mileage KM                                           |
|------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-------------------|----------|------------------------------------------------------|
| May 1      | travel (meetings-provincial government                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                                       |                   |          | 22                                                   |
| May 2      | travel (hosting/meeting-<br>provincial government)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <u> </u>                              |                   |          | 19                                                   |
| May 2      | parking - hosting                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | 2.00              | ·        | 1 D                                                  |
| May 2      | parking - meeting provincial government (no receipt)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | 4.00              | <u> </u> | - <del>                                       </del> |
| May 2      | hosting - provincial government                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   | 35.27    | <u> </u>                                             |
| May 3      | travel (meetings-provincial                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          |                                                      |
| May 3      | government/community) parking - meeting provincial        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | 5.00              |          | 21                                                   |
| May 7      | government (no receipt) travel (meetings-provincial       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | 34.00             |          | X                                                    |
| May 9      | government) travel (meetings-municipal)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | 04.00             |          | 10                                                   |
| May 14     | travel (meetings-provincial                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          |                                                      |
| May 14     | government/hosting-community) hosting – community         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   | 00.05    | 14                                                   |
| May 15     | travel (meetings-provincial                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,,                                    |                                       |                   | 39.99    |                                                      |
| May 15     | government/community) hosting – community                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          | 27                                                   |
|            |                                                           | and the same of th |                                       |                                       |                   | 30.30    |                                                      |
| May 15     | event - Canadian College of<br>Health Services Executives |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   | 30.00    |                                                      |
| May 16     | travel (meeting-provincial                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - · · · · · · · · · · · · · · · ·     |                                       | 48.00             |          | · · · · · · · · · · · · · · · · · · ·                |
| May 17     | government) travel (meeting-community)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                     |                                       |                   |          | 8                                                    |
| May 22     | travel (hosting-                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                                       |                   |          | 45                                                   |
| May 22     | constituency) hosting – community                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          |                                                      |
| May 25     |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                                       |                   | 41.69    |                                                      |
|            | travel (meetings-provincial government)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          | 13                                                   |
| May 28     | travel (hosting/meeting-<br>provincial government)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          | 54                                                   |
| May 28     | parking (hosting - community)                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | 6.00              |          |                                                      |
| May 28     | hosting – community                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   | 59.01    |                                                      |
| May 29     | travel (CH event)                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   | ·        | 5                                                    |
| May 29     | parking (CH event)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | 3.00              |          |                                                      |
| May 30     | fax – May                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   | 25.32    |                                                      |
| ,          |                                                           | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                       |                   |          |                                                      |
|            |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          |                                                      |
| Poto as a  | Miles die Continue                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          |                                                      |
| nate as Ot | utlined in Section 2 – travel below<br>@ \$0.43           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                   |          |                                                      |
| Totals     | 1                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | ···               | Total KM | 238                                                  |
| , Julia    |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | \$102.00          | \$261.58 | \$102.34                                             |



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee1Number()(g)(i), S.17(1), 17(4) | Employee1Numbert)(g)(i), S.17(1), 17(4)(Utilion Name: Management/Exemp |  |  |  |  |
|--------------------------|-----------------------------------------|------------------------------------------------------------------------|--|--|--|--|
| Position: Director       | Department: Govern                      | nment Affairs - Corporate Office                                       |  |  |  |  |
| Business Phone: 407-8543 | Period From: June 1, 2007               | to June 30, 2007                                                       |  |  |  |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001              | Non-Canadian<br>Currency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rate               | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | \$549.85                          |                   |
|                      |                       | Fax: 25.32                            | n entre e                             | The state of the s | . Fige             |                                   |                   |
|                      |                       | 69600 - 2010 1200                     | 76.51 7.50                            | s the state of the second about                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 av 12            |                                   |                   |
|                      |                       | 62412= 316.94 14.9                    | \ \tag{\tag{\tag{\tag{\tag{\tag{\tag{ | L 1 0 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - West and the sec |                                   |                   |
|                      |                       | 62410-10363                           | <br>                                  | COUNTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.0                |                                   |                   |
|                      |                       | 62410= 5-00                           | dansansas / .x                        | The state of the s | il<br>Serveri      |                                   |                   |
| Less Cas             | h Advance             |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 549.85 0.00                       |                   |
| Total                |                       |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | \$509.85                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization. |                     |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|--|--|--|
| Employee Signature:                                                                                                                                                                            | Date: June 30, 2007 |  |  |  |  |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature) Horache                         |                        | Date             |
| Approved By: /                              | Title:                 | Phone #          |
| (Signature)                                 |                        | Date             |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# **EXPENSE CLAIM DETAILS**

### Brian Hlus

Period from: June 1 to June 30, 2007

| Date                                    | Particular (Describe<br>Purpose of Trip & Location) | Accomm. \$ | Meals                                   | Course<br>Registration<br>& Materials | Transportation \$ | Other   | Mileage KN      |
|-----------------------------------------|-----------------------------------------------------|------------|-----------------------------------------|---------------------------------------|-------------------|---------|-----------------|
| June 4                                  | travel (CH/ community events)                       |            |                                         | G materials                           |                   |         | 11              |
| June 7                                  | travel (CH/provincial government events)            |            |                                         |                                       |                   |         | 3               |
| June 9                                  | travel (CH/provincial government events)            |            | <u> </u>                                |                                       |                   |         | 14              |
| June 12                                 | travel (municipal event)                            |            | *************************************** |                                       |                   |         |                 |
| June 19                                 | travel (CH event)                                   |            | ***                                     |                                       |                   |         | 13              |
| June 21                                 | travel (CH event/provincial meeting hosting)        |            |                                         |                                       |                   |         | 37              |
| June 29                                 | travel (hosting provincial government)              |            |                                         |                                       |                   |         | 11              |
| June 12                                 | provincial government event                         | 331.89     | <del></del>                             |                                       |                   |         |                 |
| May 30                                  | Parking (CH/UofA event)                             |            |                                         |                                       |                   | 2.00    |                 |
| June 5                                  | hosting (provincial government)                     |            | <u></u>                                 |                                       |                   |         |                 |
| June 8                                  | hosting (CH staff)                                  |            |                                         |                                       |                   | 5.83    |                 |
| June 8                                  | parking (municipal event)                           |            |                                         |                                       |                   | 25.03   |                 |
| June 21                                 | hosting x 2 receipts (CH staff)                     |            |                                         |                                       |                   | 3.00    |                 |
|                                         | 1                                                   |            |                                         |                                       | 4                 | 5.75    |                 |
| June 29                                 | hosting (provincial government)                     |            |                                         |                                       | -                 | 47/40   |                 |
| June 30                                 | fax June                                            |            |                                         |                                       |                   | 25.32   | メ               |
|                                         |                                                     |            |                                         |                                       |                   |         |                 |
|                                         |                                                     |            |                                         |                                       |                   |         |                 |
|                                         |                                                     |            |                                         |                                       |                   |         |                 |
| *************************************** |                                                     |            |                                         |                                       |                   |         | <u> </u>        |
|                                         |                                                     |            |                                         |                                       |                   | ··      |                 |
|                                         |                                                     |            |                                         | ,                                     |                   |         |                 |
|                                         | ·                                                   |            |                                         |                                       |                   |         |                 |
|                                         |                                                     |            |                                         |                                       |                   |         |                 |
|                                         |                                                     |            |                                         |                                       |                   |         |                 |
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|                                         |                                                     |            |                                         |                                       |                   |         |                 |
|                                         |                                                     |            |                                         |                                       |                   |         |                 |
|                                         |                                                     |            |                                         |                                       |                   |         |                 |
|                                         | -                                                   |            |                                         |                                       |                   |         | <del></del>     |
| ate as out                              | lined in Section 2 – travel below<br>@ \$0.43       |            |                                         |                                       |                   |         |                 |
|                                         |                                                     |            | L                                       |                                       |                   | otal KM | 044             |
| otals                                   |                                                     | \$331.89   | T                                       |                                       |                   | 114.33  | 241<br>\$103.63 |



# DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

**EXPIRATION TIME** 

2.001974000006143 PMLOTU



NON TRANSFERABLE

#### DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

CREDIT CARD NUMBER



RECEIPT

GST # R108102831

YOKOZUNA JAPANESE REST

8409 112 ST

**EDMONTON** 

ID: A4008567

CUSTOMER/CLIENT

Capital Health Authority Retail Food Service

343

YOKOZUNA JAPANESE REST

8409 112 ST

Host: South 343

06/05/2007

10:56 AM7(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

130343

STORE: 4008567

SLIP #: 1877

Area: Trendz Express

3.80

PRE-AUTH

\$22.53

Cafe Latte 160z Starbucks 12oz

1.70

POURBOIRE/TIP \$

#Items 2 Sub Total

5.50 b 33 10TAL \$ 25.03

tis der Total

lax

Cash

5.83

SIGNATURE X\_\_\_\_\_

10.00

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

University of Alberta Hospital

SEQ 081001001007 AUTH 053128 ISO -001

APPROVED

DATE Jun 08 2007

TIME 12:45 pm

CANADA FLAGE PARKADE OPERATED BY IMPERIAL PARKING FOR THE CITY OF EDMONTON

Ropt# 58811 06/08/07 08:33 L# 1 A# 51 Txm#139815 06/08/07 07:47 In 06/08/07 08:33 Out Regular Rate \$ 2.83 Total Tax 0.17 Total Fee 5 3.00 CASH PAID 3.00-Cash Tender Ů. 3.00 Change Due 0.00 THANK YOU WE AFFRECIATE YOUR RUSINESS COME AGAIN

Capital Health Authority Retail Food Service

#### 111

| Host: South | 1                | 06/21/2007<br>8:47 AM<br>130111 |
|-------------|------------------|---------------------------------|
| Area: Trend | dz Express       |                                 |
| Cafe Latte  | 2002             | 4.20                            |
| #Items 1    | Sub Total<br>Tax | 4.20<br>0.25                    |
|             | Order Total      | 4.45                            |
|             | Cash             | 5.00                            |

University of Alberta Hospital

capital Health Authority Retail Food Service

#### 198

| et-Rojinska<br>nos<br>nea: Cafeteria | 06/21/2007<br>8:54 AM<br>110198 |
|--------------------------------------|---------------------------------|
| 'offee 12oz                          | 1.23                            |
| Tiems 1 Sub Total<br>Tax             | 1.23<br>0.07                    |
| Order Total                          | 1.30                            |
| Cash                                 | 5.00                            |

University of Alberta Hospital

# earls GREAT FOOD GREAT PLOPLE

#### 177 MICHELLE

| Tb1 552/1 Chk 1839                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Gst    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|
| 29Jun'07 11:43 <sub>5</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |   |
| the medium is to the first manifestation and the property of t |        | • |
| 1 POP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2.50   |   |
| 1 SALMON FILET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 21.50  |   |
| 1 MED LINGUINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12. 5c |   |
| Add Chicken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.50   |   |
| Sut: .al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4u 00  |   |
| GST Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2.40   |   |
| 01:14 Total 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | .40    |   |

#### PLEASE PAY YOUR SERVER

Patient Kowi, Managing Partner Dean Mitchell, Head Chef

GST#R1015441134

# Carls GREAT FOOD GREAT DECORATION

| Auth Code;<br>Check:<br>Table:<br>Server: | 29Jun'07 01:20PM<br>Visa<br>XXXXXXXXXXXXX<br>11/09<br>046931<br>1839<br>552/1<br>ITT MICHELLE<br>IIAN HLUS |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------|
|-------------------------------------------|------------------------------------------------------------------------------------------------------------|

| Subtotal:          | 42.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tip:               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total:             | 47,40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Signature:         | The Santage of the Santage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I agree to may ab- | Market of the Control |

according to my card issuer agreement.

\*\*Customer Copy\*



**TELUS Communications Company** 

Jun 13, 2007

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

**BAJHLUS** 

As be seen a see that the seen are seen as the seen

Thank you for keeping
 vour account up to date.

# Total amount you owe.....\$25.32

#### Summary of your account

Previous charges and credits

| Amount of your last bill             | <br>\$25.32 |
|--------------------------------------|-------------|
| Payment processed May 31 - Thank You | <br>-25.32  |
| Balance forward                      | .00         |

#### **New charges**

| Monthly services             | 23.91 |
|------------------------------|-------|
| GST (Registration 812758878) | 1.41  |
| Total new charges            | 25,32 |

#### Total amount due by Jul 04, 2007

\$25.32



March 21, 2007

#### RESERVATION CONFIRMATION

Mr Brian Hlus 1j2, Walter C MacKenzie Ctr 8440 112 Street Edmonton, AB T6G 2B7

Thank you for choosing International Hotel Calgary, and we have the pleasure of confirming the following:

**Guest Details** 

Name:

Mr Brian Hlus

Work/Home Address:

1j2, Walter C MacKenzie Ctr

8440 112 Street

Edmonton, AB T6G 2B7

Reservation Number: 136717

Arrival Date:

8 July, 2007

Number of Nights: 3

Departure Date:

11 July, 2007

# of Guests: 1

From Sunday, July 8, 2007 to Wednesday, July 11, 2007

Daily Rate: 3 night(s) at \$299.00 in a One Queen Bed/Non-Smoking - Regular Rate

Taxes: \$99.57

Total Charges Due: \$996,57

Check in time is at 3:00pm, and check out time is at 12:00 noon. In the event of a cancellation, for reservations booked until June 4 2007, for ARRIVAL July 6 ~ 15, 2007, guests will be required to cancel 30 days prior to arrival or be subject to a late cancellation fee equal to one night's accommodation.

Reservations booked after June 5 2007, for ARRIVAL July 6-15, 2007 Guest will be required to cancel 7 days prior to arrival or be subject to a late cancellation fee equal to the full stay.

International Hotel Calgary will obtain a full stay deposit for reservations arriving July 5 through 15, 2007.

Upon Check in, we will ask to verify your photo identification.

We sincerely hope you enjoy your stay with us. Don't forget, that we offer high speed internet access in all of our suites, a fitness facility, whirlpool, sauna, full length indoor pool, and all of our Guest suites are now non smoking.

We look forward to welcoming you. If we can be of any further assistance, please contact us directly at 403-290-7878, or by email, at book@internationalhotel.ca

Sincerely,

International Hotel Calgary Reservations Department www.internationalhotel.ca

Wed mynt 331.89



#### **RBC Rewards VISA Gold**

BRIAN A J HLUS

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

STATEMENT FROM MAY 23 TO JUN 22, 2007

ACTIVITY DESCRIPTION

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

ÀMOUNT (S)

PREVIOUS STATEMENT BALANCE

BRIAN A J HLUS - S. 17(1),17(4)(e.1)

| 30 MUL | YOKOZUNA JAPANESE REST EDMONTON AB | \$25.03  |   | , |
|--------|------------------------------------|----------|---|---|
|        | INTERNATIONAL INN CALGARY AB       | \$331.89 | 1 |   |

# TOTAL NEW BALANCE $s.17(1),\ 17(4)(g)(i)$

#### Are you one of the many drivers who could save by switching to RBC Insurance®?

Find out by getting an auto insurance quote from RBC Insurance today! You could even save an additional 12% per policy for having both your home and auto insurance from RBC Insurance<sup>1</sup>.

Call 1-866-863-6966, go online to www.rbcinsurance.com/visasave or visit your nearest RBC insurance branch for a free, no-obligation quote.

Underwritten by RBC General Insurance Company

1. Certain conditions apply.

#### Take a Break this month

Because you are a valued cardholder, we would like to offer you an RBC Royal Bank® Visa\* payment holiday by waiving your minimum payment this June. Of course you may still make a payment if you wish. Standard monthly interest charges will continue to accumulate and the

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

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



RBC ROYAL BANK VISA PAYMENT CENTRE P.O.BOX 4016, STATION "A" S.17(1), 17(4 TORONTO, ONTARIO M5W 2E6

NEW BALANCE )**(**g)(i)\_S.17(1), 17(4)(g

MINIMUM PAYMENT \$0.00

PAYMENT DUF DATE

AMOUNT PAID

05658

BRIAN A J HLUS

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Golf Town offers the latest in clubs, bags, clothing, shoes and accessories from all the major brands. Redeem your RBC Rewards® points for Golf Town gift certificates at www.rbcrewards.com today and tee off in style

Swing into Golf Townsthis Symmer

this season.

IMPORTANT INFORMATION

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

**RBC REWARDS POINTS** 

Previous Points balance Points earned this statement

New points balance

**CONTACT US** 

Customer Service / Lost & Stolen Collect Outside North America **RBC** Rewards Travei Redemption Merchandise Redemption

(416) 974-7780 1-877-636-2870 1-800-769-2512

1-800-769-2512

Web site

www.rbcrewards.com

PAYMENT INFORMATION

Minimum payment Payment due date Credit limit Available credit Annual interest rate

**CALCULATING YOUR BALANCE** 

Previous Statement Balance Payments & credits Purchases & debits Cash advances

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

**NEW BALANCE** 

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

**RBC Rewards VISA Gold** 

Payment options

· Telephone banking 1-800-769-2511

· Online banking www.rbcroyalbank.com · RBC Royal Bank ATM

· RBC Royal Bank Branch

By mail

Detach and return with payment. Please do not send cash through the mail.

Please do not staple or damage this form.



# Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | P C 47(4) 47(4)(c)(i) C 47(4) 47(4)(c)(ii)                           |
|--------------------------|----------------------------------------------------------------------|
| Position: Director       | Employee Number (9)(i), S.17(1), 17(4 (9)(ii) Name: Management/Exemp |
| Business Phone: 407-8543 | Department: Government Affairs - Corporate Office                    |
|                          | Period From: July 1, 2007 to July 31, 2007                           |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           |                          |                          |      | \$969.98                          |                   |
|                      |                       | 62410: 187.32 4                       | C                        | apital Rank              | •    | 7 - 0 - 0 - 0                     |                   |
|                      |                       | 62412: 750.57L                        |                          | OEIVED                   |      |                                   | <u></u>           |
|                      |                       | 69600: 36.83 w J.Cu.                  | AU                       | 3 0 8 2007               |      |                                   |                   |
|                      |                       |                                       |                          | COUNTS                   |      |                                   | <u> </u>          |
| ľ                    |                       |                                       |                          | YARKE                    |      |                                   |                   |
| Less Cas             | h Advance             |                                       |                          | 1                        |      |                                   |                   |
| Total                |                       |                                       |                          | 10 gg.                   | 72   | 0.00                              |                   |
| - Clai               | <u> </u>              |                                       |                          | 970                      | 72   | \$989.98                          | П                 |

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and

| I hereby certify that the expenses listed above were incurred on Ca<br>claimed by me or on my behalf from Capital Health or other organiz | apital Health business and have not been previously zation. |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Employee Signature:                                                                                                                       | Date: July 31, 2007                                         |
| hereby certify that I have reviewed the                                                                                                   |                                                             |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: (Print name) Sheila Weatyvill | Title: President and CEO. | Phone #407-8008 |
|--------------------------------------------|---------------------------|-----------------|
| Approved By:                               | lat                       | Date Date       |
| (Print name) (Signature)                   | Title:                    | Phone #         |
| NOTE:                                      |                           | Date            |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 -
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# **EXPENSE CLAIM DETAILS**

#### Brian Hlus

Period from: July 1, 2007 to July 31, 2007

| Date                                  | Particular (Describe<br>Purpose of Trip & Location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Accomm. \$ | Meals                                   | Course<br>Registration<br>& Materials | Transportation \$     | Other               | Mileage KM                            |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------|---------------------------------------|-----------------------|---------------------|---------------------------------------|
| July 4                                | travel (CH/MLA meeting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                         |                                       |                       |                     | 67                                    |
| July 6                                | travel (CH/provincial government meeting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                         |                                       |                       |                     | 19                                    |
| July 8                                | travel (provincial government event - Calgary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | ****                                    |                                       |                       |                     | 531                                   |
| July 10                               | travel (provincial government event - Calgary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                         |                                       |                       |                     | 313                                   |
| July 10                               | hotel (provincial government event – Calgary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 387.65     |                                         |                                       |                       |                     |                                       |
| July 12                               | hosting (CH member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | · · · · · · · · · · · · · · · · · · ·   |                                       |                       | 4,13                | · · · · · · · · · · · · · · · · · · · |
| July 18                               | travel (meeting provincial government)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                         |                                       |                       |                     | 18                                    |
| July 18                               | parking (meeting provincial government) – NO RECEIPTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | New        | ·                                       |                                       |                       | 5.00                | 18                                    |
| July 18                               | hosting (community)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7          | • • • • • • • • • • • • • • • • • • • • |                                       | \$46man               | 8.32                |                                       |
| July 19                               | travel (provincial government event)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                         |                                       |                       |                     | 67                                    |
| July 20                               | travel (CH event)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | <del></del>                             |                                       |                       |                     | 10                                    |
| July 24                               | travel (provincial government event)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                         |                                       |                       |                     | 88                                    |
| July 30                               | travel (provincial government tour)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                         |                                       |                       | ,                   | 137                                   |
| July 30                               | hosting (CH member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | · · · · · · · · · · · · · · · · · · ·   |                                       |                       | 27.38               |                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                       |                     |                                       |
| ****                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                       |                     | - <del></del>                         |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | · · · · · · · · · · · · · · · · · · ·   |                                       |                       |                     | <u></u>                               |
| 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                       |                     |                                       |
| · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                       |                     |                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 100      |                                         | · · · · · · · · · · · · · · · · · · · |                       |                     |                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                       |                     |                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                       |                     |                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                       |                     |                                       |
| "                                     | The state of the s |            | Poto -                                  | e outlined :- C                       | 1                     | Total KM            | 250                                   |
| otals                                 | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$387.65   | .vate a                                 | - Jumed III Sec                       | tion 2 – travel below | @ \$0.43<br>\$44.83 | \$537,50                              |

