Cardholder Activity

Print | Close

Name : GRIER, PATTI **Account Number :** s.17(1), 17(4)(e.1) **Cycle Date :** 12/22/2008

Tran. Date	Merchant Name City, State/Prov.	Transaction Amount Allocation Code Comments	National	Regional	Type	FX	Foreign Amount
11/25/2008	**HOTEL MACDONALD - FD** EDMONTON AB	**$1,300.00** 01 - 71110300001 - 69600000 - - - - - - - - - REF.#^649101^; Conf 1157085 Deposit re. December 12/09 AHS Board Function	$0.00	$0.00	M	False	1,300.00
11/29/2008	**WESTIN HOTELS - EDMONTON** EDMONTON AB	**$549.58** 01 - 71110300001 - 69600000 - - - - - - - - -	$0.00	$0.00	M	False	580.16
11/29/2008	**WESTIN HOTELS - EDMONTON** EDMONTON AB	**$18.58** 01 - 71110300001 - 01135517 - - - - - - - - -	$0.00	$0.00	S	False	580.16
11/29/2008	Non-Responsive	**$12.00** 01 - 71110300001 - 49510001 - - - - - - - - - - Reimbursement Cheque Attached to submitted Visa Report	$0.00	$0.00	S	False	580.16
	Transaction Total	*$580.16*	*$0.00*	*$0.00*			
12/10/2008	**UNION BANK INN** EDMONTON AB	**$1,630.98** 01 - 71110300001 - 69600000 - - - - - - - - - Authorization # 034069 AHS Board/Executive Dinner	$0.00	$0.00	M	False	1,725.03
12/10/2008	**UNION BANK INN** EDMONTON AB	**$94.05** 01 - 71110300001 - 01135517 - - - - - - - - -	$0.00	$0.00	S	False	1,725.03
	Transaction Total	*$1,725.03*	*$0.00*	*$0.00*			
12/10/2008	**HIGH CLASS TAXI & LIMO** CALGARY AB	**$60.00** 01 - 71110300001 - 62312000 - - - - - - - - - AHS Board Meeting Transportation	$0.00	$0.00	M	False	60.00
12/11/2008	**HOTEL MACDONALD - FD** EDMONTON AB	**$532.03** 01 - 71110300001 - 69600000 - - - - - - - - - REF.#^698828^	$0.00	$0.00	M	False	573.09
12/11/2008	**HOTEL MACDONALD - FD** EDMONTON AB	**$26.37** 01 - 71110300001 - 01135517 - - - - - - - - -	$0.00	$0.00	S	False	573.09
12/11/2008	Non-Responsive	**$14.69** 01 - 71110300001 - 49510001 - - - - - - - - - - Reimbursement cheque attached to Visa Summary Report	$0.00	$0.00	S	False	573.09
	Transaction Total	*$573.09*	*$0.00*	*$0.00*			
12/11/2008	**HOTEL MACDONALD - FD** EDMONTON AB	**$6.30** 01 - 71110300001 - 69600000 - - - - - - - - - REF.#^708342^ Lunch	$0.00	$0.00	M	False	6.30
12/19/2008	**FOOTHILLS MEDICAL CENTRE** CALGARY AB	**$4.50** 01 - 71110300001 - 62310000 - - - - - - - - - REF.#^2^ Parking at FMC for meeting Auth 078248	$0.00	$0.00	M	False	4.50

Activity Total: $4,249.08

Regular Visa Items	Out of Pocket Expenses	Visa Reimbursements	Visa Payments
$4,249.08	**$0.00**	**$0.00**	**$0.00**

Cardholder Name: Patti Grier **Signature:**

Supervisor Name: Kay Best **Signature:** Kay Best

Alberta Health Services
Calgary Health Region

APPLICANT COPY

☐ ACH ☑ SPT ☐ RGH
☐ FMC ☐ PLC ☐ Other

CHEQUE VERIFICATION

Date: Jan 23 | 09

From : Department	Contact:	CHR e-mail:	Phone #:
Accounts payable.	Carolina Manias		403 943 0775

Deposit the following cheque from:	
Patricia R. Grier. (customer)	reimburse Non-Responsive purchase (payment detail)

FINANCIAL CODING

ORG	FUNCTION CENTRE	ACCOUNT	AMOUNT	TOTAL CHEQUE AMOUNT
01	711 1CS CCCC1	4951 CCC1	12.00	12.00

PATRICIA R GRIER

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

666

DATE 2 0081128
Y Y Y Y M M D D

PAY TO THE ORDER OF Calgary Health Region $ 12.00

100 DOLLARS Security features included. Details on back.

ROYAL BANK OF CANADA
MAIN BRANCH
339-8TH AVE SW
CALGARY AB T2P 1C4

MEMO Non-Responsive

Personal Reimbursement

MP

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

Alberta Health Services
Calgary Health Region

☐ ACH ☑ SPT ☐ RGH
☐ FMC ☐ PLC ☐ Other

APPLICANT COPY

CHEQUE VERIFICATION

Date: Jan 23 09

From : Department	Contact:	CHR e-mail:	Phone #:
Accounts payable	Carolina Manias		403 943 0775

Deposit the following cheque from:	
Patricia R. Grier (customer)	reimburse Non-Responsive purchases (payment detail)

FINANCIAL CODING

ORG	FUNCTION CENTRE	ACCOUNT	AMOUNT	TOTAL CHEQUE AMOUNT
01	711113000	495100001	14.69	14.69

PATRICIA R GRIER

670

DATE 2008 12 10
Y Y Y Y M M D D

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

PAY TO THE ORDER OF Calgary Health Region $ 14.69

69/100 DOLLARS

Security features included Details on back

ROYAL BANK OF CANADA
MAIN BRANCH
339-8TH AVE SW
CALGARY AB T2P 1C4

MEMO Non-Responsive

MP

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

THE Fairmont HOTEL MACDONALD

Calgary Health Region
10101 Sourt Port Road SW
Calgary, AB T2W 3N2
CA

Date : 01-19-09
Time : 10:17
Confirmation # : 1157085
Receipt # : 3642

ADVANCE DEPOSIT

Date	Description	Exp Date	Amount
01-19-09	Visa		1,300.00CAD
	Arrival 12-05-08	**Departure** 12-12-08	Visa

Guest Signature

Cashier No. 204

THE Fairmont HOTEL MACDONALD

10065 - 100 STREET
EDMONTON, AB, CANADA T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

Calgary Health Region,
Calgary Health Region
Calgary Health Region
10101 South Port Road, S.W.
Calgary, AB T2W 3N2
CA

Room	:	9026
Folio #	:	126855
Cashier #	:	220
Page #	:	1 of 3
Group Name		Calgary Health Region
A/R Number		30004274
Arrival	:	12-05-08
Departure	:	12-12-08

Date	Description	Additional Information	Charges	Credits
12-05-08	Deposit Transferred at C/I			1,300.00
12-09-08	Banquets	Event ID 513792/BB ID 361455/BOARDRM 513792 Calgary Health Region #6439=>Calgary Health Region #9026	262.50	
12-09-08	Banquets	Event ID 439531/BB ID 361455/EMP_BAL-FOY 439531 Calgary Health Region #6439=>Calgary Health Region #9026	525.00	
12-09-08	Banquets	Event ID 524527/BB ID 361455/Beer, Wine, Soft Drink Station 220011 Calgary Health Region #6439=>Calgary Health Region #9026	464.37	
12-09-08	Banquets	Event ID 524528/BB ID 361455/Jasper Avenue Luncheon 219763 Calgary Health Region #6439=>Calgary Health Region #9026	4,238.33	
12-09-08	Banquets	Event ID 439528/BB ID 361455/Laptop Computer 225007 Calgary Health Region #6439=>Calgary Health Region #9026	236.25	
12-09-08	Banquets	Event ID 439528/BB ID 361455/7' Tripod Screen 225013 Calgary Health Region #6439=>Calgary Health Region #9026	31.50	
12-09-08	Banquets	Event ID 439528/BB ID 361455/DRAW_RM 439528 Calgary Health Region #6439=>Calgary Health Region #9026	577.50	
12-09-08	Banquets	Event ID 439528/BB ID 361455/Speaker Phone 225015 Calgary Health Region #6439=>Calgary Health Region #9026	99.75	
12-09-08	Banquets	Event ID 439528/BB ID 361455/Phone Line 225016 Calgary Health Region #6439=>Calgary Health Region #9026	105.00	
12-09-08	Banquets	Event ID 439528/BB ID 361455/LCD Projector (SVGA Resolution, c/w Skirted Cart) 225014 Calgary Health Region #6439=>Calgary Health Region #9026	393.75	
12-09-08	Banquets	Event ID 439529/BB ID 361455/The Executive Continental 219761 Calgary Health Region #6439=>Calgary Health Region #9026	583.54	
12-09-08	Banquets	Event ID 524529/BB ID 361455/Coffee Break 219762 Calgary Health Region #6439=>Calgary Health Region #9026	219.30	

Guest signature
Signature du client X _____
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United States or Canada 1 800 441 1414
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I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit 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 paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi. (Dans les hôtels participants.)

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

THE Fairmont HOTEL MACDONALD

10065 - 100 STREET
EDMONTON, AB, CANADA T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

Calgary Health Region,
Calgary Health Region
Calgary Health Region
10101 South Port Road, S.W.
Calgary, AB T2W 3N2
CA

Room	:	9026
Folio #	:	126855
Cashier #	:	220
Page #	:	2 of 3
Group Name		Calgary Health Region
A/R Number		30004274
Arrival	:	12-05-08
Departure	:	12-12-08

Date	Description	Additional Information	Charges	Credits
12-10-08	Banquets	Event ID 439532/BB ID 361455/Laptop Computer 225017 Calgary Health Region #6439=>Calgary Health Region #9026	236.25	
12-10-08	Banquets	Event ID 439532/BB ID 361455/7' Tripod Screen 225018 Calgary Health Region #6439=>Calgary Health Region #9026	31.50	
12-10-08	Banquets	Event ID 439532/BB ID 361455/LCD Projector (SVGA Resolution, c/w Skirted Cart) 225019 Calgary Health Region #6439=>Calgary Health Region #9026	393.75	
12-10-08	Banquets	Event ID 439532/BB ID 361455/HSIA half day 233757 Calgary Health Region #6439=>Calgary Health Region #9026	157.50	
12-10-08	Banquets	Event ID 439532/BB ID 361455/Phone Line 225026 Calgary Health Region #6439=>Calgary Health Region #9026	105.00	
12-10-08	Banquets	Event ID 439532/BB ID 361455/DRAW_RM 439532 Calgary Health Region #6439=>Calgary Health Region #9026	472.50	
12-10-08	Banquets	Event ID 439532/BB ID 361455/Speaker Phone 225020 Calgary Health Region #6439=>Calgary Health Region #9026	99.75	
12-10-08	Banquets	Event ID 439533/BB ID 361455/The Executive Continental 219764 Calgary Health Region #6439=>Calgary Health Region #9026	583.54	
12-12-08	Direct Billing / City Ledger			8,516.58

Guest signature
Signature du client X _____

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www.fairmont.com ou téléphoner au Hôtels Fairmont de:
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THE Fairmont HOTEL MACDONALD

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EDMONTON, AB, CANADA T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

Calgary Health Region,
Calgary Health Region
Calgary Health Region
10101 South Port Road, S.W.
Calgary, AB T2W 3N2
CA

Room	:	9026
Folio #	:	126855
Cashier #	:	220
Page #	:	3 of 3
Group Name		Calgary Health Region
A/R Number		30004274
Arrival	:	12-05-08
Departure	:	12-12-08

Date	Description	Additional Information	Charges	Credits
		Total	**9,816.58**	**9,816.58**
		Balance Due	**0.00**	

GST Summary

Room	0.00
F&B	467.47
Other	0.00
Total	467.47

Guest signature
Signature du client X _____

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www.fairmont.com ou téléphoner au Hôtels Fairmont de:
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Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

APPLICANT COPY

AHS

Miss Patti Grier

1144
184.00
1
321630 A
1
25-NOV-08 18:18
28-NOV-08
VI

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

date	reference	description	charges/credits
25-NOV-08	RT1144	Room Charge	184.00
25-NOV-08	RT1144	GST	9.29
25-NOV-08	RT1144	DMF	1.84
25-NOV-08	RT1144	Tourism Levy	7.43
25-NOV-08	RT1144	Parking Self	24.00
25-NOV-08	RT1144	Tax GST	1.20
25-NOV-08	3461	In Room Dining	35.94
25-NOV-08	SS95		11.42
25-NOV-08	SS95		0.57
26-NOV-08	RT1144	Room Charge	184.00
26-NOV-08	RT1144	GST	9.29
26-NOV-08	RT1144	DMF	1.84
26-NOV-08	RT1144	Tourism Levy	7.43
26-NOV-08	RT1144	Parking Self	24.00
26-NOV-08	RT1144	Tax GST	1.20
26-NOV-08	3496	In Room Dining	37.15
27-NOV-08	3582	In Room Dining	39.56
28-NOV-08	VI	Visa	580.16-
		Balance Due	0.00

Non-Responsive

** continued on the next page **

Miss Patti Grier
FOLIO 321630 25-NOV-08

WESTIN
HOTELS & RESORTS

APPLICANT COPY

Miss Patti Grier

Canada

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

1144
184.00
1
321630 A
2
25-NOV-08 18:18
28-NOV-08
VI

date	reference	description	charges/credits

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
25-NOV-08	184.00	9.29	7.43	35.94	0.00	39.03	275.69
26-NOV-08	184.00	9.29	7.43	37.15	0.00	27.04	264.91
27-NOV-08	0.00	0.00	0.00	39.56	0.00	0.00	39.56
28-NOV-08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	368.00	18.58	14.86	112.65	0.00	66.07	580.16

Date	Payment
25-NOV-08	0.00
26-NOV-08	0.00
27-NOV-08	0.00
28-NOV-08	580.16-
Total	580.16-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	18.58
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.57
	19.15

The Westin Edmonton GST# 861336493RT0005

As a Starwood Preferred Guest you have earned at least 1419 Starpoints for this visit

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

Miss Patti Grier
FOLIO 321630 25-NOV-08

WESTIN HOTELS & RESORTS

UNION BANK INN

APPLICANT COPY

A Modern Renaissance Inn

GUEST ACCOUNT

ALBERTA HEALTH SERVICE (AHS B/CHRIS
10101 SOUTHPORT RD SW

EDMONTON, AB
T2W 3N2
ALBERTA HEALTH SERVICE

Arrive 12/09/08 Depart 12/10/08 **Room # 5002 Folio # 72370**

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
10/23/08	DB	91-Visa	Advance Deposit	-250.00
			Room # 6000 / 72370	
12/09/08	JT	32-BANQ FOOD	Four Course Dinner	1144.00
12/09/08	JT	35-BANQ WINE	Red/White Wine	232.00
12/09/08	JT	33-BANQ MINER	S. Drinks/Juices	18.00
12/09/08	JT	30-BANQUET GR	17% GST 0.00	236.98
12/09/08	JT	38-BANQ ROOM	Devonshire Room	250.00
12/10/08	DB	91-Visa	Payment-Thank You	-1725.03
			GST On Banquets	94.05
			GST Reg. # R897343794	

BILLING INSTRUCTIONS **BALANCE DUE** → 0.00

COMPANY
ALBERTA HEALTH SERVICES

10101 SOUTHPORT ROAD SW

CALGARY AB T2W 3N2

ATTENTION
LOU DECOSTE

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

SIGNATURE

X _____

UNION BANK INN
10053 JASPER AVE NW
EDMONTON, AB

[illegible] 135666
[illegible] 135666
[illegible] 904

SALE CAD$1,725.03
s.17(1), 17(4)(e.1)
VISA [illegible] M

APPROVED AUTH [illegible]
SEQ [illegible]
DEC [illegible] 11 PM

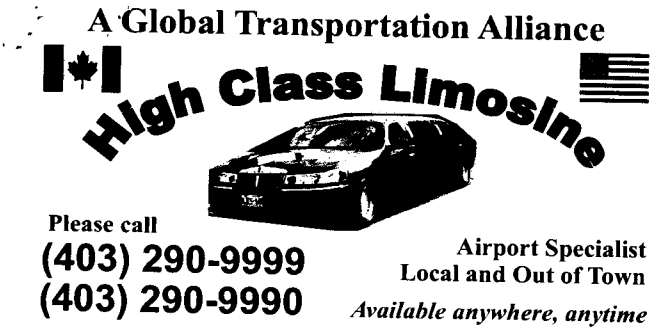
[illegible]

UNION BANK INN

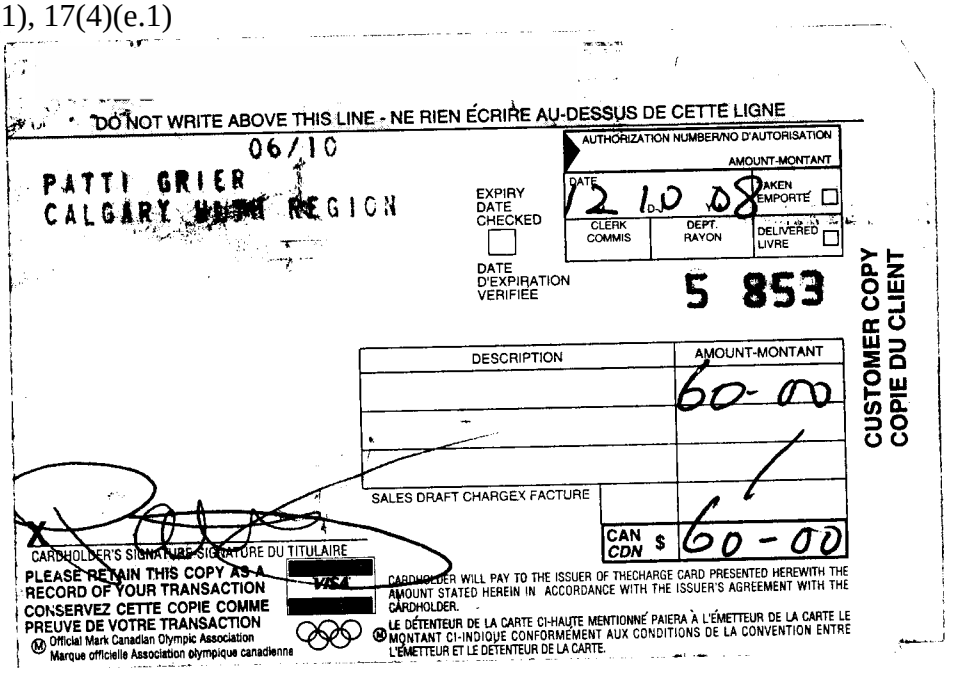
A Modern Renaissance Inn

10053 Jasper Avenue, Edmonton, AB, Canada T5.
Phone: 780.423.3600 • Fax: 780.423.4623
E-mail: info@unionbankinn.com • Web: unionbanki

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


DO NOT WRITE ABOVE THIS LINE - NE RIEN ÉCRIRE AU-DESSUS DE CETTE LIGNE

06/10

PATTI GRIER
CALGARY [redacted] REGION

EXPIRY DATE CHECKED ☐

DATE D'EXPIRATION VERIFIEE

AUTHORIZATION NUMBER/NO D'AUTORISATION
AMOUNT-MONTANT
DATE 12 10 08
TAKEN / EMPORTÉ ☐
CLERK COMMIS
DEPT. RAYON
DELIVERED / LIVRÉ ☐

5 853

DESCRIPTION	AMOUNT-MONTANT
	60-00
SALES DRAFT CHARGEX FACTURE	
CAN $ CDN	60-00

CUSTOMER COPY
COPIE DU CLIENT

X
CARDHOLDER'S SIGNATURE-SIGNATURE DU TITULAIRE

PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

[redacted]

CARDHOLDER WILL PAY TO THE ISSUER OF THECHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.
LE DÉTENTEUR DE LA CARTE CI-HAUTE MENTIONNÉ PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUÉ CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

Official Mark Canadian Olympic Association
Marque officielle Association olympique canadienne

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THE Fairmont HOTEL MACDONALD

10065 - 100 STREET
EDMONTON, AB, CANADA T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

Room : 0715
Folio # : 126568
Cashier # : 255
Page # : 1 of 1

Group Name Calgary Health Region

Calgary Health Region
Patti Grier
10101 South Port Rd SW
Calgary, AB T2W 3N2
CA

Arrival : 12-08-08
Departure : 12-10-08
Fairmont President's Club

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

Date	Description	Additional Information	Charges	Credits
12-08-08	Room Charge		240.00	
12-08-08	Room - DMF		2.40	
12-08-08	Room - AB Tourism Levy		9.70	
12-08-08	Room - GST		12.12	
12-09-08		Non-Responsive	14.69	
12-09-08	Room Charge		240.00	
12-09-08	Room - DMF		2.40	
12-09-08	Room - AB Tourism Levy		9.70	
12-09-08	Room - GST		12.12	
12-10-08	In Room Dining	Room# 0715 : CHECK# 2022 s.17(1), 17(4)(e.1)	29.96	
12-10-08	Visa			573.09
		Total	**573.09**	**573.09**
		Balance Due	**0.00**	

GST Summary

Room	**24.24**
F&B	**1.43**
Other	**0.70**
Total	**26.37**

Guest signature
Signature du client X _____

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États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit 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 paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi. (Dans les hôtels participants.)

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

APPLICANT COPY

THE Fairmont HOTEL MACDONALD

10065 - 100 STREET
EDMONTON, AB, CANADA T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

Room : 0715
Folio # : 126568
Cashier # : 291
Page # : 1 of 1

Group Name Calgary Health Region

Calgary Health Region
Patti Grier
10101 South Port Rd SW
Calgary, AB T2W 3N2
CA

Arrival : 12-08-08
Departure : 12-10-08
Fairmont President's Club

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

Date	Description	Additional Information	Charges	Credits
12-08-08	Room Charge		240.00	
12-08-08	Room - DMF		2.40	
12-08-08	Room - AB Tourism Levy		9.70	
12-08-08	Room - GST		12.12	
12-09-08		Non-Responsive	14.69	
12-09-08	Room Charge		240.00	
12-09-08	Room - DMF		2.40	
12-09-08	Room - AB Tourism Levy		9.70	
12-09-08	Room - GST		12.12	
12-10-08	In Room Dining	Room# 0715 : CHECK# 2022	29.96	
12-10-08	Visa			573.09
12-10-08	Refreshment Center	Room# * : CHECK# 3293	6.30	
12-10-08	Visa s.17(1), 17(4)(e.1)			6.30
		Total	**579.39**	**579.39**
		Balance Due	**0.00**	

GST Summary

Room	**24.24**
F&B	**1.73**
Other	**0.70**
Total	**26.67**

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 fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit to my account. (At participating hotels.)

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J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi. (Dans les hôtels participants.)

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

FOOTHILLS MEDICAL
CENTER

RECEIPT H6

CASHIER NO. 1
IN: 19/12/08 08:45
OUT:19/12/08 10:19
DUE: $ 4.50
PAID: $ 4.50
VISA

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

AUTH. CODE078248
REF. 2
GST:R124072513
THANK YOU
Operated by
Standard Parking
of Canada
COMMENTS/CONCERNS,
CALL 403-955-7947

Cardholder Activity

Print | Close

Name : GRIER, PATTI **Account Number :** 0000000000666794 **Start :** 12/22/2008 **End :** 1/20/2009

Tran. Date	Merchant Name City, State/Prov.	Transaction Amount Accounting Code Comments	National	Regional	Type	FX	Foreign Amount
12/31/2008	**SHERATON EAU CLAIRE SUITE** CALGARY AB	**$475.00** 01 - 71110300001 - 69600000 - - - - - - - - - Deposit for Meeting Room - AHSB Reception Calgary January 13, 2009	$0.00	$0.00	M	False	475.00
1/5/2009	**ALLANS FLOWERS** CALGARY AB	**$70.95** 01 - 71110300001 - 69600000 - - - - - - - - -	$0.00	$0.00	M	False	74.50
1/5/2009	**ALLANS FLOWERS** CALGARY AB	**$3.55** 01 - 71110300001 - 01135517 - - - - - - - - - GST	$0.00	$0.00	S	False	74.50
	Transaction Total	*$74.50*	*$0.00*	*$0.00*			
1/9/2009	**HYATT REGENCY CALGARY-F/D** CALGARY AB	**$209.03** 01 - 71110300001 - 69600000 - - - - - - - - -	$0.00	$0.00	M	False	219.08
1/9/2009	**HYATT REGENCY CALGARY-F/D** CALGARY AB	**$10.05** 01 - 71110300001 - 01135517 - - - - - - - - - GST	$0.00	$0.00	S	False	219.08
	Transaction Total	*$219.08*	*$0.00*	*$0.00*			
1/12/2009	**IMPARK LOT 00030001** CALGARY AB	**$26.00** 01 - 71110300001 - 62310000 - - - - - - - - - AHS Board Meetings	$0.00	$0.00	M	False	26.00
1/13/2009	**IMPARK LOT 00030001** CALGARY AB	**$46.00** 01 - 71110300001 - 62310000 - - - - - - - - - AHS Board Meetings	$0.00	$0.00	M	False	46.00
1/19/2009	**CALGARY PARKING AUTHORITY** CALGARY AB	**$5.50** 01 - 71110300001 - 62310000 - - - - - - - - - AHSB Meetings	$0.00	$0.00	M	False	5.50

Activity Total: $846.08

Regular Visa Items	Out of Pocket Expenses	Visa Reimbursements	Visa Payments
$846.08	**$0.00**	**$0.00**	**$0.00**

Cardholder Name: Patti Grier **Signature:**

Supervisor Name: Kay Best **Signature:** Kay Best

calgary health region

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

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

Date **February 5, 2009**	**Requested By (Please Print)** **Karen Gernter (for Maire Glennon)**	
Department SPT Tower	**Site** Board Office	**Phone No (in full)** **943-1469**
MAKE CHEQUE PAYABLE TO: Sheraton Suites Calgary Eau Claire		**Employee/Supplier #**

MAILING ADDRESS (for forwarding of cheque)

Canada Post: 255 Barclay Parade SW

City Calgary Province AB Postal Code T2P 5C2

Interoffice Mail: Department

Site

Purpose of Request Invoice 738474; January 14, 2009

❑ **Enclose attached documents (originals) with cheque**

❑ **CRHA E-Mail Address (If payment to employee only)** _____

CODING & AUTHORIZATION

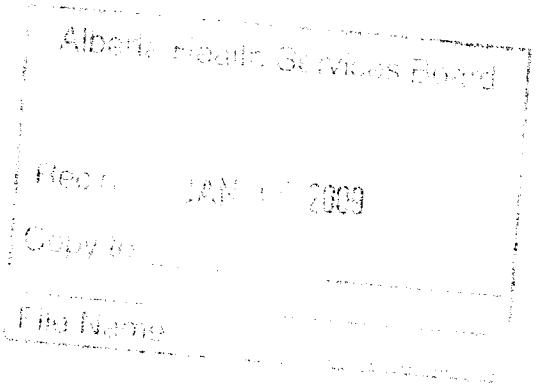
FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**GL DESCRIPTION**
0 1	7 1 1 1 0 3 0 0 0 0 1	6 9 6 0 0 0 0 0	**1552.50**	Invoice 738474; January 14, 2009
				GST $
TOTAL AMOUNT OF CHEQUE:			$1,552.50	ρ CDN ρ US ρ Other
Expenditure Officer Authorization			Print Name Patti Grier	
Authorizer's Employee Number s.17(1), 17(4)(g)(i)			Authorizer Phone # (in full) 943-1128	

ACCOUNTS PAYABLE ONLY

Invoice # _____ Supplier # _____ **Recurring Payment:** Start Date _____ End Date _____ # of Payments _____ Cycle	**Comments:**

00074

APPLICANT COPY



DATE: January 14, 2009
INVOICE # 738474

Alberta Health Services
10101 South Port Road SW
Calgary, Alberta
T2W 3N2

Invoice

Attention: Ms. Lou Decoste

FUNCTION: **Alberta Health Services**
FUNCTION DATE: 13-Jan-09

Banquet Charges

Banquet Food & Beverages	$	465.25 ✓
Service Charges @ 18%		83.75 ✓
GST @ 5%		27.45 ✓
Audio Visual		690.00 ✓
Service Charges @ 15%		103.50 ✓
GST @ 5%		39.68 ✓
Room Rental		685.00 ✓
GST @ 5%		34.25 ✓
Total Banquet Charges	**$**	**2,128.88**
Less Deposit	**$**	**(475.00)**
Less GST Exemption #12407 2513 RT0001	**$**	**(101.38)**
TOTAL AMOUNT DUE	**$**	**1,552.50**

Total amount due upon receipt. Remittances after 30 days are subject to 2% interest per month.
GST Number is: 846543619 RT0002

We look forward to your next visit with us!
Thank you for choosing the Sheraton Suites Calgary Eau Claire.

Sheraton Suites Calgary Eau Claire

APPLICANT COPY

Check#: 34,536

255 Barclay Parade S.W. Calgary, AB Canada T2P 5C2 Phone: 403-266-7200 - Fax: 403-517-6607

Banquet Check

Segment: LOCAL
Page: 1 of2
Created: 1/14/2009

Account:	Alberta Health Services	**Event Date:**	Tuesday, January 13, 2009
Post As:	Alberta Health Services- DO NOT POST	**Contact:**	Ms. Lou Decoste
Address:	10101 South Port Rd S W	**Phone:**	403-943-1122
	calgary, AB T2W 3N2	**Fax:**	
		On-Site:	Ms. Patti Grier
		Phone:	403-650-5302

Quantity	*Food*	*Price*	*Amount*
1	Allergy Alert		
20	Orders of Freshly brewed Starbucks regular coffee	4.75 per person	95.00
5	Orders of Freshly brewed Starbucks decaffeinated coffee	4.75 per person	23.75
4	Tazo tea selections (charged on consumption)	4.00 per bag	16.00
2	Bottled Perrier water with lime wedges (charged on consumption)	4.00 per bottle	8.00
2	Bottled mineral water (charged on consumption)	3.75 per bottle	7.50
		Subtotal:	150.25
		Service Charge %: 18.00	27.05
		GST %: 5.00	8.86
		Total:	186.16

Quantity	*Miscellaneous*	*Price*	*Amount*
1	Standard LCD Projector - minimum 2500 Lumens, XGA Resolution	425.00 per Day	425.00
1	Wireless Presentation mouse - Plug and Play for any Computer	40.00 per Day	40.00
1	Laptop Computer - Current Technology	225.00 per Laptop	225.00
		Subtotal:	690.00
		Service Charge %: 15.00	103.50
		GST %: 5.00	39.68
		Total:	833.18

Room Rental			*Price*	*Amount*
Room:	Willow	**Function:** MTG	600.00	600.00
Room:	Willow	**Function:** BRK		

Client Signature

Date

Account:	Alberta Health Services	**Event Date:**	Tuesday, January 13, 2009
Post As:	Alberta Health Services- DO NOT POST	**Contact:**	Ms. Lou Decoste
Address:	10101 South Port Rd S W	**Phone:**	403-943-1122
	calgary, AB T2W 3N2	**Fax:**	
		On-Site:	Ms. Patti Grier
		Phone:	403-650-5302

APPLICANT COPY

Subtotal:		600.00
GST %:	5.00	30.00
Total:		630.00

Grand Total:	**1,649.34**
Deposit:	475.00
Balance Due:	**1,174.34**

Client Signature

Date

Sheraton Suites Calgary Eau Claire

APPLICANT COPY

Check#: 34,535

255 Barclay Parade S.W. Calgary, AB Canada T2P 5C2 Phone: 403-266-7200 - Fax: 403-517-6607

Banquet Check

Segment: LOCAL
Page: 1 of1
Created: 1/14/2009

Account:	Alberta Health Services	**Event Date:**	Tuesday, January 13, 2009
Post As:	Alberta Health Services- DO NOT POST	**Contact:**	Ms. Lou Decoste
Address:	10101 South Port Rd S W	**Phone:**	403-943-1122
	calgary, AB T2W 3N2	**Fax:**	
		On-Site:	Ms. Patti Grier
		Phone:	403-650-5302

Quantity	*Food*	*Price*	*Amount*
1	Allergy Alert		
15	Continental Buffet - In Room	21.00 Per person	315.00
1	Dietary Alert - Diabetic Guests		

Subtotal:		315.00
Service Charge %:	18.00	56.70
GST %:	5.00	18.59
Total:		390.29

Room Rental		*Price*	*Amount*
Room: Sand Lily	**Function:** BKF	85.00	85.00

Subtotal:		85.00
GST %:	5.00	4.25
Total:		89.25

Grand Total:	**479.54**
Balance Due:	**479.54**

Client Signature

Date

APPLICANT COPY

Flowers Canada
The Association of the Canadian Floral Industry

www.allans-flowers.com

Allan's Flowers

PHONE
403-288-2190

FAX
403-247-1645

5111 BOWNESS ROAD N.W., CALGARY, ALBERTA T3B 4M9

DATE Jan 5/09 PHONE (W) (H)

CUSTOMER Patti Grier cardholder

Ordered in by Karen 403-943-1469

MON	TUE	WED	THU	FRI	SAT	A.M.	P.M.

CASH	CHEQUE	CHARGE CARD	ON ACCOUNT	C.O.D.	CLERK	AMOUNT

Fax 403-943-1108

Flowering Plant Garden Good

06/10

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

CARD BIRTH ANNIVERSARY SYMPATH CONGRATULATIONS RECOVER BIRTHDA PLAIN

WIRE CHARGE 109.95

DELIVERY

G.S.T. 3.53

TOTAL 74.58

G.S.T. REGISTRATION #100160720
s.17(1), 17(4)(g)(i)

Patti

Gang Baker

DELIVER TO Claire Glennon

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

INTEREST CHARGED AT 2% PER MONTH (24% PER ANNUM) ON ALL OVERDUE ACCOUNTS. MINIMUM CHARGE $1.50 PER MONTH. NET 30 DAYS.

HYATT REGENCY CALGARY ®
ON STEPHEN AVENUE WALK

APPLICANT COPY

Hyatt Regency Calgary
700 Centre Street SE
Calgary, AB T2G 5P6
Ph: 403-717-1234
Fax: 403-537-4444

INFORMATION INVOICE

Payee Arthur Porter
10101 South Port Rd Sw
Calgary, AB T2W 3N2
CA

Room No.	1010
Arrival	01-07-09
Departure	01-08-09
Page No.	1 of 1
Folio\Invoice	49259

Membership
Bonus Code
Confirmation No. **2116321401**
Group Name

Cashier No.	447
User ID	ASTECKLER

Date	Description	Charges	Credits
01-07-09	No Show Room	199.00	
01-07-09	DMF Levy 1.0%	1.99	
01-07-09	Alberta Room Tax 4.0%	8.04	
01-07-09	Room - GST 5.0%	10.05	
01-08-09	Visa		219.08

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

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.

Total	**219.08**	**219.08**

GST Summary:	
Rooms	**10.05**
Food & Beverage	**0.00**
Other	**0.00**
Total	**10.05**

Registration Number: 859734659 RT 0002

Balance **0.00**

WE HOPE YOU ENJOYED YOUR STAY WITH US!

For the Guaranteed Lowest Rate on the Internet visit HYATT.COM

We would be delighted to hear your comments!
Michael Cameron, Director of Operations at mcameron@hyatt.com

For billing enquiries please contact qualitycalrc@hyatt.com

Guest 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 part or the full amount of these charges.

INTERVIEW

AHS EXECUTIVE

APPLICANT COPY

HYATT REGENCY CALGARY®

ON STEPHEN AVENUE WALK

FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Annette Steckler
COMPANY:	DATE: Tuesday, Feb 24, 2009 02:18PM
FAX # $403-943-1108	FAX: 403-537-4429 EMAIL:
PHONE #	DIRECT # 403-537-4421
RE:	TOTAL # OF PGS INCL. COVER: 2

MESSAGE:

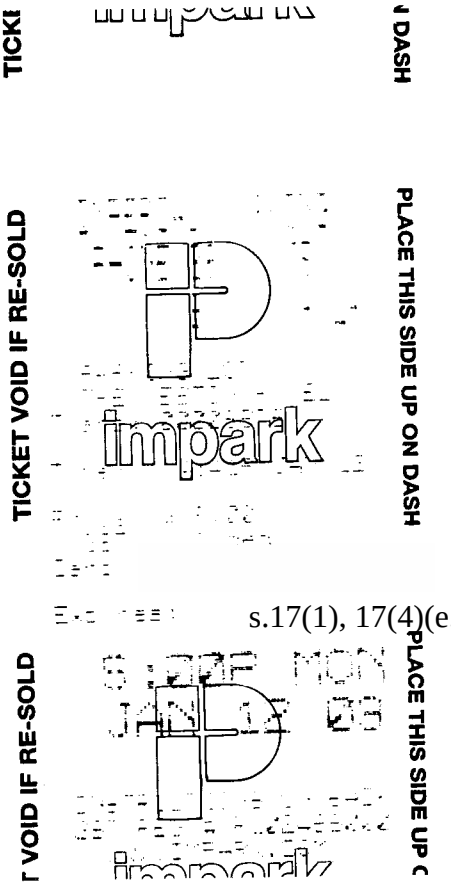
THOMSONS RESTAURANT

SANDSTONE LOUNGE

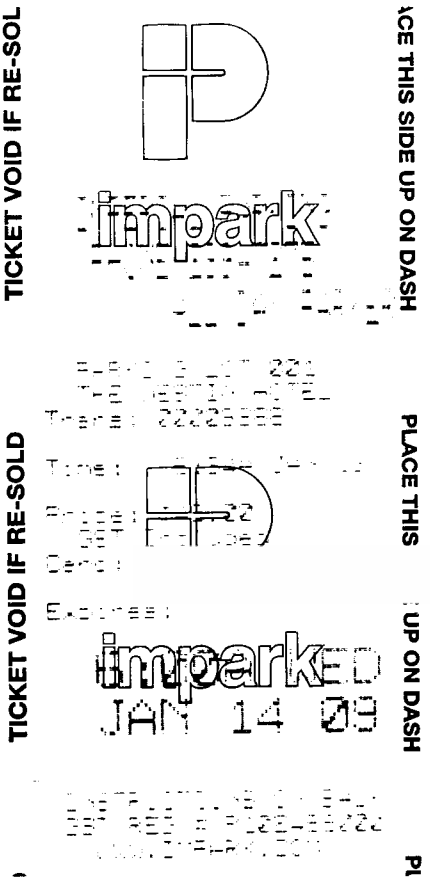
- *355 Luxury guest rooms with DSL internet access*
- *Connected to the Telus Convention Centre, LRT transportation and Plus 15*
- *More than 30,000 sq feet of flexible meeting space, including a 13,500 sq foot ballroom and 8,000 sq foot pre-function space*
- *Thomsons is one of the Top 10 restaurants in the city*
- *Sandstone Lounge features live entertainment and complimentary Hors D'Oeuvres Thursday & Friday Nights*
- *On Stephen Avenue Walk, in the heart of the cultural district restaurants, shops, galleries and museums*

700 Centre Street SE Calgary, AB Canada T2G 5P6
Main Tel: (403) 717-1234 Guest Fax: (403) 537-4444 Sales Fax: (403) 262-3490
www.calgary.hyatt.com

APPLICANT COPY



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



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

2921917

824110

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

8/0513
08:33

5494/170020200/065537
16/01/09 EN 5th-L
McDougall Parkade

GST 5% 0.26
$ 5.50 12 VISA
16/01/09 09:11

367505

RBC Royal Bank

APPLICANT COPY

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
CHIEF EXECUTIVE OFFICER

FEB 14 2006

VISA Business

CALGARY HEALTH REGION
PATTI GRIER
STATEMENT FROM JAN 06 TO FEB 03, 2006

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

1 OF 1

1027058

Protect yourself when traveling

Protect your RBC Royal Bank *Visa* card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
JAN 16	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$653.46
FEB 01	VISA FEE	$12.00
FEB 03	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,049.56
FEB 03	PURCHASE INTEREST	$27.77
	SUBTOTAL	-$1,663.25
	s.17(1), 17(4)(e.1)	
JAN 10		$215.00
JAN 12	CALGARY HEALTH TRUST CALGARY AB Non-Responsive	$400.00
JAN 17	WILDWOOD GRILL CALGARY AB	$62.58
JAN 18	EARL'S WILLOW PARK CALGARY AB	$40.02
JAN 19	BANFF EAST GATE BANFF AB	$8.00
JAN 23	WESTIN HOTELS - EDMONTON EDMONTON BC	$19.05
JAN 24	WESTIN HOTELS - EDMONTON EDMONTON AB	$189.96
JAN 30	CALGARY PARKING AUTHORITYCALGARY AB	$10.00
JAN 30	LAURELWOOD FLORAL DESIGN CALGARY AB	-$32.10
JAN 30	LAURELWOOD FLORAL DESIGN CALGARY AB	$68.48
	SUBTOTAL	$980.99

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$31.00**
Payment due date	**FEB 24, 2006**
Credit limit	$10,000.00
Available credit	$8,979.24
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$1,703.02
Payments & credits	-$1,735.12
Purchases & debits	$1,013.09
Cash advances	$0.00
Fees	$12.00
Interest	$27.77
New balance	**$1,020.76**

Charged in error to Business VISA. Cheque to reimburse is attached, in the sum of $215.00, dated Feb. 14, 2006

You could win $25,000!

Use your *Visa* card and you could win $25,000 for you and $25,000 for Team *Visa* athletes. Every time you use your card in Jan. and Feb., you're automatically entered for a chance to win. No purchase necessary. Call 1 800 590 6329 or visit www.visa.ca for full contest details.

1.95
8.65
10.41

RBC0150120 3668045 022
HRI - 00 - 1 - 1 - M - 2 - D

calgary health region

APPLICANT COPY

FEB 2 3 2006

FINANCE

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
February 14, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ❑ Employee ❑ Other — **RBC ROYAL BANK**

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

MAILING ADDRESS (cheque payment only)

Canada Post: **P.O. Box 4016, Station "A"**

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	January 6, 2006 to February 3, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6242 1 0 0 0 0	$1,020.76	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$1,020.76**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name
Kay Best	KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

PATTI CRIER

RCL

037

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

DATE Feb 14/06

PAY TO THE ORDER OF Calgary Health Region | $215.00

Two hundred + fifteen 00/100 DOLLARS

Security features included Details on back.

ROYAL BANK OF CANADA
MAIN BRANCH
339-8TH AVE SW
CALGARY AB T2P 1C4

MEMO

MP

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

Please [illegible]

[illegible]

Thx,

Diane,

(CHEQUE ATTACHED GIVE TO A.R (WITH WORK) AND MAKE COPY FOR BACKUP.

THANKS

APRIL

APPLICANT COPY

memo

calgary health region

date: February 14, 2006

to: Diane Taylor, Accounts Payable

from: Patti Grier, Executive Director, Office of the President and CEO

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

regarding: Business VISA # – Patti Grier

I received a statement today with respect to my business VISA and discovered that I had inadvertently used the above VISA number for a personal purchase.

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

The above mistake refers to a purchase made in the Non-Responsive amount of $215.00, which was processed through my business VISA on January 10, 2006.

I am attaching a personal cheque made payable to the Calgary Health Region, in the amount of $215.00 and dated February 14, 2006, in order to immediately correct the above error. Would you please credit functional cost centre: 01-71105000001, account #64210000, accordingly.

62410000

If you have any questions, please do not hesitate to contact me at 943-1128.

Sincerely,

Patti Grier
Executive Director
Office of the President and CEO

/mcg

Enclosure

APPLICANT COPY

Bill Brooks Prostate Cancer Benefit
January 28, 2006
Hyatt Regency Hotel

Invoice Notice

Calgary Health Region – Board Office

Calgary Health Region – Board Office
Attn: Lou DeCoste
10101 Southport Rd SW
Calgary AB T2W 3N2
Fax: 943-1124

DATE	DESCRIPTION	TOTAL AMOUNT DUE
January 23, 2006	2 Event tickets @ $200	$400.00
Total		**$400.00**

THANK YOU FOR YOUR GENEROUS SUPPORT OF OUR FUNDRAISING ENDEAVOURS
CHARITABLE BUSINESS NUMBER 89383 4697 RR 0001

CHEQUES PAYABLE TO:

The Calgary Health Trust – Bill Brooks Prostate Cancer Benefit
10101 Southport Rd SW.
Calgary, Alberta T2W 3N2

Enquiries: (403) 943-0602 Attn: Debbie Corah

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428 1454

GUEST
Miss Patti Grier

Canada

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

ROOM	811		
RATE	124.00		
NO. PERS	2		
FOLIO	43876	A	
PAGE	1		
ARRIVE	22-JAN-06	18:48	
DEPART	23-JAN-06	12:29	
PAYMENT	VI		

TRAVEL AGENT

CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
22-JAN-06	RT811	Room Charge		124.00
22-JAN-06	RT811	GST		8.77
22-JAN-06	RT811	DMF		1.24
22-JAN-06	RT811	Tourism Levy		5.01
22-JAN-06	2697	Pradera Lounge		50.94
23-JAN-06	VI	Visa		189.96-

Total Charges	189.96	
Total Credits	189.96-	
Balance Due	0.00	
In Canadian Dollar:		
Total Charges	189.96	
Total Credits	189.96-	
Balance Due	0.00	

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	8.77	
GST Food and Beverage:	0.00	
GST Telephone Revenue:	0.00	
GST Other:	0.00	
	8.77	
* Canadian Dollar	8.77	

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 585 Starpoints for this visit

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

Miss Patti Grier
FOLIO 43876 22-JAN-06

THE WESTIN
EDMONTON

APPLICANT COPY

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

LAUREL WOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB

22702035

*** RETURN ***

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

Name:
Acct #

Date 06/01/30 Time 16 16 40
Exp Date 0811 Auth # 061671
Card Type VI Tran Code 04
N22702035001 001391012

Subtotal
Tax
Total $32.10

Signature X
I agree to pay above total amount
Return this copy for your records

Top copy-customer Bottom copy-merchant

Jan 30 06 04:19p

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9498 • Fax 403-640-9423

Fax: 948-1108

SENDER

Date: Jan 30/06 Time: am pm
Customer: Patti Grier
Address:
City: State/Prov: Zip:
Home Ph: Work Ph:

CASH CHECK HOUSE ACCT

FLORIST CITY FLORIST PHONE PERSON SPOKEN TO

ORDER

DESCRIPTION
Bulb garden

CHARGES 55 —
PRODUCT CODE
DELIVERY 9 —
RELAY
SUB TOTAL
TAX 12
Total 68 48

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS FRIDAY OTHER

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

CARD

11 Patti

DELIVERY

Deliver to Deborah Apps
Address Communication Dept. Cgy. Health Region
City State Prov Zip Code
Home Ph: Work Ph:
Special Instructions:

DELIVERY DAY TIME AM

APPLICANT COPY

Grant

earls

GREAT FOOD GREAT PEOPLE

Date 16 Jan 06 01:07PM

Auth Code: 02U44
Check: 5227
Table: 23/1
Server: 133 ZAC
Ref Number: 001137442076
PATTI GRIER

Subtotal: 35.02

Tip: 5.00

Total: 40.02

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

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

** CUSTOMER COPY **

TRANSACTION RECORD 060119/18:23

F EAST AVE
CHIEF ADMIN
CHIEF, PP
TEL 000

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

CARD #

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

OP ID: 002

MERCHANT TYPE: V1
REFERENCE #:0004

PURCHASE

TOTAL $8.00

(001) APPROVED
AUTH #007111
THANK YOU

TERMINAL 02424275
MERCHANT #: 00724162

Caucus

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code SA GST #119457869

816480

POF 1 (12) Cashier 0
27/01/06 10:22

Receipt 075389

Short-term Parking
Short-term Parking tkt
McDougall Parkade
27/01/06 08:03 -
27/01/06 10:22
Period 0d02h19'
(GST) $10.00

Gross total $10.00

Payment $10.00

Net total $9.35
GST (7%) 0.65

All amounts in CAD.
Deliv. Date=Receipt Date

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

APPLICANT COPY

Longstaff
Steward

WESTIN EDMONTON
Solera Lounge
810577591

701 Trevor

B 212 2714 GST 1
JAN 06 3:29PM

Food
Tax
Total $16.05

Gratuity 3.00

Total 19.05

Room # _____

Name (Print) _____

Signature

8 00

62 58

APPLICANT COPY

RBC Royal Bank

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd APR 11 2006

VISA Business
CALGARY HEALTH REGION
PATTI GRIER
STATEMENT FROM MAR 04 TO APR 05, 2006

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

Copy to:

1 OF 2

File Name: —

Shop & Save 10655143
Hundreds of great shopping offers. Only at www.visaperks.ca. Valid until May 31, 2006.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$337.27**
MAR 17	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$337.27
APR 05	PURCHASE INTEREST	$2.11
	SUBTOTAL OF MONTHLY ACTIVITY	**-$335.16**
MAR 05	SAN REMO RISTORANTE AT GACALGARY AB	$213.11
MAR 10	LAURELWOOD FLORAL DESIGN CALGARY AB	$57.78
MAR 14	WESTIN HOTELS - EDMONTON EDMONTON AB	$148.19
MAR 23	WESTIN HOTELS - EDMONTON EDMONTON AB	$194.82
MAR 23	ACCESS/LEARNING & SKILLS EDMONTON AB	$39.50
MAR 29	CANADAFLORISRS.COM 02503862556 BC	$74.79
MAR 30	IMPARK LOT 00030084 CALGARY AB	$22.00
MAR 30	A COOKIE OCCASION CALGARY AB	$61.24
MAR 31	SMUGGLER'S INN CALGARY AB	$42.05
MAR 31	INDIGO BOOKS & MUSIC ONLIBRAMPTON ON	$196.13
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,049.61**
	TOTAL NEW BALANCE	**$1,051.72**

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

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

Important Information

Find out what RBC is doing for the environment, our communities, small business and more. You'll find it all in our 2005 Corporate Responsibility Report and Public Accountability Statement, which is available at www.rbc.com, RBC branches or from RBC Financial Group, Suite 935, South Tower, 200 Bay Street, Toronto, ON, M5J 2J5.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$32.00**
Payment due date	**APR 26, 2006**
Credit limit	$10,000.00
Available credit	$8,948.28
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$337.27**
Payments & credits	-$337.27
Purchases & debits	$1,049.61
Cash advances	$0.00
Interest	$2.11
Fees	$0.00
NEW BALANCE	**$1,051.72**

8.13
8.77
4.89
2.66
12.83

RBC0150120_4143095_009_594
HRI - 00 - 2 - 2 - E - 279 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
April 21, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ☐ Employee ☐ Other — **RBC ROYAL BANK** — **Employee #**

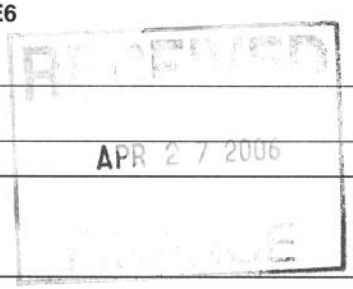
MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____



☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	March 4, 2006 to April 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$1,051.72	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$1,051.72**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name
	KAY BEST
Authorizer's Employee Number	**Authorizer Phone # (in full)**
	943-1141

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

00074

March 2006

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB 22702035

Name:
Acct #

Date 06/03/10 Time 11 27 05
Exp Date 0811 Auth # 018815
Card Type VI Tran Code 00
N22702035001 001426010

Subtotal ----------
Tax ----------
Total $57.78

Retain this copy for your records

Customer Copy

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

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

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

943-1105(F)

SENDER
Date: MAR 10/06 Time: am / pm
Customer: Laurie Gitenman
Address: City. Health Region
City: State/Prov: Zip:
Home Ph: Work Ph: 943-1104

CIRCLE ONE: CASH CHECK HOUSE ACCT

AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION		CHARGES	45 -
Bulb Garden		PRODUCT CODE	
		DELIVERY	9 -
		RELAY	
		SUB TOTAL	
		TAX	
		Total	57 78

Pd

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS HOLIDAY OTHER

Staff + CEO office
CHR.