#### DUPLICATE

INTERNATIONAL INN 220-4TH AVE SM CALGARY, AB T2P 0H5 GST/IPS#: 000000000

Capital Health Authority Retail Food Service

#### 422

| Host: South<br>422<br>Area: Trendz Express | 07/12/2007<br>2:20 PM<br>130422 |
|--------------------------------------------|---------------------------------|
| Starbucks 16oz (2 @1.95)                   | 3.90                            |
| #Items   Sub Total<br>Tax                  | 3.90<br>0.23                    |
| Order Total                                | 4.13                            |
| Cash                                       | 5.00                            |

University of Alberta Hospital

HLUS BRIAN

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

09/11

Amount/Montant: \$

387 65

Signature:

Debit above amount from account shown
Debiter le montant ci-haut
au compte mentionne

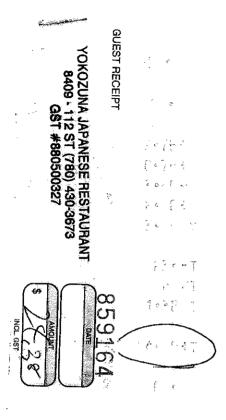
Force Capture/Saisir Card Swipe/Entree Electroniquement

Retail Food Service

#### 299

| Host: Nort<br>299        | fi .             | 07/18/2007<br>9:55 AM<br>120299 |
|--------------------------|------------------|---------------------------------|
| Area: Tren               | dz Express       | 120299                          |
| Chai Tea L<br>Cafe Latte |                  | 4.05<br>3.80                    |
| #Items 2                 | Sup Total<br>Tax | 7.85<br>0.47                    |
|                          | Order Tota!      | 8.32                            |
|                          | Cash             | 20.00                           |

Amarel



#### **Best Copy Possible**

 VOKOZUNA JAPANESE REST
 6

 8489 112 ST
 EDMONTON
 AB

 10: A4608567
 SLIP #: 3525

 STORE: 4088567
 SLIP #: 3525

 PRE-AUTH
 \$24.38

 POURBOIRE/TIP \$

 TOTAL \$
 27.38

SEQ 154001001003 AUTH 057065 ISO -001 APPROVED DATE Jul 30 2007 TIME 12:25 pm

Jerson



# **Travel & Employee Expense Claim Form**

| 2011                     | ONTON                 | AREA                                                                                                 | (In Canadiar                                   | n Dollars)               |                |                                   |                   |
|--------------------------|-----------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------|----------------|-----------------------------------|-------------------|
| Name:                    | BRIAN HLU             | S                                                                                                    | Employee Number                                | (4)(g)(i), S.17(1), 17(  | 4 (g)(ji)on Na | me: Management/l                  | Exemp             |
| Position                 | : Director            |                                                                                                      | 1                                              |                          |                | irs - Corporate Offic             |                   |
| Busines                  | s Phone: 4            | 07-8543                                                                                              | Period From: August 1, 2007 to August 31, 2007 |                          |                |                                   |                   |
| Expenses<br>another o    | Paid (plea            | se attach receipts). Do no<br>. Complete details on the                                              | ot include amounts<br>other side of the fo     | paid by Capital H        | ealth or rein  |                                   |                   |
| Bai Unit<br>e.g. 201     | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044                                                                | Account<br>e.g. 69500001                       | Non-Canadian<br>Currency | Rate           | Canadian \$<br>(including<br>GST) | ✓ if GST included |
| 201                      | 9000                  | 71105000016                                                                                          |                                                |                          |                | \$331.81                          |                   |
|                          | ·                     |                                                                                                      |                                                |                          |                |                                   |                   |
|                          | ·                     |                                                                                                      |                                                |                          |                |                                   |                   |
|                          | ·                     |                                                                                                      |                                                |                          |                |                                   |                   |
|                          |                       |                                                                                                      |                                                |                          |                |                                   |                   |
|                          |                       |                                                                                                      |                                                | DE <sup>CAD</sup>        | Health         |                                   |                   |
| Less Cas                 | h Advance             |                                                                                                      |                                                |                          | EIVED          |                                   |                   |
| Total                    |                       |                                                                                                      |                                                | JEP 1                    | 2 2007         | \$331.81                          |                   |
| I hereby                 | certify that 1        | is form is collected under<br>is your claim.<br>he expenses listed above<br>my behalf from Capital H | were incurred on (                             | Capital Health bus       |                |                                   |                   |
| Employee                 | Signature:            | MAKE                                                                                                 | •                                              | Date                     | : Septembe     | er 4, 2007                        |                   |
| hereby ce                | ertify that I h       | ave reviewed the expens                                                                              | es and rate at whic                            | h mileage is bein        | g claimed.     |                                   |                   |
| Approved<br>(Print name) | By: She               | Weatherill                                                                                           | Title: President                               | & CEO                    |                | Phone # 408-800                   | )8                |
| (Signature)              | Tu.                   | acheel                                                                                               | · · · · · · · · · · · · · · · · · · ·          | ····                     | <del></del>    | Date                              | <del> </del>      |
| Approved<br>(Print name) |                       |                                                                                                      | Title:                                         |                          |                | Phone #                           |                   |
| (Signature)              |                       |                                                                                                      |                                                |                          |                | Date                              | ···········       |

#### NOTÉ:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

# **EXPENSE CLAIM DETAILS**

### Brian Hlus

Period from: August 1 to August 31, 2007

| Date      | Particular (Describe<br>Purpose of Trip & Location)     | Accomm. \$ | Meals                                 | Course<br>Registration<br>& Materials | Transportation \$                     | Other                                 | Mileage KM   |
|-----------|---------------------------------------------------------|------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------|
| August 15 | travel – meeting with Fort<br>Saskatchewan municipality |            |                                       |                                       |                                       |                                       | 8:           |
| August 17 | travel – meeting with UAH<br>Administration executive   |            | <del></del>                           |                                       |                                       |                                       |              |
| August 20 | travel - community event                                |            | <u>-</u> -                            | , ,                                   |                                       |                                       | 28           |
| August 22 | travel - 10 sheets (8 sheets)                           |            |                                       |                                       | 170.12                                |                                       |              |
| August 31 | travel – meeting with community<br>member               |            |                                       |                                       |                                       |                                       | 12           |
| August 31 | hosting - community member                              |            |                                       |                                       | ·                                     | 52.14                                 |              |
| August 31 | fax (July/August)                                       |            | ·                                     |                                       | · · · · · · · · · · · · · · · · · · · | 50.64                                 |              |
|           |                                                         |            |                                       |                                       |                                       | ·                                     |              |
|           |                                                         |            | ····                                  |                                       |                                       | <del></del>                           |              |
|           |                                                         |            | · · · · · · · · · · · · · · · · · · · |                                       | :                                     |                                       |              |
|           |                                                         |            | <del></del>                           | : 4                                   |                                       | - <u></u>                             |              |
|           |                                                         |            |                                       |                                       | 127                                   | · · · · · ·                           |              |
|           |                                                         | **.        | · · · · · · · · · · · · · · · · · · · |                                       |                                       |                                       |              |
|           |                                                         |            |                                       |                                       |                                       | ·                                     |              |
|           | 3.                                                      |            |                                       |                                       | · · · · · · · · · · · · · · · · · · · |                                       |              |
|           |                                                         |            |                                       |                                       |                                       |                                       | <del> </del> |
|           |                                                         |            | · · · · · · · · · · · · · · · · · · · |                                       | <del></del>                           |                                       |              |
|           |                                                         |            | · · · · · · · · · · · · · · · · · · · |                                       |                                       | :                                     |              |
|           |                                                         |            | · · · · · · · · · · · · · · · · · · · |                                       |                                       |                                       |              |
|           |                                                         |            |                                       | · · · · · · · · · · · · · · · · · · · |                                       | · · · · · · · · · · · · · · · · · · · |              |
|           |                                                         |            |                                       |                                       |                                       |                                       | -            |
|           |                                                         |            |                                       |                                       |                                       |                                       | <del> </del> |
|           |                                                         |            |                                       |                                       |                                       |                                       |              |
|           |                                                         |            |                                       | ·                                     |                                       | <u>-</u> -                            |              |
|           |                                                         |            | · · · · · · · · · · · · · · · · · · · |                                       |                                       | Total KM                              | 137          |
|           |                                                         | ····       | Rate a                                | s outlined in Sec                     | tion 2 – travel below                 | @ \$0.43                              |              |
| otals     |                                                         |            |                                       |                                       | \$170.12                              | \$102.78                              | \$58.91      |

### **Best Copy Possible**

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|--------|----------------------|----------------------------------------|
|        | KEIKE                | AB                                     |
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| CHAI   | (0)                  | NECTED AND                             |
| DATE   |                      | 3000 208 31                            |
| TIME   |                      | [3:53:21                               |
| ECPT 8 | 154.1-               | 可有一个"好玩                                |
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| PUM HA | į.                   |                                        |
| MOUNT  |                      | 1-1-1-1-1                              |
| TIF    |                      | 45,50                                  |
| TUFAL  |                      | \$P\$ . 14                             |

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

01 APPROVED 027 AUTH# 153322

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|     | er to a an an an a           |            |                |          |             |
|     | SHRIP LI<br>CHAPRI           |            |                | ÇÎ.      |             |
|     | SUBTETE<br>S.S.T.<br>TOTAL T | does<br>27 |                | 4.5      |             |

THE PARTIES OF THE PROPERTY



Aug 13, 2007

TELUS Communications Company
Applicant copy

Pag∈ 1 of 3

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

**BAJHLUS** 

Your account number S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Thank you for keeping your account up to date.

Total amount you owe......\$25.32<sub>7(1), 17(4)(g)(i)</sub> Your TELUS Account ID

# Summary of your account

| Payment proce               | ssed Aug | 01 - Th          | ank You                               | 1                                                  | ************************************** |           | energe energie en | -2    | 5.32 |
|-----------------------------|----------|------------------|---------------------------------------|----------------------------------------------------|----------------------------------------|-----------|-------------------------------------------------------|-------|------|
| Balance forwar              | d        |                  | , , , , , , , , , , , , , , , , , , , | graphic and the second                             |                                        | We at the |                                                       |       | .00  |
|                             | 40.46    | Tay Sold         |                                       |                                                    |                                        |           |                                                       | y ŽŽ  |      |
| lew charges Monthly service | -3.75    | The graph of the |                                       | r Television<br>Television                         | 4 1 4                                  |           |                                                       | \$ A. |      |
| ST (Registrati              |          | 9979\            |                                       | % 200 ≥ 5<br>• • • • • • • • • • • • • • • • • • • | ••••••                                 | *******   | •                                                     | 2     | 3.91 |

Total amount due by Sep 06, 2007 \$25.32

Tear off here

ELUS® Your TELUS statement Jul 13, 2007

**TELUS Communications Company Applicant copy** 

Pag€ 1 of 3

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

**BAJHLUS** 

Your account number S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Total amount you owe.....

Previous charges and credits

Your TELUS Account ID

Thank you for keeping your account up to date.

.17(4)(g)(i), S.17(1), 17(4)(g)(ii)

## Summary of your account

| Payment processed Jul 04 - Thank You           | -25.32 |
|------------------------------------------------|--------|
| Balance forward  New charges  Monthly services | .00    |
| GST (Registration 812758878)                   | 1_41   |

Total amount due by Aug 03, 2007

\$25.32

Tear off here

#### Fernandez, Patricia

From:

Hlus, Brian

Sent:

Wednesday, August 22, 2007 4:44 PM

To:

Fernandez, Patricia

Subject:

FW: Thank You For Your Order!

#### Pls print for expenses

----Original Message-----

From: support@beanstream.com [mailto:support@beanstream.com]

Sent: Tuesday, August 21, 2007 4:07 PM

To: Hlus, Brian

Subject: Thank You For Your Order!

#### ORDER RECEIPT

Order Date:

Tuesday, August 21, 2007

Order Number: 93350

Payment Method:

MasterCard

Order Total:

\$170.12

Product Name: Adult Ticket Pack (sheet of 10)

Quantity:

SKU: Part No.:

228538-PUBY

Price:

\$21.00

Shipping:

\$2.00

Tax Total:

\$0.12

**BILL TO:** 

Name:

**Government Affairs** 

Address Line 1:

1J2 WMC 8440-112 St

Address Line 2:

City:

Edmonton

State/Province:

AB Zip/Postal Code: T6G 2B7

Country:

CAN

Phone Number:

780-407-8543

Email:

brian.hlus@capitalhealth.ca

#### SHIP TO:

Name:

Government Affairs

Address Line 1:

1J2 WMC 8440-112 St

Address Line 2:

City:

Edmonton

State/Province:

AB

Zip/Postal Code: T6G 2B7

CAN

Country: Phone Number:

780-407-8543

Email:

brian.hlus@capitalhealth.ca

Note: This is your invoice. We recommend that you print it and keep it.

#### Fernandez, Patricia

From:

Hlus, Brian

Sent:

Wednesday, August 22, 2007 4:45 PM

To:

Fernandez, Patricia

Subject:

FW: Purchase Receipt

Pls print for our records

----Original Message----

From: COE Web Store [mailto:onlinestore@edmonton.ca]

Sent: Tuesday, August 21, 2007 4:07 PM

To: Hlus, Brian

Subject: Purchase Receipt

City of Edmonton Online Store Internet Purchase Receipt.

Order Date:

8/21/2007 3:07:22 PM

Order Number: 93350

Bank Auth Number: 180722

Order Total: 170.12

Name on Card: Brian Hlus

Email Address: brian.hlus@capitalhealth.ca

BILL TO:

Name:

**Government Affairs** 

Address Line 1: 1J2 WMC 8440-112 St

Address Line 2:

City:

Edmonton

State/Province: AB

Zip/Postal Code: T6G 2B7

Country: CA

Phone Number: 780-407-8543

Please keep this receipt for your records.

J. 60



#### Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee¹Númbe | (4)(g)(i), S.17(1), 17(4)(Division Name: Management/Exemp |
|--------------------------|----------------|-----------------------------------------------------------|
| Position: Director       | !              | Department: Government Affairs - Corporate Office         |
| Business Phone: 407-8543 | Period From:   | to                                                        |

**Bal Unit** Location Canadian \$ **Functional Centre** Account Non-Canadian √ if GST Rate e.g. 201 e.g. 9000 e.g. 71135050044 (including e.g. 69500001 Currency included GST) 94.12 W 201 9000 71105000016 FAX: 69500000 \$126.55 22.430 10.00 m 201 9000 71105000016 62410000 189.63 X 201 9000 38.40 71105000016 62410001 **9** 1.00 8000 201 9000 71110500051 69500000 81.68 £ 13.77W 40.000 12 99 6 69600- 25 Capital Health 41 w RECEIVED 2.50h Less Cash Advance 0.00 Total \$479.86 ACCOUNTS

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

| I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization. |                       |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|--|
| Employee Signature:                                                                                                                                                                            | Date: October 2, 2007 |  |  |  |  |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature)                                 |                        | Date             |
| Approved By (Print name)                    | Title:                 | Phone #          |
| (Signature)                                 |                        | Date             |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### **EXPENSE CLAIM DETAILS**

#### Brian Hlus Period from:

| Date                                   | Particular (Describe<br>Purpose of Trip & Location) | Accomm. \$  | Meals    | Course<br>Registration<br>& Materials                     | Transportation \$                     | Other                  | Mileage KI                             |
|----------------------------------------|-----------------------------------------------------|-------------|----------|-----------------------------------------------------------|---------------------------------------|------------------------|----------------------------------------|
| September 4                            | meeting – government                                |             |          |                                                           |                                       |                        | 1                                      |
| September 5                            | meeting – government/event                          |             |          | · · · · · · · · · · · · · · · · · · ·                     |                                       |                        | 6                                      |
| September 5                            | miscellaneous - gift                                |             |          |                                                           | <u> </u>                              | <b>√53.77</b> ⊌        |                                        |
| September 10                           | meeting- government                                 |             |          |                                                           |                                       |                        | 1                                      |
| September 10                           | hosting – government                                | ******      |          |                                                           | · · · · · · · · · · · · · · · · · · · | 35.43                  |                                        |
| September 11                           | meetings – government                               | 1           |          |                                                           |                                       |                        | 1                                      |
| September 11                           | meetings - government                               |             | 18.17    | · · · · · · · · · · · · · · · · · · ·                     |                                       |                        |                                        |
| September 12                           | meeting – government                                |             |          |                                                           | <del> </del>                          |                        | 6                                      |
| September 13                           | hosting - staff                                     |             |          |                                                           | : <u>;.</u> . <u>,,, </u>             | /4.74/                 |                                        |
| September 14                           | meeting – government                                | <del></del> |          |                                                           | ·                                     | <i>-</i>               | 1·                                     |
| September 14                           | hosting – government                                |             |          | <del>- ` **</del> - · · · · · · · · · · · · · · · · · · · | <u> </u>                              | 50.52                  | <u> </u>                               |
| September 16                           | event - GRH Foundation/CH                           |             |          |                                                           | · · · · · · · · · · · · · · · · · · · | 0 00.02                | 167                                    |
| September 17                           | meeting - staff                                     |             |          | -                                                         |                                       | 23,17                  | ,                                      |
| September 21                           | meeting – government/CH (taxi)                      |             |          |                                                           | 26.00                                 | J 20,110               | ······································ |
| September 21                           | meeting – government (taxi)                         |             |          |                                                           | 26.60                                 | 7                      | <del></del>                            |
| September 24                           | event (taxi)                                        |             |          |                                                           | 16,00                                 | ?-                     | <u> </u>                               |
| September 24                           | meeting – government (taxi)                         |             |          |                                                           | 15.00                                 |                        |                                        |
| September 26                           | event - CH/Government                               |             |          |                                                           | <u> </u>                              |                        | 79                                     |
| September 27                           | fax – September                                     |             |          |                                                           | <u> </u>                              | 22.43                  |                                        |
| September 28                           | meeting – government                                |             |          |                                                           |                                       | 22.40                  |                                        |
| ······································ |                                                     |             |          |                                                           | · · · · · · · · · · · · · · · · · · · |                        | 21                                     |
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REG. NO.

LOUISTANA PURCHASE 10320 -111 ST T5K1L2 EDMONTON AB 50126293

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09-10-2007 13

Acct # \*\*\*\*\*\*\*\*\* \$ s.17(1), 17(4)(e.1)

Exp Date 06/10 Card Type MC

Name:

Trace # 910024 Operator 003 / FS2219121301

Inv. # 3702

Auth # 152437 RRN 001190024

P. Auth Purchase

\$31.43

Tip

Total

35.43

Customer copy

QUIZNO'S 10172-109TH ST **EDMONTON** AB

CARD NUMBER

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

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**PURCHASE** TOTAL AMOUNT

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AUTH, # 14374E

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

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| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | THE ISSUMPLY THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPERTY RESENTATION I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

# TELUS® Your TELUS statement

**TELUS Communications Company** 

Sep 13, 2007

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

**BAJHLUS** 

(i), Sade 1 of 3

And a second the second that the second that a second

Total amount you owe.....\$22.43

Aoft. (1), 17(4), Soft (1), 17(1), 17(1), 17(1), 17(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19(1), 19

# Summary of your account

Previous charges and credits

| Amount of your last bill             | *                              | \$25.32 |
|--------------------------------------|--------------------------------|---------|
| Payment processed Sep 05 - Thank You | ****************************** | -25.32  |
| Quality of Service Adjustment Sep 12 |                                | -2.73   |
| GST (Registration 812758878) adj     |                                | 16      |
| Balance forward                      | til og staten og belled        | -2.89   |

中 可ank you for keeping your account up to date.