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

DELIVERY

Deliver to: Dyania Brau
Address:
City: Prov: Zip/Code:
Home P Work Ph:
Special Instructions:

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

DELIVERY DATE TIME AM

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST: Miss Patti Grier

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

GRAUTH

ROOM	843		
RATE	115.00		
NO. PERS.	2		
FOLIO	36592	EX-A	
PAGE	1		
ARRIVE	12-MAR-06	16:36	
DEPART	13-MAR-06		
PAYMENT	VI		

TRAVEL AGENT

CHARGE TO

843

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
12-MAR-06	RT843	Room Charge	115.00
12-MAR-06	RT843	GST	8.13
12-MAR-06	RT843	DMF	1.15
12-MAR-06	RT843	Tourism Levy	4.65
12-MAR-06	RT843	Parking Self	18.00
12-MAR-06	RT843	Tax GST	1.26
13-MAR-06	VI	Visa	148.19-

Total Charges	148.19
Total Credits	148.19-
Balance Due	0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-MAR-06	115.00	8.13	4.65	0.00	0.00	20.41	148.19
Total	115.00	8.13	4.65	0.00	0.00	20.41	148.19

Date	Payment
12-MAR-06	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

** continued on the next page **

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

SIGNATURE

Miss Patti Grier
FOLIO 36592 12-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST

Miss Patti Grier

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

GRAUTH

ROOM	843		
RATE	115.00		
NO. PERS.	2		
FOLIO	36592	EX-A	
PAGE	2		
ARRIVE	12-MAR-06	16:36	
DEPART	13-MAR-06		
PAYMENT	VI		

TRAVEL AGENT

CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS

GST Summary:

GST Room Revenue:	8.13
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.13

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 391 Starpoints for this visit .

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

Miss Patti Grier
FOLIO 36592 12-MAR-06

THE WESTIN
EDMONTON

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST: Miss Patti Grier

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

ROOM	1608		
RATE	124.00		
NO. PERS.	1		
FOLIO	61595	EX-A	
PAGE	1		
ARRIVE	21-MAR-06	19:47	
DEPART	22-MAR-06	12:30	
PAYMENT	VI		

TRAVEL AGENT

CHARGE TO

1608

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
21-MAR-06	RT1608	Room Charge	124.00
21-MAR-06	RT1608	GST	8.77
21-MAR-06	RT1608	DMF	1.24
21-MAR-06	RT1608	Tourism Levy	5.01
21-MAR-06	RT1608	Parking Self	18.00
21-MAR-06	RT1608	Tax GST	1.26
21-MAR-06	3618	In Room Dining	36.54
22-MAR-06	VI	Visa	194.82-

Total Charges	194.82
Total Credits	194.82-
Balance Due	0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
21-MAR-06	124.00	8.77	5.01	36.54	0.00	20.50	194.82
Total	124.00	8.77	5.01	36.54	0.00	20.50	194.82

Date	Payment
21-MAR-06	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

** continued on the next page **

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

SIGNATURE

Miss Patti Grier
FOLIO 61595 21-MAR-06

THE WESTIN
EDMONTON

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST

Miss Patti Grier

Canada

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

ROOM	1608	
RATE	124.00	
NO. PERS.	1	
FOLIO	61595	EX-A
PAGE	2	
ARRIVE	21-MAR-06	19:47
DEPART	22-MAR-06	12:30
PAYMENT	VI	

TRAVEL AGENT

CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS

GST Summary:

GST Room Revenue:	8.77
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.77

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 539 Starpoints for this visit

Miss Patti Grier
FOLIO 61595 21-MAR-06

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

THE WESTIN
EDMONTON

APPLICANT COPY

LEARNING AND SKILLS TELEVISION OF ALBERTA LIMITED
10212 Jasper Avenue, EDMONTON, Alberta T5J 5A3
Telephone (888) 440-4640 Fax (780) 440-8899

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

BPN	PO#	Page 1 of 1	ORDER # 15600	Contract #
CC	PROCESSED: 3/23/2006 REQUIRED: A.S.A.P.	HOLD UNTIL: SHIPPED:	CREDIT CARD Expiry: V	GST Number 89548 4384 RT

SEND ORDER TO:
CALGARY HEALTH REGION
Attention: MAIRE GLENNON
10101 SOUTHPORT RD SW
CALGARY AB T2W 3N2
(403) 943-1104

SEND INVOICE TO: (CHRISTRIER VISA)
CALGARY HEALTH REGION
Attention: JACK DAVIS
10101 SOUTHPORT RD SW
CALGARY AB T2W 3N2
(403) 943-1104

ProductId	Title	Format	# Copies	Length	Expiry	Non Erasure	Unit Price	Total
P9954-002	**The Education of . . . Ralph Klein: The Education of . . . Ralph Klein - DVD**	DVD	2	48:00	In Perpetuity	Yes	14.75	29.50

SPECIAL INSTRUCTIONS: ('*' indicates item is part of a package)
DENISE PLEASE SEND INVOICE AND VISA RECEIPT.

Prepared By: darnell.wal
Video: 0
CD/DVD: 2

Dub / Tape	29.50
Print	0.00
Shipping/Handling	10.00
PST	0.00
GST/HST	0.00
TOTAL	39.50

Invoice # 36884 lou.decoste@calgaryhealthregion.ca

CANADASFLORISTS.COM

Send to:

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

Sold to:
Patti Grier
lou.decoste@calgaryhealthregion.ca
403-943-1122 (AB,CA)
Calgary, AB.
Order Date: March 29, 2006

Invoice #: 36884

Description of your order	**Unit Price**	**Total**
Gardens Paradise Basket (Select)* $ 59.95	59.95	59.95
As though it came straight from the heavens this basket of assorted plants includes such favorites as Dieffenbachia, Palm, Ivy and a blooming plant. PL012		
Delivery requested: March 29, 2006 (Wednesday)	delivery	9.95
Special instructions: Please call Lou DeCoste at 943-1122 if you have any questions.	**Sub-total**	**$ 69.90**
	GST/HST	4.89
Thanks for your patronage. This is your invoice. Please print invoice and keep for your records. Your credit card will be charged by **canadasflorists.com** the amount of **$ 74.79 CA$**	PST	0
If there is an error in this order, or you wish to make a change to this order, please click here to correct order # 36884		
We appreciate your patronage. On your **next online order** with canadasflorists.com, enter the **last 4 numbers of your phone number** in the **'Loyalty Program'** box, and you'll recieve a **10% discount** automatically on that order. It's our way of saying 'thanks'.	**Total**	**$ 74.79**

Yes, remind me of this and other occasions so that I may take advantage of my 10% loyalty discount. Remind Me

Message on card:

- from your friends on the CHR Board

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

CANADASFLORISTS.COM

APPLICANT COPY

Subject: Your Order #642137
Date: Thu, 30 Mar 2006 10:07:48 -0700
From: "info@cookieoccasion.com" <info@cookieoccasion.com>
To: "lou.decoste@calgaryhealthregion.ca" <Lou.Decoste@CalgaryHealthRegion.ca>

This email is to confirm your order:

Order #642137

>From Website: www.cookieoccasion.com

Billed to:
Patti Grier
lou.decoste@calgaryhealthregion.ca
Calgary Health Region
10101 Southport Road SW
Calgary
AB
T2W 3N2
ca
403-943-1122
403-943-1124

Shipped to:

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

1 dz decorative basket with lid
Code: 1DZDCBK-LD
Price: 26.95
Quantity: 1
Subtotal: 26.95
Option 1: Bright
Option 2: Assorted
Comments:

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

>From the Executive Management Team
Add a dozen Cookies
Code: ADDDOZ
Price: 11.00
Quantity: 1
Subtotal: 11.00
Option 1: Assorted

Order Subtotal:	37.95
Taxes:	2.66
Shipping:	20.00
Total:	60.61

← shd be $61.94 (revised invoice to follow).

Your Order Invoice

APPLICANT COPY

chapters.indigo.ca

Indigo Distribution Centre
100 Alfred Kuehne Blvd., Building #55
Brampton, Ontario, L6T 4K4
Customer Service:
1-800-832-7569
905-789-2600
invoices@chapters.indigo.ca

GST # R897152686

Friday, April 07, 2006

Bill To:
Patti Grier
100 Alfred Kuehne Blvd. Building #55
Brampton, ONTARIO L6T 4K4
Canada

Ship To:
Patti Grier - KIOSK
Chapters - 9631 MacLeod Trail S.W.-
ST0772
Calgary, ALBERTA T2J 0P6
Canada

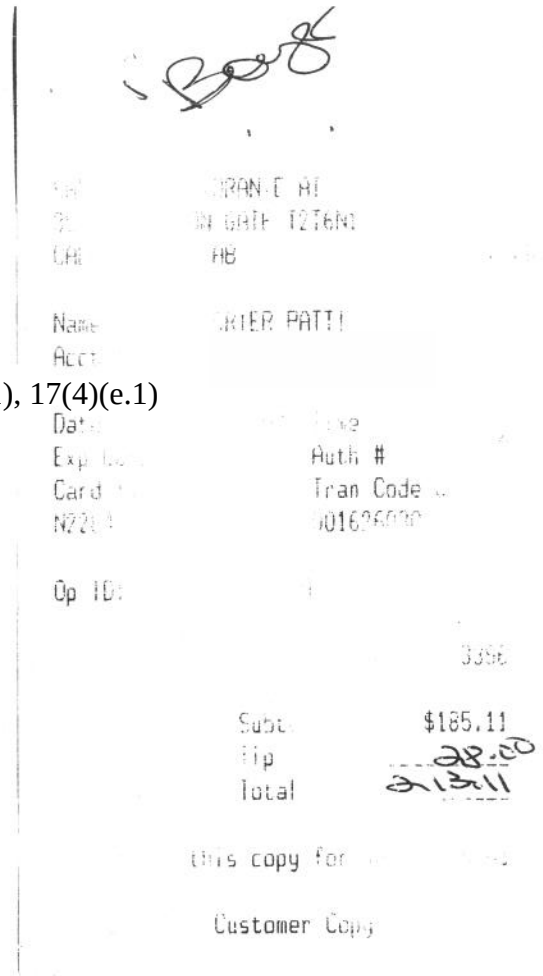
Order Number: OR14810256 **Order Placed:** March 28, 2006 at 12:34:00 PM EST

Item	Qty.	Unit Price	Sub Total
Shipped			
The Heart Speaks: A Cardiologist Reveals the Secret Language of Healing (BK1)	2	$31.75	$63.50
The Complete Guide to Exerise in Water (BK1)	2	$36.95	$73.90
Water Exercise (BK1)	2	$22.95	$45.90

Subtotal: $183.30
GST: $12.83
Total: $196.13
Current Charges: ($196.13)

Books for CEDs office

APPLICANT COPY



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

APPLICANT COPY



omer Copy **
ygglers Inn
Tab: 624
/2006 1:12:45 PM

175989

$37 5

5.00

TOTAL : 42.05


TICKE
TICKET VOID IF RE-SOLD
F RE-SOLD
IMPERIAL PARKING
PHONE 299-7275
impark
6:00P THU
MAR 30 06
ON DASH
PLACE THIS SIDE UP ON DASH
PLACE THIS S

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

RBC Royal Bank

APPLICANT COPY

1586093

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM JUL 05 TO AUG 05, 2008 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$5,365.98**
	s.17(1), 17(4)(e.1)	
JUL 11	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$326.61
AUG 05	PURCHASE INTEREST	$107.90
	SUBTOTAL OF MONTHLY ACTIVITY	**-$218.71**
	s.17(1), 17(4)(e.1)	
JUN 25	YELLOW CAB EDMONTON AB	$57.20
JUL 04	ALBERTA CHILDERN'S HOSPITCALGARY AB	$3.00
JUL 04	HOTEL MACDONALD - FD EDMONTON AB	$687.05
JUL 07	WILDWOOD GRILL CALGARY AB	$114.21
JUL 07	IMPARK LOT 00030197 CALGARY AB	$29.40
JUL 09	THE WESTIN CALGARY F/D CALGARY AB	$290.64
JUL 14	IMPARK LOT 00030001 CALGARY AB	$12.00
JUL 17	WILDWOOD GRILL CALGARY AB	$48.75
JUL 21	WILDWOOD GRILL CALGARY AB	$45.17
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,287.42**
	TOTAL NEW BALANCE	**$6,434.69**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$117.00**
Payment due date	**AUG 30, 2008**
Credit limit	$10,000.00
Available credit	$3,565.31
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$5,365.98**
Payments & credits	-$326.61
Purchases & debits	$1,287.42
Cash advances	$0.00
Interest	$107.90
Fees	$0.00
NEW BALANCE	**$6,434.69**

GST

RBC0150120_3928097_008_39
HRI - 00 - 1 - 1 - P - - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
August 22, 2008	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	Board Office	943-1104

PAYABLE TO: ❑ Employee ❑ Other — **RBC ROYAL BANK**

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

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	July 5 to August 5, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6960000000	1,287.42	Meeting Expense
01	7110500000001	6960000000	107.90	Interest Fees
TOTAL AMOUNT OF PAYMENT:			**$ 1,395.32**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name: Barb Hambly
Authorizer's Employee Number	Authorizer Phone # (in full): 943-1474

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

00074

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM JUL 05 TO AUG 05, 2008 s.17(1), 17(4)(e.1) 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$5,365.98**
	s.17(1), 17(4)(e.1)	
JUL 11	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$326.61
AUG 05	PURCHASE INTEREST	$107.90
	SUBTOTAL OF MONTHLY ACTIVITY	**-$218.71**
	s.17(1), 17(4)(e.1)	
JUN 25	YELLOW CAB EDMONTON AB	$57.20
JUL 04	ALBERTA CHILDERN'S HOSPITCALGARY AB	$3.00
JUL 04	HOTEL MACDONALD - FD EDMONTON AB	$687.05
JUL 07	WILDWOOD GRILL CALGARY AB	$114.21
JUL 07	IMPARK LOT 00030197 CALGARY AB	$29.40
JUL 09	THE WESTIN CALGARY F/D CALGARY AB	$290.64
JUL 14	IMPARK LOT 00030001 CALGARY AB	$12.00
JUL 17	WILDWOOD GRILL CALGARY AB	$48.75
JUL 21	WILDWOOD GRILL CALGARY AB	$45.17
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,287.42**
	TOTAL NEW BALANCE	**$6,434.69**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$117.00**
Payment due date	**AUG 30, 2008**
Credit limit	$10,000.00
Available credit	$3,565.31
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$5,365.98**
Payments & credits	-$326.61
Purchases & debits	$1,287.42
Cash advances	$0.00
Interest	$107.90
Fees	$0.00
NEW BALANCE	**$6,434.69**

CHARGE TO: ACCOUNT NO.

CALGARY HEALTH REGION

YELLOW (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY 25	MO. 06 YR. 08

G.S.T.#

FROM AIRPORT - ETON

TO AHSB

PRINT NAME

CUSTOMER'S SIGNATURE X

FARE	
INT'L	
GRATUITY	
TOTAL	57 20

CUSTOMER COPY

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

TICKET VOID IF RE-SOLD

impark

PARKING LOT 021
THE WESTIN HOTEL
Trans: 20001730

Time: 6:20P JUL 14
Price: $12.00 $12.00
GST
Card:
Expires

impark
JUL 14 08

ENTRANCE
GST REG # R100488220
WWW.IMPARK.COM

PLACE THIS SIDE UP ON DASH

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

THE Fairmont HOTEL MACDONALD

10065 - 100 STREET
EDMONTON, AB, CANADA T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

APPLICANT COPY

Room : 9037
Folio # : 109056
Cashier # : 204
Page # : 1 of 1

Group Name Alberta Health Services Board

Alberta Health Services Board
10101 Southport Road SW
C/O Ms Marie Glennon
Calgary, AB T2W 3N2

Arrival : 06-25-08
Departure : 06-30-08

Date	Description	Additional Information	Charges	Credits
)6-25-08	Visa s.17(1), 17(4)(e.1)			250.00
)6-25-08	Banquets	Event ID 237023/BB ID 229202/Speaker Phone 20764	99.75	
)6-25-08	Banquets	Event ID 237023/BB ID 229202/6' Tripod Screen 22505	26.25	
)6-25-08	Banquets	Event ID 237023/BB ID 229202/BRD-PAR 237023	262.50	
)6-25-08	Banquets	Event ID 237023/BB ID 229202/Phone Line (Royal Service to set up) 20763	105.00	
)6-25-08	Banquets	Event ID 237023/BB ID 229202/Extension Cord 24015	10.50	
)6-25-08	Banquets	Event ID 237024/BB ID 229202/The Macdonald Working Lunch 19260	433.05	
)7-03-08	Visa s.17(1), 17(4)(e.1)			687.05
		Total	**937.05**	**937.05**
		Balance Due	**0.00**	

GST Summary

Room	0.00
F&B	44.62
Other	0.00
Total	44.62

Board Meeting June 25/08.

Note: previous charge billed on ($250.00 VISA invoice/statement for period June 6 - July 04/08)

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 fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit 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 paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi. (Dans les hôtels participants.)

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

APPLICANT COPY

WESTIN
HOTELS & RESORTS

The Westin Calgary
320 Fourth Ave SW
Calgary, AB T2P 2S6
403-266-1611

Ronna, Brenner

Page Number: 1
Guest Number: 356320
Folio: A
No. Of Guests: 1
Room Number:

Invoice Nbr: 1000025423
Arrive Date: 07-08-2008
Depart Date: 07-08-2008

Duplicate Invoice

Tax ID: 861336493RT0004

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
07-08-2008	07-07-08	**Guaranteed No Show**-Cr Card	$264.00	
07-08-2008	07-07-08	Good And Services Tax	$13.33	
07-08-2008	07-07-08	Tourism Levy	$10.67	
07-08-2008	07-07-08	Destination Marketing Fee	$2.64	
07-08-2008	VI	Visa		$-290.64
		** Total	$290.64	$-290.64
		** Balance Due	$0.00	

tinued on next page

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

CHECK : 99.2
TIP : 15.00
TOTAL : 114.21

APPLICANT COPY

Kevin

Rec: 16
Term: 3

CARD TYPE ACCOUNT NUMBER EXP

PATTI GRIER

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

TRANSACTION APPROVED

Credit Card SALE

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

CHECK : 40.75

8.8

48.75

383.17

7.8

45.5

ALBERTA CHILDREN'S HOSPITAL
RECEIPT C6
****
ENTRY DATE/TIME:
07/04/08 11:00
PAY DATE/TIME:
07/04/08 12:04
PARK-DUR.: HRS:MIN
0:01:04
****
ALLOWED EXIT TO:
07/04/08 12:18
****
PAID: $ 3.00
VISA

AUTH. CODE000696
REF. 37
****
* You Have ONLY *
* 15 MINUTES *
* To Exit Garage *
****
* NO IN/OUT *
* PRIVILEGES *
****
* Managed by *
Standard Parking
* of Canada *
****
* GST INCLUDED *
****
GST No. R124072513

PHONE: ( )

Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

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

12.50
16.00
8.99
9.00
14.00
8.00
26.00
0.00

Sub Total:
Tax:
TOTAL : 99.24

GST# 899654524RT0001
RESERVATIONS 226-0100
FAX 226-0073
COME OUT AND CHEER ON YOUR
CALGARY STAMPS
GET ON THE BUS
ALL HOME GAMES $35

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM SEP 06 TO OCT 05, 2006

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

1 OF 1

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd OCT 11 2006
Copy to:
File Name:

Planning to travel soon? 1158842
Wherever you go, we're a phone call away. If you're planning a trip out of the country, simply call us before you leave at 1-800-361-0152 to ensure that your purchases are virtually hassle free while you're away.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$692.23**
	s.17(1), 17(4)(e.1)	
SEP 22	**PAYMENT - THANK YOU / PAIEMENT - MERCI**	**-$692.23**
	SUBTOTAL OF MONTHLY ACTIVITY	**-$692.23**
	s.17(1), 17(4)(e.1)	
SEP 15	EARL'S WILLOW PARK CALGARY AB	$43.79 ✓
SEP 22	ARTISTIC FLOWERS THREE COCHRANE AB	$63.60 ✓
	SUBTOTAL OF MONTHLY ACTIVITY	**$107.39**
	TOTAL NEW BALANCE	**$107.39**

With RBC Insurance®, you make one call - we do the rest.

In the event of a home or auto emergency, we get your life back on track - fast - offering you all the support you need. Call for a competitive quote at 1-866-303-3308 or visit www.rbcinsruance.com/solution.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$10.00**
Payment due date	**OCT 26, 2006**
Credit limit	$10,000.00
Available credit	$9,892.61
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$692.23**
Payments & credits	-$692.23	
Purchases & debits	$107.39	
Cash advances	$0.00	
Interest	$0.00	
Fees	$0.00	
NEW BALANCE		**$107.39**

RBC0150120_5634826_006_807
HRI - 00 - 1 - 1 - 1 - 2 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
October 17, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

- ☐ Employee
- ☐ Other

RBC ROYAL BANK

Employee #

MAILING ADDRESS (cheque payment only)

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

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED
OCT 24 2006
FINANCE

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	September 6, 2006 to October 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6950000000	63.60	
01	7110500000001	6960000000	43.79	
TOTAL AMOUNT OF PAYMENT:			$ 107.39	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

March 2005

Phone Order

ARTISTIC FLOWERS THREE
407 1ST ST
COCHRANE AB TOL 0W0

20235416

Name:
Acct #

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

Date 06/08/99 Time 16 13 55
Exp Date Auth # 029649
Card Type VI Tran Code 00
N20235416040 001360010

Subtotal
Tax
Total $63.60

Retain this copy for your records

Customer Copy

from EMT

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

FAX NO. :
FROM :
Sep. 29 2006 10:05AM P1

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

earls

GREAT FOOD GREAT PEOPLE

Date: 14Sep'06 01:11PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 042503
Check: 594
Table: 20/1
Server: 69 PATRICE
Ref Number: 001158261104

Subtotal: 38.79

Tip: 5.00

Total: 43.79

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

APPLICANT COPY

57

APPLICANT COPY

RBC Royal Bank

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
RECD DEC 11 2006

120817

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM NOV 04 TO DEC 05, 2006 1 OF 2

***Visa* Presents Dine Out Vancouver™**

A Tourism Vancouver event featuring Vancouver's hottest restaurants with prix-fixe menus. Visit any of the 161 participating restaurants from Jan.19 - Feb.4 & pay with your *Visa* card & enter for a chance to Dine Out for a Year! No purchase necessary. Visit www.tourismvancouver.com for info.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$366.01**
	s.17(1), 17(4)(e.1)	
DEC 05	PURCHASE INTEREST	$19.20
	SUBTOTAL OF MONTHLY ACTIVITY	**$19.20**
	s.17(1), 17(4)(e.1)	
NOV 02	PATISSERIE DU SOLIEL LTD.CALGARY AB	$20.00
NOV 04	RUBAIYAT CALGARY AB	$205.64
NOV 13	CALGARY PARKING AUTHORITYCALGARY AB	$6.75
NOV 13	CALGARY PARKING AUTHORITYCALGARY AB	$18.00
NOV 15	AN AFFAIR TO REMEMBER CALGARY AB	$300.00
NOV 15	SUPER LOONIE STORES CALGARY AB	$57.54
NOV 17	REIDS STATIONERS LTD CALGARY AB	$60.42
NOV 21	CALGARY AIRPORT AUTHORITYCALGARY AB	$21.00
NOV 21	THE VARSCONA EDMONTON AB	$184.12
NOV 23	GYPSY ROSE CLAGARY AB	$53.00
NOV 23	STANDARD PARKING - CAL. HCALGARY AB	$3.75
NOV 24	AIRPORT TAXI SERVICE EDMONTON AB	$50.00
NOV 24	AIRPORT TAXI SERVICE EDMONTON AB	$50.00
DEC 04	REDWATER RUSTIC GRILLE CALGARY AB	$30.44
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,060.66**
	TOTAL NEW BALANCE	**$1,445.87**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$55.00**
Payment due date	**DEC 26, 2006**
Credit limit	$10,000.00
Available credit	$8,554.13
Past due amount	$11.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$366.01**
Payments & credits	$0.00	
Purchases & debits	$1,060.66	
Cash advances	$0.00	
Interest	$19.20	
Fees	$0.00	
NEW BALANCE		**$1,445.87**

RBC0150120_6151655_004_5119
HRI - 00 - 2 - 2 - 1 - 5 - D

APPLICANT COPY

calgary health region

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
December 8, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

☐ Employee ☐ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED JAN 16 2007 FINANCE

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	November 4 to December 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6950000000	527.76	
01	7110500000001	6960000000	364.06	
01	7110500000001	4109000000	57.54	
01	7111030000001	6950000000	111.30	
01	7110500000001	6950000000	19.20	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 1,079.86**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization

Print Name KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full) 943-1141

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

00074

March 2005

APPLICANT COPY

an Affair to Remember
Passion and Taste

ATTN: MAIRE GLENNON

AN AFFAIR TO REMEMBER
2513-14TH STREET S.W.
CALGARY AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA
DATE/TIME	2006/11/15 07:18:23
RECEIPT NUMBER	M80008591-417-001
PURCHASE	----------
TOTAL AMOUNT	$300.00
	----------
01 APPROVED	AUTH. # 046609

THANK YOU

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

_____
CARDHOLDER SIGNATURE

Xmas Reception Deposit
(for Admin Assistants)
69500000

telephone 403 245-5774
fax 403 541-0615
email sales@anaffair.com
www.anaffair.com
3715 2 St. NE Calgary, AB T2E 3H7

APPLICANT COPY

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

re: Health
Headline Cash
Congrats

PATISSERIE DU SOLIEL LTD.
C147 1600 90 AVE SW
CALGARY AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 2118
DATE/TIME	2006/11/02 10:35:48
RECEIPT NUMBER	MB0106101-727-003
PURCHASE	
TOTAL AMOUNT	$20.00

01 APPROVED 027 AUTH. # 066187
THANK YOU

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

Bill Phone
CARDHOLDER SIGNATURE

69500000

816709

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax codeCA GST #119457869

PIF 1 (12) 10/11/06 12:22
Receipt 047822

Short-term parking tkt
Lot 8 - No. 070182
10/11/06 08:24 -
10/11/06 12:22
Period 0d03h59'

(GST)	$18.00
Gross total	$18.00
Payment	
Net total	$16.98
GST 6%	1.02

All amounts in CAD.
Deliv. date=Receipt date

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

69600000

RECEIPT

Thank you for your patronage

816709

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax codeCA GST #119457869

PIF 1 (12) 09/11/06 14:51
Receipt 047430

Short-term parking tkt
Lot 8 - No. 121046
09/11/06 13:24 -
09/11/06 14:51
Period 0d01h28'

(GST)	$6.75
Gross total	$6.75
Payment	
Net total	$6.37
GST 6%	0.38

All amounts in CAD.
Deliv. date=Receipt date

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

69600000

RECEIPT

APPLICANT COPY

Varscona Hotel on Whyte

8208 - 106 STREET

Edmonton, AB T6E 6R9
Phone: (780)434-6111 Fax: (780)439-1195

Nov 21, 2006
8:32 am

M. Patti Grier
10101 Southport Rd SW
Calgary, AB T2W 3N2

Account #: 53800
Room Number: 616
Rate: $115.00
Pay Method:

Arrival Date: Monday, November 20, 2006
Departure Date: Tuesday, November 21, 2006

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

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

Information: HBA meeting

Date	Department	Reference	Voucher	Room	Debit	Credit
11/20/2006	Room Service	Room Service	49346	616	$33.04	
11/20/2006	G.S.T	Room Service	49346	616	$1.72	
11/20/2006	Delivery Charge			616	$2.00	
11/20/2006	G.S.T			616	$0.12	
11/20/2006	Room Charge	Auto Posted		616	$115.00	
11/20/2006	Tourism Levy - 4%	Auto Posted		616	$4.60	
11/20/2006	RGST-6%	Auto Posted		616	$6.90	
11/20/2006	D.M.F. - 1%	Auto Posted		616	$1.15	
11/20/2006	6% GST on D.M.F.	Auto Posted		616	$0.07	
11/21/2006	Room Service		49383	616	$16.54	
11/21/2006	G.S.T		49383	616	$0.86	
11/21/2006	Delivery Charge		49383	616	$2.00	
11/21/2006	G.S.T		49383	616	$0.12	
11/21/2006	VISA Payment	CHECKED-OUT		616		$184.12

Tax Summary	
G.S.T	$2.82
Tourism Lev	$4.60
RGST-6%	$6.90
D.M.F. - 1%	$1.15
6% GST on D	$0.07

Balance: $0.00

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.
G.S.T. # 863128575 RT 0001

69600000

Signature _____

APPLICANT COPY

==========

******** FAX ******** FAX ******** FAX ******** FAX ********

==========

From: **Gypsy Rose Flowers**
C-149, 1600 - 90 Avenue S.W.
Calgary, Alberta, T2V 5A8
Fax: (403) 255-1445
Phone: (403) 255-1010

==========

Date:

To:

Attention:

==========

6830

GYPSY ROSE FLOWERS
GST #R106110927
C149, 1600 - 90th Avenue S.W.
CALGARY, ALBERTA T2V 5A8

Phone (403) 255-1010 Fax 255-1445

Maire Glennon.

DELIVERY DATE S M T W T F S AM PM

SALESPERSON

ORDER DATE Nov 23/06

CASH DEBIT CARD CHEQUE CHARGE

Visa -

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

bright/cheery in vase 40 00

DELIVERY CHARGE 10 00

PHONE & SERVICE CHARGE

SUBTOTAL

GST 3 00

PST

TOTAL 53 00

Bank card.

943 1108

Visa receipt - Invoice.

THANK YOU

DELIVER TO Maire Glennon.
Calgary Health Region
10101 - Southpoint SW
943-1104

GYPSY ROSE FLOWERS PHONE (403) 255-1010

GYPSY ROSE FLOWERS
1600-90 AVE SW
CALGARY AB s.17(1), 17(4)(e.1)

CARD
CARD TYPE VISA
DATE 2006/11/23
TIME 0329 11:01:33
RECEIPT NUMBER
M30605733-001-193-002-0

PURCHASE
TOTAL-CAD

$53.00

APPROVED
AUTH# 039809 01-027
THANK YOU

CARDHOLDER COPY

Flowers for Pam Hiller

APPLICANT COPY

Valentine Yakewych 9445

RUBAIYAT

GST #R104663638
722 - 17th Avenue S.W.
CALGARY, ALBERTA, CANADA T2S 0B7
(403) 228-7192 Fax 228-4756

SOLD BY	TELEPHONE	FAX	DATE
Pam			Nov 4/06

NAME: Calgary Health Authority

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

VISA

☐ CASH ☐ CHEQUE ☑ CHARGE ☐ DEBIT CARD ☐ C.O.D. ☐ ON ACCT. ☐ MDSE. RET'D. ☐ PAID OUT

QUANTITY		DESCRIPTION		PRICE	AMOUNT
1	1	RHS Seattle			105 00
1	2	Globe			89 00
	3				
	4				
	5				194 00
	6				
	7				
	8	105.00	89.00		
	9	6.30 GST	5.34 GST		
	10				
	11	111.30	94.34		
	12				
	13	01-7111030000	01-7110500000		

SPECIAL INSTRUCTIONS: 69500000 (BOARD) 69500000 (CEO)

Sorry no refunds.
Exchanges only within 15 days of purchase.

SUBTOTAL	
GST	11 64
PST	
TOTAL	$205 64

RECEIVED BY

125717

THANK YOU

APPLICANT COPY

TRANSACTION RECORD 061115/17:53

SUPER LOONIE STORE
7722 ELBOW DRIVE SW
CALGARY ALBERTA
T2V1K2

TERM ID: 02600557
MID: 182766
CARD #
ACCT TYPE: VISA PURCHASE
REF NO: 0002688 AMOUNT $57.54
(001) APPROVED - THANK YOU AUTH #005777

CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

41090000

X _____
CARDHOLDER SIGNATURE

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

REID STATIONERS LTD.
710-17TH AVE. S.W.
GST # R104457676

11/17/06 3:23PM 03
000003 #0620
69500000

	3@ 8.50
SEASONAL	T4 $25.50
	6@ 5.25
SEASONAL	T4 $31.50
MDSE ST	$57.00
GST	$3.42
C-CARD	$60.42

NO RETURNS AFTER 7 DAYS
FINAL SALE& NO EXCHANGES
ON DATED,SALE & SEASONAL

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194

RECEIPT H2
ENTRY DATE/TIME:
11/20/06 14:45:39
EXIT DATE/TIME:
11/21/06 15:22:25
PAID: $ 21.00
(GST INCLUDED)
LENGTH OF STAY:
1 00:37
METHOD OF PAYMENT:

CODE 045075
REF. 49

THANK YOU FOR YOUR VISIT
69600000

REIDS STATIONERS LTD
710 17TH AVE SW
CALGARY AB

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA U805
DATE/TIME 2006/11/17 15:23:58
RECEIPT NUMBER S47150078-254-017
PURCHASE
TOTAL AMOUNT $60.42

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

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

01 APPROVED-027 AUTH. # 007576
THANK YOU

CARDHOLDER COPY
69500000

APPLICANT COPY

calgary health region
Parking Services

☐ ACH ☐ CBVCC
☐ PLC ☐ FMC ☐ RGH
☐ Other_____

PARKING RECEIPT

AMOUNT $ 3.75

DATE 11/20/06

RECEIVED BY

THIS IS A RECEIPT, *NOT A PARKING TICKET.*

00180 R(2002/04)

6960000

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

ER RUSTIC
RILLE
eod Tr. South
03-253-4266
ck: 26381

B. Date: 12/04/2006
Time: 13:05

3

005710 ONLINE
9999

L $ 25.44

P $ 5.00

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

L $ 30.44

MER COPY **

9600000

For Dining With Us.
819584947RT0001

HBA MEETING

11/08

CALGARY HEALTH REGION

AIRPORT TAXI SERVICE (780) 890-7070

ADMINISTRATION LINE: 780-890-7990

AUTH. NO.	DRIVER	UNIT NO.
	Amrik	145
TIME	DAY 21	MO. 11 YR. 2006

0356769

G.S.T.# 86197-9946

FROM to Airport

TO

PRINT NAME

CUSTOMER'S SIGNATURE X

MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐

FARE	42 00
INT'L	
GRATUITY	8 —
TOTAL	50 00

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

CUSTOMER COPY

HBA MEETING

11/08 HBA

CALGARY HEALTH REGION

AIRPORT TAXI SERVICE (780) 890-7070

ADMINISTRATION LINE: 780-890-7990

AUTH. NO.	DRIVER	UNIT NO.
	Amrik	145
TIME	DAY 20	MO. 11 YR. 2006

0356773

G.S.T.# 86197-9946

FROM AIRPORT

TO 82 AVE

PRINT NAME

CUSTOMER'S SIGNATURE X

MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐

FARE	40 00
INT'L	
GRATUITY	8 00
TOTAL	50 00

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

CUSTOMER COPY

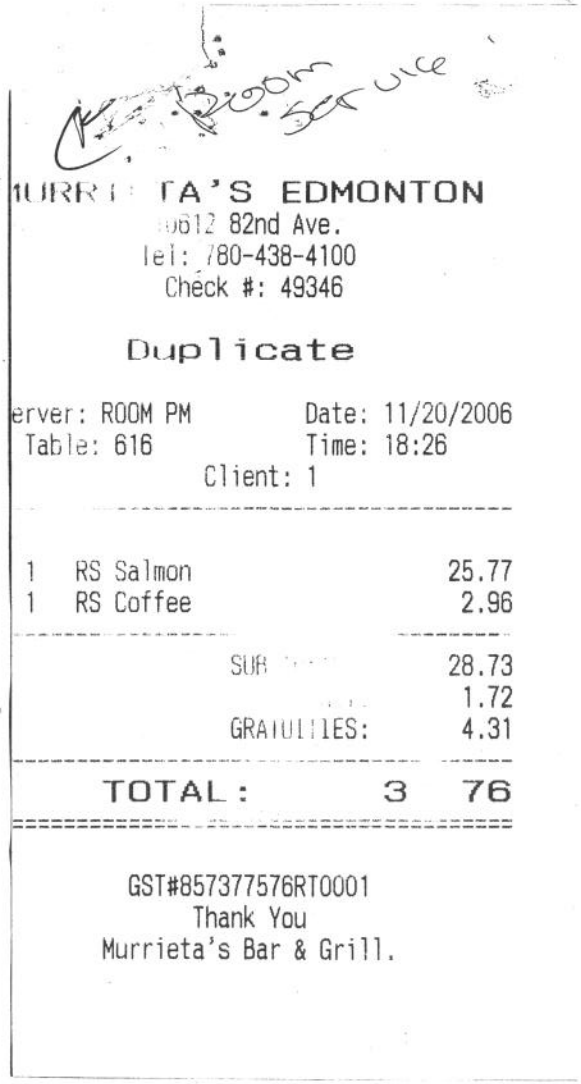


TA'S EDMONTON
10612 82nd Ave.
Tel: 780-438-4100
Check #: 49383

erver: Chantal L.
Table: 616
Date: 11/21/2006
Time: 07:12
Client: 1

1	RS Eggs [illegible] Style	11.42
1	[illegible] Coffee	2.96
	SUB-TOTAL:	14.38
	GST:	0.86
	GRATUITIES:	2.16
	TOTAL	17.40

GST#857
Thank
Murrieta's [illegible].



[illegible] TA'S EDMONTON
[illegible]0612 82nd Ave.
Tel: 780-438-4100
Check #: 49346

Duplicate

erver: ROOM PM
Table: 616
Date: 11/20/2006
Time: 18:26
Client: 1

1	RS Salmon	25.77
1	RS Coffee	2.96
	SUB [illegible]	28.73
	[illegible]	1.72
	GRATUITIES:	4.31
	TOTAL:	3 76

GST#857377576RT0001
Thank You
Murrieta's Bar & Grill.

RBC Royal Bank

APPLICANT COPY

October is Small Business Month

1614546

Even out the peaks and valleys in your cash flow with the help of an RBC Royal Bank® Business Advisor, call 1-800 ROYAL® 2-0 today.

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM SEP 06 TO OCT 03, 2008 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	$5,116.58
	s.17(1), 17(4)(e.1)	
SEP 19	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$5,116.58
	SUBTOTAL OF MONTHLY ACTIVITY	-$5,116.58
	s.17(1), 17(4)(e.1)	
SEP 12	BROKEN PLATE CALGARY AB	$48.95
SEP 20	SUTTON PLACE HOTEL EDMONTON AB	$145.95
SEP 24	MEDICINE HAT LODGE MEDICINE HAT AB	$900.76
SEP 24	MEDICINE HAT LODGE MEDICINE HAT AB	$16.79
	SUBTOTAL OF MONTHLY ACTIVITY	$1,112.45
	TOTAL NEW BALANCE	$1,112.45

Protect yourself when travelling

Protect your RBC Royal Bank® Visa card during your travels. Simply call us at 1-800-361-0152 **before you leave** and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$10.00**
Payment due date	**OCT 24, 2008**
Credit limit	$10,000.00
Available credit	$8,887.55
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$5,116.58**
Payments & credits	-$5,116.58
Purchases & debits	$1,112.45
Cash advances	$0.00
Interest	$0.00
Fees	$0.00
NEW BALANCE	**$1,112.45**

RBC0150120 4790446 017
HRI - 00 - 1 - 1 - Q - B - D

calgary health region

APPLICANT COPY

Patti Grier

Payment Requisition

Instructions:

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

Date October 8, 2008	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** Board Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other **RBC ROYAL BANK**		**Employee #**
MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i) **Canada Post:** P.O. Box 4016, Station "A" City **Toronto** Province **ON** Postal Code **M5W 2E6** **Interoffice Mail:** Department _____ Site: _____		
❑ **SPECIAL HANDLING INSTRUCTIONS**		
Purpose of Request	September 6 to October 3, 2008 - VISA Expenses	

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	1,112.45	Meeting Expense
TOTAL AMOUNT OF PAYMENT:			**$ 1,112.45**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name Kay Best
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1140
Comments: s.17(1), 17(4)(g)(i)	

00074

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM SEP 06 TO OCT 03, 2008

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	$5,116.58
	s.17(1), 17(4)(e.1)	
SEP 19	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$5,116.58
	SUBTOTAL OF MONTHLY ACTIVITY	-$5,116.58
	s.17(1), 17(4)(e.1)	
SEP 12	BROKEN PLATE CALGARY AB	$48.95
SEP 20	SUTTON PLACE HOTEL EDMONTON AB	$145.95
SEP 24	MEDICINE HAT LODGE MEDICINE HAT AB	$900.76
SEP 24	MEDICINE HAT LODGE MEDICINE HAT AB	$16.79
	SUBTOTAL OF MONTHLY ACTIVITY	$1,112.45
	TOTAL NEW BALANCE	$1,112.45

Protect yourself when travelling

Protect your RBC Royal Bank Visa card during your travels. Simply call us at 1-800-361-0152 **before you leave** and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

October is Small Business Month

1614546

Even out the peaks and valleys in your cash flow with the help of an RBC Royal Bank® Business Advisor, call 1-800 ROYAL® 2-0 today.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	$10.00
Payment due date	OCT 24, 2008
Credit limit	$10,000.00
Available credit	$8,887.55
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	$5,116.58
Payments & credits	-$5,116.58
Purchases & debits	$1,112.45
Cash advances	$0.00
Interest	$0.00
Fees	$0.00
NEW BALANCE	**$1,112.45**

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

001 0018 000000000000 0001000 000111245

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$1,112.45	$10.00	OCT 24, 2008	$

VISA Business

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

RBC01501_20 4790446_017-112472 00998

CALGARY HEALTH REGION
PATTI GRIER
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

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.

[illegible]

The Sutton Place Hotel

APPLICANT COPY

Mr. Ken Hughes
10101 South Port Road SW
Calgary, AB T2M 3B5
CA

Room Number	:	1406
Arrival Date	:	09-19-08
Departure Date	:	09-20-08
Page	:	1 of 1
Folio Number	:	108741
Confirmation	:	14255840
Cashier	:	308

INFORMATION INVOICE

Group Code : ED080917ALB_003
Company Name : Alberta Medical Association

GST No. : R135760569

10-15-08

Date	Description		Charges	Credits
09-22-08	No Show Charge	*chg for no show 09/19/08*	139.00	
09-22-08	GST Misc Hotel		6.95	
09-22-08	Visa			145.95
	s.17(1), 17(4)(e.1)	**Total**	**145.95**	**145.95**
		Balance	**0.00**	**CAD**

Room GST	0.00
F&B GST	0.00
Misc GST	6.95
Total	6.95

Fullerton

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

BROKEN PLATE
590-10816 MACLEOD T2J5N8
CALGARY AB
22799973

**** PRE AUTH PURCHASE ****

09-12-2008 13:14:43
Acct # S
Exp Date **/** Card Type VI
Name: PATTI GRIER

Trace # 650016 Operator 019
FS22799973O1
Inv. # 3586
Auth # 030191 RRN 001578018

P.Auth Purchase $40.95

Tip 8.00

Total 48.95

Customer Copy

I agree that I am personally liable for the final disposition and p
further authorize the use of my credit card to facilitate full payı
association fails to render full payment of this account, and also fc

oy The Sutton Place Hotel and
ated third-party, company or

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE GRANDE HOTELS GROI

OUVER

10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.
email: info_edmonton@suttonplace.com website: www.edı

J (1.866.378.8866)

Room Service
#171

Medicine Hat Lodge
1051 RossGlen Drive SE
Medicine Hat,AB T1B 3T8
Phone(403)529-2222 Fax(403)528-4075

*** Reprint (2) ***
Date: Sep 24, 2008 Time: 04:35PM
Server: Host PM (J)
Bill: 760656 Table : 171

1	Jungle Grilled Chicken	13.99
1	SERVICE CHARGE	2.00
	Subtotal	15.99
	GST	0.80
	Total	16.79
	Visa	16.79

Room Food 15.99

Open Time : Sep 24, 2008 12:07PM

Gratuity_____

Total_____

Room#_____

Signature_____

Print Name_____

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

†††† PRE AUTH PURCHASE ††††

09-24-2008 16:32:57
Acct # M
Exp Date 11/08 Card Type VI
Name:

Trace # 910001 Operator 888
FS2246402401
Inv. # 34626
Auth # 073722 RRN 001381001

P.Auth Purchase $16.79
Tip _____
Total _____

X_____
Signature
I agree to pay above total amount according to the card issuer agreement.
Merchant copy

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

APPLICANT COPY

MEDICINE HAT LODGE

RESORT CASINO & SPA

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

Patti Grier

Medicine Hat, AB
Palliser Health

Group: Palliser Health

Page #	**1**
Res. #	**354673**
Checked in	**Sun Sep 21/08 - 8:53 pm**
Checked out	**Wed Sep 24/08 - 9:51 am**
Nights	**3**
Room Rate	**129.00**
Room	**376**

Date	Description	Reference	Charges	Credits
Sep21	*Room Service Grats*	*Chit# 9834*	*4.00*	
Sep21	*Room Service*	*Chit# 9834*	*19.98*	
Sep21	*GST*	*Chit# 9834*	*1.00*	
Sep21	*GOVERNMENT RATE*	*Rm171 -K. Ericson*	*129.00*	
Sep21	*GST*	*Rm171 -K. Ericson*	*6.45*	
Sep21	*Room Tax*	*Rm171 -K. Ericson*	*4.96*	
Sep21	*Room Service*	*Chit# 983 Fr:Rm171*	*16.98*	
Sep21	*GST*	*Chit# 983 Fr:Rm171*	*0.85*	
Sep21	*GOVERNMENT RATE*	*Rm376 -P Fr:RmZG17*	*129.00*	
Sep21	*GST*	*Rm376 -P Fr:RmZG17*	*6.45*	
Sep21	*Room Tax*	*Rm376 -P Fr:RmZG17*	*4.96*	
Sep21	*Directory Information*	*411-2210- Fr:Rm171*	*0.75*	
Sep21	*GST*	*411-2210- Fr:Rm171*	*0.04*	
Sep22	*Photocopy Services*		*14.00*	
Sep22	*GST*		*0.70*	
Sep22	*GOVERNMENT RATE*	*Rm171 -K. Ericson*	*129.00*	
Sep22	*GST*	*Rm171 -K. Ericson*	*6.45*	
Sep22	*Room Tax*	*Rm171 -K. Ericson*	*4.96*	
Sep22	*GOVERNMENT RATE*	*Rm376 -P Fr:RmZG17*	*129.00*	
Sep22	*GST*	*Rm376 -P Fr:RmZG17*	*6.45*	
Sep22	*Room Tax*	*Rm376 -P Fr:RmZG17*	*4.96*	
Sep23	*GOVERNMENT RATE*	*Rm171 -K. Ericson*	*129.00*	
Sep23	*GST*	*Rm171 -K. Ericson*	*6.45*	
Sep23	*Room Tax*	*Rm171 -K. Ericson*	*4.96*	
Sep23	*GOVERNMENT RATE*		*129.00*	
Sep23	*GST*		*6.45*	
Sep23	*Room Tax*		*4.96*	
Sep24	*PAID BY VISA - Thank you*			*900.76*
			---	---
		0.00	*900.76*	*900.76*

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

Our G.S.T. # is 103576021RT0002

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

APPLICANT COPY

MEDICINE HAT LODGE

RESORT CASINO & SPA

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

Patti Grier

Medicine Hat, AB
Palliser Health

Page #	**2**
Res. #	**354673**
Checked in	**Sun Sep 21/08 - 8:53 pm**
Checked out	**Wed Sep 24/08 - 9:51 am**
Nights	**3**
Room Rate	**129.00**
Room	**376**

Group: Palliser Health

Date	Description	Reference	Charges	Credits
Charge Summary:				
GST			*41.29*	
Room Tax			*29.76*	

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

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

**** PRE AUTH COMPLETION ****

09-24-2008 09:51:39
Acct # S
Exp Date Card Type VI
Name:

Trace # 830029
FS2246402403
Inv. # 18508
Auth # 015303 RRN 001479999

Pre-Auth Amount $900.76
Total **$900.76**

Customer copy

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

Room Service
#171

Medicine Hat Lodge
1051 RossGlen Drive SE
Medicine Hat,AB T1B 3T8
Phone(403)529-2222 Fax(403)528-4075

*** Reprint (2) ***
Date: Sep 24, 2008 Time: 04:35PM
Server: Host PM (J)
Bill: 760656 Table : 171

1	Jungle Grilled Chicken	13.99
1	SERVICE CHARGE	2.00
	Subtotal	15.99
	GST	0.80
Total		16.79
	Visa	16.79

Room Food 15.99

Open Time : Sep 24, 2008 12:07PM

Gratuity_____

Total_____

Room#_____

Signature_____

Print Name_____

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

†††† PRE AUTH PURCHASE ††††

09-24-2008 15:32:57
Acct # M s.17(1), 17(4)(e.1)
Exp Date Card Type VI
Name:

Trace # 910001 Operator 888
FS22464024O1
Inv. # 34626
Auth # 073722 RRN 001381001

P.Auth Purchase $16.79
Tip _____
Total _____

X_____
Signature
I agree to pay above total amount according to the card issuer agreement.
Merchant copy

RBC Royal Bank

APPLICANT COPY

RSP deadline is Feb 29, 2008 14617

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

VISA Business

CALGARY HEALTH REGION

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

STATEMENT FROM DEC 06, 2007 TO JAN 04, 2008 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$1,799.41**
	s.17(1), 17(4)(e.1)	
JAN 04	PURCHASE INTEREST	$53.63
	SUBTOTAL OF MONTHLY ACTIVITY	**$53.63**
	s.17(1), 17(4)(e.1)	
DEC 04	REDWATER RUSTIC GRILLE CALGARY AB	$48.28
DEC 11	IMPARK LOT 00030080 CALAGRY AB	$23.00
DEC 13	REDWATER RUSTIC GRILLE CALGARY AB	$63.21
DEC 14	REDWATER RUSTIC GRILLE CALGARY AB	$45.10
DEC 17	WILDWOOD GRILL CALGARY AB	$47.38
DEC 19	THE BUTTERCREAM BAKE SHOPCALGARY AB	$171.40
DEC 20	CALGARY HEALTH TRUST CALGARY AB	$500.00
DEC 20	CALGARY HEALTH TRUST CALGARY AB	$350.00
DEC 21	THE BUTTERCREAM BAKE SHOPCALGARY AB	-$29.40
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,218.97**
	TOTAL NEW BALANCE	**$3,072.01**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$117.00**
Payment due date	**JAN 29, 2008**
Credit limit	$10,000.00
Available credit	$6,927.99
Past due amount	$54.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$1,799.41**
Payments & credits	-$29.40	
Purchases & debits	$1,248.37	
Cash advances	$0.00	
Interest	$53.63	
Fees	$0.00	
NEW BALANCE		**$3,072.01**

RBC0150120_1152772_013_2921
HRI - 00 - 1 - 1 - N - - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
February 4, 2008	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ☐ Employee ☐ Other — **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	December 6, 2007, to January 4, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	226.97	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 2	142.00	
0 1	7 1 1 1 0 4 0 0 0 0 5	6 7 5 0 0 0 0 0	850.00	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	53.63	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 1,272.60**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name
	KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

PURCHASE ORDER

788567

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

TO: Maire Glennon

ADDRESS: 943-1129 / 943-1104
Fax 943-1108

SHIP TO: Calgary Health Region

ADDRESS: 10101 Southpoint Rd SW

REQ. NO. OR DEPT.: Thurs

DATE: Dec 20

FOR: PU 9:00

	QUANTITY	DESCRIPTION	PRICE	UNIT	AMOUNT
1	4	dz Baby - Xmas			66 00
2					
3	3c	Meg cupcakes s.17(1), 17(4)(g)(i)			
4					
5	1	Delivery			
6					
7	8	cards			
8	3	SC			
9	3	E-B s.17(1), 17(4)(e.1)			
10					171 40

DATE REQUIRED | VIA | PLEASE SEND ____ COPY(IES) OF YOUR INVOICE.