#### **New charges**

|                                             | Taga ana da ili a la l | and the second of the second |                            |                                   | and the same          | and the first term of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|---------------------------------------------------------|------------------------------|----------------------------|-----------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly services                            | 医动脉管 精工 化二氯甲基                                           |                              |                            |                                   | Dec 2010 110 1        | 22.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| mounting out aloca                          | 网络克莱特克 经收益                                              | and an investment            | 化自动转换 医二环状态 化氯             | e francis i grant de la fillionia |                       | 23.91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ********************                        |                                                         |                              |                            |                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>GST</b> (Registration 81                 | ~==                                                     |                              |                            |                                   |                       | ********                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| GOT (Medistration X)                        | 12/5KK/                                                 | K3                           |                            | 일 바람에는 사고 가입다.                    | and the address of a  | 1 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                             | T YYY                                                   | Maria Caralana               | ti wakataliki histori ka c | terralization (Contra             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| an 🚅 araga 🔐 Yang Galawaya 🚾 Barata 🔀 🕳 🕳 🕳 | <b>对证证的主题是是一种证明</b>                                     | At the factor of the second  |                            | The state of the state of the     |                       | TO THE RESERVE OF THE |

Total new charges

Total amount due by Oct 05, 2007

\$22,43

- 27/00 in

Inc

YOKOZUNA JAPANESE REST CUST OMER/CLIENT 8409 112 ST EDMONTON

ID: A4008567 STORE: 4008567

SLIP #: 5201

PRE-AUTH

\$20.67

POURBOIRE/TIP \$

TOTAL \$ 23,17

SIGNATURE X

\*\*\*\*\*\*\*\*\*\*\*3545

SEQ 226001001006 AUTH 142044 ISO -001 APPROVED DATE Sep 17 2007

TIME 12:20 pm

Capital Health Authority Retail Food Service

62

| Host: Sou<br>62 | th San | 09/13/2007<br>8:20 AM |
|-----------------|--------------------------------------------|-----------------------|
| Àrea: Caf       | fe Fantini                                 | 100062                |
| Coffee, L       | g. (3 @1,49)                               | 4.47                  |
| #Items 1        | Sub Total<br>Tax                           | <b>4.47</b><br>0.27   |
|                 | Order Total                                | 4.74                  |
|                 | Cash                                       | 20.00                 |

YOKOZUNA JAPANESE RESTAURANT 8409 - 112 ST (780) 430-3673 GST #880500327



#### COLES

Store# 00088 Coles Kingsway Garden Mall 109 St & Princess Elizabeth Av Unit 134 Edmonton, AB 75G 3A6 Phone: (780) 474-0235

Thank you for shopping at Coles Store# 00088 Term# 004 Trans# 185607

TRANSACTION RECORD  $s.17(1),\,17(4)(e.1)$ 

SWIPED

Card Number : \*\*\*\*\*\*\*\* Account MC/DINERS Trans Type

PURCHASE Amount \$53.77

Merchant ID : 00178972

Terminal # 03016845 Operator : 404 Date 07/09/05 Time

69500 000

INC

## COLES

Store# 00088 Coles Kingsway Garden Mall 109 \$1 & Princess Elizabeth Av Unit 134

Edmonton, AB 750 3A6 Phone: (780) 474-0235

Thank you for shopping at Coles Store# 00088 Term# 004 Trans# 185607 Operator: 776AK 09/05/2007 13:48

SALE

\*\*\*\*\*\*\*\*\*\*\* MY 1ST BABY ANIMAL TOUCH & F 0756604532 Gift Card \$40.00N

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Items: 2

> Subtotal: GST: Total:

\$52.99 6.0% \$0.78 \$53.77 \$53.77

Store# 00088 Term# 004 Trans# 185607 GST Registration # R897152666 

MC/DINERS:



# **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee¹ Númb/ef² (g)(i), S.17(1), 17(4 (g)(ii) on Name: Management/Exemp |
|--------------------------|----------------------------------------------------------------------------|
| Position: Director       | Department: Government Affairs - Corporate Office                          |
| Business Phone: 407-8543 | Period From: October 1, 2007 to October 31, 2007                           |

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by

another organization. Complete details on the other side of

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate  | Canadian \$<br>(including<br>GST)       | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|-------|-----------------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           | 69\$00000                | 230.67W                  | 3616n | 2ьь 8 <sup>3</sup> \$ <del>291.66</del> |                   |
| 201                  | 9000                  | 71105000016                           | 62410000                 |                          |       | 120.69                                  | ×                 |
| 201                  | 9000                  | 71105000051                           | 69800000                 | 59.38 W                  | 4-00n | 63.0 <del>2</del>                       |                   |
|                      |                       |                                       | FAX                      |                          |       | 24.83                                   | 7                 |
|                      |                       | <u></u>                               |                          | RECEIV                   | h     |                                         |                   |
|                      |                       |                                       | ścia-                    | files and a second       |       |                                         |                   |
| Less Cas             | h Advance             | · · · · · · · · · · · · · · · · · · · |                          | NOV 6 9 200              | į     | 0.00                                    |                   |
| Total                |                       |                                       |                          | ACCOUNT:<br>PAYABLE      | S     | \$475.37                                | 73 🛘              |

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

| I hereby certify that the expenses listed above were incurred or claimed by me or on my behalf from Capital Health or other org | n Capital Health business and have not been previously panization. |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Employee Signature:                                                                                                             | Date: October 31, 2007                                             |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

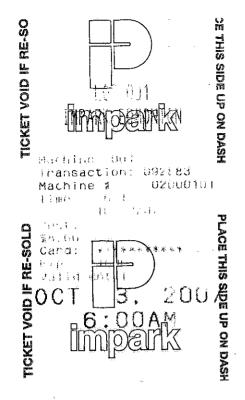
| Approved By: Sheila Weatherill (Print name) Title: President & CEO |        | Phone # 407-8008 |
|--------------------------------------------------------------------|--------|------------------|
| (Signature) Type July                                              |        | Date             |
| Approved By: (Print name)                                          | Title: | Phone #          |
| (Signature)                                                        |        | Date             |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### **EXPENSE CLAIM DETAILS**

Brian Hlus Period from:

| Date                                   | Particular (Describe<br>Purpose of Trip & Location) | Accomm. \$                              | Meals                                  | Course<br>Registration<br>& Materials | Transportation \$                     | Other          | Mileage KM  |
|----------------------------------------|-----------------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|----------------|-------------|
| October 1                              | event - government/CH                               |                                         |                                        |                                       |                                       |                | · 20 km     |
| October 2                              | event government                                    |                                         | 1                                      | · · · · · · · · · · · · · · · · · · · |                                       | <b></b>        | 10 km       |
| October 3                              | meeting – government                                |                                         |                                        |                                       |                                       |                | 13 km       |
| October 3                              | parking - meeting - government                      |                                         |                                        |                                       | 8.00                                  |                | <u> </u>    |
| October 5                              | meeting - government                                |                                         |                                        |                                       | · · · · · · · · · · · · · · · · · · · | -              | 6 km        |
| October 5                              | hosting - government                                |                                         |                                        |                                       |                                       | /142.64        |             |
| October 9                              | meeting - government                                |                                         |                                        |                                       | · · · · · · · · · · · · · · · · · · · |                | 10 km       |
| October 9                              | hosting – government                                | -                                       |                                        |                                       | · · · · · · · · · · · · · · · · · · · | <b>/</b> 41.73 |             |
| October 16                             | meeting staff                                       | ·                                       |                                        |                                       |                                       | √ 36.33        |             |
| October 17                             | event CH                                            |                                         |                                        |                                       |                                       |                | 11 km       |
| October 17                             | parking – event CH                                  |                                         | eren '                                 |                                       | 8.00                                  |                |             |
| October 18                             | meeting - municipality                              | · . · · · · · · · · · · · · · · · · · · | <del></del>                            |                                       | · · · · · · · · · · · · · · · · · · · |                | 39 km       |
| October 23                             | hosting – public                                    |                                         | <del></del>                            |                                       | <del></del>                           | <b>√</b> 20.74 |             |
| October 23                             | hosting - staff                                     | <u> </u>                                |                                        |                                       |                                       | 5.95           |             |
| October 24                             | meeting/tour government                             | · · · · · · · · · · · · · · · · · · ·   | 1                                      |                                       |                                       | 6.31           | 48 km       |
| October 24                             | parking - meeting (no receipt)                      | ~                                       | ev.                                    |                                       | 2.00                                  | ,              |             |
| October 24                             | hosting – government                                | $\sim$                                  | 201                                    |                                       | -iv                                   | √ 47.24        |             |
| October 25                             | Meeting - Government                                |                                         | /                                      |                                       |                                       |                | 8 km        |
| October 25                             | parking meeting government<br>(no receipt)          | 9                                       | Lev                                    |                                       | 2.50                                  |                |             |
| October 25                             | hosting government                                  | /                                       |                                        |                                       |                                       | 35.22          | <del></del> |
| October 26                             | event – government/CH                               |                                         |                                        |                                       | <u> </u>                              |                | 47 km       |
| October 31                             | event - municipality                                | ·                                       | ······································ |                                       |                                       |                | 21 km       |
| October 31                             | fax - October                                       |                                         |                                        |                                       |                                       | 24.83          |             |
| <del> </del>                           |                                                     |                                         |                                        |                                       |                                       |                |             |
|                                        |                                                     |                                         |                                        |                                       |                                       |                | <del></del> |
| ······································ |                                                     |                                         |                                        |                                       |                                       | Total KM       | 233         |
| otals                                  |                                                     |                                         | Rate a                                 | s outlined in Sec                     | tion 2 – travel below<br>20.50        | v @ \$0.43     |             |



DOAN'S VIETNAMESE RESTAURANT 7909 104 STR **EDMONTON** s.17(1), 17(4)(e.1) CARD NUMBER \*\*\*\*\*\*\*\*\* CARD TYPE MASTERCARD 6188 DATE/TIME 2007/10/05 13:19:38 RECEIPT NUMBER \$78001611-001-245-023 PRE-AUTHORIZATION **AMOUNT** \$122.64 TIP TOTAL AMOUNT 01 APPROVED - 027 AUTH, # 151939 THANK YOU CARDHOLDER COPY

DOAH 7 S RESTAURANT & LOUNGE 7909 - 104 STREET CALL FUR RESERVATIONS TEL. (403) 434-4448 G.S.T. # RT127830149 10/05/07 1:18PM 01A 000000#1160 30 7.25 Ti\$21.75 FUID T: \$9.45 T: \$9.45 т:\$9.25 T1\$9.25 T1\$9.25 FOOD T1\$3.45 FOUN 71\$8.95 FIIDD T1\$9.75 FILLO T1\$9.75 FIIII) T: \$7, 95 BEVERAGE r:\$2.25 BEVERAGE T1\$2,25 BEVERAGE Ti\$2.95 MDSE ST \$115.70 G.S.T. \$6.94

XXXTOTAL

PM/CARD

CHANGE

\$122.64

\$142.64

\$20.00

10KM Joeys Mediterranean Grill Joeys Edmonton Mediterranean Grill 11228 Jasper Avenue Edmonton Tel: 780-420-1996 11228 Jasper Avenue GST#R893495762 Tel: 780-420-1996 GST#R893495762 17 Elyse C Date: Oct09'07 01:06PM Card Type: M/C Tb1 20/1 Chk 1566 Gst 2 Acct #: XXXXXXXXXXX s.17(1), 17(4)(e.1) Oct09'07 12:06PM Exp Date: 06/10 Auth Code: 150655 2 JUICE/SODA REFIL Check: 1566 1 SODA WATER 2.25 Table: 20/1 1 DECAF LATTE 3.99 Server: 17 Elyse C 1 CASHEW CHIC 14.99 Ref Number: 001191956813 1 SOUVLAKI sub green 12.48 Subtotal: 35.73 SUBTTL 33.71 Tax GST 2.02 Tip:\_ 01:02PM TOTAL 35.73 41.73 Total: COME JOIN US ON THE

DATE

5

6

7

8

TABLE NO.



PATIO

WE WANT TO WWW.JOEYSI

8295 10: STRLET

for

さいhaut II: 朝神元章 「小 Bibelinea

Batcher one Shift #: @1

કે. ē-Auth

MASTERCAR!

Seg#: 066.001...16

int:

32.3

110:

Total:CAD\$

APPROVED 143351

|               | 10                            |     |
|---------------|-------------------------------|-----|
| del - HÆJ     |                               |     |
|               | 16                            | * * |
| <b>32.</b> 33 | 17                            |     |
|               | 18                            |     |
| 33            | 19                            |     |
|               | FOOD TOTAL 27 00              |     |
|               |                               |     |
|               | LIQUOR TOTAL 3.50             | -   |
| 46.4,2,47     | TAX 1.83                      |     |
|               | PLEASE PAY THIS TOTAL > 32.33 |     |

THE KING AND I RESTAURANTS LTD.

PERSONS

27.00

CHECK NO.

SERVER

11

1

#### Capital Health Authority Retail Food Service

#### Capital Health Authority Retail Food Service

#### 376

#### 374

| Host: Yin<br>376 |                  | 10/23/2007<br>12:18 PM<br>70376 | Host: Yîn<br>374                        | 10/23/2007<br>12:17 PM |
|------------------|------------------|---------------------------------|-----------------------------------------|------------------------|
| Area: Cafe       | eteria           |                                 | Area: Cafeteria                         | 70374                  |
| Stirfry Ch       | nicken           | 5.95                            | Quesadilla<br>Classic ClubhouseSandwich | 5.37                   |
| #Items 1         | Sub Total<br>Tax | 5.95<br>0.36                    | BLT<br>Dasani 591ml (3 @1.65)           | 4.75<br>4.50<br>4.95   |
|                  | Order Total      | 6.31                            | #Items 4 Sub Total                      | 19,57                  |
| •                | Cash             | 10.00                           | Tax                                     | 1.17                   |

#### GST# Dingleteon

# FLAVOURS MODERN DISTRO LIMITON, HLBERTA G.S. C. BRI32999145

#### 43 LINDSAY

|              |                                       | the state of the s | man       |
|--------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|              | . 224 - (15)<br>*TP+ (1)              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - X       |
| · / ·        | Francis - Lord pring, Special Control |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|              | *POP                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5 90 ser- |
|              | MUFFEMER                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100       |
|              | * Andrew Street                       | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 120       |
| हें<br>करेंग | MAN SHOW                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|              |                                       | 2.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | .00       |
| 1            | ME. L.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|              | 142 (7.1)                             | 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 1 51    |
| . A.         | CHICA SAND                            | 248 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | * .       |
|              | Acceptable THANKSTO                   | l£.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a [[[]]   |
|              | SHOTAL                                | ۸.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
|              |                                       | , little                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2000      |
|              | . J.T.                                | رب بن<br>رسن                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
|              |                                       | 3.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
|              |                                       | ed 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |
|              |                                       | - a重. 零 - 31.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sec. 2    |

#### FLAVOURS MÖDERN BISTRO 10354 82ND AVE EDMONTON AB

Transaction record

Term Id:P5019040

Invoice #:077
DST PURCHASE
Card #: s.17(1), 17(4)(e.1)

#### APPROVED 001

Acct: Chequing
AMOUNT \$41.08
TIP \$6.16
TOTAL \$47.24

Ref. #: 0010017410 S Auth.#: 116517 Date: 2007/10/24 Time: 12:55P

5 / 22 A F

11223 - Jasper Avenue EDMONTON ALBERTA

G.S.T. # R870831948

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

THANK YOU FOR PARKING VITH INPERIAL PARKING MACROWALD ESTATES

0796117 22:42 001 003 0706117 17:43 / 4:59 \$348634

\$8,00 TOTAL \$8.00 \$8,00 CASH

FOR WONTHLY PARKING PHONE, 4201976 GST THICLUDED

| TABLE                                             |   |                                      | 13                                |  |
|---------------------------------------------------|---|--------------------------------------|-----------------------------------|--|
| 1× THAI RICE 1× CAESAR SALAD 1× ONION CAKE 1× TEA | 1 | 9.50<br>10.50<br>7.00<br>2.45<br>29. | 9.50;<br>10.50;<br>7.00;<br>2.45; |  |
| SUBTOTAL<br>Taxable<br>G.S.T.                     |   | 29.45                                | 29.45                             |  |
| CHRTATAL                                          |   |                                      | 1 22                              |  |

GABBANA RESTAURANT 11223 JASPER AVE EDMONTON

CARD CARD TYPE **MASTERCARD** 

DATE

2007/10/25

TIME

9031 12:52:08

RECEIPT NUMBER

\$30704603-001-001-500-0

PRE-AUTHORIZATION

AMOUNT

\$31.22

TIP

TOTAL-CAD

AUTH# 145209

01 - 027

THANK YOU

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

# TELUS® Your TELUS statement

Oct 13, 2007

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

**BAJHLUS** 

Total amount you owe.....\$24.83

# Summary of your account

### Previous charges and credits

| Amount of your last bill             | \$22,43 |
|--------------------------------------|---------|
| Payment processed Oct 03 - Thank You | -22.43  |
| Quality of Service Adjustment Oct 11 | 46      |
| GST (Registration 812758878) adj     | *.03    |
| Balance forward                      | 49      |

#### New charges

| Monthly services            |  | 23.91 |
|-----------------------------|--|-------|
| GST (Registration 812758878 |  | 1.41  |
| Total new charges           |  | 25.32 |

# Total amount due by Nov 04, 2007

#### **TELUS Communications Company**

| Page 1 of 3 S.17(1), 17(4)(9) S.17(1), 17(4)(9) S.17(1), 17 Your 20, S.17(1), 17 Your 21, 17 LUS Account ID Your 12, 17 Your 22, 18 Your 12, 18 Your 1 |                                    | S.17(1),                                                        |               |                   |              | Page<br>1 of 3 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------|---------------|-------------------|--------------|----------------|
| (4)(9)(ii)<br>17(1), 17(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S.17(1), 57(4)(95), S.17(1), 17(4) | , 17(4)(g) <mark>说</mark> , S.17 <mark>社</mark> ), 17(4)(g)(ii) | oun<br><br>US | t nur<br>-<br>Acc | nbei<br>ount | ID             |

Trank your for keeping
 Pour account up to date.

\$24.83



### **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee 1N(th) be(4)(g)(i), S.17(1), 17(4)(g)(ii) n | Employee Number(1)(g)(i), S.17(1), 17(4)(g)(ii) Name: Management/Exemp |  |  |  |
|--------------------------|------------------------------------------------------|------------------------------------------------------------------------|--|--|--|
| Position: Director       | Department: Government A                             | ffairs - Corporate Office                                              |  |  |  |
| Business Phone: 407-8543 | Period From: November 1, 2007                        | to November 30, 2207                                                   |  |  |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate         | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|--------------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           | 62410000                 |                          |              | \$142.86                          | X                 |
| 201                  | 9000                  | 71105000016                           | eag00000                 |                          |              | 187.08184:35                      |                   |
| 201                  | 9000                  | 71105000016                           | 61020003                 |                          |              | √ 25.32                           | <b>ω</b> □        |
| 201                  | 9000                  | 71119100051                           | 61030000 P(20            |                          |              | Health / 315.00                   | 0                 |
| 201                  | 9000                  | 71115 <del>2</del> 00051              | 69500000                 |                          | DEC 0        | 2007 20 00                        | n 🗆               |
|                      |                       |                                       |                          |                          |              |                                   |                   |
| Less Cas             | sh Advance            |                                       |                          |                          | ACCO<br>PAYA | BLE 000                           |                   |
| Total                |                       |                                       |                          | 161                      | 090.26       | \$687.53                          |                   |

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

| I hereby certify that the expenses listed above were incurred on C claimed by me or on my behalf from Capital Health or other organ | Capital Health business and have not been previously lization. |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Employee Signature:                                                                                                                 | Date: December 4, 2007                                         |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature)                                 |                        | Date             |
| Approved By: (Print name)                   | Title:                 | Phone #          |
| (Signature)                                 |                        | Date             |

### NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### **EXPENSE CLAIM DETAILS**

### Brian Hlus

Period from: November 1 to November 30, 2007

| Date        | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$                               | Meals | Course<br>Registration<br>& Materials | Transportation \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other                  | Mileage KM |
|-------------|--------------------------------------------------------|------------------------------------------|-------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|
| November 2  | CH meeting                                             |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 79         |
| November 2  | hosting – prov government                              |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.21                   |            |
| November 7  | CH event                                               |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 23         |
| November 7  | CH event – Parking                                     |                                          |       |                                       | 3.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4,67                   |            |
| November 8  | hosting – prov government                              |                                          |       |                                       | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3/84                   |            |
| November 12 | CH meeting – board member                              |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 12         |
| November 12 | hosting – CH meeting                                   |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 54.23                  |            |
| November 16 | government meeting                                     |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23.70                  | 37         |
| November 16 | hosting CH staff                                       |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21.20                  |            |
| November 19 | UofA Faculty of Extension                              |                                          | · · · | 315.00                                | ^                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |            |
| November 22 | hosting - municipal<br>government                      |                                          |       |                                       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 47.35                  |            |
| November 27 | community meeting                                      |                                          |       |                                       | eranti en que si de la companya de l |                        | 12         |
| November 27 | hosting – community                                    |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 50.52                  |            |
| November 28 | government meetings CH events                          |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 101        |
| November 28 | parking - government<br>meeting/CH event               |                                          |       |                                       | /10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |            |
| November 29 | community event                                        |                                          |       |                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · i                    | 21         |
| November 30 | government event                                       |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 17         |
| November 30 | fax charges                                            | · · ·                                    |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25.32                  | w          |
| November 30 | government event                                       |                                          |       | <u> </u>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20.00                  | n          |
|             |                                                        |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |            |
|             |                                                        |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |            |
|             |                                                        |                                          |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |            |
|             |                                                        | 1 N 1 A. 1 |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |            |
|             |                                                        | ***************************************  |       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total KM               | 302        |
| Totals      |                                                        | :                                        | Rate  | as outlined in Se<br>\$315.00         | ction 2 – travel belov<br>\$13.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | w @ \$0.43<br>\$229.67 | \$129.86   |

YOKOZUNA JAPANESE REST

8409 112 ST

**EDMONTON** 

CUSTOMER/CLIENT

ID: A4008567

STORE: 4008567

SLIP #: 7757

PRE-AUTH

\$21.20

POURBOIRE/TIP \$

SIGNATURE X

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

SEQ 321001001004 AUTH 142242 ISO -001

**APPROVED** 

DATE Nov 16 2007

TIME 12:22 OR

2000 WYOKOZUNA JAPANESE RESTAURANT 8409-112 ST (780) 430-3673 GST #880500327

SORRENTINO'S DOWNTOWN

10152-100 STRFFT EDMONTON, AS 15J 0P5 780-424-7500

Merchant ID: 4652053 Term ID: D4652053 Employee ID: 29

Batch#: 359 Shift#: 001

### Pre-Auth

MASTERCARD Inv #: 0000019358

Exp: 06/10 \*Swiped Seatt: 359001001007

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

42.35

Tip:

Total:

APPROVED 150224

UOFA PARTING SERVICES GST## K108102831

11-28-2007 WED #Z

ii-[F 06

jū. (V) 5 0.57

เราโ ÜH5H

10.00

ITEI į HI.