TERMS: Did not receive misc. cookies & packet of 6 cupcakes. Credit of $29.40 processed.

PURCHASING AGENT: PAID

53E

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

see over

APPLICANT COPY

Calgary Health Trust

Sear

Home | Contact Us

About the Trust | Ways to Give | What we do | Events & Lotteries

Bill Brooks 10th Annual Prostate Cancer Benefit - January 25, 2008

Contact Information

First Name *	Patti
Last Name*	Grier
Company Name	Calgary Health Region
Address*	10101 Southport Road SW
City*	Calgary
Province*	Alberta
Postal*	T2W 3N2
E-mail*	maire.glennon@calgaryheal
Home Phone*	s.17(1), 17(4)(g)(i)
Business Phone	943-1128
Fax	943-1108

Charge to Community Relations budget:

~~7411~~
71110400005

67500000

Following the event a tax receipt will be issued for the eligible amount of the ticket, as c CRA guidelines. Who should this receipt be issued to:

Individual Company

Payment Information

2 Ticket

APPROVED

Dec. 20, 2007

Total

Card Type*	VISA
Card Number*	s.17(1), 17(4)(e.1)
Expiry Date*	**Month:** **Year:**
Cardholders Name*	Patti Grier

Other Information

Thank you for supporting the Calgary Health Trust. Your tickets for the 10th Annual Bil Cancer Benefit will be mailed in early January, 2008. If you require any further informa (403) 943-0695.

Process Transaction

APPLICANT COPY

Calgary Health Trust

Sear

Home | Contact Us

About the Trust | Ways to Give | What we do | Events & Lotteries

Bill Brooks 10th Annual Prostate Cancer Benefit

Thank You!

Transaction # 2038-0_2
Your transaction has been successfully completed.

Your donation of $500.00 will help support our vision to create the healthiest population generosity is greatly appreciated.

Please watch for an email from us that will confirm the details of your donation.

Thank you for your support.

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Copyright 2007 C

Friday, January 25, 2008 – 7pm

Imperial Ballroom – Hyatt Regency Calgary

$250 per person

Dress: Cocktail/Business Casual

All proceeds from the Benefit go to the Bill Brooks Prostate Cancer Fund at the Calgary Health Trust to fund prostate cancer education, treatment and research.

Reserve your ticket by calling our partner, The Calgary Health Trust at (403) 943-0695 or order online @ www.thetrust.ca

APPLICANT COPY

Calgary Health Trust

Sear

Home | Contact Us

About the Trust | Ways to Give | What we do | Events & Lotteries

BELLA April 10, 2008

Contact Information

First Name *	Patti
Last Name*	Grier
Company Name	Calgary Health Region
Address*	10101 Southport Road SW
City*	Calgary
Province*	Alberta
Postal*	T2W 3N2
E-mail*	maire.glennon@calgaryheal
Home Phone*	s.17(1), 17(4)(g)(i)
Business Phone	(403) 943-1128
Fax	(403) 943-1108

Charge to
Community Relations
7111040000 5 / 67500000

APPROVED

Diane Staley
Jan. 4/08

Following the event a tax receipt will be issued for the eligible amount of the ticket, as (CRA guidelines. Who should this receipt be issued to:

○ Individual ◉ Company

Payment Information

2	General Seating
0	VIP Runway Seating
0	VIP Companion Seating (1 per VIP ticket purchased)
0	Reserved Seating (groups of 10)
0	BELLA Night Out

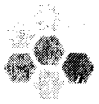
Total

Card Type*	VISA
Card Number*	s.17(1), 17(4)(e.1)
Expiry Date*	
Cardholders Name*	Patti Grier

Other Information

Official tickets will be mailed out in March, 2008. Thank you for supporting the Calgary require more information, please e-mail bella@thetrust.ca.

APPLICANT COPY



Calgary Health Trust

Sear

Home | Contact Us

About the Trust | Ways to Give | What we do | Events & Lotteries

BELLA

Thank You!

Transaction # 2039-0_2
Your transaction has been successfully completed.

Your donation of $350.00 will help support our vision to create the healthiest populatior generosity is greatly appreciated.

Please watch for an email from us that will confirm the details of your donation.

Thank you for your support.

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BELLA PRESENTS

HOLT RENFREW + modemodels

SPRING 2008

DIAMOND SPONSOR: THE SPA RITUAL

TICKETS $200
(early bird December 1, 2007 to January 15, 2008 $175)

VIP RUNWAY TICKET $1000
(companion runway ticket $500)

RESERVED SEATING $2250
(groups of 10)

BELLA NIGHT OUT $650
(two reserved tickets, one night stay in a regency club room at the Hyatt based on double occupancy and breakfast for two on Sunday at Thompson's Restaurant)

for tickets and information call 403.943.0611
or visit www.thetrust.ca

Shop at Holt Renfrew April 16, 2008
when 2% of sales will go to support WHI

Calgary Health Trust

SATURDAY, APRIL 12, 2008 – 7:00 PM, HYATT REGENCY, CALGARY

[redacted] APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION s.17(1), 17(4)(e.1)

PATTI GRIER

STATEMENT FROM DEC 06, 2007 TO JAN 04, 2008 1 OF 1

RSP deadline is Feb 29, 2008

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

[redacted]

	PREVIOUS STATEMENT BALANCE	**$1,799.41**

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

JAN 04	PURCHASE INTEREST	$53.63
	SUBTOTAL OF MONTHLY ACTIVITY	**$53.63**

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

DEC 04	REDWATER RUSTIC GRILLE CALGARY AB		$48.28 ✓
DEC 11	IMPARK LOT 00030080 CALAGRY AB		$23.00 ✓
DEC 13	REDWATER RUSTIC GRILLE CALGARY AB		$63.21 ✓
DEC 14	REDWATER RUSTIC GRILLE CALGARY AB		$45.10 ✓
DEC 17	WILDWOOD GRILL CALGARY AB		$47.38 ✓
DEC 19	THE BUTTERCREAM BAKE SHOPCALGARY AB		$171.40 ✓
DEC 20	CALGARY HEALTH TRUST CALGARY AB		$500.00 ✓
DEC 20	CALGARY HEALTH TRUST CALGARY AB		$350.00 ✓
DEC 21	THE BUTTERCREAM BAKE SHOPCALGARY AB	*	-$79.40
	SUBTOTAL OF MONTHLY ACTIVITY		**$1,218.97**
	TOTAL NEW BALANCE		**$3,072.01**

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2511
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment	$117.00
Payment due date	JAN 29, 2008
Credit limit	$10,000.00
Available credit	$6,927.99
Past due amount	$54.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	$1,799.41
Payments & credits	-$29.40
Purchases & debits	$1,248.37
Cash advances	$0.00
Interest	$53.63
Fees	$0.00
NEW BALANCE	**$3,072.01**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

FBCON 30120_ 52772_013 2921
HR - 00 - 1 - 1 - N - - 0

* credit due to short delivery.

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

001 0018 JN0000000000U 0011700 000307P01

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$3,072.01	$117.00	JAN 29, 2008	$

VISA Business

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

RBC0150120_1152772_013-85628 02921

CALGARY HEALTH REGION
PATTI GRIER
ATTN ACCOUNTS PAYABLE
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

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.

⑆00032⑈00301⑆ 000⑈001⑈8⑈ 96

** TOTAL PAGE.02 **

APPLICANT COPY

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

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 69647

Server: S Serge
Table: 210

Date: 12/04/2007
Time: 13:03

VISA

AUTH# 07234 ONLINE
MERCHANT# 0000

SUBTOTAL $ 40.28

TIP $ 8.00

TOTAL $ 48.28

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On New Years Eve!
GST #819584947RT0001

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403 253 4266
Check #: 69647

Server: S Serge
Table: 210

Date: 12/04/2007
Time: 13:07
Client: 2

1	500ml Pellegrino	4.50
1	Chipotle Pizza	10.50
2	Coffee	5.00
1	Virgin Caesar	3.50
1	Feature Dover Sole	15.00

SUB TOTAL: 38.00
GST: 2.28

TOTAL: 40.28

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

[illegible] LW CO.

(Stordy)

[illegible] 12/17/07

DINING ROOM

VIRGIN CAESAR	3.25
L SANDWICH, ceasar exch.	14.00
HOUSE SALAD, add chicken br...	3.0.
...ATION	.95
...	3.95

Sub Total: 37.15
Tax: 2.23

12/17 13:44 TOTAL: 39

GSI# 899654624T0001
RESERVATIONS 228-0100
228-0076
JOIN THE CHEER ON YOUR
NEW FLAMES
JOIN IN THE PUB
GAMES AND PPV

KNN 001

APPLICANT COPY

Rec: 13
T: 17 Term: 2

WILDWOOD BREWING BAY
2417 - 4TH STREET W.
CALGARY, ALBERTA
(403)228-0100
MERCHANT #: 450247701[illegible]

CARD TYPE ACCOUNT NUMBER EXP
VISA
Name: PATTI GRIER
00 TRANSACTION APPROVED
AUTHORIZATION #: 003317
Reference: 000008
TRANS TYPE: Credit Card SALE

CHECK: 39.38
TIP: 8.00
TOTAL: 47.38

X

PHONE: ( )
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

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

228.9900
- 3302[illegible]0725

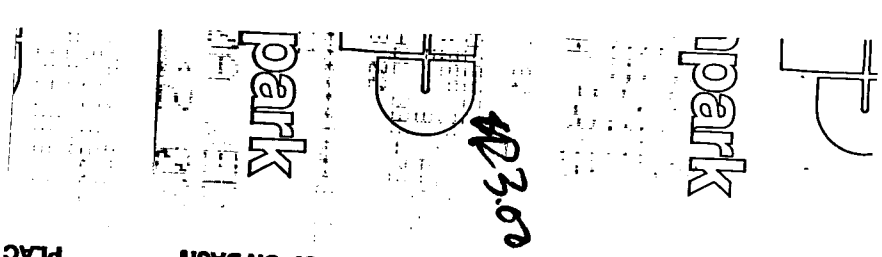
01
[illegible]

[illegible] Mini Cupcakes [illegible]
12 Mini Cupcakes $16.50
12 Cupcakes $27.00
12 Cupcake $27.00
6 Cupcakes $14.00
DELIVERY $15.[illegible]
8 @ $1.00
No G[illegible] $8.00
6 @ $2.25
Misc Cookies $13.50
MDSE ST [illegible]70.50
GST 40.90

[illegible] 40

APPLICANT COPY

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



REDWATER RUSTIC GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 71087

Server: S Angie
Table: 210
Date: 12/14/2007
Time: 13:11

VISA

GRIER/PATTI
AUTH 005753 ONLINE
MERCHANT# 9999

SUBTOTAL $ 37.10

TIP $ 8.00

TOTAL $ 45.10

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On New Years Eve!
GST #819584947RT0001

REDWATER RUSTIC GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check #: 71087

Duplicate

Server: S Angie
Table: 210
Date: 12/14/2007
Time: 13:10
Client: 2

1	Virgin Caesar	3.50
1	Half Mixed Greens	5.00
1	Soup of the Day	6.00
2	Coffee	5.00
1	Open Food	2.50
1	Lamb Burger	13.00

SUB-TOTAL: 35.00
GST: 2.10

TOTAL: 37.10

Thank You For Dining With Us.
Please Join Us On New Years Eve!
GST #819584947RT0001

APPLICANT COPY

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

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 70933

Server: S Donna
Table: 211

Date: 12/13/2007
Time: 13:21

VISA

ENTER/PATTE
AUTH 085760 ONLINE
MERCHANT# 9999

SUBTOTAL $ 53.21

TIP $ 10.00

TOTAL $ 63.21

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On New Years Eve!
GST #819584947RT0001

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check #: 70933

Server: S Donna
Table: 211

Date: 12/13/2007
Time: 13:19
Client: 2

1	Virgin Caesar	3.50
1	Tomato Salad	13.00
1	Add Shrimp	6.00
1	Coffee	2.50
1	Cranberry & Soda	2.95
1	Seafood Linguini	18.00
1	Organic Tea	4.25

SUB-TOTAL: 50.20
GST: 3.01

TOTAL : 53.21

Thank You For Dining With Us.
Please Join Us On New Years Eve!
GST #819584947RT0001

90

APPLICANT COPY

1013401

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

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

PATTI GRIER

STATEMENT FROM DEC 06, 2005 TO JAN 05, 2006

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
NOV 15	ADJ CND COLLEGE OF HEALTH	-$15.00
DEC 09	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$332.42
JAN 05	PURCHASE INTEREST	$23.25
	SUBTOTAL	**-$324.17**
	s.17(1), 17(4)(e.1)	
DEC 04	REIDS STATIONERS LTD CALGARY AB	$28.73
DEC 05	MIKASA HOME STORE #806 CALGARY AB	$102.55
DEC 05	EARL'S WILLOW PARK CALGARY AB	$43.24
DEC 05	LAURA SECORD #911 CALGARY AB	$38.48
DEC 09	HOLT RENFREW #51 CALGARY AB	$313.51
DEC 16	HERALD/POST SUBSCRIPTI CALGARY AB	$118.80
DEC 19	CANDLELIGHT CATERING LTD CALGARY AB	$381.00
	SUBTOTAL	**$1,026.31**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$52.00**
Payment due date	**JAN 26, 2006**
Credit limit	$10,000.00
Available credit	$8,296.98
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$1,000.88
Payments & credits	-$347.42
Purchases & debits	$1,026.31
Cash advances	$0.00
Fees	$0.00
Interest	$23.25

New balance **$1,703.02**

Win a trip for two!

Spend $500 or more on purchases using a *Visa* card, issued by RBC Royal Bank, before Feb. 28/06 and be automatically entered to win an ultimate trip for 2 to the Beijing 2008 Olympic Games. For full contest details visit www.rbc.com/wintergames.

.88
6.71
2.52
20.51
7.77

RBC0150120_3404175_005_6092
HRI - 00 - 1 - 1 - K - 2 - D

calgary health region

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Payment Requisition

Instructions:

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

Date January 20, 2006	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other **RBC ROYAL BANK**		**Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED
JAN 3 1 2006
FINANCE

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	December 6, 2005 to January 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$1,049.56	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$1,049.56**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

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IT ALL UNFOLDS HERE

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CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
NOV 30 2005
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Started	Expires	Due Date	Pre-Authorized Monthly Rate	Incl. GST of
18-Dec-04	18-DEC-05	17-Dec-05	$19.80	$1.30

Vacation stops and delivery suspensions will automatically extend your expiry date

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Simply fill out the form at the bottom and return in the convenient return envelope to the address on reverse or fax to 1-866-870-3386.

BY ATM, TELEPHONE OR INTERNET BANKING

Payable at most financial institutions. Contact your bank and have us added to your payment menu for easy, care-free payments. Pay over the counter at your branch, by telephone or internet banking.

READER SALES AND SERVICE

TELEPHONE: 403-235-READ (7323) or 1-800-372-9219 FAX: 1-866-870-3386

RETURN BOTTOM PORTION WITH YOUR CHEQUE OR CREDIT CARD INFORMATION

CALGARY HERALD
PAYMENT CENTRE
PO BOX 1377
STATION MAIN
WINNIPEG MB R3C 2Z1
GST registration# R893998013

SUBSCRIPTION TERM DETAILS	RATE	GST	TOTAL
13 Week Subscription	$55.51	$3.89	$59.40
* 26 Weeks Subscription	$111.03	$7.77	$118.80
1 Year Subscription	$222.06	$15.54	~~$237.60~~

*denotes current subscription

Notice Type: NEW OFFER

For: PATTI GRIER 109 SOMME BLVD SW CALGARY, AB CANADA T2T 6K7
Sub# 178110

REGION CALGARY HEALTH
C/O MARIE GLENNON CEO OFFICE
10101 SOUTHPORT RD SW
CALGARY, AB
CANADA T2W 3N2

Paid by Visa over phone on Dec. 15/05.

:08156:900:

96

APPLICANT COPY

CANDLELIGHT CATERING
#101, 322 - 11 Ave SW
Calgary, AB T2R 0C6

OLP NUMBER 401169

DATE Dec 7.2005

CUSTOMER'S ORDER

INVOICE

SOLD TO CHR (Patty Greer)

ADDRESS

SHIP TO –

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

TAX REG NO | SALESPERSON | FOB | TERMS | VIA

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1/1/1	mediterainDip, Bruchetta, Flatbread, Rolles	3000	120 00
25	CheeseSticks	1 25	31 50
1	Platter Smoked Slad	4500	45 00
	Cheese + Fruit		60 00
	Dessert Tray		37 50
	Punch, Coffee + Tea		44 00
	Rentals		23 00
	Delivery + Pickup		20 00
		GST	
	Pd Visa	EST	
		TOTAL	381 00

Blueline DC32

APPLICANT COPY

CANDLELIGHT CATERING

TO Patty Greer

Firm\Company CHR

Facsimile No. 943 1108

From Doug

Date Dec 9, 2005 Total Pages 1 + Cover

Hi Patty here is your invoice + reciept for Dec 7. If you have any questions please call me

Thank-you Doug

CANDLELIGHT CATERING L
332 11 TH AVE SW T2R0C5
CALGARY AB 22824680

Name: Patty Greer
Acct # s.17(1), 17(4)(e.1)

Date 05/12/19 Time 18 03 02
Exp Date Auth # 093382
Card Type VI Tran Code 00
N22824680001 001170005

If you do not receive all pages c

Subtotal ----------
Tax ----------
Total $381.00

Signature X Phone
I agree to pay above total amount according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION
PATTI GRIER
s.17(1), 17(4)(e.1)
STATEMENT FROM DEC 06, 2005 TO JAN 05, 2006 1 OF 1

[redacted]

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

NOV 15	[redacted]	[redacted]
DEC 09	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$332.42
JAN 05	PURCHASE INTEREST	$23.25
	SUBTOTAL	-$324.17

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

DEC 04	REIDS STATIONERS LTD CALGARY AB	$28.73
DEC 05	MIKASA HOME STORE #806 CALGARY AB	$102.55
DEC 05	EARL'S WILLOW PARK CALGARY AB	$43.24
DEC 05	LAURA SECORD #911 CALGARY AB	$38.48
DEC 09	HOLT RENFREW #51 CALGARY AB	$313.51
DEC 16	HERALD/POST SUBSCRIPTI CALGARY AB	$118.80
DEC 19	CANDLELIGHT CATERING LTD CALGARY AB	$381.00
	SUBTOTAL	$1,026.31
	+ interest	23.25
		1,049.56

Win a trip for two!

Spend $500 or more on purchases using a *Visa* card, issued by RBC Royal Bank, before Feb. 28/06 and be automatically entered to win an ultimate trip for 2 to the Beijing 2008 Olympic Games. For full contest details visit www.rbc.com/wintergames.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$52.00**
Payment due date	**JAN 26, 2006**
Credit limit	$10,000.00
Available credit	$8,296.98
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$1,000.88
Payments & credits	-$347.42
Purchases & debits	$1,026.31
Cash advances	$0.00
Fees	$0.00
Interest	$23.25
New balance	**$1,703.02**
	653.46
	1049.56

RBC0150120 3404175 005 6092
HRE: 00 1 1 K 2 D

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

001 0018 000000000000 0005200 000170302

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$1,703.02	$52.00	JAN 26, 2006	$

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

VISA Business

RBC0150120_3404175_005-34791 06092

CALGARY HEALTH REGION
PATTI GRIER
ATTN TREASURY DEPARTMENT
10101 SOUTHPORT RD S.W.
CALGARY AB T2W 3N2

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.