9493 LI 46111

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

29 LUIS

TBL 40/1 CHK 2894 NOV22'07 12:56PM

657 2

1 POP 1 SOUP OF THE DAY 1 BRUSCHETTA 1 FUSILLI

2.95 7.00 12.00

SUBTOTAL G 5 T

39.95 2.40

18.00

TOTAL DUE

42.35

PLEASE PAY SERVER THANK - YOU

# GREAT FOOD GREAT PEOPLE

| 66 RYAN                                                                             |                                        |
|-------------------------------------------------------------------------------------|----------------------------------------|
| Tb1 52/1 Chk<br>12Nov'07                                                            | act act                                |
| 1 POP<br>1 COOLER<br>2 COOLER REFILL<br>@ 1.25<br>1 SALMON FILET<br>1 THAI SAL /CHK | 2.50<br>2.50<br>2.50<br>21.50<br>16.50 |
| Subtotal<br>GST Tax                                                                 | 45.50<br>2.73                          |

### PLEASE PAY YOUR SERVER

12:59PM Total

Robert Aoki, Managing Partner Dean Mitchell, Head Chef

48.23

# GREAT FOOD GREAT PEOPLE

12Nov'07 01:00PM Date: Card Type: M/C

Acct #: XXXXXXXXXXX

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

Exp Date: 06/10 Auth Code: 150025 Check: 986 Table: 52/1 Server: 66 RYAN

BRIAN AJ.MR HLUS

Subtotal: 48.23

Total: Signature:

Tip:

I agree to pay above total according to my card issuer agreement.

\*\*Custom

#R1015441134

ĝ,

Check lable 522 | Station ON | SERVER: HEIDI | Tursday [Seat 1]. (OMATO SOUP 10018 106TH ST **EDMONTON** 

s.17(1), 17(4)(e.1) CARD NUMBER CARD TYPE MASTERCARD DATE/TIME 2007/11/27 12:45:37 CLERK NUMBER 006 RECEIPT NUMBER \$80573403-219-002 **AUTHORIZATION AMOUNT** \$44.52

TIP

TOTAL AMOUNT

01 APPROVED 027 THANK YOU

AUTH. # 144538

6005

### \*\* STARBUCKS COFFEE CANADA \*\*

| 1-         | OM  | EGA  | @ ·( | 39TH <i>i</i> | AVE     | #046    | 72 |
|------------|-----|------|------|---------------|---------|---------|----|
|            | EDI | MON. | TON  |               | ABT5K   | 0L -    |    |
| ř.         |     |      |      | - (11)        | PLICATE | RECEIPT |    |
| 5.<br>Sec. | 1   | ΊL   | VN   | LATTI         | Ξ       | 3.4     | 0  |
| 3          |     |      |      |               |         |         |    |

| 177970     |   |       |
|------------|---|-------|
| 1 TL MOCHA |   | 3.40  |
| SUBTOTAL   |   | 6.80  |
| TAX 6.0    |   | 0.41  |
| TOTAL      |   | 7.21  |
| CASH       | 4 | 20.00 |
| CHANGE DUE |   | 12.79 |

### GST #86585 3535

04672 02A1 701043 001433044E
11/02/07 09:46
--- DUPLICATE RECEIPT --Pass the Cheer
this Holiday Season!
Log on to www.itsredagain.com

to pass the cheer to family and friends.

Capital Health Authority Retail Food Service

### 300

| Host: South           | 11/08/2007 |
|-----------------------|------------|
| 300                   | 10:22 AM   |
| Area: Caffe Fantini   | 100300     |
| Coffee, Sm. (2 @1.17) | 2.34       |
| Muffin (B.B.)         | 1.50       |
| #Items 2 Sub Total    | 3.84       |
| Tax                   | 0.23       |
| Order Total           | 4.07       |
| Cash                  | 20.00      |

' Alberta Hospital

CITY OF EDMONTON LIBRARY PARKADE GST # 119326270 RTCCO1 3

Rcpt# 14251
11/07/07 22:49 LB 1 AH 15 Txm8 93890
11/07/07 18/23 In 11/07/07 22:49 Cut
Tkt# 303376
Resuler Rate \$ 2.83
Total Tax \$ 0.17
18001 Fee \$ 3.00
CASH FARB \$ 5.00Cash Tender \$ 3.00
Charge Bua \$ 0.00

THANK YET OWNER ACAIN





### **FACULTY OF EXTENSION**

1-001 Enterprise Square 10230 Jasper Ave NW Edmonton AB T5J 4P6

http://www.extension.ualberta.ca

Telephone: 780-492-3116

Fax: 780-492-0627

### PATRICIA V. FERNANDEZ

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)Student ID:

Welcome to the Faculty of Extension. This notice confirms your registration with the Faculty. If your class is located on the University Campus, please refer to the map on the back of this form to assist you in finding the appropriate building. Parking lots are also indicated on the map with a 'P'. For additional parking information, call Parking Services at 780-492-7275. If you have any questions concerning your registration, please call Registration Services at 780-492-3116. We hope you enjoy your learning experience with the Faculty of Extension.

**Course Schedule Information** 

Course Title:

French I

Course No:

03114

Section No:

| Cours      | Course Dates Course Times COURSE DAY(S) |       |       |   |   |   |   |   | Room | Location |       |      |
|------------|-----------------------------------------|-------|-------|---|---|---|---|---|------|----------|-------|------|
| FROM       | TO                                      | FROM  | TO    | М | T | W | R | F | S    | D        | #     | Code |
| 2008-01-07 | 2008-04-07                              | 18:00 | 20:30 | X |   |   |   | Ī |      |          | 2-948 | ENT  |

Location:

Enterprise Square

10230 Jasper Ave **EDMONTON AB** 

Instructor(s):

**WOJCIECH TOKARZ** 

Required Course Materials

Textbook: Optional - En Bons Termes -: Cahier de Laboratoire

Author:

Parmentier, Michel A. & Potvin, Diane

ISBN:

N/A

Supplier:

U of A Bookstore Main Floor, Students Union Building,

www.bookstore.ualberta.ca

Textbook: En Bon Termes

Author:

Parmentier, Michel A. & Potvin, Diane

ISBN:

Supplier:

U of A Bookstore Main Floor, Students Union Building,

www.bookstore.ualberta.ca

Materials: N/A

Material Supplier: N/A

Comments: No class Monday, February 18, 2008 (Family Day).

No class Monday, March 24, 2008.

### Withdrawal and Refund Policy

If you choose to withdraw from this course, please let us know in writing, before the official withdrawal date 2008-01-21. Include the confirmation notice with your withdrawal request. Non-attendance does not constitute notice of withdrawal. A \$30.00 fee will be withheld to cover costs unless otherwise stated in course literature.

Course Title:

French I

Section No:

Course Fee: \$315,00

GST Registration #: R108102831

Course No:

03114

1

Student 10 (4)(g)(i), S.17(1), 32(4)(g)(ii).

22882

GST: \$0.00

PATRICIA V. FERNANDEZ

**GOVERNMENT AFFAIRS CAPITAL HEALTH** 1J2 WALTER MACKENZIE CENTRE 8440 112 ST NW EDMONTON AB T6G 2B7

Amount Paid: \$315.00

Method: Online Company MasterCard

Total Paid: \$315.00 Date Issued: 2007-11-21

This is your PAYMENT Receipt. Please retain for your records. Tax receipts are issued for qualifying courses only. For details about Student Income Tax Credits, please go to: http://www.extension.ualberta.ca/taxcredit/; Faculty Calendar; or Program Brochure.

# TELUS® Your TELUS statement

Nov 13, 2007

TELUS Communications Company
Applicant copy

Page 1 of 3

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

BAJHLUS .

Your account number S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Thank you for keeping your account up to date.

Total amount you owe.....\$25.32 Your TELUS Account ID

# Summary of your account

| Payment process  | ed Nov 01 -         | Thank You |                                       |        | ur de deservición de la T | 24.83       |
|------------------|---------------------|-----------|---------------------------------------|--------|---------------------------|-------------|
| Balance forward  | 5 11 1              | - 12.     |                                       | 2 2 10 | * 4 2                     | .00         |
|                  |                     |           |                                       |        | Å.                        | s. <u>.</u> |
| New charges      |                     |           |                                       |        |                           | F . 3       |
| Monthly services |                     |           | i i i i i i i i i i i i i i i i i i i | \$ 6 G | h h                       | 23.91       |
| GST (Registratio | 1 <b>8127</b> 58878 | 3)        | • • • • • • • • • • • • • • • • • • • | •      | ************              | 1.41        |
| Total new charge | s                   |           |                                       |        |                           | 25.32       |

Tear off here

Page 3 of 3



Your TELUS statement Nov 13, 2007 B A J HLUS

# Charges for

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

# Details of your new charges

| Monthly services (from Nov 13     | to Dec 12)           | 23.91           |
|-----------------------------------|----------------------|-----------------|
| Unlisted Directory Charge         |                      | FREE            |
| E9-1-1 Municipal Call Answer Fee  |                      | .44             |
| E9-1-1 Provincial Network Fee     |                      | .13             |
| Local Line                        |                      | 23.34           |
| Total monthly services  Taxes     |                      | \$23,91<br>1.41 |
| GST (Registration 812758878) at 6 | <b>%</b>             | 141             |
| Total charges for                 | s.17(1), 17(4)(g)(i) | ( 25.32         |

METRO Billiards 10250 - 106 Street

#007

Legislature Press Gallery

" Fair Share Frolics "

Party like Royality

THURSDAY, DECEMBER 6, 2007
7:00 pm Start |

\* Cash Bar \*

#007

METRO Billiards 10250 - 106 Street, Edmonton \$10.00 / Person

Legislature Press Gallery

" Fair Share Frolics "

Party like Royality

THURSDAY, DECEMBER 6, 2007
7:00 pm Start !

\* Cash Bor \*

#020

METRO Billiards 10250 - 106 Street, Edmonton



### **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee Númber (1)(g)(i), S.17(1), 17(4) (g)(ii) Name: Management/Exem |  |
|--------------------------|-------------------------------------------------------------------------|--|
| Position: Director       | Department: Government Affairs - Corporate Office                       |  |
| Business Phone: 407-8543 | Period From: December 1 to December 31, 2007                            |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate            | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|-----------------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           | 41090000                 |                          |                 | <b>\$6.88</b>                     | X                 |
| 201                  | 9000                  | 71105000016                           | 62320000                 | 62310=                   | 273.48<br>49.72 | 323.20                            |                   |
| 201                  | 9000                  | 71105000016                           | 61020003                 |                          |                 | 25.32                             | ×                 |
| 201                  | 9000                  | 71105000016                           | 62300000                 |                          |                 | 30.00                             | 0                 |
| 201                  | 9000                  | 71105000016                           | 69500000                 | 243.99w                  |                 | 258.22                            |                   |
| 201                  | 9000                  | 71115100051                           | 69500000                 |                          |                 | 164.00                            | nlter 🗆           |
| Less Cas             | h Advance             |                                       |                          |                          |                 | 0.00                              |                   |
| Total                | ···                   |                                       |                          |                          | 808.4           | 2 V \$807.62                      |                   |

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

|                                                                                                                                                         | MEUSIVEL                      |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------|
| I hereby certify that the expenses listed above were incurred on Capital Healt claimed by me or on my behalf from Capital Health or other organization. | n busingssjandhavengot beer   | previously |
| Employee Signature:                                                                                                                                     | ACCOUNTS Date: Japanyayayayay |            |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature)                                 | Heroach                | Date             |
| Approved By:<br>(Print name)                | Title:                 | Phone #          |
| (Signature)                                 |                        | Date             |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### **EXPENSE CLAIM DETAILS**

### Brian Hlus

Period from: December 1 - December 31, 2007

| Date         | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm.\$ | Meals       | Course<br>Registration<br>& Materials   | Transportation \$                     | Other                  | Mileage KM |
|--------------|--------------------------------------------------------|-----------|-------------|-----------------------------------------|---------------------------------------|------------------------|------------|
| December 1   | Government Event                                       | \$198.87  | <u></u>     |                                         |                                       |                        | ,          |
| December 1-2 | Travel – Calgary<br>(Government Event)                 |           | <del></del> | <u></u>                                 |                                       |                        | 636        |
| December 1   | Government Event                                       |           | \$30.00     | - i - i - i - i - i - i - i - i - i - i |                                       |                        |            |
| December 3   | Travel (Government/CH meeting)                         |           |             |                                         | 775                                   |                        | 21         |
| December 10  | Travel<br>(Government/Community<br>Meeting)            |           |             |                                         |                                       |                        | 33         |
| December 10  | Parking (Community<br>Meeting)                         |           |             |                                         |                                       | 6.00                   | w          |
| December 1   | Travel – Calgary<br>(Government Event)                 |           |             |                                         | 10.00                                 | 7                      |            |
| December 3   | Parking (Municipality<br>Meeting)                      |           |             |                                         |                                       | 10.50                  | w          |
| December 14  | Thank you gifts (staff members)                        |           |             |                                         | · · · · · · · · · · · · · · · · · · · | 25.00                  | n          |
| December 16  | Thank you gifts (staff members)                        |           |             |                                         | ÷                                     | 20.00                  | ^          |
| December 17  | Thank you gifts (staff members                         |           |             | ·                                       |                                       | 119.00                 | ^          |
| December 19  | Hosting (staff member)                                 |           |             |                                         | 52.35                                 | <b>/</b> 59.35         | <u> </u>   |
| December 29  | Office supplies                                        |           |             |                                         | 7.00                                  | 6.88                   | w          |
| December 31  | Fax (December)                                         |           |             |                                         |                                       | <b>/</b> 25.32         | W          |
|              |                                                        |           |             |                                         |                                       |                        | - June -   |
|              |                                                        |           |             |                                         |                                       |                        |            |
|              |                                                        |           |             | · · · · · · · · · · · · · · · · · · ·   |                                       |                        |            |
|              |                                                        |           |             |                                         |                                       |                        |            |
|              |                                                        |           |             |                                         |                                       | Total Mai              |            |
|              |                                                        |           | Rate as     | s outlined in Sec                       | tion 2 – travel belov                 | Total KM<br>v @ \$0.43 | 690        |
| otais        |                                                        | \$198.87  | \$30.00     |                                         | \$10.00                               | \$272.05               | \$296.70   |

273.48 Prov 23.22 Local



133 9TH AVENUE SW CALGARY, AB, CANADA T2P2M3 T 403 262 1234 F 403 260 1260 G.S.T. Registration # 846543619 Room : 0445 Folio # : 203490 Cashier # : 268

Invoice No.

Page #

**Brian Hlus** 

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Arrival

12-01-07

Departure

12-02-07

1 of 1

**Fairmont President's Club** 

| Date           | Description             | Addi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tional Information                     | A STATE OF THE STA | Charges           | Credits                                 |
|----------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------|
| 12-01-07       | Room Charge             | a de la constante de la consta |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 179,00            |                                         |
| 12-01-07       | Calgary Destination Ma  | rketing F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.79              |                                         |
| 12-01-07       | Alberta Tourism Levy (4 | 4%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.23              |                                         |
| 12-01-07       | Room GST (6%)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s.17(1), 17(4)(e.1)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10.85             | ,                                       |
| 12-02-07       | MasterCard              | XXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 000xx0xxx                              | XX/XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | 198.87                                  |
| A              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 198.87            | 198.87                                  |
|                |                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Balance Due                            | The second secon | 0.00              | *************************************** |
| GS             | T Summary               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         |
| Room           | *                       | 10.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         |
| F&B            |                         | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         |
| Other<br>Total |                         | 0.00<br>10.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>€</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the second second |                                         |

Guest signature

Signature du client X

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

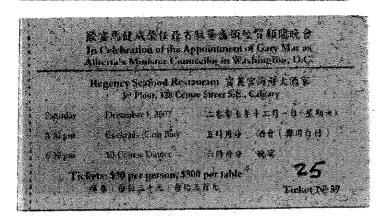
I agree that my liability for this bill is not weived and I agree to be held personally liable in the event that the indicated person, company or association fells to pay for any part of or the full amount of those charges. Overdue balance subject to a surcharge at the rate of 5.5% per mouth after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.75 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotsls.)

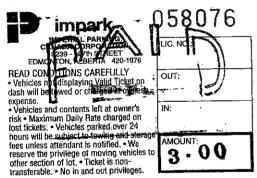
Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie. l'association ou son représentant désigné en refuserait le pisièment. Les compties en souffances sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par amiee). J'ai accepte la livraison du journal The Globe and Mail. Si Javais refusé, j'aurais pu obtenir un crédit à mon compte de 0,755 par jour (du Lundi au Vendredi) et de 1,505 le Semedi. (Dans les hôtels participants.)

Thank You for choosing

### ASSOCIATED CAB

for all your transportation needs. International Arrival Visit our counter at the Calgary International Airport ASSOCIATED CAB international arrival door. Date Dec-1-07 Driver 50 ve Amount 10.00 Car # \_ ( @ 3 GST Included #





# **PLACE THIS SIDE UP ON DASH**

DETACH THIS PORTION FOR VALIDATION



058076

RECYCLEABLE

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



# PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION



CANADA PLACE FARKADE OPERATED BY INFERIAL PARKING FOR THE CITY OF FIMINION

RCPtX155725 12/03/07 13:52 L# 2 A# 43 TXP#53560% 12/03/07 10:26 In 12/03/07 13:52 Out Regular Rate \$ 9.91 Total Tax 0.59 Total Fee ŧ 10.50 CASH PATO Ť 10.50 Cash Tender Ţ. 10.50Change Due 0.00 THANK YOU WE APPRECIATE YOUR BUSINESS COME AGAIN

# MURRIETA'S EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check #: 84862

Server: Tabitha Date: 12/19/2007

Table: 45 Time: 13:18

Client: 2

Beef Salad 13.27 Gls Foot Bolt - 21.06 Espresso 3.19 SmPrawn Tagliatelle SUB-TOTAL:

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

### MURRIETA'S EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check: 84862

Server: Tabitha

Date: 12/19/2007

Table: 45

Time: 13:19

MSTRCRD

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

HLUS/BRIAN AJ.MR

AUTH 151653 ONLINE

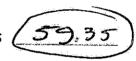
MERCHANT#

9999

SUBTOTAL \$

52.35

TIP \$



CUSTOM: COPY

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

စ်လူဝဝဝယ္ထုတ်တွင် က 90 g Tan 338

Page 1 of 3

# TELUS® Your TELUS statement

**TELUS Communications Company** 

Yeur TELUS Account ID

Thank you for keeping

Four account up to date.

Dec 13, 2007

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

**BAJHLUS** 

|          |           |      |     | <br> |                      |
|----------|-----------|------|-----|------|----------------------|
| Total    | ma a real |      |     |      | \$25.32              |
| i Ulai a | IIIOUNE   | VOU. | owe | <br> | <b>\$25 32</b>       |
|          |           |      |     | <br> | IIIIIIIIIIIII YEYIYE |

# Previous charges and credits

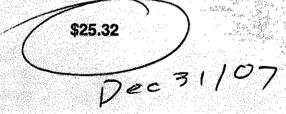
Summary of your account

| Amount of your last bill             |        |               | \$25.32 |
|--------------------------------------|--------|---------------|---------|
| Payment processed Dec 05 - Thank You | ı      |               | -25.32  |
| Balance forward                      | A 6 0. | in the second | .00.    |

### **New charges**

| 31 | Monthly services             |       | <br>23.91 |
|----|------------------------------|-------|-----------|
| 6  | GST (Registration 812758878) |       | <br>1.41  |
|    | Total new charges            | r Mag | 25.32     |

Total amount due by Jan 06, 2008





### **Applicant copy**

Second Cup # 9397 a 11802 JASPER AVENUE ECHONTON ALB, T5K ON7 780-451-2764 Second Cup # 9397 a 11802 JASPER AVENUE EDHONTON, ALB, TSK CN7 780-451-2764

Date: 07/12/16 Time:08:24:25 User ID:116238 Terminal: 9397 CARD ACTIVATION

Trans Ref.: 502901 Security: Trans Code: 1514 Transaction: 906

Date: 07/12/16 Time:08:24:51 Terminal: 9397 User ID:116238

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

CARD ACTIVATION Givex#: 6

Capital Health Authority Retail Food Service

 $\begin{array}{ll} \text{ Irans Ref.} & \text{502903} & \text{s.}17(1), \ 17(4)(e.1) \\ \text{ Security:} & \end{array}$ 

Trans Code: 1515 Transaction: 906

Card Balance : \$10.00

Card Balance : \$10,00

501

12/14/2007 12:14 PM 120501

25.00

Please retain receipt as proof of purchase

Please retain receipt as proof of purchase

Area: Trendz Express

Hust: North

#Items 1

501

VISIT NUM SECONDOUR CON TO PROTECT YOUR CARD BALANCE

VISIT WAY SECONDOUP CON TO PROTECT YOUR CARD BALANCE

Gift Certificate \$5.00 (5 @5.00) 25.00

University of Alberta Hospital

Sub Total

Thank You CUSTOMER COPY

Thank You CUSTONER COPY

Tax 0.00

Order Total 25.00

Cash 40.00

GST# R109161688

Second Cup & 9397 a 11802 JASPER AVENUE EDMONTON, ALB, T5K OH7 780-451-2764 TERKINAL 9397

Merchant: 4502413077501

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

MC \*\*\*\*\*\*\*\*

**PURCHASE** 

TOTAL

\$20.00

(Signature)

000 AP

Thank You CUSTONER COPY

01/01

Attn: Patricia 407-6776

> Cookles By George Edmonton City Centre Edmonton, AB, Canada 780-429-3661 G.S. T. # 895637247

|                 | Regular Delivery Med George Box (24) SubTetal                                                         | Ref:598;<br>Chk:5983<br>007 4:50 pm<br>39.90<br>11.95<br>36.00<br>31.95<br>119.80 |
|-----------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| .17(1), 17(4)(e | Total                                                                                                 | 119.80                                                                            |
| .17(1), 17(4)(0 | Amount Paid Total Due                                                                                 | 119.80                                                                            |
|                 | Cookles By George<br>Edmonton City Centre<br>Edmonton, AB, Canada<br>780-429-3661<br>G.S.T. # 8056379 | 0.50                                                                              |



### **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employed Númber (9)(i), S.17(1), 17 | 4 Willon Name: Management/Exemp    |
|--------------------------|-------------------------------------|------------------------------------|
| Position: Director       |                                     | ernment Affairs - Corporate Office |
| Business Phone: 407-8543 | Period From: JANUARY 1              | to January 31, 2008                |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000                   | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate          | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------------------------|---------------------------------------|--------------------------|--------------------------|---------------|-----------------------------------|-------------------|
| 201                  | 9000                                    | 71105000016                           | 69500000                 | 67.73 W                  | 6.50 n        | \$74.23                           |                   |
| 201                  | 9000                                    | 71105000016                           | 62320000                 |                          |               | 36.55                             | <b>1</b> 2        |
| 201                  | 9000                                    | 71105000016                           | 61020003                 |                          |               | 25.08                             | 15/2              |
| 201                  | 9000                                    | 71110500051                           | 69500000                 |                          |               | 227.36                            | abla              |
|                      | 7.2                                     |                                       |                          | Capital Health           |               |                                   |                   |
|                      | <u></u>                                 |                                       |                          | ECEIVED                  |               |                                   |                   |
| Less Cas             | h Advance                               |                                       |                          | EB 1 3 2008              |               | 0.00                              |                   |
| Total                | - a - a - a - a - a - a - a - a - a - a |                                       |                          | ACCOUNTS<br>PAVARIE      | City Williams | \$363.22                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Capi<br>claimed by me or on my behalf from Capital Health or other organiza | ital Health business and have not been previously tion. |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Employee Signature:                                                                                                                          | Date: February 6, 2008                                  |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Shana Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|--------------------------------------------|------------------------|------------------|
| (Signature) Wear had                       |                        | Date Jek 1 2008  |
| Approved by: (Print name)                  | Title:                 | Phone #          |
| (Signature)                                |                        | Date             |
| NOTE:                                      |                        |                  |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **EXPENSE CLAIM DETAILS**

### Brian Hlus

Period from: January 1 – January 31, 2008

| Date              | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$                            | Meals                                  | Course<br>Registration<br>& Materials | Transportation \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other    | Mileage KM                              |
|-------------------|--------------------------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|
| January 4         | Travel (government/CH meetings)                        |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | 3°                                      |
| January 9         | Travel (government/CH event)                           |                                       |                                        | ·                                     | · <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | 3.                                      |
| January 18        | Travel (Government/CH meeting)                         |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | 14                                      |
| January 8         | Hosting (government)                                   |                                       |                                        | ,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 74.23    |                                         |
| January 8         | Thank you gift (others)                                |                                       |                                        |                                       | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 44.93    | -                                       |
| December 22       | Thank you gift (others)                                |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 55.59    |                                         |
| January 11        | Supplies                                               |                                       |                                        | 126.84                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                         |
| January 31        | Fax (January)                                          |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25.08    |                                         |
|                   |                                                        |                                       |                                        |                                       | - Annual  |          |                                         |
|                   |                                                        | ·                                     | · · · · · · · · · · · · · · · · · · ·  |                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·        | <del></del>                             |
|                   |                                                        | ·                                     |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                         |
|                   |                                                        | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·  |                                       | THE STATE OF THE S |          |                                         |
| <del>- 13</del> 1 |                                                        |                                       |                                        |                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | <del></del>                             |
|                   |                                                        |                                       |                                        |                                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                         |
|                   |                                                        | `` <u> </u>                           | · ,.i                                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | <del></del>                             |
|                   |                                                        |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                         |
|                   |                                                        |                                       | ·                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | -                                       |
|                   |                                                        |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | <del></del>                             |
|                   |                                                        |                                       | ···                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                         |
|                   |                                                        |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | <del></del>                             |
|                   |                                                        |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | · · · · · · · · · · · · · · · · · · ·   |
|                   |                                                        |                                       | ······································ |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | *************************************** |
|                   |                                                        |                                       |                                        | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                         |
|                   |                                                        |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                         |
|                   |                                                        |                                       |                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total KM | 85                                      |
|                   |                                                        |                                       | Rate a                                 |                                       | tion 2 – travel below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | @ \$0.43 |                                         |
| otals.            |                                                        |                                       |                                        | 126.84                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$199.83 | \$36,55                                 |



11560 - 104 Ave.

EDMONTON, AB

Date: Jan08'08 07:21PM

Card Type: MASTERCARD Acct #: XXXXXXXXXXXX

06/10 s.17(1), 17(4)(e.1) Exp Date:

Auth Code: 212219 Check: 7154 Table: 131/1

· Gratuity:\_

Server: 27 Noelle H

BRIAN AJ.MR HLUS

Subtotal: 67.73

ministration and a page 10 and 10 and

Signature:

(est. 1976) RESTAURANT GROUP

> 11590 - 104 Ave. FIMENTON, AB

27 Noe! Is a

Amount Due

Chk 7154 Gst 1 Tb1 131/1 Jan08'08 05:39PM 23.00 1 HorsDoeuvre 13.00 1 Nacho Smali Guacamole 1 Vodka 3,25 4.35 1 Vodka 5.902 G) PR in for 15.00 Sor PR 'AL COZ 64.50 Subtotal 3.23 GST 67.73

Thank-you for your patronage

The Sawmill Loyalty Program

Ask your seal in how to join theaty! GST# 855554903 www.sawmillrestaurant com

### \*=== TRANSACTION RECORD ====

U of A Bookstore - SUB

1708 CASH-1 7902 0001 105

University of Alberta Bookstore Students Union Building Edmonton, CN. Alberta T60 2J7

TYPE: PURCHASE

ACCOUNT: Master Card

126.84

CARD NUMBER: \*\*\*\*\*\*\*\*\*

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

DATE/TIME : 11.01.2008/11:51:09 REFERENCE : 66091879 0010017440 M

AUTHOR: : 135110

### U of A Bookstore - SUB

1708 CASH-1 7902 0001 105

978013187926 NEW

PARMENT/EN BONS TE MOS TG 120.80

SUBTOTAL 120.80 GT10B102B31RT0001 6.04

TOTAL 126.84

SUBTOTAL 120.80 6T108102831RT0001

6.04 TOTAL 126.84

s.17(1), 17(4)(e.1) CARD NUMBER: \*\*\*\*\*\*\*\*\*

Master Card 126.84

TEXT REFUND DEC 17/07-JAN19/08

1/11/08 11:52

| ORDER PLACED BY:    | FLORAL DEPART                               |                                    | 20                 |
|---------------------|---------------------------------------------|------------------------------------|--------------------|
| NAME                | <u> </u>                                    |                                    |                    |
| ADDRESS             |                                             | $f^{\sharp}(\zeta) = \dot{\gamma}$ | (1) (1) N          |
| CITY                | 77 A. S. W. S.                              | PHONE                              | 7-1142             |
| INCOMING OUTGOING   | PHONE CASH CHAF                             | RGE DEBIT                          | CLEPK              |
|                     |                                             |                                    |                    |
|                     | muit banks                                  | 4                                  | 2499               |
|                     | plus ted                                    | dy bea-                            | <del></del> ;      |
|                     |                                             | <u> </u>                           |                    |
|                     |                                             | /IRE CHARGE                        |                    |
| - 1 1 1 1           | DELIVI                                      | ERY CHARGE                         | <u>/o^o</u>        |
|                     |                                             | GST/PST<br>TOTAL                   | 44.43              |
| CARD BEST WISHES T. | C.Y CONGRATS BIRTHDAY                       | ANNIV. SYMP.                       | PLAIN: THANK       |
|                     |                                             |                                    |                    |
|                     |                                             | ., :                               |                    |
|                     |                                             |                                    |                    |
|                     |                                             |                                    |                    |
|                     |                                             |                                    | :                  |
|                     |                                             |                                    |                    |
| AFEWAY ()           | CANADA SAFEWAY LIMITED<br>FLORAL DEPARTMENT | STORE #                            | 6787               |
| STORE ADDRESS       | r, a conne dei ammens                       | STORE                              | i .                |
|                     |                                             |                                    |                    |
| SEND TO:            | in Shall                                    | 16: 0                              | 17(1), 17(4)(g)(i) |
| Λ ` Ι               | 1/4 J/1 0 1/                                | 10. 2                              | 11(1), 11(4)(8)(1) |
| 1                   |                                             |                                    |                    |

| RDER PL                                      | ACED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | 1eC_20_0                                |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| AME                                          | <u>jan jang tang tang tang tang tang tang tang t</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>         | -                                       |
| DDRESS                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                         |
| ITY                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE            |                                         |
| .···.                                        | ta Hariya 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 1 1 7 3        | 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| NCOMING                                      | OUTGOING PHONE CASH C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HARGE DEBIT      | CLERK                                   |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                         |
| - 4                                          | Burnet Jamaka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>-</i>         | 44, 47                                  |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *                |                                         |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                         |
|                                              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WIRE CHARGE      |                                         |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 15 50                                   |
|                                              | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LIVERY CHARGE    | 1000                                    |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GST/PST          | (3)                                     |
| <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL            |                                         |
| CARD BE                                      | ST WISHES TOY CONGRATS BIRTHDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AY "ANMIV. SYMP. | PLAIN THANK YOU                         |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                         |
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|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                | ••                                      |

DELIVER A.M. SUN. MON. TUE. WED. THUR. FRI. SAT. DATE

Health

FC 664 (REV 68-05) 68-66 126M-51 66900697

SEND TO:

4

CUSTOMER PHONE #

# TELUS® Your TELUS statement

**TELUS Communications Company** 

Jan 13, 2008

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

**BAJHLUS** 

Total amount you owe.....\$25.08

# Summary of your account

### Previous charges and credits

| Amount of your last l | bill       |          | XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>\$25.32</b> |
|-----------------------|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Payment processed     | Jan 02 - T | hank You | ng att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -25.32         |
| Balance forward       |            | 100      | es a la companya de l | .00            |

### **New charges**

| Monthly services             |     |              | 23.91 |
|------------------------------|-----|--------------|-------|
| GST (Registration 812758878) | · · | Section 1995 | 1.17  |
| Total new charges            |     |              | 25.08 |

Total amount due by Feb 04, 2008 \$25.0

Pag 1 of 1 of 1 of 1 of S.17(1), 17(4)(go) S.17(1), 17(4)(go)(ii) S.17(1), 17(4)(go)(ii) S.17(1), 17(4)(go)(ii)

• Thank you for keeping your account up to date.



### **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee Númber(g)(i), S.17(1), 17(4) (ghilo | n Name: Management/Exemp     |
|--------------------------|----------------------------------------------|------------------------------|
| Position: Director       | Department: Government                       | t Affairs - Corporate Office |
| Business Phone: 407-8543 | Period From: February 1, 2008                | to February 29, 2008         |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate       | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|------------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           | 69500000                 |                          |            | 1.30<br>\$50 <del>6.05</del>      |                   |
| 201                  | 9000                  | 71105000016                           | 62320000                 |                          |            | 154.21                            | X                 |
| 201                  | 9000                  | 71105000016                           | 61020003                 |                          |            | 25.07                             | ,<br>  <b>X</b>   |
|                      |                       | a                                     |                          |                          |            |                                   |                   |
|                      | ·                     | A.C. Della Company                    | RECEIVI                  | ED                       |            |                                   |                   |
|                      |                       |                                       | MAR 0 5 200              | 8                        |            |                                   |                   |
| Less Cas             | h Advance             | websymmes.cubs                        | ACCOUNT                  | s                        |            | 0.00                              |                   |
| Total                |                       | Section 1                             | PAYABLE                  |                          | /sis-(xs.) | \$686.2 <del>8</del>              |                   |

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

| claimed by me or on my behalf from Capital He | <del>and the state of </del> |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee Signature:                           | Date: February 29, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature)                                 |                        | Date             |
| Approved By. Jella Mund                     | Title: Executive Durit | Phone #          |
| (Signature)                                 |                        | Date             |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### **Best Copy Possible**

From STER

Capital Health Authority Retail Food Service

### 580

| Host: Nor:<br>580<br>Area: Tren  | 02/22/2008<br>2:39 PM<br>120580 |                      |
|----------------------------------|---------------------------------|----------------------|
| Misto (1ba<br>Cafe Latte<br>Shot | =                               | 2.60<br>3.80<br>0.55 |
| #Items 3                         | Sub Total<br>Tax                | 6.95<br>0.35         |
|                                  | Order Total                     | 7.30                 |
|                                  | Cash                            |                      |

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACROWALD ESTATES 00FEB14 23:24 001 002 Q5/1479 ř . 08FEB14 18:59 01 / 4:25 #394849 fact is det ŝ Mary Due =01007517WATE 1 \$8.00 TOTAL \$8.00 CASH \$8.00 FOR MONTHLY PARKING FHONE 4201976 GET INCLUDED

University of Alberta Hospital

| RSVP FOR THE DIANA KRALL CONCERT AND GALA                                                                    |
|--------------------------------------------------------------------------------------------------------------|
| NAME: Barb & Bran Hus                                                                                        |
| TICKETS: 01 Ticket \$250.00  2 Tickets \$500.00                                                              |
| Limited number of tickets are available. Seats are assigned on a first cor                                   |
| We gratefully acknowedge the generosity of our sponsors.                                                     |
| PAYMENT: Please make cheque payable to Capital Health Credit card type: OVisa MasterCard Credit card number: |
| Name on Card:                                                                                                |
|                                                                                                              |
| Signature:                                                                                                   |
| Please complete and return in the attached envelope by March 7, 2008                                         |

If you have questions, please don't hesitate to contact us at 780-407-

CH HEART INSTITUTE WMC 1J2.68, 8440 T6G2B7 **EDMONTON** 23132657 1111 PURCHASE 111 02-29-2008 Acct # n s.17(1), 17(4)(e.1) Exp Date 06/10 Card Type MC Name: Inv. # 23 T20292045001 Auth # 113614 RRN 001015023 Total \$500.00

Costomer copy

April.

# TELUS® Your TELUS statement

**TELUS Communications Company** 

Feb 13, 2008

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

**BAJHLUS** 

Account ID

S. 17(1), 17(4)(9)(ii)
Account ID

Label 1 of 3

Thank you for keeping

your account up to date.

Total amount you owe.....\$25.38

# Summary of your account (de

(details start on page 3)

### Previous charges and credits

| Amount of your last bill | La a kara a a a a a a a a a a a a a a a a | \$25.08 |
|--------------------------|-------------------------------------------|---------|
| Payment processed Fe     |                                           | -25.08  |
| 911 adj Jan 29           |                                           | -,01    |
| Balance forward          | · · · · · · · · · · · · · · · · · · ·     | 01      |

### New charges

| Monthly services       | er eg<br>V | :<br>: | . • | * ,        | 23.91 |
|------------------------|------------|--------|-----|------------|-------|
| Additional charges and | l credits  |        |     |            | .31   |
| GST (Registration 812  | 758878)    |        |     | SEE SE SOL | 1.17  |
| Total new charges      |            |        |     |            | 25.39 |

Total amount due by Mar 04, 2008

\$25.38

#25.07)

### -Fernandez, Patricia

### **Applicant copy**

From:

COE Web Store [onlinestore@edmonton.ca]

Sent:

Friday, February 01, 2008 1:35 PM

To: Subject: Hlus, Brian

Purchase Receipt

City of Edmonton Online Store Internet Purchase Receipt.

Order Date:

2/1/2008 12:34:34 PM

Order Number: Bank Auth Number: 153434

135307

Order Total:

107.10

Name on Card:

Brian Hlus

Email Address:

brian.hlus@capitalhealth.ca

BILL TO:

Name:

**Government Affairs** 

Address Line 1: 1J2 WMC 8440-112 St

Address Line 2:

City: Edmonton State/Province: AB

Zip/Postal Code: T6G 2B7 Country:

CA

Phone Number: 780-407-8543

Please keep this receipt for your records.

# **EXPENSE CLAIM DETAILS**

### Brian Hlus

Period from: February 1 – February 29, 2008

| Date        | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$  | Meals                                 | Course<br>Registration<br>& Materials   | Transportation \$                 | Other                | Mileage KN                             |
|-------------|--------------------------------------------------------|-------------|---------------------------------------|-----------------------------------------|-----------------------------------|----------------------|----------------------------------------|
| February 1  | LRT Tickets                                            |             |                                       |                                         | 107.10                            |                      |                                        |
| February 14 | Travel (government/CH event)                           |             |                                       | *************************************** |                                   |                      | 2                                      |
| February 14 | Parking (government/CH event                           |             |                                       |                                         | 8.00                              |                      |                                        |
| February 15 | Travel (government/CH meeting)                         |             |                                       |                                         |                                   |                      | **                                     |
| February 19 | Travel (Government/CH event)                           |             |                                       |                                         |                                   | 7,30                 | 3                                      |
| February 22 | Hosting (CH staff)                                     |             | -                                     |                                         |                                   | 6,65                 |                                        |
| February 26 | Travel (Government/CH event)                           |             |                                       |                                         |                                   |                      | 2:                                     |
| February 26 | Parking (government/CH event)                          |             | 4                                     |                                         | 6.00                              |                      |                                        |
| February 29 | Fax (January)                                          |             |                                       |                                         |                                   | 25.07                | · · · · · · · · · · · · · · · · · · ·  |
| ebruary 29  | Tickets (CH event)                                     |             |                                       |                                         | 70.00                             | 500.00               |                                        |
|             |                                                        |             | ·····                                 |                                         |                                   |                      |                                        |
|             |                                                        |             |                                       |                                         |                                   |                      |                                        |
|             |                                                        |             | · · · · · · · · · · · · · · · · · · · |                                         | - <u>,</u>                        | <del>- ' ,</del>     |                                        |
|             |                                                        |             |                                       |                                         |                                   |                      | <del> </del>                           |
|             |                                                        |             |                                       |                                         |                                   |                      |                                        |
|             |                                                        |             |                                       |                                         |                                   |                      |                                        |
|             |                                                        |             |                                       |                                         |                                   |                      | · · · · · · · · · · · · · · · · · · ·  |
|             |                                                        |             | · · · · · · · · · · · · · · · · · · · |                                         |                                   |                      |                                        |
|             |                                                        | ,           |                                       |                                         |                                   |                      |                                        |
| ···         |                                                        |             |                                       |                                         |                                   |                      |                                        |
|             |                                                        | -           |                                       |                                         |                                   |                      |                                        |
|             |                                                        |             |                                       |                                         |                                   |                      | ······································ |
|             |                                                        |             |                                       |                                         |                                   |                      | ······································ |
|             |                                                        |             |                                       |                                         |                                   | Total KM             | . 77                                   |
| otals       |                                                        | <del></del> | Rate a                                | s outlined in Sec                       | tion 2 – travel below<br>\$121.10 | @ \$0.43<br>\$532.02 |                                        |



### Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee Number (9)(i), S.17(1), 17(4 (9)(ii) on Name: Management/Exemp |  |  |  |  |
|--------------------------|-------------------------------------------------------------------------|--|--|--|--|
| Position: Director       | Department: Government Affairs - Corporate Office                       |  |  |  |  |
| Business Phone: 407-8543 | Period From: March 1, 2008 to March 31, 2008                            |  |  |  |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate          | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|---------------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000051                           | 69366890                 |                          |               | \$116.48                          |                   |
| 201                  | 9000                  | 71105000051                           | 62320000                 |                          |               | 268.65                            | 5/2               |
| 201                  | 9000                  | 71105000051                           | 61020003                 |                          |               | 25.05                             | ¥                 |
| 201                  | 9000                  | 71105000051                           | 49510000                 |                          |               | 244.89                            | [ <b>X</b>        |
|                      |                       |                                       |                          | Canit                    | Hisalth       | in victory.                       |                   |
|                      | -                     |                                       |                          | REC                      | EIVED         | 17.77                             |                   |
| Less Cas             | sh Advance            |                                       |                          | į.                       | 0 2008        | 0.00                              |                   |
| Total                |                       |                                       | 3 30                     | ACCC<br>PAYA             | OUNTS<br>VBLE | \$654.07                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Capital claimed by me or on my behalf from Capital Health or other organization. | al Health business and have not been pre<br>on. | viously |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------|
| Employee Signature:                                                                                                                               | Date: March 31, 208                             |         |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |  |
|---------------------------------------------|------------------------|------------------|--|
| (Signature) // lalken                       |                        | Date             |  |
| Approved By: (Print name)                   | Title:                 | Phone #          |  |
| (Signature)                                 |                        | Date             |  |
| (Signature)                                 |                        | Date             |  |

### NOTE

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- · GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

### **EXPENSE CLAIM DETAILS**

Brian Hlus

Period from: March 1 to March 31, 2008

69500000: Sundry expenses 62320000: Staff local travel - client 61020003: Telephone and line rentals 49510000: Department supplies - general

| Date     | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$ | Meals    | Course<br>Registration<br>& Materials | Transportation \$                       | Other          | Mileage KM |
|----------|--------------------------------------------------------|------------|----------|---------------------------------------|-----------------------------------------|----------------|------------|
| March 4  | Travel (provincial government meeting)                 |            | Ì        |                                       | 14.96                                   |                | 4          |
| March 4  | Hosting (provincial government)                        |            | √ 17.96  |                                       |                                         |                |            |
| March 5  | Hosting (CH staff)                                     |            |          |                                       |                                         | 9.66           | s.i        |
| March 6  | Travel (CH event)                                      |            |          |                                       |                                         |                | 16         |
| March 6  | Travel (CH event)                                      |            |          |                                       | 43.94                                   |                | 11         |
| March 6  | Hosting (CH staff)                                     |            |          |                                       | 5.00                                    | 48.94          |            |
| March 10 | Office supplies (new fax, recording tapes, dusk off)   |            |          |                                       | ,                                       | 165.13         | ď          |
| March 10 | Office supplies (ink for fax machine)                  |            |          |                                       |                                         | 79.76          | W          |
| March 10 | Travel (provincial government)                         |            |          |                                       | 10.00                                   |                |            |
| March 11 | Travel (provincial government)                         |            |          |                                       | 10.00                                   |                |            |
| March 18 | Travel (CH event)                                      |            |          |                                       | *************************************** | 5,72           | 21 س       |
| March 18 | Hosting (community)                                    |            |          |                                       |                                         | 5.45           | _          |
| March 20 | Travel (provincial government meeting)                 |            |          |                                       |                                         |                | 23         |
| March 25 | LRT Tickets                                            |            |          |                                       | 212.10                                  | w              |            |
| March 27 | Travel (government/CH meeting)                         |            |          |                                       | -3 <sub>0.</sub> 97                     |                | 10         |
| March 28 | Hosting (municipal government)                         |            |          |                                       | 3.50                                    | 34.47          |            |
| March 31 | Fax                                                    |            |          |                                       |                                         | <b>√</b> 25.05 | J          |
|          |                                                        |            |          |                                       |                                         |                |            |
|          |                                                        |            | <u> </u> |                                       | <u> </u>                                | Total KM       | 85         |
| - and t  |                                                        |            | Rate     | as outlined in Se                     | ection 2 – travel belo                  |                |            |
| Totals   |                                                        | -          |          |                                       | 232.10                                  | 386.42         | \$36.55    |

| ļ | LONDON |
|---|--------|
|   | DRUGS  |

NORTHIOWN MALL 780 944 4521 NG FOR WORK? www.londondruss.com

発 様 1754、8 - K 178 75.9€ 1 44 102 5 80 FAI 79.76 Masterial 79 76 232150 CHANGE - .00

.00 (P)ST (G)ST 3.80

708 21:24 s.17(1), 17(4)(e.1) HARRY VILL

### CREDIT CARD TRANSACTION RECORD

LONDON DRUGS 21 185 N. Town Mall EDMONTON, AB T5E 601

ROYAL BANK: 0030400749106 REG.: 080 EMPLOYEE 35814 s.17(1), 17(4)(e.1) KXXXXXXXXX EXPIR. 0610

ŗ \$79.76

Cand PURCHASE

'08 21:21:48 AUTH: 232150 INCE: 66009764 0016940380

01 APPROVED - THANK YOU 027

MER'S SIGNATURE

----

se to pay the above total amount ling to card issuer screenent.