⑆00032⑈003⑆ 000⑈001⑈8⑈ 96

** TOTAL PAGE.02 **

APPLICANT COPY

Laura Secord

Thanx. Take Care!

caris

GREAT PEOPL

$38.48

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

Thank you for your patronage
GST # 861592881 RT0001
PST # 6118 7240

Subtotal: 3[illegible]

Tip: 5.00

Total: 43.24

I agree to [illegible] above to
accordir [illegible] my card issue
agreemen

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

APPLICANT COPY

HOLT RENFREW

Holt Renfrew Calgary
751-3rd Street S.W.
Calgary, AB T2P 4K8
403-269-7341

Store #: 51
Trn #: 11617
Date: 12/09/2005
Reg #: 15
Emp:#11204

Sale 12.18

#9990213103/1

Salesperson: 11204

16321119
5 505 1 @ HAT 25.00 25.00 T

16321077
5 505 1 @ SCARF 45.00 45.00 T

Salesperson: 10270

15841141
67 6701 1 @ GLOVES-4BTCASHMERE 98.00 98.00 T

15902299
8 803 1 @ BOUCLE MUFFLER 125.00 125.00 T

Subtotal 293.00
Tax @ PST 0.0% 0.00
Tax @ GST 5.0% 14.65
GST Registration #: 10238 5036

Total 313.51

Items Taken With: 4

Visa 313.51
Type: Purchase
Auth #: 079630
Terminal: HRC51015
Reference #: 11617
Batch #: 731001001006
Date: 12/09/05 Time: 12:19:15
001 APPROVED

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

Admin fee Gift cert

MIKASA FACTORY STORE #806
5514 SIGNAL HILL CENTER S.W.
CALGARY,AB, CANADA T3H3P8
(403) 217-0287

SALE	0806 02 7762 3.44 14		12/05/05 5:20 PM
2776758 7 @	QQ190-525 5.99		41.93
2776721 7 @	QQ175-525 5.99		41.93
2776749 6 @	QQ185-525 5.99		35.94
DISC	20%		7.19-
ITEM CORRECTION			
2776749	QQ185-525		28.75-
2776749 6 @ 119.80	QQ185-525 5.99 GROUP	20%	35.94 23.96-
	SUBTOTAL		$95.84
95.84	GST	7.000%	6.71
95.84	PRV	.000%	.00
	TOTAL		$102.55
	ISA		102.55

AUTH# 34594 *

GST LICENSE# 898485255

PV#12224

PLEASE RETAIN RECEIPT - REFUNDS GIVEN
ONLY WITHIN 60 DAYS OF PURCHASE DATE
THANK YOU FOR SHOPPING AT MIKASA

TRANSACTION RECORD 051205/17:24

MIKASA HOME STORE #806
5514 SIGNAL HILL CT
CALGARY ALBERTA
T3H3P8

TERM ID: 02387673
MID: 331972
CARD #
ACCT TYPE: VISA PURCHASE
REF NO: 0005482 AMOUNT $102.55
(001) APPROVED - THANK YOU AUTH #034594

CARDHOLDER AGREES TO PAY ISSUER SUCH
TOTAL IN ACCORDANCE WITH ISSUER'S
AGREEMENT WITH CARDHOLDER

X
CARDHOLDER SIGNATURE

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

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

REID STATIONERS LTD.
710-17TH AVE. S.W.
GST # R104457676

12/04/05 1:04PM 03
000003 #0243

	3@ 8.95	
PARTY SUPP	T	$26.85
MOSE ST		$26.85
GST		$1.88
C-CARD		$28.73

NO RETURNS AFTER 7 DAYS
FINAL SALE& NO EXCHANGES
ON DATED,SALE & SEASONAL

APPLICANT COPY

napkins
3

REIDS STATIONERS LTD
710 17TH AVE SW
CALGARY AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 0091
DATE/TIME	2005/12/04 13:06:25
RECEIPT NUMBER	S47150078-168-144
PURCHASE	
TOTAL AMOUNT	$28.73 TC

01 APPROVED-027 AUTH. # 093441
THANK YOU

CARDHOLDER COPY

RBC Royal Bank

APPLICANT COPY

1537263

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM APR 05 TO MAY 05, 2008

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$541.65**
	s.17(1), 17(4)(e.1)	
MAY 05	PURCHASE INTEREST	$27.04
	SUBTOTAL OF MONTHLY ACTIVITY	**$27.04**
	s.17(1), 17(4)(e.1)	
APR 03	REDWATER RUSTIC GRILLE CALGARY AB	$50.53
APR 07	REDWATER RUSTIC GRILLE CALGARY AB	$60.00
APR 14	SORRENTINO'S DOWNTOWN EDMONTON AB	$787.02
APR 16	WESTIN HOTELS - EDMONTON EDMONTON AB	$156.33
APR 17	MESI'S AIRPORT SEDAN S CALGARY AB	$149.40
APR 18	MESI'S AIRPORT SEDAN S CALGARY AB	-$76.95
APR 18	MESI'S AIRPORT SEDAN S CALGARY AB	$76.95
APR 22	THE BUTTERCREAM BAKE SHOPCALGARY AB	$191.25
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,394.53**
	TOTAL NEW BALANCE	**$1,963.22**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

Community Week

June 9 - 14 is Community Week at RBC®. Visit your local branch or www.rbc.com/communityweek to learn more about how we're making a difference in your community.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$51.00**
Payment due date	**MAY 30, 2008**
Credit limit	$10,000.00
Available credit	$8,036.78
Past due amount	$14.00
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$541.65**
Payments & credits	-$76.95	
Purchases & debits	$1,471.48	
Cash advances	$0.00	
Interest	$27.04	
Fees	$0.00	
NEW BALANCE		**$1,963.22**

RBC0150120_2618390_016_3502
HRI - 00 - 1 - 1 - I - 3 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
May 26, 2008	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

☐ Employee ☐ Other **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only)

Canada Post: **P.O. Box 4016, Station "A"** s.17(1), 17(4)(g)(i)

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	April 5 to May 5, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	1,046.95	
0 1	7 1 1 1 0 3 0 0 0 0 1	6 9 6 0 0 0 0 0	156.33	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 2	191.25	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	27.04	Interest Fees
TOTAL AMOUNT OF PAYMENT:			**$ 1,421.57**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization _____ Print Name KAY BEST

Authorizer's Employee Number _____ Authorizer Phone # (in full) 943-1141

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

00074

RBC Royal Bank

APPLICANT COPY

FAX (780) 423-3755

VISA Business

CALGARY HEALTH REGION
PATTI GRIER

STATEMENT FROM APR 05 TO MAY 05, 2008 s.17(1), 17(4)(e.1) 1 OF 1

Community Week

June 9 - 14 is Community Week at RBC®. Visit your local branch or www.rbc.com/communityweek to learn more about how we're making a difference in your community.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$541.65**
	s.17(1), 17(4)(e.1)	
MAY 05	PURCHASE INTEREST	$27.04
	SUBTOTAL OF MONTHLY ACTIVITY	**$27.04**
	s.17(1), 17(4)(e.1)	
APR 03	REDWATER RUSTIC GRILLE CALGARY AB	$50.53
APR 07	REDWATER RUSTIC GRILLE CALGARY AB	$60.00
APR 14	SORRENTINO'S DOWNTOWN EDMONTON AB	$787.02
APR 16	WESTIN HOTELS - EDMONTON EDMONTON AB	$156.33 *
APR 17	MESI'S AIRPORT SEDAN S CALGARY AB	$149.40
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Collect Outside North America	(416) 974-7780

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Payments & credits	-$76.95	
Purchases & debits	$1,471.48	
Cash advances	$0.00	
Interest	$27.04	
Fees	$0.00	
NEW BALANCE		**$1,963.22**

1,421.57

* Charge to Bank Office for Loreen Gilmour

MAY 14 2008

01-7110 3[illegible]

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

001 0018 000000000000 0005100 000196322

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$1,963.22	$51.00	MAY 30, 2008	$

VISA Business

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

RBC0150120_2618390_016-105732 03502

CALGARY HEALTH REGION
PATTI GRIER
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

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.

:0003 2=003:103 000=00 1=8: 96

RBC0150120_2618390_016_3502
HRI - 00 - 1 - 1 - 1 - 3 - D

APPLICANT COPY

Maire Glennon

From: Lou Decoste
Sent: May 16, 2008 11:43 AM
To: Maire Glennon
Subject: FW: Rest easy. Your reservation is confirmed.

Hi Maire,

I'm having problems finding the cancellation for Patti but here is the confirmation for Loreen. The number is 317543361 and I am going to send you the confirmation for Patti which has the same number on it. Hopefully that will help. I will look for the hard copy cancellation for Patti when I return as I'm sure I did keep a record. Let me know if there is something I need to do further when I get back.

Lou DeCoste
Board Office
943-1122

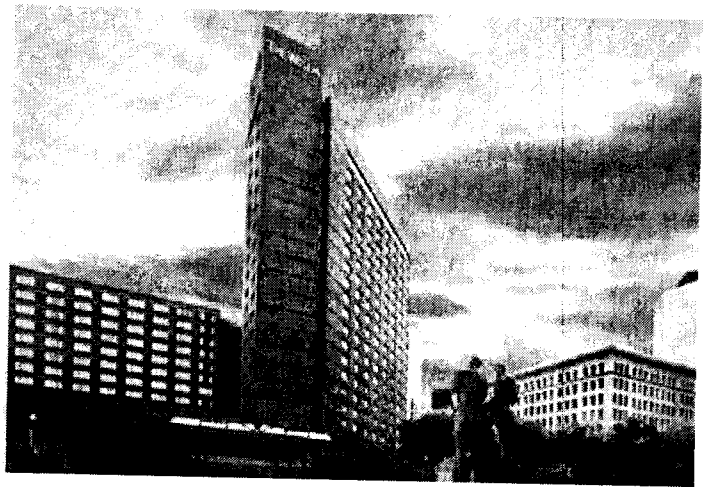
This night's stay (Apr. 14) was charged to Patti Tirel's credit card in error, and should have been charged to Loreen Eatmans. Charge #156 33 to Board Office functional cost centre.

From: Ceo, Board
Sent: April 9, 2008 11:47 AM
To: Lou Decoste
Subject: FW: Rest easy. Your reservation is confirmed.

From: The Westin Edmonton[SMTP:GCCUSTSERVICE@STARWOODHOTELS.COM]
Sent: Tuesday, April 08, 2008 2:52:14 PM
To: Ceo, Board
Subject: Rest easy. Your reservation is confirmed.
Auto forwarded by a Rule

WESTIN
HOTELS & RESORTS

The Westin Edmonton
10135 100th Street, Edmonton T5J 0N7 Canada
Phone: (780) 426-2636 Fax: (780) 428-1454



- **Contact Us**
- **Guest Rooms & Amenities**
- **Hotel Services**
- **Restaurants & Lounges**
- **Local Area**
- **Driving Directions**
- **Meeting & Event Facilities**

Welcome Loreen,

Renewal awaits. We've received your reservation. Thank you for choosing to experience The Westin Edmonton. Your mind, body and spirit will be energized. If there's anything we can do to make your stay more rewarding, please ask.

A Message For Your Stay

Whether you are visiting Edmonton for business or pleasure, we want to redefine your stay with us. Click on the link to the right to select amenities and services to add to your visit.
Be Well,

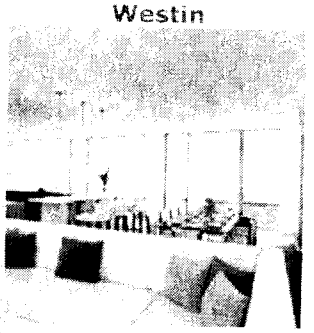
The Westin Edmonton



Confirmation: 317543361

Select from amenities and services to include in your visit.

A Message From Westin



Explore our Westin Residences

Your Reservation

Check In	**14-APR-2008 - 3:00 PM ***
Check Out	**15-APR-2008 - 12:00 PM ***
Number of Rooms	**1**
Number of Guests	**1**

** Indicates standard hotel check-in and check-out times and does not reflect special arrangements made with the hotel.*

Your Accommodations: Room 1 of 1

Room Description

1 King
High-speed Internet For A Fee, City View, Deluxe Non-smoking, Heavenly Bed And Shower, Sitting Area, Approx 432 Sq Ft, Quiet, Oversized Room With Chaise Lounge, Large Desk Area, City View

Guest Name	LOREEN GILMOUR
Number of Adults	1
Number of Children	0
Remarks	

Your Rate: Room 1 of 1

Rate for **14-Apr-08** to **15-Apr-08**
Rate Plan: HEALTH BOARDS CONFER
177.00 in CANADA DOLLAR per night

Taxes
Room Tax 4.0 Percent Per Room Per Night Not In The Rate
Goods & Svc Tax 5.0 Percent Per Room Per Night Not In The Rate

Hotel Charges
Dmf Fee 1.0 Percent Per Room Per Night Not In The Rate

Guarantee and Cancellation Policies
Your room is guaranteed with a(n) VISA card.
Cancel by 4pm Hotel time -arrival day to avoid a 1 night penalty

Room taxes may be charged on penalties.

Package Handling Policy
There is a package handling fee for all incoming and outbound packages. Please contact the hotel directly for the exact fee.

Your Privacy

APPLICANT COPY

Executive Limousine Inc.
218 37 Avenue NE
Calgary, AB, Canada, T2E-2L9
Ph: (403) 809-2572 Fx: (403) 226-5694
mesi@myexecutivelimo.com www.myexecutivelimo.com
GST#816489678RT0001

ITEMIZED TRIP RECEIPT

Date: Friday, April 18, 2008

HBA Conference

Client Address
Calgary Health Region

Account Number	None

Trip Date: 4/14/2008 **Pax:** Patti Grier **Ref #:**

Confirmation No. : 082117-bg

Ordered by	Lou Decoste
Start Time	5:45 AM
End Time	6:45 AM
Vehicle Type	Sedan
Trip Type	DEPARTURE
Trip Desc	AIRPORT TRANSFER

Pick-Up:

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

Drop-off: YYC CALGARY
WJ Flight @ 07:15

Standard Hrly/Flat Charges		1.00	60.00	$60.00
Overtime/Travel/ 2nd Hr Chgs		0.00	0.00	0.00
Gratuity	15.00%	9.00		
Extra Service				
Parking:				
Beverages:				
Food:				
Decorations:				
Meet Greet:				
Add Stops:				
Misc.:				
GST:		3.45		
Fuel Fee:				
Sub-Totals		12.45		72.45
Credits - Discounts				0.00
				-72.45
Balance:				**$0.00**

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

Paid by: Visa

Trip Date: 4/14/2008 **Pax:** Patti Grier **Ref #:**

Confirmation No. : 082259-bg

Ordered by	Lou Decoste
Start Time	11:20 PM
End Time	12:20 AM
Vehicle Type	Sedan
Trip Type	ARRIVAL
Trip Desc	AIRPORT TRANSFER

Pick-Up: YYC CALGARY
AC8161 Edmonton
Patti's Cell # s.17(1), 17(4)(g)(i)

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

Drop-off:

Standard Hrly/Flat Charges		1.00	60.00	$60.00
Overtime/Travel/ 2nd Hr Chgs		0.00	0.00	0.00
Gratuity	15.00%	9.00		
Extra Service				
Parking:		4.29		
Beverages:				
Food:				
Decorations:				
Meet Greet:				
Add Stops:				
Misc.:				
GST:		3.66		
Fuel Fee:				
Sub-Totals		16.95		76.95
Credits - Discounts				0.00
				-76.95
Balance:				**$0.00**

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

Paid by: Visa

Total Pymts: $149.40 **Credits-Disc:** $0.00 **Pymts + Cr-Disc:** $149.40 **Balance** $0.00

APPLICANT COPY

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

THE BUTTERCREAM BAKE S
BAY 103 1019 17TH T2TBA7
CALGARY AB
22875150

PURCHASE

04-22-2008 1:54:03
Acct # M
Exp Date Card Type VI
Name:

Trace # 166928
FS2207615001
Auth # 007269 RRN 001214024

Total $191.25

Customer copy

BUTTERCREAM 9900
Telephone
GST# 850249725

04/22/2008 5:06PM 01
000001#1128 CLERK01

	5 @ $29.95
12 Cupcakes	$149.75
6 Cupcakes	$15.95
DELIVERY	$25.00
MDSE ST	$190.70
GST	$1.25
ITEMS	70
VISA	$191.95

THANK YOU!

Employee Recognition "Admin Assistants Week".

Charged VISA card with lesser amount of $191.25, instead of $191.95

107

APPLICANT COPY

1221127

RBC Royal Bank

CALGARY HEALTH ... OFFICE OF THE PRE... & CHIEF EXECUTIVE O...
Rec'd JAN - 9 2007
Copy to:

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM DEC 06, 2006 TO JAN 05, 2007 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$1,445.87**
	s.17(1), 17(4)(e.1)	
DEC 22	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$366.01
JAN 05	PURCHASE INTEREST	$34.99
	SUBTOTAL OF MONTHLY ACTIVITY	**-$331.02**
	s.17(1), 17(4)(e.1)	
DEC 08	AN AFFAIR TO REMEMBER CALGARY AB	-$52.47 ✓
DEC 08	AN AFFAIR TO REMEMBER CALGARY AB	$626.97 ✓
DEC 11	WILDWOOD GRILL CALGARY AB	$55.19 ✓
DEC 16	BROKEN PLATE CALGARY AB	$66.18 ✓
DEC 16	HERALD/POST SUBSCRIPTI CALGARY AB	$246.62 ✓
DEC 18	A COOKIE OCCASION CALGARY AB	$129.11 ✓
DEC 18	WELLINGTONS CALGARY AB	$45.11 ✓
DEC 29	LAUREL'S EDMONTON AB	$90.10 ✓
JAN 03	INDIGO BOOKS & MUSIC ONLIBRAMPTON ON	$435.02 ✓
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,641.83**
	TOTAL NEW BALANCE	**$2,756.68**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$83.00**
Payment due date	**JAN 26, 2007**
Credit limit	$10,000.00
Available credit	$7,243.32
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$1,445.87**
Payments & credits	-$418.48
Purchases & debits	$1,694.30
Cash advances	$0.00
Interest	$34.99
Fees	$0.00
NEW BALANCE	**$2,756.68**

1079.86

1,676.82

APPLICANT COPY

calgary health region

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
January 25, 2007	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ☐ Employee ☐ Other — **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

RECEIVED FEB - 2 2007 FINANCE

Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	December 6, 2006, to January 5, 2007 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6950000002	703.61	
01	7110500000001	6960000000	166.48	
01	7110500000001	6950000000	90.10	
01	7110500000001	4901000002	681.64	
01	7110500000001	6950000000	34.99	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 1,676.82**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization — Print Name: KAY BEST

Authorizer's Employee Number — Authorizer Phone # (in full): 943-1141

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

00074

March 2005

APPLICANT COPY

an Affair to Remember
Passion and Taste

Calgary Health Region
Friday December 8, 2006
Invoice # 38815

Menu	**35 guests @ $21.00 per person With chosen menu**	**$735.00**
Rentals	**As listed**	**$60.00**
Service Charge		**$79.50**
Sub Total		**$874.50**
GST		**$52.47** credited (see VISA bill).
Gratuity		**$0.00**
Total		**$926.97**
Deposit	**Received - 11/15/06 - Visa**	**$300.00**
Balance	**Received - 12/08/06 - Visa**	**$626.97**

− 52.47

574.50

telephone 403 245-5774
fax 403 541-0615
email sales@anaffair.com
www.anaffair.com
3716 2 St. NE Calgary, AB T2E 3H7

an Affair to Remember
Passion and Taste

Calgary Health Region
Friday December 8, 2006
Rentals List

Basic Glassware			
Wine	**3 Dozen**	**$5.00**	**$15.00**
High ball	**3 Dozen**	**$5.00**	**$15.00**
Coffee Mug	**3 Dozen**	**$5.00**	**$15.00**
Linens			
85 X 85 White	**3 Each**	**$5.00**	**$15.00**
		Rental Total	**$60.00**

telephone 403 245-5774
fax 403 541-0615
email sales@anaffair.com
www.anaffair.com
3716 2 St. NE Calgary, AB T2E 3H7

APPLICANT COPY

Marcia

SUBSCRIPTION RENEWAL NOTICE

IT ALL UNFOLDS HERE



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CURRENT SUBSCRIPTION

Renewal/ Start Date	Expires	Renewal Deadline	Pre-Authorized Monthly Option	Incl. GST of
28-Dec-05	27-DEC-06	26-Dec-06	$N/A	$N/A

Vacation stops and delivery suspensions will automatically extend your expiry date

For: MARIE GLENNON 10101 SOUTHPORT RD SW CALGARY, AB CANADA T2W 3N2
Sub# 686734

RENEW YOUR SUBSCRIPTION TODAY!

BY PRE-AUTHORIZED MONTHLY PAYMENTS

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Visit us at www.calgaryherald.com/renew to renew your subscription online. Call us at 403-235-READ (7323) or 1-800-372-9219 and pay by credit card. Your subscription will be updated immediately.

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Simply fill out the form at the bottom and return in the convenient return envelope to the address on reverse or fax to 1-866-870-3386.

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Payable at most financial institutions. Contact your bank and have us added to your payment menu for easy, care-free payments. Pay over the counter at your branch, by telephone or internet banking.

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TELEPHONE: 403-235-READ (7323) or 1-800-372-9219 FAX: 1-866-870-3386

RETURN BOTTOM PORTION WITH YOUR CHEQUE OR CREDIT CARD INFORMATION

CALGARY HERALD
PAYMENT CENTRE
PO BOX 1377
STATION MAIN
WINNIPEG MB R3C 2Z1
GST registration# 89399 9615 RT0002

SUBSCRIPTION TERM DETAILS	RATE	GST	TOTAL
* 1 Yr Subscription No GST	$0.00	$0.00	$246.62
26 Wk Subscription No GST	$0.00	$0.00	$123.31
13 Wk Subscription No GST	$0.00	$0.00	$61.65

*denotes current subscription

Notice Type: NEW OFFER

For: MARIE GLENNON 10101 SOUTHPORT RD SW CALGARY, AB CANADA T2W 3N2
Sub# 686734

MARIE GLENNON
10101 SOUTHPORT RD SW
CALGARY AB
CANADA T2W 3N2

Paid by VISA (by phone) on Dec. 15/06.

:08156:900:

96

APPLICANT COPY

LAUREL'S
FLOWER AND GARDEN

FAX COVER PAGE

To: Sonia

Company: 403-943-1108

Date: Jan. 13

Pages: 1

re: Jan. 2
to Iris Evans

LAUREL'S
10404-82 AVENUE EDMONTON AB

ID: A4205639
STORE: 4205639 SLIP #: 0726

SALE $90.10

CUSTOMER/CLIENT

SIGNATURE X_____

VISA

SEQ 030001001002 AUTH 043409 ISO -001
APPROVED
DATE Dec 29 2006 TIME 11:41 am

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

10404 - 82 Ave
Edmonton, AB
T6E 2A2

Phone: 780 431-0738
Fax: 780 435-0287

thanks!

chapters.indigo.ca

Indigo Distribution Centre
100 Alfred Kuehne Blvd., Building #55
Brampton, Ontario, L6T 4K4
Customer Service:
1-800-832-7569
905-789-2600
invoices@chapters.indigo.ca

GST # R897152666

Friday, January 26, 2007

Bill To:
Sonia Garcia

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

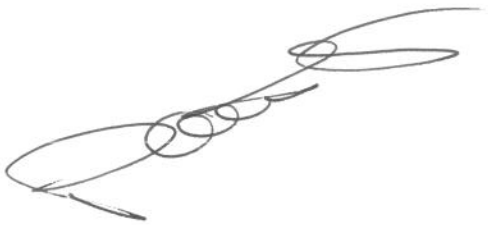
Canada

Ship To:
Sonia Garcia
10101 Southport Road SW
Calgary, ALBERTA T2W3N2
Canada

Order Number: 16205799 **Order Placed:** November 20, 2006 at 6:02:00 PM EST

Item	Qty.	Unit Price	Sub Total
Shipped			
SuperFoods HealthStyle: Simple Changes to Get the Most Out of Life for the Rest of Your Life (BK1)	**30**	**$13.68**	**$410.40**
Cancelled			
SuperFoods HealthStyle: Simple Changes to Get the Most Out of Life for the Rest of Your Life (BK1)	**0**	**$13.68**	**$0.00**

Subtotal: **$410.40**
GST: **$24.62**
Total: **$435.02**
Current Charges: **($435.02)**



VISA

From "chapters.indigo.ca" <service@chapters.indigo.ca>
Sent Tuesday, November 21, 2006 9:53 am
To Sonia Garcia <s.garcia@shaw.ca>
Cc
Bcc
Subject Your Chapters-Indigo Order, OR16205799

Cher/Chère client(e), ce message figure en français ci-dessous.

Dear Sonia Garcia,

Thank you for shopping with chapters.indigo.ca! We are pleased to confirm the details of your order, received on 20/11/2006 6:02:02 PM. As soon as we have shipped your order, we will send you another e-mail, with shipping and tracking information.

Your order number is, OR16205799. Please keep this number for future reference, in case you would like to check the status of your order online.

Your chapters.indigo.ca order includes the following item(s):

1. SuperFoods HealthStyle: Simple Changes to Get the Most Out of Life for the Rest of Your Life - 30 @ $13.68

Item(s) Subtotal: $410.40
Shipping: $0.00
GST: $24.62
==========
TOTAL: $435.02
OWING: $435.02
Your iREWARDS Savings: $21.60

This item(s) will ship to:
Sonia Garcia
10101 Southport Road SW
Calgary, Alberta T2W3N2
Canada

CANCELLATIONS?
Cancellations of items with 24-hour availability status, electronic Gift Certificates and Used/Rare books cannot be guaranteed. To learn how to cancel an item or an order online, please visit our cancellation page: http://www.chapters.indigo.ca/cancellations.

RETURNS POLICY?
Returning to an item(s) is easy. You have 30-days (from the date of shipment) to return your item (s) to any Chapters, Indigo or Coles location, or, you can use our online returns service. For more details on how to return your order, please see our returns policy at:
http://www.chapters.indigo.ca/returns.

We value your business and hope you will shop with us again.

Sincerely,
Chapters Indigo Online
http://chapters.indigo.ca

APPLICANT COPY

0010
Server: MIKE B (#4) Rec: 8
12/11/06 13:27, Swiped T: 14 Term: 3

WILDWOOD BREWING COMPANY
2417 - 4TH STREET S.W.
CALGARY, ALBERTA
(403)228-0100
MERCHANT #: 45024770190

CARD TYPE ACCOUNT NUMBER EXP
VISA
Name: PATTI GRIER
00 TRANSACTION APPROVED s.17(1), 17(4)(e.1)
AUTHORIZATION #: 058840
Reference: 000010
TRANS TYPE: Credit Card SALE

CHECK: 49.19

TIP: 6.00

TOTAL: 55.19

X

PHONE: ( ) -
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

AN AFFAIR TO REMEMBER
2513-14TH STREET S.W.
CALGARY AB

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

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA
DATE/TIME 2006/12/08 07:05:31
RECEIPT NUMBER M80008591-431-002
PURCHASE ----------
TOTAL AMOUNT $626.97
----

01 APPROVED AUTH. # 059194
THANK YOU

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

CARDHOLDER SIGNATURE

Xmas Reception

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

BROKEN PLATE
590-10816 MACLEOD T2J5N8
CALGARY AB
22759973
PRE AUTH PURCHASE
12-15-2006 13:24:15
Acct # S
Exp Date Type VI
Name: PATTI GRIER
Inv. # 85 Operator 555
T22799973001
Auth # 030872 RRN 001787014
P.Auth Purchase $56.19
Tip 10.00
Total 66.19
Customer copy

Katrina

117

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

G. Thom

WELLINGTONS/OSCARS

10325 Bonaventure Dr. SE
Tel: 403-278-5250

Server: Robin
Table: 13

Date: 12/18/2006
Time: 13:23

VISA

GRIER/PATTI
AUTH 093711 ONLINE
MERCHANT# 9999

SUBTOTAL $ 38.11

TIP $ 7.00

TOTAL $ 45.11

Employee Recognition
Mail Room, etc.