(780) 462-4444

10135 – 31 Avenue Edmonton, Alberta T6N 1C2

GST# 100403070

ACCOUNT NO.

CHARGE TO:

G.S.T.#

BOM

J #1.05

Baniel TAXILITD. (780) 489-7777 AUTH, NO.

FARE INTL GRATUITY

Retail Food Tervice

845

| Host: North          | 03/18/2008 |
|----------------------|------------|
| 645                  | 2:58 PM    |
| Area: Trendz Express | 120645     |
| razo rea 12 oz       | 1.65       |
| Cafe Latte 16oz      | 3.80       |
| #Items 2 Sub Total   | 5.45       |
| Tax                  | 0.27       |
| Order Total          | 5.72       |
| Cash                 | 10.00      |

NKM /

| DAT    | E TABLE No.            | SERVER                                 | PERSONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHECK                                            |                                                  | Best Copy Possible                                                                                     |
|--------|------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| eters) |                        |                                        | 79 mm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1910 <u>1.56</u> 6                               | <u> </u>                                         | best copy i ossible                                                                                    |
| 1      |                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                | 75                                               |                                                                                                        |
| 2      |                        | 4 (1)                                  | ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                                  | \                                                                                                      |
| 3      |                        | manifest year in the second            | <br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nde dan dag some ende ende mege gege man ger ger | Co. The sufference have seen that they have seen |                                                                                                        |
| 4      |                        | i i i i i i i i i i i i i i i i i i i  | 4.056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [왕 23년<br>- 11 - 1240년개                          | GST 3                                            | <b>G0</b> 5766                                                                                         |
| 5      |                        | ###################################### |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | en en Anderson de describes de la                | - Not and printing on the page uniques           | - VINOLEGE                                                                                             |
| 6      |                        | ب ا<br>ادار ادار<br>ادار ادار          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 103<br>703                                       |                                                  |                                                                                                        |
| 7      |                        | 4                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | 37 7 1                                           | WAREHOUSE #156                                                                                         |
| 8      |                        | ý ···                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | 13650 ship can                                                                                         |
| 9      |                        |                                        | alline et c'ole mande                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 4.,34                                            | TSG_AVAIDERTA                                                                                          |
| 10     |                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ya sana<br>Cala ngan                             | 13-2*<br>4-3-4                                   | **************************************                                                                 |
| 11     |                        |                                        | This was to be a sur-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                  | 648979 DUST-OFF 6PK 18-25                                                                              |
| 12     |                        |                                        | up) can can array                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                                  | 142339 TDK VHS 12PK 18.26<br>142339 TDK VHS 12PK 10.96<br>665750 HP 5750XI 119.96<br>ELECTRONIC A 8.00 |
| 13     | ***                    |                                        | a application to the state of t |                                                  |                                                  | SURTOTAL                                                                                               |
| 14     |                        |                                        | i i grappine in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | 7.86                                                                                                   |
| 15     |                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | TOTAL<br>EFT/Debit                                                                                     |
|        |                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | s.17(1)                                          | 143.4 1 "                                                                                              |
|        | يغنى                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | , 17(4)(e.1)<br>ERENCE#: 66091020-0010016830<br>H#: 006429                                             |
|        | t. 't.                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | H#: 006429 03/10/08 20 /5<br>TCO # 156 03/10/08 20 /5<br>50 50th Street                                |
|        |                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | onton. Alberta T5A-4Y3                                                                                 |
|        | LOUISIANA PUR          | CHASE                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | CHASE - EFT/Debit                                                                                      |
|        | 20 -111 ST<br>EDMONTON | T5K1L2<br>AB                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 41) A                                            |                                                  | OO APPROVED THANK YOU OOT                                                                              |
|        | 50126293               | AD.                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I                                                | S.I<br>Thank You!                                | 17(1), 17(4)(e.1)                                                                                      |
|        | PRE AUTH PU            | KCHASE **                              | ii · · re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AMOUNT                                           | G.S.T.                                           | ** ** ** ** ** ** ** ** ** ** ** ** **                                                                 |
|        | 2008                   | 12:51:                                 | 46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                                  | CHANGE (3)                                                                                             |
|        | te 06/10               |                                        | $\frac{s}{MC}$ s. $\frac{17}{}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1), 17(4)(e.1                                    |                                                  | IL NUMBER OF ITEMS SOLD = 3<br>ITER: DANIELLE L REG# -<br>ZOKIAL 20:28 0156 13 0134 201                |
|        |                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  | 20:28 0156 13 0134 221                                                                                 |
|        | # 0200 <sup>-</sup>    |                                        | ١                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                                  | - THUNK AON!                                                                                           |
|        | FS22<br>3613           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |                                                                                                        |
|        |                        | RRN 0012990                            | 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                  |                                                                                                        |
|        | Purchase               | \$43.94                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |                                                                                                        |
|        |                        | 100                                    | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                                  |                                                                                                        |
|        | <del>.</del> .         | 40.0                                   | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                                  |                                                                                                        |

Customer copy

### Capital Health Authority Retail Food Service

### 185

| <b>Best Copy Possible</b>              |  |  |  |  |  |  |
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| " white standing to                    |  |  |  |  |  |  |

| South<br>195          | ر 03/05/20<br>م 9:34 |
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| Trendz Express        | 130                  |
| Tea Latte 20oz        | 4                    |
| Latte 20oz            | 0<br>4               |
| ns 3 Sub Total<br>Tax | 9                    |
| Order Total           | ٤                    |
| Cash                  | 20 👡                 |

Customer copy

From:

Hius, Brian

Sent:

Tuesday, March 25, 2008 1:57 PM

To:

Fernandez, Patricia

Subject:

FW: Purchase Receipt

To be printed for our expenses.

I am deleting.

Thanks

Brian

----Original Message----

From: COE Web Store [mailto:onlinestore@edmonton.ca]

Sent: Tuesday, March 25, 2008 11:27 AM

To: Hlus, Brian

Subject: Purchase Receipt

City of Edmonton Online Store Internet Purchase Receipt.

Order Date:

3/25/2008 10:27:28 AM

Order Number: Bank Auth Number: 094206

149787

Order Total:

212.10

Name on Card: Brian Hlus

Email Address: brian.hlus@capitalhealth.ca

**BILL TO:** 

Name:

Government Affairs

Address Line 1: 1J2 WMC 8440-112 St

Address Line 2:

City:

Edmonton

State/Province: AB

Zip/Postal Code: T6G 2B7

Country: CA

Phone Number: 780-407-8543

Please keep this receipt for your records.

THE KING AND I THAI CUISINE

8208 107 STREET EDMONTON, AB (780) 433-2222

11. 4041040

Batch Shift

Pre-Auth

VISA

s.17(1), 17(4)(e.1) Inv #. Widdi12443

Seg#: 11600.

Amount:

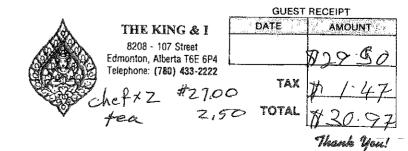
Tip:

Total:CAD\$

APPROVED

28-Mar-98

Customer Copy n -√ You!



Applicant copyome

| Businesses | Household   | Transit | Parks & River Valley | City Government | Attractions & Recreation   | Infrastru |
|------------|-------------|---------|----------------------|-----------------|----------------------------|-----------|
| Visitors   | Environment | Bylaws  | Emergency Services   | Transportation  | People Services & Programs | Permits   |

### **Online Store**

### **Shopping Cart Content**

· Return to Shopping

Your Order Has Been Approved!

For your records your order ID is: \*

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

Thank You For Your Order!

We have received your order and will be sending you an email from our secure payment partner support@beanstream.com shortly with a receipt of your purchase.

Order Date: Tuesday, March 25, 2008

Total: \$212.10 Comments: Approved

Order No. Product Name Quantity SKU Part No.

149787 Adult Ticket Strip (sheet of 10) 10 228538-PU

Shipping:

Taxes:

Please print this page for your records.

Copyright © 1995 - 2007 City of Edmonton. All rights reserved. Please read the Conditions of Use and Web Privacy Co

## **ELUS® Your TELUS statement**

Mar 13, 2008

TELUS ComplicanticopyCompany

Page 1 of 3

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

BAJHLUS

Your account number S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Your TELUS Account ID

 Thank you for keeping your account up to date.

## Summary of your account

| Previous ch | arges and | credits |
|-------------|-----------|---------|
|-------------|-----------|---------|

| Amount of your last bill             | \$25.38 |
|--------------------------------------|---------|
| Payment processed Mar 03 - Thank You | -25,38  |
| 911 adj Feb 27                       | 01      |
| Balance forward                      | 01      |

#### New charges

| Monthly services             | 23.89 |
|------------------------------|-------|
| GST (Registration 812758878) | 1.17  |
| Total new charges            | 25.06 |

Total amount due by Apr 03, 2008

\$25.05

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Apr 03, 2008.

Payments made close to, or after your billing date will be reflected on your next bill statement.

Amount due by Apr 03

Payment you're making 25.05

count number

)104537

EWCON01 20000025.06

7(4)(g)(i), S.17(1), 17(4)(g)(ii)

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T10 (K)

B A HLUS

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

TELUS PO BOX 7575 VANCOUVER BC V68 8N9

12117720130604030000250500000000

:31111m900:

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p. .



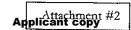
Your TELUS statement Mar 13, 2008 BAJHLUS

Page 3 of 3

# Charges for 780 $^{\text{S.17(1), 17(4)(g)(i)}}$

## Details of your new charges

| Monthly services (from Mar 13 to Apr 12)                     |         | 23.89 |
|--------------------------------------------------------------|---------|-------|
| Unlisted Directory Charge                                    | FREE    |       |
| E9-1-1 Municipal Call Answer Fee                             | .44     |       |
| E9-1-1 Provincial Network Fee (from Feb 24 to Mar 12 @ 0.00) | 01      |       |
| E9-1-1 Provincial Network Fee                                | .12     |       |
| LocalLine                                                    |         | 23.34 |
| Total monthly services                                       | \$23.89 |       |
| Taxes                                                        |         | 1.17  |
| GST (Registration 812758878)                                 | 1.17    |       |
| Total charges for S.17(1), 17(4)(g)(i)                       |         | 25.06 |





## Travel & Employee Expense Claim Form

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employee Númber(9)(i), S.17(1), 17(4) (1) Hillion Name: Management/Exemp |                                  |
|--------------------------|--------------------------------------------------------------------------|----------------------------------|
| Position: Director       | ·                                                                        | nment Affairs - Corporate Office |
| Business Phone: 407-8543 | Period From: April 1, 2008                                               | to April 30, 2008                |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate     | Canadian \$<br>(including<br>GST) | ✓ if GST included |                                       |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|----------|-----------------------------------|-------------------|---------------------------------------|
| 201                  | 9000                  | 71105000051                           | 69300000                 |                          |          | \$136.83                          |                   | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |
| 201                  | 9000                  | 71105000051                           | 62320000                 |                          |          | 143.10 138:10                     |                   |                                       |
| 201                  | 9000                  | 71105000051                           | 61020003                 |                          |          | 24.76                             | ×                 | ē                                     |
| 201                  | 9000                  | 71105000051                           | 62312000                 |                          |          | 626.81                            |                   | 6                                     |
|                      | ···                   |                                       |                          | AEC                      | l Health |                                   |                   |                                       |
|                      |                       |                                       |                          | MAYO                     | A cone   |                                   |                   |                                       |
| Less Cas             | h Advance             |                                       |                          | Actor                    | * EUUG   | 0.00                              | . 🗆               |                                       |
| Total                |                       |                                       |                          | L. PAVA                  | BLE      | \$925.50                          |                   |                                       |

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

| I hereby certify that the expenses listed above were incurred on Capital claimed by me or on my behalf from Capital Health or other organization | Health business and have not been previously n. |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Employee Signature:                                                                                                                              | Date: May 5, 2008                               |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008 |
|---------------------------------------------|------------------------|------------------|
| (Signature)                                 |                        | Date             |
| Approved By (Print name)                    | Title:                 | Phone #          |
| (Signature) /                               |                        | Date             |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **EXPENSE CLAIM DETAILS**

Brian Hlus

Period from: April 1 - April 30, 2008

69500000: Sundry expenses 62320000: Staff local travel - client 61020003: Telephone and line rentals 49510000: Department supplies - general

| Date                                  | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$ | Meals      | Course<br>Registration<br>& Materials   | Transportation     | Other          | Mileage<br>KM |
|---------------------------------------|--------------------------------------------------------|------------|------------|-----------------------------------------|--------------------|----------------|---------------|
| April 1                               | Travel (government/CH meeting)                         |            |            | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 30.14              |                | 14            |
| April 1                               | Hosting (government)                                   |            |            |                                         | 3,50               | <b>√</b> 33.64 |               |
| April 3                               | Travel (government/CH meeting)                         |            |            |                                         |                    | \$ 00.04       | 14            |
| April 3                               | Hosting (government)                                   |            |            |                                         | 3.46               | 00.40          |               |
| April 7                               | Parking (CH event)                                     |            |            |                                         | 7.00               | 28.46          |               |
| April 7                               | Hosting (community)                                    |            |            |                                         | ·                  | 5.00           | <i>₩</i>      |
| April 11                              | Travel (government meetings)                           |            |            |                                         |                    | 7.60           | 39<br>33.60   |
| April 11                              | Hosting (government)                                   |            |            |                                         | •                  | 37.10          | 3.50          |
| April 13                              | Travel (government event,<br>Sherwood Park)            |            |            |                                         | ,                  | 37.10          | 44            |
| April 14                              | Parking (HBC Conference)                               |            |            |                                         | √ 17.00            | u              |               |
| April 14                              | Parking (HBC Conference)                               |            |            |                                         | , / 17.00          | V              |               |
| April 15                              | Parking (community Event)                              |            | 322.39     |                                         | J 3.00             | <b>W</b>       |               |
| April 17                              | Event, Calgary                                         | 334.67     | 12.28      |                                         | ✓ 35.00            | V              | 598           |
| April 21                              | Taxi (government meeting)                              |            |            | ,,                                      | , /25.00           |                |               |
| April 22                              | Travel (CH Board event)                                |            |            |                                         |                    |                | 18            |
| April 23                              | Travel (CH Board Event & CH event)                     |            |            |                                         |                    |                | 33            |
| April 24                              | Travel (government event)                              |            |            |                                         |                    |                | 21.53 g       |
| April 25                              | Hosting (government)                                   |            |            | `                                       |                    | 24.03          | <b>\$</b> 50  |
| April 30                              | Parking (government meeting)                           |            |            |                                         | /3.00              |                |               |
| April 30                              | Fax                                                    |            |            |                                         |                    | <b>/</b> 24.76 | ン             |
|                                       |                                                        | 41-14-1    |            |                                         |                    |                |               |
|                                       |                                                        |            |            |                                         | 746                |                |               |
|                                       |                                                        |            |            |                                         |                    |                |               |
|                                       |                                                        |            |            |                                         |                    |                | -             |
|                                       |                                                        |            |            |                                         |                    |                |               |
|                                       |                                                        |            |            |                                         |                    |                | 4             |
| · · · · · · · · · · · · · · · · · · · |                                                        |            | l          |                                         |                    | Total KM       | 768           |
|                                       |                                                        |            | Rate as ou | tlined in Sectio                        | n 2 – travel below |                |               |
| Totals                                |                                                        | \$334.67   |            | I                                       | \$100.00           | \$160.59       | \$330.24      |



FELT TIASS 20 MOOF TISSUE MANAE CLA & EMSTOR

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0.0287

-5-CP# 301

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AND TIME

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4PR 08,2008

(F# →£0202

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16.23 Jun

PALLISER PARKADE CALGARY AB RECEIPT ONLY!

PAY STATION:

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

ENTRY DAT/TIME:

17/04/08 15:58

PAY DATE/TIME:

18/04/08 10:28

PARK-DUR.: HRS:MIN

0:18:30

\*\*\*\*\*\* PAID:

VISA

\$ 35.00

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

09 :

AUTH. CUBLU68'

REF.

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

\* YOU MUST TAKE

\*ORIGINAL TICKET \*

\*WITH YOU AND USE\*

IT TO EXIT

\*\*\*\*\*\* **GST INCLUDED** 

GST No. RT12201449

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

THANK YOU FOR YOUR

Thank You For Parking At Commerce Place Parkade

Terminal#:1 Cashier#:5 04/15/08 18:27 04/15/08 19:55 - 01:29 76247305 / #285242 3,00 \$ 5 RATE 3.00 TOTAL 20,00 Cash 17.00 CHANGE

GST #897727657RT Have a Nice Day

CITY OF EDMONTON LIBRARY PARKATE GET # 119325270 RY0003

Reptil 21971 世上編 西 TX::15167 04/30/08 22:41 04/30/08 20:46 In 04/30/08 22:41 Out Tkt# 390943 2.86 Regular Rate 1 Total Tax ij 0.1%

3 (1) Total Fee 7. (J. PASH PAID 10.00 ŧ Cash Tender 7.00 Change Nuz Ċ,

> THAK YOU MIKE AMILY

| •                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| , CHARGE TO: ACCOUNT NO.                                                                                                                                                                                             | s.17(1), 17(4)(e.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Applicant copy (2                                                 |
| H HLUS PRINTER                                                                                                                                                                                                       | <b>III</b> (780) 462-3456<br><b>III II</b> (780) 462-4444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                 |
| G.S.T.# 55299007 TIME FROM USUGGGTY HOPPITM                                                                                                                                                                          | TION (780) 465-8500    DRIVEB   UNIT NO.   Adoption   A | 9TH ST B I S T R O  9910 109ST NN EDMONTON , ALBERTA 780-424-7219 |
| PRINT NAME  CUSTOMER'S SIGNATORS  THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED T PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING. | FARE INTL GRATURY TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Table 25 TAB # 1                                                  |
| SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING                                                                                                                                                             | THE UE OF SUCH CARD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Apr 1 2008 131 4                                                  |
|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Pint Draft 10.80<br>2 Montreal Smoked 17.90                     |
| TRANSACTION RECORD 080401/12:32                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Balance 28.70<br>GST 1.44<br>Included 0.00                        |
| 9910 109 STREET<br>EDMONTON ALBERTA<br>T5K1H5                                                                                                                                                                        | !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total \$30.14                                                     |
| TERM ID: 02462124 OF ID: 109 MID: 387423 s.17(1), 17(4)(e.1) CARD # XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                              | DOAN'S VIETNAMESE<br>RESTAURANT<br>7909 104 STR<br>EDMONTON AB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLEASE PAY DEBBIE<br>T H A N K Y O U                              |
| REF NO: 0000251 AMOUNT \$30.14                                                                                                                                                                                       | EDMONTON AB s.17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7(1), 17(4)(e.1)                                                  |
| TIP: \$  TOTAL: \$ 33,64.  (001) APPROVED - THANK YOU AUTH #044398                                                                                                                                                   | CARD TYPE V.  DATE 2008/04,  TIME 3898 12:51:3  RECEIPT NUMBER  \$30709389-001-048-009-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| CARDHOLDER AGREES TO PAY ISSUER SUCH<br>TOTAL IN ACCORDANCE WITH ISSUER'S<br>AGREEMENT WITH CARDHOLDER                                                                                                               | PRE-AUTHORIZATION AMOUNT \$25.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 0 c                                                             |
|                                                                                                                                                                                                                      | TOTAL -CAD 300 4/5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3 25                                                              |

AUTH# 015372

THANK I'M

CARDHOLDER SIGNATURE

25 46



#### Capital Health Authority Retail Food Service

#### 758

| Host: North<br>758 | j e              | A mention | 04/07/2008 —<br>4·50. PM<br>120758 |
|--------------------|------------------|-----------|------------------------------------|
| Area: Treni        | dz Express       |           |                                    |
| Cafe Latte         | 16oz (2 @3.80)   |           | 7.60                               |
| #Items 1           | Sub Total<br>lax |           | 7.60<br>0.38                       |
|                    | Order Total      |           | 7.98                               |
|                    | Cash             |           | 10.00                              |

| D8AN'S      | VIETNAMESE       |
|-------------|------------------|
| RES'        | TAURANT          |
| 7909        | 104 STR          |
| EDMON       | TON AB           |
| s.1         | 7(1), 17(4)(e.1) |
| CARD ***    | ***              |
| CARD TYPE   | VISA             |
| DATE        | 2008/04/25       |
| TIME        | 0846 12:56:29    |
| RECEIPT NU  | MBER             |
| \$30723817  | 001-011-014-0    |
| _           | <u></u>          |
| PRE-AUTHOR  | IZATION          |
| AMOUNT      | \$21.53          |
|             |                  |
| TIP         |                  |
| - · · · · - |                  |
|             |                  |
| TOTAL -CAD  | 7103             |

DEAHTS FERTALRANT & LIMBE 7909 - 104 STREET CALL FOR RESERVATIONS TEL. (403) 434-4448 6.9.T. # RT127830149

04/25/08 12:57PM 01A 00000049419

1189.25 FILL 7:49.25 FOCO BEVERAGE 7142.00 \$20.50 MOSE ST \$1.03 0.8.7. XXXIIIA \$21.53 \$24.03 LI ISA 42.50

CHANGE

APPROVED

AUTH# 088938 THANK YOU

01 - 027

FLACULAS RUIENS BISTRI 18354 5200 ROE ECONTON HB

Term Id: P5019040 UISA PREGUIN s.17(1), 17(4)(e.1) Card #:

FLAVOURS MODERN BISTRO EDMONTON, ALBERTA G.S.T.#R133989145

APPROVED 001

\$33.69 AMOUNT

TIP TOTAL

I agree to Fay above total, as per cardholder or benchant agreement. Retain this core for your records.

HLUS/BRIAH

Ref. #: 0010011180 S Auth.#: 055324 Date: 2008/04/11 Time: 81:06P 9 AMANDA

| TBL 15/1 CHK<br>APR11'08 |       |
|--------------------------|-------|
| 2 *COFFEE/TEA            | 5,00  |
| 1 SALM BURG              | 13,00 |
| 1 *OPEN FOOD             | 14,00 |
| SUBTOTAL                 | 32.00 |
| G.S.T.                   | 1.60  |
| TOTAL DUE                | 33.60 |





133 9TH AVENUE SW CALGARY, AB, CANADA T2P2M3 T 403 262 1234 F 403 260 1260 G.S.T. Registration # 846543619 Room : 0435 Folio # : 226319 Cashier # : 261

Page # : 1 of 1

Invoice No.

**Brian Hlus** 

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Arrival

04-17-08

Departure

04-18-08

**Fairmont President's Club** 

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

|                            |                                                                               | ional Informatio                                                                                 | on                                                                                                                  | <b>Charges</b>                                                                                               | Credits                                                                                                                               |
|----------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Room Charge                |                                                                               |                                                                                                  |                                                                                                                     | 304.00                                                                                                       |                                                                                                                                       |
| =                          | g F                                                                           |                                                                                                  |                                                                                                                     | 3.04                                                                                                         |                                                                                                                                       |
| Alberta Tourism Love (494) |                                                                               | 12.28                                                                                            |                                                                                                                     |                                                                                                              |                                                                                                                                       |
| Room GST                   |                                                                               | S.17(1),                                                                                         | 1/(4)(e.1)                                                                                                          | 15.35                                                                                                        |                                                                                                                                       |
| Visa                       | XXXX                                                                          | XXXXX                                                                                            | XX/XX                                                                                                               |                                                                                                              | 334.67                                                                                                                                |
|                            |                                                                               | Total                                                                                            |                                                                                                                     | 334.67                                                                                                       | 334.67                                                                                                                                |
|                            |                                                                               | Balance D                                                                                        | lue                                                                                                                 | 0.00                                                                                                         |                                                                                                                                       |
| Summary                    |                                                                               |                                                                                                  |                                                                                                                     |                                                                                                              |                                                                                                                                       |
| •                          | 15.35                                                                         |                                                                                                  |                                                                                                                     |                                                                                                              |                                                                                                                                       |
|                            | 0.00                                                                          | •                                                                                                |                                                                                                                     |                                                                                                              |                                                                                                                                       |
|                            | 0.00                                                                          |                                                                                                  |                                                                                                                     |                                                                                                              |                                                                                                                                       |
|                            | Calgary Destination Marketin<br>Alberta Tourism Levy (4%)<br>Room GST<br>Visa | Calgary Destination Marketing F Alberta Tourism Levy (4%) Room GST Visa XXXX  Summary 15.35 0.00 | Calgary Destination Marketing F Alberta Tourism Levy (4%) Room GST Visa  Total  Balance D  Summary  15.35 0.00 0.00 | Calgary Destination Marketing F Alberta Tourism Levy (4%) Room GST Visa  Total  Balance Due  15.35 0.00 0.00 | Calgary Destination Marketing F  Alberta Tourism Levy (4%)  Room GST  Visa  Total  Balance Due  12.28  3.04  12.28  15.35  0.00  0.00 |

Guest signature

Signature du client X ...

For information or reservations, visit us at

www.fairmont.com or call Fairmont Hotels & Resorts from:

United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au

www.fairmont.com ou téléphoner au Hôtels Fairmont de:

États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association falls to pay for any part of or the full amount of these charges. Overdue belance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Hed I refused, I would have been eligible for a 5.76 (Mon-Fri) and \$1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de catte note au cas ou la compagnia, fassociation ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujute à un intérêt de 1,5% par mois après un mois. (18,0% per année) J'ai accepté ta livraison du journel The Globe and Mail. Si J'avies refusé, j'aurais pu obtenir un crédit à mon compte de 0,755 par jour (du Lundia au Vendrad) et de 1,50\$ le Samedi. (Dans les hôtels participants.)



## Details of previous charges and credits

| Balance forward                   |         | 25.05                                   |
|-----------------------------------|---------|-----------------------------------------|
| Amount of your last bill          | \$25.05 | ••••••                                  |
| Balance forward                   | \$25.05 |                                         |
| Details of your new charges       |         |                                         |
| Additional charges and credits    |         | .31                                     |
| Late payment charge Apr 16        | .31     | . 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Total new charges for 211772013 6 | 31      |                                         |
| Total charges for 211772013 6     |         | 25.36                                   |

Charges for  $^{\circ}$  S.17(1), 17(4)(g)(i)

## **Details of your new charges**

| Monthly services (from Apr 13 to May 12) |         | 23.90      |
|------------------------------------------|---------|------------|
| Unlisted Directory Charge                | FREE    | ********** |
| E9-1-1 Municipal Call Answer Fee         | AA      |            |
| E9-1-1 Provincial Network Fee            |         |            |
| Local Line                               |         | 23.34      |
| Total monthly services                   | \$23.90 |            |
| Taxes                                    |         | 1.17       |
| GST (Registration 812758878)             | 1.17    | *********  |

Total charges for S.17(1), 17(4)(g)(i)

25.07

19.00



## **Travel & Employee Expense Claim Form**

(In Canadian Dollars)

| Name: BRIAN HLUS         | Employed Number)(g)(i), S.17(1), 17(4 (Uiffion Name: Management/Exemp |                            |  |  |
|--------------------------|-----------------------------------------------------------------------|----------------------------|--|--|
| Position: Director       | Department: Government                                                | Affairs - Corporate Office |  |  |
| Business Phone: 407-8543 | Period From: June 1 to                                                | June 30, 2008              |  |  |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044 | Account<br>e.g. 69500001 | Non-Canadian<br>Currency | Rate     | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|----------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                           | 69500000 62              | 300000                   |          | \$188.41                          | 195.4             |
| 201                  | 9000                  | 71105000016                           | 62320000 623             | 10                       |          | 447.58                            | ×                 |
| 201                  | 9000                  | 71105000016                           | 61020003                 |                          |          | 25.07                             | 溪                 |
|                      |                       |                                       |                          |                          |          |                                   |                   |
|                      |                       |                                       |                          |                          |          |                                   |                   |
|                      |                       |                                       |                          | Capitel Health           |          |                                   |                   |
| Less Cas             | h Advance             |                                       | 5464                     | ODDER & MILL             |          | 668.06 0.00                       |                   |
| Total                |                       |                                       |                          | ACCOUNTS                 | Logarity | \$661.06                          |                   |

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

| I hereby certify that the claimed by me or on my | expenses listed above were incurred on Co<br>behalf from Capital Health or other organi | apital Health business and have not been previous zation. | ly |
|--------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------|----|
| Employee Signature:                              | Millen.                                                                                 | Date: June 30, 2008                                       |    |
|                                                  |                                                                                         |                                                           |    |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Sheila Weatherill (Print name) | Title: President & CEO | Phone # 407-8008  |
|---------------------------------------------|------------------------|-------------------|
| (Signature)                                 |                        | Date July 3, 2008 |
| Approved By: (Print name)                   | Title:                 | Phone #           |
| (Signature)                                 |                        | Date              |

#### NOTE

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
  approver. The approver must initial individual items that are not supported by original invoices or do not have all the
  required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
  approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **EXPENSE CLAIM DETAILS**

Brian Hlus

Period from: June 1 - June 30, 2008

69500000: Sundry expenses 62320000: Staff local travel - client 61020003: Telephone and line rentals 49510000: Department supplies - general

| Date     | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$ | Meals                                 | Course<br>Registration<br>& Materials | Transportation     | Other          | Mileage<br>KM |
|----------|--------------------------------------------------------|------------|---------------------------------------|---------------------------------------|--------------------|----------------|---------------|
| June 2   | Travel (government                                     |            |                                       |                                       |                    |                | 16            |
|          | meeting)                                               |            |                                       |                                       |                    |                |               |
| June 2   | Hosting (government)                                   |            |                                       |                                       |                    | 6.41           |               |
| June 4   | Travel (government meeting)                            |            |                                       |                                       |                    |                | 14            |
| June 4   | Hosting (government)                                   |            |                                       |                                       | 49.35 5.00         | 54.35          |               |
| June 6   | Hosting (government)                                   |            |                                       |                                       | 14.95 2            |                |               |
| June 9   | Travel (government meetings)                           |            |                                       |                                       |                    | 10.00          | 31            |
| June 9 ' | Hosting (government)                                   |            | · · · · · · · · · · · · · · · · · · · |                                       | 23.00 3.00         | <b>2</b> 6.00  |               |
| June 10  | Parking (CH event)                                     |            | ,                                     |                                       |                    | 220.00         |               |
| June 12  | Travel (CH/Comm event)                                 |            |                                       |                                       | 10.00              |                | 21            |
| June 15  | Travel (Airport)                                       |            |                                       |                                       |                    |                | 125           |
| June 15  | Meals                                                  | 15.20      | 17.20                                 |                                       |                    |                | 123           |
| June 17  | Parking                                                | 2.00       |                                       |                                       | 94.50              | ,              |               |
| June 18  | Travel (CH meeting)                                    |            |                                       |                                       | <b>₽</b> 04:00     | 28.76          | 8             |
| June 18  | Hosting (CH member)                                    |            |                                       |                                       | 25.76              | 28.76          |               |
| June 19  | Travel (event)                                         |            |                                       |                                       | 3.00               | 20.70          | 71            |
| June 23  | Hosting (government member)                            |            | -                                     |                                       | 41.74              | 41.74<br>45.74 |               |
| June 25  | Parking (CH event)                                     |            |                                       |                                       | 8.00               |                |               |
| June 27  | Transit Tickets                                        |            |                                       |                                       | ✓ 212.10           |                |               |
| June 30  | June fax expenses                                      |            |                                       | 472                                   | 212.10             | 25.07          | J             |
|          |                                                        |            |                                       |                                       |                    | *              |               |
|          |                                                        |            |                                       |                                       |                    |                |               |
|          |                                                        |            |                                       |                                       |                    |                |               |
|          |                                                        |            |                                       |                                       |                    |                |               |
| 1000     |                                                        |            |                                       |                                       |                    |                |               |
|          |                                                        |            | Rate as our                           | tlined in Sectio                      | n 2 – travel below | Total KM       | 286           |
| Totals   |                                                        |            | \$17.20                               | 1                                     | \$324.60           | \$196.28       | \$122.98      |

\*\* STARBUCKS COFFEE CANADA \*\*

JASPER & 109TH

#04360

EDMONTON

ABT5J1M

| DUPLICATE  | RECEIPT |
|------------|---------|
| 1 TL LATTE | 3.05    |
| 1 TL LATTE | 3.05    |
| SUBTOTAL   | 6.10    |
| TAX 5.0    | 0.31    |
| TOTAL.     | 6.41    |
| CASH       | 20.00   |
| CHANGE DUE | 13.59   |

GST #86585 3535

04360 @202 698850 001558925M

06/02/08

--- DUPLICATE RECEIPT ---The Starbucks Card:

Now serving some bold extras Sign up at Starbucks.com/card.

> Sugarbow 1 10922 88th Avenue Edmonton, AB Ph: 780-433-8369 GST# 871651733

10068 kara

Check: 2247 Guests: 2

Table: 10-1

06/06/2008 07:59AM

| 2<br>1<br>1 | COFFEE<br>1/2 CINN & FRUIT<br>CINN BUN | 4.24<br>6.50<br>3.50 |
|-------------|----------------------------------------|----------------------|
|             |                                        |                      |

SUBTOTAL 14.24 0.71 Tax TOTAL DUE \$14.95 0.00

> Please Pay Your Server THANK YOU Visit our website at www.thesugarbowl.org

Copper Pot Restaurant Capital Place 101, 9707 110 Street Edmonton, AB TSK 21 9 780-452-7800

Server: Karen Invoice: 104134 ai 04 ö. Popiced Tea \$3.00 2 Organic Greens[Starter] \$12.00 2 Lunch Feature\$18 \$32.00 Subtotal \$47 ( **GST** 80 24

Total

Thank You Please Come Again

GST#

THE COPPER POT RESTAUR

101 9707 110TH T5K212

EDHONTON 22327866 s.17(1), 17(4)(e.1)

3日 医生殖性性性 1004 EDMORTON

21118224

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

34 08 - 2008 63.00 RECENT TOO Card Type 19 . Pate 12:09

> 1 410001 Specation. FV2111022401

las # 2642

ARIAN HEUS

CH 30100 ESS 45 - # 004638

\$14.35 Porchase \$2.00 110

Cuntomer copy

06-04-2008 200 # \*\*\*\*\*\*\*\*\*

Ean late 12/69 Card Type Vi Name ARIAN HLUS

Trace # 386007 F\$2232786601 Inv. # 6588

Auth # 004104 RRN 001336: 7

P. Auth Purchase \$49.35 Tip

Customer copy

PLATS MATERIFRONT PUB

THE WATER SINEET

HILLOWNAL BC

11 983

Beijing Beijing #700 3803 Calgary Tr. South PHONER 435-8833

06/09/08

000001

#9780 10:38AM

SERV.0040004

GLU #00000032

\$0.00 assPBAL 2.0000 9.95 \$19.90 BUFFET \$9.95 2.0000 1.00 Open Food

RAL FWD ADSE ST

RTTL TAX \$1.10

axatotal

PLEASE PAY SERVER GST# SYB497383

HAVE A NICE DAY !!!!!!!!!!!!!

Imperial Parking780-420-1976 GST #88731 5638 RT0001 Machine Serial #:000005071054

EXPIRY DATE AND TIME

06:00pm 10,2008

**1**00098044 00020284

LOT#

CC \$0003.00 Visa \*\*\* FOLLOW INSTRUCTIONS ON SHOWS POSTED  $s.17(1),\,17(4)(e.1)$ 

4ACH# 001

Early Bird \$9.00

Pay from your cell phone. 423-1922 Location 9806. coto www.imparkWireless.com

**Best Copy Possible** 

3 315 315 DATE NOT BE 3.2 . 53.

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\$2.00 \$21.70

EXF 06:00pm UN 10,2008

1/11# 0002028

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Furchase Time

(i:24am

NACH# 001 12# 0009804

(C \*\*\*\*

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\$23.00

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31-11 INL-AUTHORIZATION

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## MURRIETA'S EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check: 98526

EDMONTON REGIONAL AIRPORT AUTH MAIN STATION (INT'L .. AIRP EDMONTON AB

S. 17(1),17(4)(e.1) Griven - 43 - ja B Date: 06/18/2008

DATE/TIME

RECEIPT NUMBER

PURCHASE

CARD NUMBER

CARD TYPE

TOTAL AMOUNT

**\$94.50** 

01 APPROVED 027 AUTH. # 065810 THANK YOU

TR COPY

EDMONTON AIRPORT GST # R128599776 VALET PARKING

06/17/2008 9:36PM 0001 000000#0014 SHIFT A

#925321

PARKING NDSE ST GSTAX

т. \$90.00 \$90.00 \$4.50

CARD CH \$94.50

2008/06/17 22:25:53

180535773-935-012

HIUS/BRIAN AUTH

SUBTOTAL \$ 25.76

lable: \_/

VISA

MERCHANT#

95:

TIP \$

Time: 14:14

28.76 TOTAL \$

047-70 ONLINE

MUNICIETA'S EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check #: 98526

Server: Alicia B. Date: 08/18/2008 Table: 21 Time: 14:14

Client: 2

1 Soft Orinks -2.851 lyFrawn Tagliatell 15.87 1 LunchSoup 5.81 SUB-TOTAL: 24.53 GSf: 1.23

e entry for some on the first of the first section of the section of the first of t

TOTAL: 25.76 

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

THRY GRILL JID CALGARY TRAIL EDMONTON, AB

Jun 23 2008 01:57 pm Trans#4186

TRANSACTION RECORD

Card Number:

\*\*\*\*\*

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

Exp Date : 12/09 Card Entry : S@1 Account : VISA

Trans Type :

PRE-AUTHORI/ATION

Amount

: \$41.74

Tip

Total

Auth # : 056941

Sequence # : 001001644 Merchait ID: 22066647 Employee : KRISTINA

Employee #:

Terminal # : MI2206664701 Date : 08/06/23 : 13:55:23

Time

APPROVED - THANK YOU

Cardholder Signature

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERE WITH THE AMOUNT STATED HERE ON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WIHT THE CARDHOLDER

CENTURY GRILL 3975 Calgary Trail South EDMONTON, AB 780.431.0303 GST# 865789382

123 KRISTIN

age as the action of the property of the set of the set of the the figure and the Tb1 123/1 Chk 4186 Sst 2 Jun23'08 01:02rM

1 ICED TEA 1 SOFT DRINKS 1 ANGEL CHIX PASTA υÜ 1 LOBSTER COBB 16.00

39.75 1.99 41.74 Amount Due

MARTDONIE THURSDAYS \$2 MARTINIS & RETRO BEATS

WINE WEDNESDAY 1/2 PRICE WINE IN OUR LOUNGE

CHG GIFT CARDS THREE GREAT CONCEPTS ONE GREAT GIFT CARD LUX CENTURY GRILL DELUX www.centuryhospitality.com



THANK YOU FIX PARKING UTTH TRYTOTAL PARKING MARINGHALL POYATES

SETUROS PRIOS DAN ADV (0)(425 (1)3) 7 6100 #40V169

\$8.00 TOTAL \$9,00 오ા 38.30

TOP BONTH! Y PARKING SHOW WHICH SST INCLUMEN

### Fernandez, Patricia

Applicant copy

From: Sent:

support@beanstream.com Friday, June 27, 2008 11:49 AM

To:

Hlus, Brian

Subject:

Thank You For Your Order!

#### ORDER RECEIPT

Order Date:

Friday, June 27, 2008

Visa

Order Number: 158518 Payment Method:

Order Total:

\$212.10

Product Name: Adult Ticket Strip (sheet of 10)

Quantity:

SKU:

Part No.:

228538-PUBY

Price:

\$21.00

Shipping:

\$2.00

Tax Total:

\$0.10

#### **BILL TO:**

Name:

Government Affairs

Address Line 1:

1J2 WMC 8440-112 St

Address Line 2:

City:

Edmonton

State/Province: AB Zip/Postal Code: T6G 2B7

Country:

CAN

Phone Number:

780-407-8543

Email:

brian.hlus@capitalhealth.ca

#### SHIP TO:

Name:

**Government Affairs** 

Address Line 1:

1J2 WMC 8440-112 St

Address Line 2:

City:

Edmonton

State/Province:

AB

Zip/Postal Code: T6G 2B7 Country:

CAN

Phone Number:

780-407-8543

Email:

brian.hlus@capitalhealth.ca

Note: This is your invoice. We recommend that you print it and keep it.

Pa 1 of

## TELUS® Your TELUS statement

Jun 13, 2008

TELUS Approprieations Company

For Customer Service please visit www.telus.com or call 310-2255 From outside the province call Toll-free 1-888-811-2323

BAJHLUS

Your account number S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Total amount you owe......\$25.977(1), 17(4)(g)(ii), \$.17(1), 17(4)(g)(ii)

Your TELUS Account ID

## Summary of your account

| Previous c | harges . | and | credits |
|------------|----------|-----|---------|
|------------|----------|-----|---------|

| Amount of your last bill             | • | \$22.50 |
|--------------------------------------|---|---------|
| Payment processed Jun 03 - Thank You |   | -22.50  |
| Balance forward                      | • | .00.    |

## Thank you for keeping your account up to date

#### New charges

| Monthly services             | 23,90 |
|------------------------------|-------|
| GST (Registration 812758878) | 1.17  |
| Total new charges            | 25.07 |

Total amount due by Jul 04, 2008

\$25.07

Tear off here

ELUS

Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Jul 04, 2008.