A COOKIE OCCASION
2107 33 AVE SW T2T1Z7
CALGARY AB 22700468

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

Name:
Acct #

Date 06/12/18 Time 11 25 02
Exp Date Auth # 057146
Card Type VI Tran Code 00
N22700468001 001704019

Subtotal _____
Tax _____
Total $129.11

Signature X_____
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

APPLICANT COPY

APPLICANT COPY

1313724

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

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

STATEMENT FROM MAY 05 TO JUN 05, 2007 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$2,211.62**
	s.17(1), 17(4)(e.1)	
MAY 11	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,746.30
JUN 01	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$465.32
JUN 05	PURCHASE INTEREST	$14.12
	SUBTOTAL OF MONTHLY ACTIVITY	**-$2,197.50**
	s.17(1), 17(4)(e.1)	
MAY 02	REDWATER RUSTIC GRILLE CALGARY AB	$49.35
MAY 04	REDWATER RUSTIC GRILLE CALGARY AB	$53.53
MAY 08	REDWATER RUSTIC GRILLE CALGARY AB	$52.00
	SUBTOTAL OF MONTHLY ACTIVITY	**$154.88**
	TOTAL NEW BALANCE	**$169.00**

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[1].

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.

The Visa* Savings for Business program gives you access to up to $2000 in savings for business. Watch for details.

CALGARY HEALTH REGION OFFICE OF THE MEDICAL CHIEF

Rec'd JUN

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$10.00**
Payment due date	**JUN 26, 2007**
Credit limit	$10,000.00
Available credit	$9,831.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$2,211.62**
Payments & credits	-$2,211.62
Purchases & debits	$154.88
Cash advances	$0.00
Interest	$14.12
Fees	$0.00
NEW BALANCE	**$169.00**

RBC0150120_7723195_006_713
HRI - 00 - 1 - 1 - N - 56 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
June 11, 2007	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ☐ Employee ☐ Other — **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED JUN 15 2007 FINANCE

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	May 5 to June 05, 2007 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	154.88	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	14.12	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 169.00**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization — Print Name: KAY BEST

Authorizer's Employee Number — Authorizer Phone # (in full): 943-1141

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

00074

APPLICANT COPY

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

Elinor

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 44148

Server: S-Tara F.
Table: 222

Date: 05/04/2007
Time: 13:02

VISA

GRIER/PATTI
AUTH 052259 ONLINE
MERCHANT# 9999

SUBTOTAL $ 46.53

TIP $ 7.00

TOTAL $ 53.53

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On
Mother's Day, Sunday May 13th
For Lunch!
GST #819584947RT0001

D. Johnston

Redwater Rustic
Grille Stadium Plaza
1935 Uxbridge Dr. NW
Calgary, Alberta

VISA s.17(1), 17(4)(e.1)
Type : PreAuth
Card Number:
Date/Time : 05/07/2007 12:56:07 PM
Reference : 66110277 [illegible]
Check : 3139
Table : 20
Approval : [illegible]

SUBTOTAL: $45.00

TIP: $ 7.00

TOTAL $ 52.00

Signature:

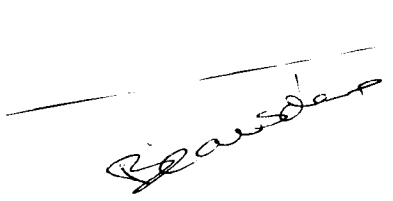
Cardholder will pay card issuer above amount pursuant to cardholder agreement

01 Approved - Thank You 027

* Merchant Copy *

120

APPLICANT COPY



REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 43855

Server: S-Natalie
Table: 314

Date: 05/02/2007
Time: 12:50

Expiry:

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

GRLER/T... 089644 ONLINE
AUTH 9999
MERCHANT#

SUBTOTAL $ 43.35

TIP $ 6.00

TOTAL $ 49.35

Signature

I agree to pay this amount in accordance with the cardholder agreement.

** MERCHANT COPY **

RBC Royal Bank

APPLICANT COPY

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd APR 11 2007

1286669

VISA Business

CALGARY HEALTH REGION
PATTI GRIER

STATEMENT FROM MAR 06 TO APR 05, 2007 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	$958.08

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

MAR 16	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$692.74
APR 05	PURCHASE INTEREST	$22.88
	SUBTOTAL OF MONTHLY ACTIVITY	-$669.86

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

MAR 09	REDWATER RUSTIC GRILLE CALGARY AB	$42.31 ✓
MAR 12	SORRENTINO'S DOWNTOWN EDMONTON AB	$468.49 ✓
MAR 15	WESTIN HOTELS - EDMONTON EDMONTON AB	$482.51 ✓
MAR 19	LAURELWOOD FLORAL DESI CALGARY AB	$63.60 ✓
MAR 19	CALGARY COOP GROCERY #01 CALGARY AB	$84.80
MAR 22	IMPERIAL PARKING LOT # 6 CALGARY AB	$10.00
MAR 26	LAURELWOOD FLORAL DESI CALGARY AB	$128.26 ✓
MAR 30	CHECKER CABS LTD. CALGARY AB	$55.60 ✓
MAR 31	WESTIN HOTELS - EDMONTON EDMONTON AB	$181.85
MAR 31	DIAMOND LIMO & TAXI EDMONTON AB	$100.00
APR 03	AIRPORT TAXI SERVICE EDMONTON AB	$52.00 ✓
APR 03	AIRPORT TAXI SERVICE EDMONTON AB	$54.00
	SUBTOTAL OF MONTHLY ACTIVITY	$1,723.42
	TOTAL NEW BALANCE	$2,011.64

Please Note:

The 2006 Corporate Responsibility Report and Public Accountability Statement of the Royal Bank of Canada is available at www.rbc.com/pas or at RBC Branches across Canada.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	$61.00
Payment due date	APR 26, 2007
Credit limit	$10,000.00
Available credit	$7,988.36
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		$958.08
Payments & credits	-$692.74	
Purchases & debits	$1,723.42	
Cash advances	$0.00	
Interest	$22.88	
Fees	$0.00	
NEW BALANCE		**$2,011.64**

- 265.34
1746.30

RBC0150120 7207438 019 HRI - 00 - 2 - 2 - C - 45 - D

calgary health region

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Payment Requisition

Instructions:

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

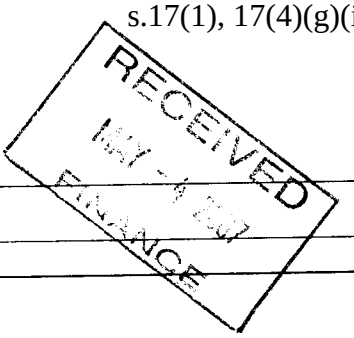
Date April 25, 2007	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ☐ Employee ☐ Other RBC ROYAL BANK		**Employee #**

MAILING ADDRESS (cheque payment only)

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

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**



Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	March 6 to April 5, 2007, 2007 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6950000000	276.66	
01	7110500000001	6960000000	1,446.76	
01	7110500000001	6950000000	22.88	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 1,746.30**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

have agent/charge to

guest

Miss Patti Grier
Provincial Govt-edmon

Canada

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

room	1604	
rate	129.00	
no pers	1	
folio	143444	A
cage	1	
arrive	12-MAR-07	14:44
depart	14-MAR-07	13:04
payment	VI	

date	reference	description	charges/credits
12-MAR-07	RT1604	Room Charge	129.00
12-MAR-07	RT1604	GST	7.82
12-MAR-07	RT1604	DMF	1.29
12-MAR-07	RT1604	Tourism Levy	5.21
12-MAR-07	RT1604	Parking Self	18.00
12-MAR-07	RT1604	Tax GST	1.08
12-MAR-07	1701	Pradera Cafe	16.78
12-MAR-07	SS19		13.99
12-MAR-07	SS19		0.84
13-MAR-07	RT1604	Room Charge	129.00
13-MAR-07	RT1604	GST	7.82
13-MAR-07	RT1604	DMF	1.29
13-MAR-07	RT1604	Tourism Levy	5.21
13-MAR-07	RT1604	Parking Self	18.00
13-MAR-07	RT1604	Tax GST	1.08
13-MAR-07	3970	In Room Dining	46.40
13-MAR-07	3023	In Room Dining	40.20
13-MAR-07	SS61		13.99
13-MAR-07	SS61		0.84
14-MAR-07	1879	Pradera Cafe	24.67
14-MAR-07	VI	Visa	482.51-

paid by personal Cheque # [redacted] 493

Non-Responsive

paid by personal Cheque # [redacted] 493

Total Charges	482.51
Total Credits	482.51-
Balance Due	0.00-

** continued on the next page **

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

Miss Patti Grier
FOLIO 143444 12-MAR-07

WESTIN HOTELS & RESORTS

APPLICANT COPY

the westin edmonton
10135 100th street edmonton, alberta T5J 0N7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

Guest:

Miss Patti Grier
Provincial Govt-edmon

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

room	1604
rate	129.00
no pers	1
folio	143444 A
cage	2
arrive	12-MAR-07 14:44
depart	14-MAR-07 13:04
payment	VI

Have agent/charges to

date	reference	description	charges/credits

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
12-MAR-07	129.00	7.82	5.21	16.78	0.00	35.20	194.01
13-MAR-07	129.00	7.82	5.21	86.60	0.00	35.20	263.83
14-MAR-07	0.00	0.00	0.00	24.67	0.00	0.00	24.67
Total	258.00	15.64	10.42	128.05	0.00	70.40	482.51

Date	Payment
12-MAR-07	0.00
13-MAR-07	0.00
14-MAR-07	482.51-
Total	482.51-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	15.64
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	1.68
	17.32

861336493RT0005

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

As a Starwood Preferred Guest you have earned at least 1223 Starpoints for this visit

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

Miss Patti Grier
FOLIO 143444 12-MAR-07

WESTIN HOTELS & RESORTS

APPLICANT COPY

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: Mar. 19 07 Time: _____ am / pm

Customer: [redacted] - Calgary Health Region

Address: Mme s.17(1), 17(4)(g)(i)

City: _____ State/Prov: _____ Zip: _____

Home Ph: 943 1104 Work Ph: 943 1108

CIRCLE ONE CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER [redacted] EXP. DATE [redacted] AUTHORIZATION

FLORIST NUMBER:

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

PERSON SPOKEN TO:

ORDER

DESCRIPTION

Arrangement. 50

Man - Bright.

CHARGES	50 00
PRODUCT CODE	
DELIVERY	10 00
RELAY	
SUB TOTAL	
TAX	3 60
Total	63 60

PAID

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

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

Executive Managent Team.

DELIVERY

Deliver to: Dr. Bob Johnston

Address: _____

City: _____ State/Prov: _____ Zip/Code: _____ s.17(1), 17(4)(g)(i)

Home Ph: _____ Work Ph: _____

Special Instructions: _____

DELIVERY DATE March 19/07 TIME AM PM

Form No VDO161

Flowers Say It Best!

Fax 943-1108

APPLICANT COPY

CO-OP

Calgary Co-op
Midtown Market #1
(403) 299-4257 GST: 100730894

MEMBERSHIP # 0000043

FRESH FLORAL	$60.00 G
DELIVERY RUSH	$20.00 G
BALANCE DUE	$84.80

Visa
Purchase $ 84.80
s.17(1), 17(4)(e.1) M
3193 03/19/2007 09:21:48 66056328
Ref:0010011370 Auth:044086
01 Approved - Thank You 027

VISA $84.80
[K] s.17(1), 17(4)(e.1)
Auth Code 044086
CHANGE $0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST 6%	$80.00	$4.80 G

Dr. Johnston (Fruit basket from the Board)

CASHIER NAME: PAULA
C0221 #3193 9:18:14 19MAR2007
S00001 R017

****
THANK YOU FOR YOUR PATRONAGE

NOW HIRING!

APPLICANT COPY

memo

calgary health region

date: March 22, 2007

to: Accounting

from: Patti Grier, Vice-President, Government Relations & Assistant Corporate Secretary

regarding: Parking Fee

I attended a breakfast workshop this morning, held at The Palliser Hotel. Unfortunately, the parking machine did not produce a parking receipt but the charge of $10 is included on the attached VISA bill.

Thank you,

Sincerely,

Patti Grier
Vice-President,
Government Relations & Assistant Corporate Secretary
Office of the President and CEO

/mcg

APPLICANT COPY

Provided From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

2 of 2

Custom ① Laurelwood Floral Design
-7.
7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: Mar. 26 07 Time: _____ am / pm
Customer: Calgary Health Region
Address: Contact: Maurice
City: _____ State/Prov: _____ Zip: _____
Home Ph: _____ Work Ph: 943 1104

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER | EXP. DATE | AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:
			✓			

FLORIST CITY: Edmonton | FLORIST PHONE: 780 475 3545 | PERSON SPOKEN TO: Fax 780 478 1447

ORDER

DESCRIPTION

Arrangement

No carnations.

CHARGES	50 00
PRODUCT CODE	
DELIVERY	10 50
RELAY	
SUB TOTAL	
TAX	3 63
Total	64 13

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

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

David Tuer.

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

DELIVERY

Deliver to: Gary & Nancy Mas
Address: _____
City _____ State/Prov: _____ Zip/Code: _____
Home Ph: _____ Work Ph: _____
Special Instructions: _____

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

DELIVERY DATE: Mar. 27 2007 TIME: AM PM

Form No. VDO161

Flowers Say It Best!

Put through with other bill of $64.13 (totalled $128.36)

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

1 of 2.

Customer

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: Mar. 26 07 Time: _____ am / pm
Customer: Calgary Health Region.
Address: Contact: Marie.
City: Calgary State/Prov: AB Zip: _____
Home Ph: _____ Work Ph: 943 1104

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER	EXP. DATE	AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:
			✓			

FLORIST CITY: Edmonton FLORIST PHONE: 780-475 3545 PERSON SPOKEN TO: Fax 780 478 1447

ORDER

DESCRIPTION

Arrangement
No carnations

CHARGES	50 00
PRODUCT CODE	
DELIVERY	10 50
RELAY	
SUB TOTAL	
TAX	3 63
Total	64 13

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

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS HOLIDAY OTHER

Jack & Joanne
Davis

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

DELIVERY

Deliver to: Gary & Nancy Mar
Address: _____
City _____ State/Prov: _____ Zip/Code: _____
Home Ph: _____ Work Ph: _____
Special Instructions: _____

Tues. DELIVERY DATE Mar. 27 07. TIME AM PM

Form No. VDO161

Flowers Say It Best!

Put through with other bill of $64.13
(totalled $128.26)

APPLICANT COPY

The Westin edmonton
10135 100th street edmonton, alberta t5j 0n7 canada
phone 780 426 3636 fax 780 428 1454
westin.com/edmonton

Guest

Patti Grier
Provincial Govt-edmon

Canada

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

Arrangement/Assignment

room	1511
rate	129.00
no pers	1
folio	152284 A
page	1
arrive	29-MAR-07 14:54
depart	30-MAR-07 07:20
payment	VI

date	reference	description	charges/credits
29-MAR-07	RT1511	Room Charge	129.00
29-MAR-07	RT1511	GST	7.82
29-MAR-07	RT1511	DMF	1.29
29-MAR-07	RT1511	Tourism Levy	5.21
29-MAR-07	2145	Pradera Lounge	6.30
30-MAR-07	3458	In Room Dining	32.23
30-MAR-07	VI	Visa	181.85-

Total Charges	181.85
Total Credits	181.85-
Balance Due	0.00

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
29-MAR-07	129.00	7.82	5.21	6.30	0.00	1.29	149.62
30-MAR-07	0.00	0.00	0.00	32.23	0.00	0.00	32.23
Total	129.00	7.82	5.21	38.53	0.00	1.29	181.85

Date	Payment
29-MAR-07	0.00
30-MAR-07	181.85-
Total	181.85-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

** continued on the next page **

Subject to [illegible] agreement for the payment of this account [illegible]
corporation or firm named herein fails to pay this account in full [illegible]

Signature

Patti Grier
FOLIO 152284 29-MAR-07

WESTIN HOTELS & RESORTS

APPLICANT COPY

the westin edmonton
10135 100th street edmonton, alberta t5j 0n7 canada
phone 780.426.3636 fax 780.428.1454
westin.com/edmonton

Guest

Patti Grier
Provincial Govt-edmon

Canada

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

Room	1511
Rate	129.00
Adults	1
Folio	152284 A
Cargo	2
Arrive	29-MAR-07 14:54
Depart	30-MAR-07 07:20
Payment	VI

date	reference	description	charges/credits

GST Summary:

GST Room Revenue:	7.82
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	7.82

861336493RT0005

I agree that I am liable for the payment of this account during my stay at the hotel. In the event that the party liable fails to pay part or all of these charges

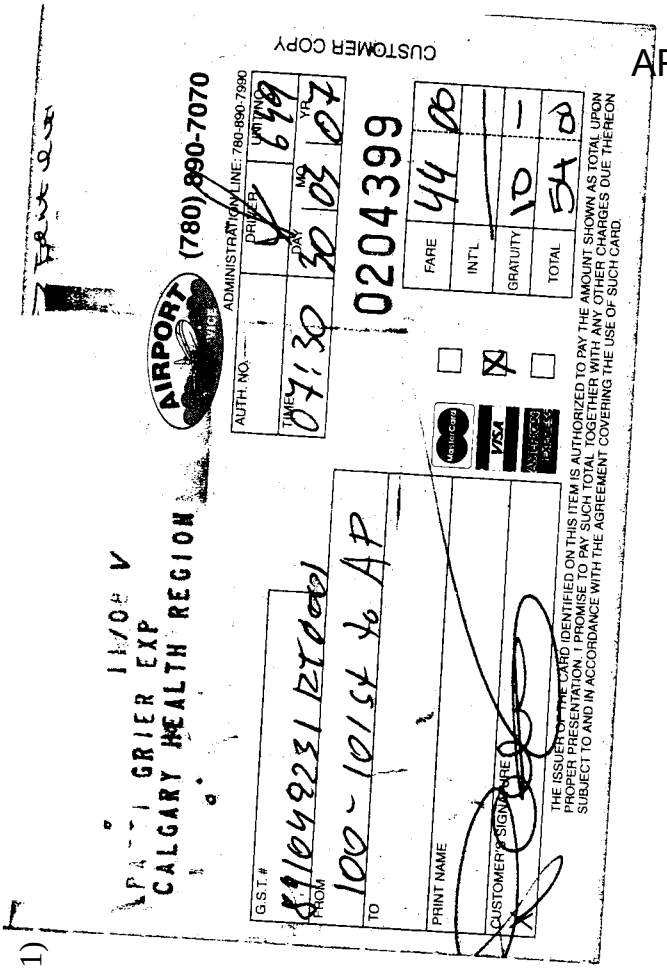
Signature

As a Starwood Preferred Guest you have earned at least 331 Starpoints for this visit

Patti Grier s.17(1), 17(4)(g)(i)
FOLIO 152284 29-MAR-07

WESTIN
HOTELS & RESORTS

APPLICANT COPY



RIDWATER RUSTIC
GRILLE
McLeod Tr. South
403-253-4266
Check: 37232

Se
I

Date: 03/09/2007
Time: 12:56

VI

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

GRIER/
AUTH
MERCHAN

ONLINE

SUBTOTAL $ 37.31

TIP $ 5.00

TOTAL $ 42.31

** CUSTOMER COPY **

Thank You For Dining With Us.
GST # 819584947RT0001

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

Calgary
Sentinel

TRAN

ION REC

Group
Main Road St
AB T2A 1X2
403 9999

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

CREDIT CARD

NUMBER

CARD TYPE VISA
DATE/TIME
07/03/30 10:15:55
AUTHORIZATION 050837

VE 403 4861
GST# 819584947RT0001
TXN ID 2154451

AMOUNT $ 45.60
TIP: $ 10.00

TOTAL: $ 55.60

CTR Board
Tray adjustment

65.00
$48.49

Total:

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

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

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

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

STATEMENT FROM NOV 06 TO DEC 05, 2007

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$847.52**
	s.17(1), 17(4)(e.1)	
NOV 19	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$527.96
NOV 30	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$319.56
DEC 05	PURCHASE INTEREST	$7.22
	SUBTOTAL OF MONTHLY ACTIVITY	**-$840.30**
	s.17(1), 17(4)(e.1)	
NOV 14	MESI'S AIRPORT SEDAN S CALGARY AB	$67.05 ✓
NOV 17	RUBAIYAT CALGARY AB	$636.00 ✓
NOV 20	CALGARY AIRPORT AUTHORITYCALGARY AB	$21.00
NOV 20	RUBAIYAT CALGARY AB	$1,038.80
NOV 29	REDWATER RUSTIC GRILLE CALGARY AB	$29.34
	SUBTOTAL OF MONTHLY ACTIVITY	**$1,792.19**
	TOTAL NEW BALANCE	**$1,799.41**

Save on Gifts and Business Needs

This season, wrap up your corporate gift giving plus save on the things you need for your business with exclusive offers from the *Visa* Savings for Business* program. You can save up to 35%. Visit www.visasavingsforbusiness.ca for details.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$54.00**
Payment due date	**DEC 26, 2007**
Credit limit	$10,000.00
Available credit	$8,200.59
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$847.52**
Payments & credits	-$847.52	
Purchases & debits	$1,792.19	
Cash advances	$0.00	
Interest	$7.22	
Fees	$0.00	
NEW BALANCE		**$1,799.41**

RBC0150120_9405294_004_892
HRI - 00 - 1 - 1 - 4 - - D

GST 100.67

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date December 14, 2007	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other RBC ROYAL BANK		**Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City Toronto Province ON Postal Code M5W 2E6

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	November 6 to December 5, 2007 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6960000000	117.39	
01	7110500000001	6950000002	1,674.80	
01	7110500000001	6960000002	7.22	Interest charges
01	00000			
TOTAL AMOUNT OF PAYMENT:			**$ 1,799.41**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

ITEMIZED TRIP RECEIPT

Date: Wednesday, November 14, 2007

Executive Limousine Inc.
218 37 Avenue NE
Calgary, AB, Canada, T2E-2L9
Ph: (403) 809-2572 Fx: (403) 226-5694
mesi@shaw.ca www.myexecutivelimo.com
GST#816489678RT0001

Client Address

Calgary Health Region

Account Number: None

Trip Date: 11/13/2007 **Pax:** Patti Grier **Ref #:**

Confirmation No. : 083641-SA

Ordered by	Maire Glennon
Start Time	10:00 AM
End Time	11:00 AM
Vehicle Type	Sedan
Trip Type	HOURLY
Trip Desc	HOURLY

Pick-Up:
10101 South Port Road SW

Drop-off:
112 4 Avenue SW (Sunlife Plaza)

Standard Hrly/Flat Charges			1.00	55.00	$55.00
Overtime/Travel/ 2nd Hr Chgs			0.00	0.00	0.00
Gratuity	15.00%	8.25			
Extra Service					
Parking:					
Beverages:					
Food:					
Decorations:					
Meet Greet:					
Add Stops:					
Misc.:					
GST:		3.80			
Fuel Fee:					
Sub-Totals		12.05			67.05
		Credits - Discounts			0.00
Paid by: Visa					-67.05
s.17(1), 17(4)(e.1)		**Balance:**			**$0.00**

Total Pymts: $67.05 **Credits-Disc:** $0.00 **Pymts + Cr-Disc:** $67.05 **Balance** $0.00

DAVID TUER | ALLAN MARTIN MEETING

APPLICANT COPY

RUBAIYAT
GST #R104663638
722 - 17th Avenue S.W.
CALGARY, ALBERTA, CANADA T2S 0B7
(403) 228-7192 Fax 228-4756

SOLD BY: Violetta | TELEPHONE | FAX | DATE: Nov 1/07

NAME: Patti Green

ADDRESS | PROVINCE | POSTAL CODE

CITY

CASH | CHEQUE | CREDIT: Visa | DEBIT CARD | C.O.D. | ON ACCT. | MDSE. RET'D | PAID OUT

QUANTITY		DESCRIPTION	PRICE	AMOUNT
	1	Jun c Intro Pose		150 00
3	2	AUT231 glute workout	150	450 00
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			

SPECIAL INSTRUCTIONS

Sorry no refunds.
Exchanges only within 15 days of purchase.

SUBTOTAL	600 00
GST	36 00
PST	
TOTAL	636 00

RECEIVED BY

THANK YOU

143251

APPLICANT COPY

RUBAIYAT
GST #R104663638
722 - 17th Avenue S.W.
CALGARY, ALBERTA, CANADA T2S 0B7
(403) 228-7192 Fax 228-4756

SOLD BY: Rinda | TELEPHONE | FAX | DATE: Nov. 20/07

NAME: Dale Green

ADDRESS | PROVINCE | POSTAL CODE

CITY

☐ CASH ☐ CHEQUE ☐ CHARGE ☐ DEBIT CARD ☐ C.O.D. ☐ ON ACCT ☐ MDSE. RET'D ☐ PAID OUT

QUANTITY		DESCRIPTION	PRICE	AMOUNT
8	1	Robert Hall Suits	10.00	
6	2	Jim Mortar 12 Tues	10.00	
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			

SUBTOTAL	980.00
GST	58.80
PST	
TOTAL	1038.80

SPECIAL INSTRUCTIONS

Sorry no refunds.
Exchanges only within 15 days of purchase.

RECEIVED BY

THANK YOU

143670

RBC Royal Bank

APPLICANT COPY

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM NOV 06 TO DEC 05, 2007

Save on Gifts and Business Needs

This season, wrap up your corporate gift giving plus save on the things you need for your business with exclusive offers from the *Visa® Savings for Business* program. You can save up to 35%. Visit www.visasavingsforbusiness.ca for details.