Amour \$25.07

Payments made close to, or after your billing date will be reflected on your next bill statement.

Amount due by Jul 04

Payment you're making

Account number

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

0021785

T10 (J)

88

00098293 NEWCON01 B A HLUS

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

**TELUS** PO BOX 7575 VANCOUVER BC V6B 8N9

121177201306070400002507000000006

E31111m900E

9 B

Your TELUS statement
Jun 13, 2008
B A J HLUS

TELUS Approunications Company

Pa( 3 of

## Charges for 780 $\,^{\text{S.17(1)},\,\,17(4)(g)(i)}$

## Details of your new charges

| Monthly services (from Jun 13 to Jul 12) |         | 23.90   |
|------------------------------------------|---------|---------|
| Unlisted Directory Charge                | FREE    | **, *** |
| E9-1-1 Municipal Call Answer Fee         | .44     |         |
| E9-1-1 Provincial Network Fee            | .12     |         |
| Local Line                               |         | 23.34   |
| Total monthly services                   | \$23.90 |         |
| Taxes                                    |         | 1.17    |
| GST (Registration 812758878)             | 1.17    |         |
| Total charges for S.17(1), 17(4)(g)(i)   | 1       | 25.07   |

Attachment #2

## Capital Health EDMONTON AREA

# Travel & Employee Expense Claim Form

| 1                    | BRIAN HL                                 |                                                                                           | Employee Numb                              | <b>(余)</b> (g)(i), S.17(1), 17(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4)(g)(ii)      |                       |                |
|----------------------|------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|----------------|
|                      |                                          |                                                                                           |                                            | Denartmant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 Union N      | lame: Managemen       | t/Exemp        |
|                      | ss Phone:                                |                                                                                           | Pariod E                                   | T-Junette. Gove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | emment Af      | fairs - Corporate Off | ire            |
| Expense              | s Paid (plea                             | ase attach roceint                                                                        | Total Total                                | y 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | to Ju          | ly 10, 2008           |                |
| nother o             | organizatio                              | n. Complete details on the                                                                | ot include amounts                         | paid by Capital Ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                       |                |
| Bal Unit<br>e.g. 201 | Location                                 |                                                                                           | other side of the f                        | orm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | saini OL Lei   | mbursed / reimbur     | sable by       |
|                      | e.g. 9000                                | e.g. 71135050044                                                                          | Account<br>e.g. 69500001                   | Non-Canadian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Canadian \$           |                |
| 201                  | 9000                                     | 71105000016                                                                               | - le                                       | Currency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rate           | (including            | ✓ if GST       |
| 201                  | 0000                                     |                                                                                           | 69 <del>9</del> 00000                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>    | GST)                  | included       |
|                      | 9000                                     | 71105000016                                                                               | 62320000                                   | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | \$91.04               |                |
| 201                  | 9000                                     | 71105000016                                                                               | <del></del>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1180.          | 26 1,174.00           | <u> </u>       |
|                      |                                          |                                                                                           | 61020003                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | T                     |                |
|                      |                                          |                                                                                           |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 0.00                  |                |
|                      |                                          |                                                                                           |                                            | Capital Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | were i         |                       |                |
| T                    |                                          |                                                                                           |                                            | RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20.11          |                       |                |
|                      |                                          |                                                                                           | 27 (37-20)                                 | UL 1 6 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                       | 🗆              |
|                      | Advance                                  |                                                                                           |                                            | ACCOUNTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                       |                |
| otal                 |                                          |                                                                                           |                                            | PAYABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 0.00                  |                |
|                      |                                          |                                                                                           |                                            | The state of the s |                |                       |                |
| informa              | tion on this                             | form is collected                                                                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | \$1,265.04            |                |
| med by               | tify that the<br>ne or on m<br>ignature: | form is collected under so your claim.  expenses listed above we behalf from Capital Heal | ere incurred on Cap<br>th or other organiz | oital Health busine<br>ation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ess and ha     | ve not been previo    | usly           |
| by certif            | y that I have                            | e reviewed d                                                                              |                                            | Date: Ju                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | aly 10, 200    | 8                     |                |
|                      | i ildy                                   | e reviewed the expenses a                                                                 | and rate at which m                        | ileage is being -!-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                       |                |
| roved By<br>name)    | : Leila Shw                              | 04 //                                                                                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | umed.          |                       |                |
| ture)                | 9,0                                      | A A A                                                                                     | Title: Executive Dire                      | ector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T <sub>D</sub> |                       |                |
| Oved By:             | Allon                                    | Struct                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | —   Pr         | none # 780-407-684    | 41 ,           |
| name)                | Hllow                                    | gun Merali 17                                                                             | itle: EUP (                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Da             | ite July 10           | 16.67          |
| بد (aue)             |                                          | A MINE                                                                                    | E0410                                      | LFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ph             | one#                  |                |
| AB                   | V                                        |                                                                                           |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                       | <del>, e</del> |
| pense cl             | aim must b                               | e properly authorized and<br>er must initial individual ite                               |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | - duly 14             |                |
| uired su             | ne approve                               | r must initial individual ite                                                             | must be supported                          | by original receir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ots or a co    | <b></b>               |                |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10<sup>th</sup> Fl., 10030 -
- Out of province expenses require a Travel Approval Form (CH 198) ig advance authorized by a COO or VP 13 February, 2007

## EXPENSE CLAIM DETAILS Brian Hlus

Period from: July 1 - 10, 2008

69500000: Sundry expenses 62320000: Staff local travel - client 61020003: Telephone and line rentals 49510000: Department supplies - general

| Date    | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$                              | Meals                                 | Course<br>Registration<br>& Materials | Transportation                        | Other    | Mileage<br>KM       |
|---------|--------------------------------------------------------|-----------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------|---------------------|
| July 2  | Travel (government meetings)                           |                                         | -                                     |                                       |                                       |          | 48                  |
| July 4  | Travel (CH event)                                      |                                         |                                       |                                       |                                       |          | 26                  |
| July 6  | Travel to Calgary (government event)                   |                                         |                                       | 550-                                  | 40 W                                  |          | 310                 |
| July 6  | Accommodation-Calgary (government event)               | 565.11                                  | 571.3                                 | ) - 20.                               | 97 m                                  |          |                     |
| July 7  | Travel back to Edmonton                                | •                                       |                                       |                                       |                                       |          | 296                 |
| July 8  | Travel to Calgary and back to Edmonton                 |                                         |                                       |                                       |                                       |          | 643                 |
| July 8  | Parking – Calgary<br>(community event)                 |                                         |                                       |                                       | √ 40.00                               |          |                     |
| July 8  | Hosting – Calgary<br>(community event)                 | _                                       |                                       |                                       | 48.29<br>5.00                         | 53.29    |                     |
| July 10 | Hosting (government)                                   |                                         |                                       | 34-2                                  | 5 3.50                                | 37.75    |                     |
|         |                                                        | *************************************** |                                       |                                       |                                       |          |                     |
|         |                                                        |                                         |                                       |                                       |                                       |          |                     |
|         |                                                        |                                         |                                       |                                       | 10 - 1. L                             |          |                     |
|         |                                                        |                                         | *                                     |                                       |                                       |          |                     |
|         |                                                        | U-91-3.                                 |                                       |                                       |                                       |          |                     |
| V       |                                                        |                                         |                                       |                                       | *****                                 |          |                     |
|         |                                                        |                                         |                                       |                                       |                                       |          |                     |
|         |                                                        |                                         | · · · · · · · · · · · · · · · · · · · |                                       | · · · · · · · · · · · · · · · · · · · |          |                     |
|         |                                                        |                                         |                                       |                                       |                                       |          |                     |
|         |                                                        |                                         |                                       |                                       |                                       |          |                     |
|         |                                                        |                                         |                                       |                                       |                                       |          |                     |
|         |                                                        |                                         |                                       |                                       |                                       |          |                     |
|         |                                                        |                                         | Data                                  | Aliment in Country                    |                                       | Total KM | 1323                |
| Fotals  |                                                        | \$565/14                                | rate as of                            | iumea in Sectio                       | n 2 – travel below                    |          |                     |
| - CE13  |                                                        | 490014                                  |                                       | <u>l</u>                              | \$40.00                               | \$91.04  | \$568.89<br>(265.04 |



#### REWSTERS BREWING CO SPECIFIC GRAVITY BREWING COMPANY

041 Table 92

GAN L SVrCk: 4 16:57 07/02/08

| HAMMER PINT     | 4.7  |
|-----------------|------|
| RIVER CITY PINT | 4.7  |
| HAMMER PINT     | 4.7  |
| RIVER CITY PINT | 4.7  |
| COMBO PLATTER   | 26.9 |

Sub Total: 45.9

Tax: 2.31

/02 18:20 TOTAL: 48.25

ST(5%) #862812112 DO NOT INCLUDE GRATUITY Castledowns Rd. T5X 6C3 EDMONTON ALBERTA 780-425-4677 L BREWSTERS GIFT CARDS!

**'OUR SERVER FOR DETAILS** 

041

rver: MEGAN L

Rec:

/02/08 18:23, Swiped I: 92 Term:

\*\*Duplicate Copy\*\*

Transaction Record

an #: 1606! sa Pre-Auth Purchase

XXXXXXXXX

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

Amount \$48,29

Tip \$ \_\_\_\_.

101AL \$ 53.29

PROVED 027108 -001 027108 EWG/ST/BREW07C1 7001001005 US 07702-18:27:38

urdhalder Signature

| Received from    |                                       | July 9, | LO 0 8      |
|------------------|---------------------------------------|---------|-------------|
|                  | · · · · · · · · · · · · · · · · · · · |         | 100 Dollars |
| Stangede Parling |                                       |         |             |
| \$ 40/           | No                                    | a       |             |

Sheraton Suites Calgary Eau Claire 255 Barclay Parade SW Calgary, Alberta T2P 5C2 Canada T 403 266,7200 F 403 266 1300 www.sheratonsuiteu.com

#### .

## Come back soon | Au plaisir de vous revoir

Travel Acent ( Charge To Acent de Voyages ( Porter al Compte de EUERT | CLERKT 623 Room I Chambre 519.00 Rate | Tarif MR Brian Hlus 1 No pers INº pers Capital Health 682677 EX = AFolio | Dassier 1j2 Walter Mackenzie Center Edmonton, AB T6G 2B7 06-JUL-08 18:49 Arrive | Arrivée

Depart | Départ VI
Payment | Paiement

| DATE        | Meremence   Référence | 日本公司を持ている。                | CRAMBER/CREDIT   FRAME/CRÉDIT |
|-------------|-----------------------|---------------------------|-------------------------------|
| 06-JUL-08   | RT623                 | Full Rate/Sell Rate       | 519.00                        |
| 06-JUL-08   | RT623                 | DMF                       | 571.37 ( \$ 5.19              |
| 06-JUL-08   | RT623                 | Alberta Tourism Levy (4%) | > 20.97                       |
| 06-JUL-08   | RT623                 | GST (5%)                  | 26.21                         |
| 06-JUL-08   | RT623                 | Valet Pkg                 | 32.55                         |
| 80-JUL-98   | DEPOSIT               | Deposit Applied           | 571.36-                       |
| 06-JUL-08   | 4603                  | Club Lounge               | 6.25                          |
| 07-JUL-08 V | JI Visa               | 38.83                     | 1-                            |
|             | Total-D               | rue 0.00                  | 0                             |

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.

\$565.11

#### EXPENSE REPORT SUMMARY

Canada

| Date      | Room & Tax | Food & Bev | Telephone | Other | Total  | Payment |
|-----------|------------|------------|-----------|-------|--------|---------|
| 06-JUL-08 | 566.18     | 0.00       | 0.00      | 43.99 | 610.17 | 571.36- |
| Total     | 566.18     | 0.00       | 0.00      | 43.99 | 610.17 | 571.36- |

We would certainly appreciate any feedback that you may have. Please send to Gord Minor at gminor@sheratonsuites.com

\*\* continued on the next page \*\*

Lagree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

Je consens à être tenu personneilement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

Signature

AGENT

MR Brian Hlus ROOM DEPART
FOLIO 682677 06 JUL-08 623
Member of Starwood Preferred Guest\*\* 623
Membre de Starwood Preferred Guest\*\*

#### **Applicant copy**

Sheraton Suites Calgary Dau Claire 255 Barclay Parade SW Calgary, Aiberta TaP 5C2 Canada T 403 266 7200 F 403 266 3300 www.sheratorisuitas.com

TRAVEL AGENT/CHARGE TO AGENT DE VOYAGES/FORTER ALL COMPTE GE

## Come back soon | Au plaisir de vous revoir

GUEST | CLIENT

Room | Chambre

623 519.00

682677

MR Brian Hlus

Rate | Tarif 1 No. pers. [ Nº pers.

Capital Health 1j2 Walter Mackenzie Center

Folio | Dossier

EX-A

Edmonton, AB T6G 2B7

Page

06-JUL-08 18:49

Canada

Arrive | Arrivée Depart | Départ 07-JUL-08

Payment i Paiement

D672

PEPERENCE | PEPERENCE

DEECRIFTION

CHARGES / CREDIT | FRAIS / CREDIT

**GST Summary** 

GST Room Revenue

GST Food and Beverage

GST Telephone GST Other Revenue

Total GST

0.30 = lourge - not claired

0.00

1.55

28.06

846543619 RT0002

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

Je consens à être tenu personnellement responsable du palement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

Signature

As a Starwood Preferred Guest you have earned at least 2 Starpoints for each \$1 US Dollar spent.

MR Brian Hlus

Membre de Stanwood Preferred Guestin

ROOM 623

DEPART

AGENT

FOLIO 682677 06-JUL-08 Member of Starwood Preferred Guest

383

## RIETA'S EDMUNTON

10612 82nd Ave. Tel: 780-438-4100 Check #: 100476

r: Brandon A. Date: 07/10/2008 le: 61 Time: 13:64

Carther !

2.85 Soft Drinks 15.87 LgPrawn Tagliatell 11.71 Beef Burger 2.19 Add Bacon SUB-TP'4L: 32.62

and the second

GST: 1.63

TOTAL: 34.25 provided to the control of the contr

GST#85/377576RT0001 Thank You Murrieta's Bar & Grill.

### IURRIETA'S EDMONTON

10612 82nd Ave. Tel: 780-438-4100 Check: 100476

erver: Brandon A. Date: 07/10/20

able: 61

Time: 13:15

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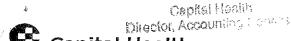
SUBIOTAL \$ 34.25

TIP \$

TOTAL \$ 37.75

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

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



#### Capital Health ព្រះ្ធ Travel & Employee Expense Claim Form (In Canadian Dollars)

ALATTA COME TO THE Applicant copy

AUG os moe

| SKEDITTNE | Yark | PRESIDEN |
|-----------|------|----------|

| Name: BRIAN HLUS         | Employee Numbe(4)(g)(i), S.17 | (1), 17(4) (ghion Name: Management/Exemp |
|--------------------------|-------------------------------|------------------------------------------|
| Position: Director       |                               | : Government Affairs - Corporate Office  |
| Business Phone: 407-8543 | Period From: July 14          | to July 31, 2008                         |

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

| Bal Unit<br>e.g. 201 | Location<br>e.g. 9000 | Functional Centre<br>e.g. 71135050044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Account<br>e.g. 69500001      | Non-Canadian<br>Currency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rate | Canadian \$<br>(including<br>GST) | ✓ if GST included |
|----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|-------------------|
| 201                  | 9000                  | 71105000016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del>69<u>5000</u>00</del> 62 | 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | <b>\$64</b> .81                   |                   |
| 201                  | 9000                  | 71105000016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 62320000                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 59.34                             | )Ki               |
| 201                  | 9000                  | 71105000016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 61020003                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 25.07                             | X                 |
|                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                   |                   |
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| Less Cas             | h Advance             | - Physical Conference of the C | 3800                          | And the second s |      | 0.00                              |                   |
| Total                |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Auto                          | 37723                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | \$149.22                          |                   |

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

| I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization. |                             |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|--|--|
| Employee Signature:                                                                                                                                                                            | <b>Date</b> : July 31, 2008 |  |  |  |

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

| Approved By: Alla<br>(Print name) | audin Merali |    | Title: Executive VP & chief Finance Officer | Phone # 780-407-3652 |
|-----------------------------------|--------------|----|---------------------------------------------|----------------------|
| (Signature)                       | A            | Me |                                             | Date ing 5/00        |
| Approved By: (Print name)         | <u> </u>     |    | Title:                                      | Phone # 0            |
| (Signature)                       |              |    |                                             | Date                 |

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by Thursday, 4:00 p.m. will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Ft., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

## **EXPENSE CLAIM DETAILS**

Brian Hlus

Period from: July 14 - 31, 2008

69500000: Sundry expenses 62320000: Staff local travel - client 61020003: Telephone and line rentals 49510000: Department supplies - general

| Date (*)  | Particular (Describe<br>Purpose of Trip &<br>Location) | Accomm. \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Meals        | Course<br>Registration<br>& Materials | Transportation                          | Other       | Mileage<br>KM                          |
|-----------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------|-----------------------------------------|-------------|----------------------------------------|
| July 28 💆 | Travel                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       |                                         | † <u>-</u>  | 94                                     |
| July 30   | Travel                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       |                                         |             | 44                                     |
| July 18   | Hosting – CH staff ~ ) c                               | an.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                       | 7,4                                     | <b>8.56</b> | 77                                     |
| July 22   | Hosting –Community                                     | - G =grac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Irwh         | EDS.                                  | ē                                       | 11.08       |                                        |
| July 24   | Hosting - CH Staff                                     | H1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                       | 35.18 4.00                              | 39.18       |                                        |
| July 29   | Hosting- CH Staff - / ea                               | une                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                       | 37 (8 (***                              | ✓ 5.99      | 7                                      |
| July 31   | Fax – July                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       | *************************************** | 25.07       |                                        |
|           |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       |                                         | 20.01       |                                        |
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| 189       |                                                        | 7.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                       |                                         |             |                                        |
|           |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       |                                         |             |                                        |
|           |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       |                                         |             |                                        |
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|           | 1900                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       |                                         |             |                                        |
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|           |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       |                                         |             | · <b>-</b> ·                           |
|           |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>-</u>     |                                       | · · · · · · · · · · · · · · · · · · ·   | Total KM    | 138                                    |
|           |                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rate as ou   | tlined in Section                     | n 2 – travel below                      | @ \$0 A2    | 130                                    |
| otals     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                       | GEAGI DEIGA                             | \$89.88     |                                        |

Second Cup

Edmonton, AB 11210 Jasper Ave. (112th St.)

(780)421-4480

9230 2 2 29782

Cas - Health Authority Reseal Food Service

252

| .: North            | 07/18/2008<br>9:35 AN | Li Coffee<br>3 Latte<br>3 Latte |     |
|---------------------|-----------------------|---------------------------------|-----|
| (INT# 1             | 120252                | A 1 C. C.                       | 1   |
| ı: Trendz Express   |                       | AFE                             | ì   |
| Chai Tea Latte 16oz | 4 , 21.               | int Due                         | 1   |
| Cafe Latte 16oz     | 3.95                  |                                 |     |
|                     |                       | + \$20                          | 1   |
| ems 2 Sub Total     | 8.15                  | nge                             |     |
| Tax                 | 0.41                  | •                               |     |
|                     |                       | QST NUMBER                      | ;   |
| Order Total         | 8.56                  |                                 | 0.3 |
|                     |                       | `v ∨2. 00                       | 8:2 |
| Cash                |                       | ,                               |     |

FOOD TOTAL 8 20 00
LIQUOR TOTAL 8 3 50
TAX 8 1. 68

THE KIND AND I THAT CUISTN
8208 107 STREET
EDMONTON, AB
TEE 6P4
(780) 433-2222

Bat Shif

ne chart 10: 4041046 lerm ID: 64841040 Pre-Auth

VISA Inv #: 5000016336 Seq#: 14900 %%\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*5052

Amount: \$

Tip:

Total:CAD\$

39.18

001/80 APPROVED 091358

Capital Health Authority Retail Food Service

224

Host: North 224 07/29/ 9:0 1:

Area: Trendz Express

TX Tazo Tea 12 oz TX Cafe Latte 16oz

3 46

#Items 2 Sub Total Tax

Order Total

Cash

## TELUS Your TELUS statement

Jul 13, 2008

Page 1 of 3

For Customer Service please visit www.telus.com or call 310-2255 From outside the province call Toll-free 1-888-811-2323

**BAJHLUS** 

Monthly services

Total new charges

GST (Registration 812758878)

**Your account number** S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Total amount you owe......\$25.07.7(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

Your TELUS Account ID

Summary of your account

| Previous charges and credits         |         |
|--------------------------------------|---------|
| Amount of your last bill             | \$25.07 |
| Payment processed Jul 04 - Thank You | -25.07  |
| Balance forward                      | .00     |
| New charges                          |         |

 Thank you for keeping your account up to date.

Total amount due by Aug 03, 2008

\$25.07

23.90

1.17

25.07

Tear off here



Payment return slip

Please complete and return this slip with your payment. Make your cheque payable to TELUS Communications. To avoid a late payment charge, we must receive your payment before Aug 03, 2008.

Payments made close to, or after your billing date will be reflected on your next bill statement.

Amount due by Aug 03

\$25.07

Payment you're making

\$

\ccount number !11772013 6

0021989

T10 (J)

74 2 00098061 NEWCON01

B A HLUS

S.17(1), 17(4)(g)(i), S.17(1), 17(4)(g)(ii)

TELUS
PO BOX 7575
VANCOUVER BC
V6B 8N9

121177201306080300002507000000006

12 3 1 1 1 1 1 m 400 12 388