	PREVIOUS STATEMENT BALANCE	$847.52
NOV 19	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$527.96
NOV 30	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$319.56
DEC 05	PURCHASE INTEREST	$7.22
	SUBTOTAL OF MONTHLY ACTIVITY	-$840.30
NOV 14	MESI'S AIRPORT SEDAN S CALGARY AB	$67.05 ✓
NOV 17	RUBAIYAT CALGARY AB	$636.00 ✓
NOV 20	CALGARY AIRPORT AUTHORITYCALGARY AB	$21.00 ✓
NOV 20	RUBAIYAT CALGARY AB	$1,038.80 ✓
NOV 29	REDWATER RUSTIC GRILLE CALGARY AB	$29.34
	SUBTOTAL OF MONTHLY ACTIVITY	$1,792.19
	TOTAL NEW BALANCE	$1,799.41

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	$54.00
Payment due date	DEC 26, 2007
Credit limit	$10,000.00
Available credit	$8,200.59
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		$847.52
Payments & credits	-$847.52	
Purchases & debits	$1,792.19	
Cash advances	$0.00	
Interest	$7.22	
Fees	$0.00	
NEW BALANCE		**$1,799.41**

RBC0150120_9405294_004_982
HRI - 00 - 1 - 1 - 4 - - D

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

001 0018 000000000000 0005400 000179941

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$1,799.41	$54.00	DEC 26, 2007	$

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

RBC0150120_9405294_004-21286 00892

CALGARY HEALTH REGION
PATTI GRIER
ATTN ACCOUNTS PAYABLE
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

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.

:0003200320: 000000180 96

** TOTAL PAGE.02 **

APPLICANT COPY

LIDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check #: 69030

Server: S. Angie Date: 11/29/2007
Table: 231 Time: 13:03
Client: 2

1	Virgin Caesar	3.50
2	Coffee	5.00
2	Lamb Burger	26.00
	SUB-TOTAL :	34.50
	GST:	2.07
	TOTAL :	36.57

LESS $7.23 - BALANCE OF A CREDIT
DISCOUNT CARD

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

LIDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 69030

S. Angie Date: 11/29/2007
: 231 Time: 13:19

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

PAID 044643 ONLINE
NI# 9999

SUBTOTAL $ 21.34

TIP $

TOTAL $

CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

Rubaiyat Holiday Hours

November

Monday - Saturday: 10:00am - 5:30pm
Sundays: Nov. 11th, 18th, 25th: Noon - 5pm
Thursday, Nov. 29th: 10:00am - 8:00pm
Friday, Nov. 30th: 10:00am - 8:00pm

December 1st - 9th

Monday - Wednesday: 10:00am - 5:30pm
Thursday and Friday: 10:00am - 8:00pm
Saturdays: 10:00am - 5:30pm
Sundays: Noon - 5pm

December 10th - 23rd

Monday - Friday: 10:00am - 8:00pm
Saturdays: 10:00am - 5:30pm
Sundays: Noon - 5pm

Christmas Eve, Dec. 24th: 10:00am - 4:00pm
December 25th - 26th: Closed
Dec. 27th - 29th: 10:00am - 5:30pm
December 30th - January 2nd: Closed
Jan. 3rd: return to regular business hours
Monday - Saturday: 10:00am - 5:30pm

(Exchange policy on reverse side)

RECEIPT
GST NO. R122556194

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194
RECEIPT H5
IN: 11/20/07 08:47
OUT:11/20/07 11:59
PARKED: 0 03:12
PAID: $ 21.00
V15A

AUTH. C0UE0524/43 33
REF.

Calgary International Airport Parkade

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

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

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

RBC Royal Bank

APPLICANT COPY

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM MAR 05 TO APR 05, 2005

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
APR 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$271.52
APR 05	PURCHASE INTEREST	$8.23
	SUBTOTAL	**-$263.29**
	s.17(1), 17(4)(e.1)	
MAR 08	EARL'S WILLOW PARK CALGARY AB	$41.32
MAR 11	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$589.54
MAR 16	WESTIN HOTELS - EDMONTON EDMONTON AB	$156.22
	SUBTOTAL	**-$392.00**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$10.00**
Payment due date	**APR 26, 2005**
Credit limit	$10,000.00
Available credit	$9,794.23
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$861.06
Payments & credits	-$861.06
Purchases & debits	$197.54
Cash advances	$0.00
Interest	$8.23
Fees	$0.00

New balance **$205.77**

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
APR 15 2005

RBC0150120_1770393_007_3261
HRI - 00 - 1 - 1 - 3 - 2C - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
April 15, 2005	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **Alberta** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	March 5 to April 5, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$205.77	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$205.77**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization: Kay Best

Print Name: KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full): 943-1141

Comments:

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

00074

APPLICANT COPY

THE WESTIN
EDMONTON

EXECUTIVE OFFICES



Mr. David Tuer
10101 Southport Road SW
Calgary, AB T2W 3N2

March 17, 2005

Dear Mr. Tuer:

On the evening of March 13, 2005, The Westin Edmonton held a room reservation in your name, guaranteed for late arrival. Our records indicate that you did not arrive on that date and that no request was made to cancel or modify the reservation. As a result, the hotel has processed a "no show" charge on your account in the amount of one night's room charge and G.S.T.

If you have any questions or concerns in regards to this charge, please do not hesitate to contact the hotel.

Sincerely,

Chris Short
Front Office Manager
The Westin Edmonton

CS/se

Enclosure.

Brandon MD Rockyview

Date: 07Mar 05 4:44PM
Card Type: Visa
Acct #: s.17(1), 17(4)(e.1)
Exp Date:
Auth Code: 035796
Check: 8939
Ten: 72/1
Sub: 35.82
GST: 5.50
Total: 41.32

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

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

APPLICANT COPY

WESTIN
HOTELS & RESORTS

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

Mr David Tuer
10101 Southport Road Southwest
Calgary AB T2W 3N2
CA

Arrival 03/16/05
Departure 03/16/05
Payment Method VA

Room 9066
Cashier 24
Page 1
Starwood Pref.#
Airline Partner
Folio No. 354418

Guest Account **The Westin Edmonton, 03/16/05**

Date	Description	Room	Charges	Credits
03/16	No Show Charge for March 13, 2005	9066	146.00	
03/16	No Show GST 7% for March 13, 2005		10.22	
03/16	Visa			156.22

Capture method:keyed

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

Total 156.22 156.22

Balance 0.00 $

Room	GST	10.22
F&B	GST	0.00
Other	GST	0.00
Total	GST	10.22

GST Vendor R101577591

RBC Royal Bank

APPLICANT COPY
CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
JUN 13 2005
Copy to: 1 OF 1
File Name: AMOUNT ($)

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

VISA Business

CALGARY HEALTH REGION
PATTI GRIER

STATEMENT FROM MAY 06 TO JUN 03, 2005

Save in store and online 898809
Save when using your RBC Royal Bank *Visa* card on selected purchases at Hertz, Lasik Eye Centres, Online Fresh Flowers, Uni-Pro and the Specialist. For a list of discounts visit www.rbcroyalbank.com/cards/rbcrewards/discountsavings.

DATE	ACTIVITY DESCRIPTION	
	s.17(1), 17(4)(e.1)	
JUN 03	PURCHASE INTEREST	$8.60
	SUBTOTAL	**$8.60**
	s.17(1), 17(4)(e.1)	
MAY 06	CONVERSATIONS TEA ROOM CALGARY AB	$139.02
MAY 16	ADVANCE PARKING LOT 59-00CALGARY AB	$6.00
MAY 23	QUARRY BISTRO & WINE BAR CANMORE AB	$28.08
JUN 02	EARL'S WILLOW PARK CALGARY AB	$42.43
	SUBTOTAL	**$215.53**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

Travelling within Canada?

Look no further! The *Visa* Savings Passport is your ticket to incredible deals, available only to *Visa* cardholders. Visit visa.ca/travel & download hundreds of hotel, dining & attraction offers to Canada's top destinations such as Whistler, Vancouver, Calgary, Toronto, Ottawa & Montreal!

The Search is on!

Nominate a candidate today for the 2005 RBC Canadian Woman Entrepreneur Awards! Go to www.rbcroyalbank.com/sme/women for a Nomination Form and Insider Tips from previous winners. Deadline for nominations is August 2, 2005.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$27.00**
Payment due date	**JUN 24, 2005**
Credit limit	$10,000.00
Available credit	$9,452.96
Past due amount	$10.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$322.91
Payments & credits	$0.00
Purchases & debits	$215.53
Cash advances	$0.00
Interest	$8.60
Fees	$0.00
New balance	**$547.04**

224.13

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calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date June 16, 2005	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other **RBC ROYAL BANK**		**Employee #**
MAILING ADDRESS (cheque payment only)		
Canada Post: P.O. Box 4016, Station "A"		
City **Toronto** Province **ON** Postal Code **M5W 2E6**		
Interoffice Mail: Department _____		
Site: _____		
❑ **SPECIAL HANDLING INSTRUCTIONS**		
Purpose of Request	April 6 to May 5, 2005 VISA Expenses	

RECEIVED
JUN 2 1 2005
FINANCE

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$224.13	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$224.13**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

Admin
west
Lichen

TRAN ORD 050506/13:16

NS TEA ROOM
MCLEOD TR
ALBERTA

02422427
936

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

CARDHOLDER AGREES TO PAY
TOTAL IN ACCORDANCE WITH
AGREEMENT WITH CARDHOLDER

CARDHOLDER SIGNATURE

TRANSACTION RECORD

quarry
Bistro & Waterhouse

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

$24.08
4.00
28.08

THANK YOU

CUSTOMER COPY

Best Copy Possible

Carls

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM AUG 06 TO SEP 02, 2005

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

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

OFFICE ( ) PRESIDENT & CHIEF) OFFICER

2005

1 OF 1

Copy to

File Name:

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
AUG 08	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$724.42
AUG 30	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$91.08
SEP 02	PURCHASE INTEREST	$3.04
	SUBTOTAL	**-$812.46**

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

AUG 09	BROKEN PLATE CALGARY AB	$61.90
AUG 17	CALGARY PARKING AUTHORITYCALGARY AB	$12.00
AUG 19	CALGARY PARKING AUTHORITYCALGARY AB	$14.00
AUG 29	EARL'S WILLOW PARK CALGARY AB	$40.66
AUG 31	IL PORTICO RESTAURANT EDMONTON AB	$54.41
SEP 01	EARL'S WILLOW PARK CALGARY AB	$39.07
	SUBTOTAL	**$222.04**

You can Win What you Buy!

Your *Visa* purchases could be FREE. Just use your *Visa* card this month for a chance to win your purchases for the month, up to $100,000. There's a winner for every day of the year. No purchase necessary. Call 1-888-298-9944 or visit www.visawinwhatyoubuy.ca for contest details.

Save with *Visa*

For more ways to save on business expenses, think *Visa*! Visit www.visasavings.ca/business for great online or in-store offers and to enter the *Visa* $5000 Credit Giveaway Contest.

Great savings with RBC *Visa* 940378

Save up to 30% when using your RBC Royal Bank *Visa* card on selected purchases at CDI Computers, Chubb Security Systems, Discount Car and Truck Rentals and Kernels. 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

Minimum payment	**$10.00**
Payment due date	**SEP 23, 2005**
Credit limit	$10,000.00
Available credit	$9,774.92
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$815.50
Payments & credits	-$815.50
Purchases & debits	$222.04
Cash advances	$0.00
Fees	$0.00
Interest	$3.04

New balance $225.08

Win a trip to Torino!

Win a trip for two to the Torino 2006 Olympic Winter Games brought to you by *Visa*! Simply use your *Visa* Card from now until Sept 30, 2005 and receive one automatic entry into the Torino 2006 Olympic Winter Games Sweepstakes. For details, visit www.rbcroyalbank.com/visatorino.

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HRI - 00 - 1 - 1 - E - 2BD - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
August 18, 2005	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A" s.17(1), 17(4)(g)(i)

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	August 06 to September 05, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$225.08	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$225.08**	❑ CDN ❑ US ❑ Other

RECEIVED

Expenditure Officer Authorization

Print Name KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

IL PORTICO RESTAURANT
10012 107 ST
EDMONTON AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 0821
DATE/TIME	2005/08/31 13:22:34
RECEIPT NUMBER	S47131088-672-020
AUTHORIZATION	
AMOUNT	$44.41
TIP	10.00
TOTAL AMOUNT	54.41

01 APPROVED-027 AUTH. # 096088
THANK YOU

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

CARDHOLDER SIGNATURE

Best Copy Possible

Centennial
620 - 9 Avenue SW
CAN-T2P 1L5 Calgary, AB
Tax Code CA GST #119457869

East POF Cashier 0
16/08/05 09:22

Receipt 073741

Short-term Parking
Short-term Parking tkt
Centennial Parkade
16/08/05 06:17 -
16/08/05 09:22
Period 0d03h05'
(GST) $12.00

Gross total $12.00

Payment

Net total $11.21
GST (7%) 0.79

All amounts in CAD.
Deliv. Date=Receipt Date

Jack + David
meeting Aug 16/05

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869

POF 1 (12) Cashier 0
16/08/05 12:49

Receipt 052965

Short-term Parking
Short-term Parking tkt
McDougall Parkade
16/08/05 09:20 -
16/08/05 12:49
Period 0d03h29'
(GST) $14.00

Gross total $14.00

Payment

Net total $13.08
GST (7%) 0.92

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

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

RBC Royal Bank

APPLICANT COPY

RSP deadline is Feb 29, 2008 / 47289C

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

VISA Business

*CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM JAN 05 TO FEB 05, 2008

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$3,072.01**
	s.17(1), 17(4)(e.1)	
JAN 08	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,799.41
FEB 01	VISA FEE	$12.00
FEB 05	PURCHASE INTEREST	$37.79
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,749.62**
	s.17(1), 17(4)(e.1)	
JAN 15	[illegible] CALGARY AB	$265.92
JAN 15	CALGARY HEALTH TRUST CALGARY AB	$450.00
JAN 17	REDWATER RUSTIC GRILLE CALGARY AB	$54.67
JAN 24	GYPSY ROSE FLOWERS CALGARY AB	$86.10
JAN 25	IMPERIAL PARKING LOT # 6 CALGARY AB	$10.00
JAN 30	LA CHAUMIERE RESTAURAN CALGARY AB	$1,525.89
	SUBTOTAL OF MONTHLY ACTIVITY	**$2,392.58**
	TOTAL NEW BALANCE	**$3,714.97**

Important Notice

We are making some changes to your cardholder agreement which will affect your rights and obligations as you use your RBC Royal Bank® *Visa** card. For details, please refer to the Important Notice enclosed with this *Visa* statement. If you have any questions, please call 1-800 ROYAL® 1-2.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$59.00**
Payment due date	**MAR 01, 2008**
Credit limit	$10,000.00
Available credit	$6,285.03
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$3,072.01**
Payments & credits	-$1,799.41	
Purchases & debits	$2,392.58	
Cash advances	$0.00	
Interest	$37.79	
Fees	$12.00	
NEW BALANCE		**$3,714.97**

RBC0150120 1519219 007 2[illegible]
HRI - 00 - 1 - 1 - E - 45 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
February 19, 2008	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only)

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

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	January 5 to February 5, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6960000000	514.67	
01	7110500000001	6950000002	1,525.89	
01	7110500000001	6950000000	86.10	Sundry (flowers)
01	7110500000001	4901000002	265.92	Subscription
01	7110500000001	6950000002	37.79	Interest charges
			12.00	VISA FEE
TOTAL AMOUNT OF PAYMENT:			$ 2,430.37	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization: Kay Best

Print Name: KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full): 943-1141

Comments:

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

00074

SUBSCRIPTION RENEWAL NOTICE

APPLICANT COPY

CALGARY HERALD

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Please be advised in accordance with our subscription agreement, the customer is acknowledging and agreeing to have the Herald delivered on a continuous basis and to receive applicable subscription notices until otherwise notified. You may alter or discontinue your service at any time

CURRENT SUBSCRIPTION

Renewal/ Start Date	Expires	Renewal Deadline	Pre-Authorized Monthly Option	Incl. GST of
28-Dec-06	02-Jan-08	01-Jan-08	$N/A	$N/A

Vacation stops and delivery suspensions will automatically extend your expiry date

For: MARIE GLENNON 10101 SOUTHPORT RD SW CALGARY, AB CANADA T2W 3N2
Sub# 686734

RENEW YOUR SUBSCRIPTION TODAY!

BY PRE-AUTHORIZED MONTHLY PAYMENTS

Monthly, by credit card or directly from your bank account. See reverse for details.

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Visit us at www.calgaryherald.com/renew to renew your subscription online. Call us at 403-235-READ (7323) or 1-800-372-9219 and pay by credit card. Your subscription will be updated immediately.

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Simply fill out the form at the bottom and return in the convenient return envelope to the address on reverse or fax to 1-866-870-3386.

BY ATM, TELEPHONE OR INTERNET BANKING

Payable at most financial institutions. Contact your bank and have us added to your payment menu for easy, care-free payments. Pay over the counter at your branch, by telephone or internet banking.

READER SALES AND SERVICE

TELEPHONE: 403-235-READ (7323) or 1-800-372-9219 FAX: 1-866-870-3386

RETURN BOTTOM PORTION WITH YOUR CHEQUE OR CREDIT CARD INFORMATION

CALGARY HERALD

PAYMENT CENTRE
PO BOX 1377
STATION MAIN
WINNIPEG MB R3C 2Z1
GST registration# 89399 9615 RT0002

SUBSCRIPTION TERM DETAILS	RATE	GST	TOTAL
* 1 Yr Subscription No GST	$0.00	$0.00	$265.92
26 Wk SUbscription No GST	$0.00	$0.00	$134.08
13 Wk Subscription No GST	$0.00	$0.00	$67.60

*denotes current subscription

Notice Type: FINAL OFFER

For: MARIE GLENNON 10101 SOUTHPORT RD SW CALGARY, AB CANADA T2W 3N2
Sub# 686734

Calgary Herald for CEO office

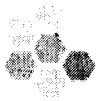
Paid by VISA (Patti Ariet's) on Jan 14/08

MARIE GLENNON
10101 SOUTHPORT RD SW
CALGARY, AB
CANADA T2W 3N2

:08156m9001:

96

APPLICANT COPY



Calgary Health Trust

Sear

Home | Contact Us

About the Trust | Ways to Give | What we do | Events & Lotteries

Passionista

Thank You!

Transaction # 2373-0_3
Your transaction has been successfully completed.

Your donation of $450.00 will help support our vision to create the healthiest population generosity is greatly appreciated.

Please watch for an email from us that will confirm the details of your donation.

Thank you for your support.

3 Levels of Music & Mingling • Cocktails & hors d'oeuvres •
Silent Auction & Raffle
Thursday, February 14, 2008
6:30 pm
Tickets: $225
Artists of the World Gallery
514 - 11 Avenue SW
Entertainment:
Simply Sinatras • Johanna Sillanpaa Quartet
Passionista Honarary Chairs:
Helder F. Mendes and Lynn Mendes
For tickets please call (403) 943-0617
or visit www.thetrust.ca

APPLICANT COPY

Subject: **Calgary Health Trust - Donation Confirmation**
Date: Tue, 15 Jan 2008 14:56:32 +0000 (GMT)
From: fundraising@thetrust.ca
To: Maire.Glennon@CalgaryHealthRegion.ca

Calgary Health Trust

Tuesday, January 15, 2008, 7:56:32 AM

Patti Grier,
Thank you for purchasing tickets to Passionista .

Your transaction identification number is: **2373-0_3**.
Thank you for supporting the Calgary Health Trust. Your tickets will be mailed out in late January. If you require additional information, please call (403) 943-0617. Please keep this email as a record of your purchase.

If you have any questions regarding the event, or need to make changes to the information you supplied to us when making your ticket purchase, please contact us at (403)943-0611 and we would be happy to help you.

Thank you for your support. With you we are building the healthiest population in Canada. One patient, one donor, one event at a time.

APPLICANT COPY

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

****** FAX COVER ******** FAX COVER ******** FAX O'**

From: **Gypsy Rose Florist (Flowers, plants, gifts and Home A**
Address: C-149, 1600-90 Avenue S.W.
Calgary, Alberta, T2V 5A8
Phone #: **(403) 255-1010**
Fax #: **(403) 255-1445**

Owner & Director: Parvan

TO: Calgary Health Region
(Company's Name)

Attention to: Maire

Date: Jan, 24 08

Number of Pages (including fax cover): 1

GYPSY ROSE FLOWERS
1600 90 AVENUE SOUTH WEST
CALGARY AB

CARD
CARD TYPE VISA
DATE 2008/01/24
TIME 1303 14:55:46
RECEIPT NUMBER
M30605733-001-169-005-0

PURCHASE
TOTAL-CAD
$86.10

APPROVED
AUTH# 054608 01-027
THANK YOU

CARDHOLDER COPY

9940

GYPSY ROSE FLOWERS
GST #R106110827
C149, 1600 - 90th Avenue S.W.
CALGARY, ALBERTA T2V 5A8

Phone (403) 255-1010 Fax 255-1445

DELIVERY DATE Jan, 25, 08 AM PM
S M T W T F S
SALESPERSON
ORDER DATE Jan, 24 08

CHARGE TO Maire (Calgary Health Region)
943-1104
Fax # 943-1108
TELEPHONE (HOME) s.17(1), 17(4)(e.1) TELEPHONE (WORK)

CASH DEBIT CARD
CHEQUE CHARGE
C.O.D. Visa
NEW ACCOUNT Paid

IN OUT
ADDRESS
DESCRIPTION Vase arrangement

AUTHORIZATION #
TELEPHONE

	70.00
Carol	2.00
DELIVERY CHARGE	10.00
PHONE & SERVICE CHARGE	
SUBTOTAL	
GST	
PST	
TOTAL	86.10

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

From: Executive management Team at Calgary Health Region

THANK YOU

DELIVER TO s.17(1), 17(4)(g)(i) Barry Hollowell

GYPSY ROSE FLOWERS
PHONE (403) 255-1010

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION
PATTI GRIER
STATEMENT FROM JAN 05 TO FEB 05, 2008 s.17(1), 17(4)(e.1)

RSP deadline is Feb 29, 2008

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

	PREVIOUS STATEMENT BALANCE	**$3,072.01**

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

JAN 08	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,799.41
FEB 01	VISA FEE	$12.00
FEB 05	PURCHASE INTEREST	$37.79
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,749.62**

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

JAN 15	HERALD/POST SUBSCRIPTI CALGARY AB	$265.92
JAN 15	CALGARY HEALTH TRUST CALGARY AB	$450.00
JAN 17	REDWATER RUSTIC GRILLE CALGARY AB	$54.67
JAN 24	GYPSY ROSE FLOWERS CALGARY AB	$86.10
JAN 25	IMPERIAL PARKING LOT # 6 CALGARY AB	$10.00
JAN 30	LA CHAUMIERE RESTAURAN CALGARY AB	$1,525.89
	SUBTOTAL OF MONTHLY ACTIVITY	**$2,392.58**
	TOTAL NEW BALANCE	**$3,714.97**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$59.00**
Payment due date	**MAR 01, 2008**
Credit limit	$10,000.00
Available credit	$6,285.03
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$3,072.01**
Payments & credits	-$1,799.41
Purchases & debits	$2,392.58
Cash advances	$0.00
Interest	$37.79
Fees	$12.00
NEW BALANCE	**$3,714.97**

Important Notice

We are making some changes to your cardholder agreement which will affect your rights and obligations as you use your RBC Royal Bank® *Visa* card. For details, please refer to the Important Notice enclosed with this *Visa* statement. If you have any questions, please call 1-800 ROYAL® 1-2.

RBCUNSOLIZED_1519219_007_2008
HRI - 00 - 1 - 1 - E - 45 - D

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

001 0018 000000000000 0005900 000371497

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$3,714.97	$59.00	MAR 01, 2008	$

VISA Business

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

RBC0150120_1519219_007-42739 02066

CALGARY HEALTH REGION
PATTI GRIER
ATTN ACCOUNTS PAYABLE
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

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.

:0003 2=003: 1600=001=8= 96

APPLICANT COPY

LA CHAUMIERE RESTAURANT
139-17 AVENUE S.W.
CALGARY, AB
T2S 0A1
(403)228-5636

Pre-Auth

Batch#: 213
Shift #: 001

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

Jan-09 21:34:15

Customer Copy
THANK YOU!

APPROVED 026960

Amount: $ 1,325.89

Tip: $ 200.00

Total:CAD$ 1525.89

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

REDWATER RUSTIC GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 75065

Server: S-Erin
Table: 210

Date: 01/17/2008
Time: 13:26

GRIER/PATTI
AUTH 054379 ONLINE
MERCHANT# 9999

SUBTOTAL $ 46.67

TIP $ 8.00

TOTAL $ 54.67

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On New Years Eve!
GST #819584947RT0001

#Priv
La Chaumiere Restaurant
139 - 17th Avenue SW
Calgary, AB,BC
Phone(403)228-5690 Fax(403)228-4448
Business # 131067191

Date: Jan 30, 2008 Time: 09:08PM
Server: Luc # Guest: 14
Bill: 0016 Table : P1

2	PERRIER 750ml	13.00
2	SOFT DRINKS	5.00
1	COORS LITE	5.50
1	TALISKER	8.50
1	GL PINOT GRIS PELEE	7.50
1	CAESAR	7.25
2	GL RASTEAU	19.50
1	GL SAUV BL WOODBRIDG	9.25
10	SAN PELLEGRINO 750ml	65.00
5	SAINT-JACQUES ENROBE	75.00
1	SAUMON FUME INFUSE	13.50
1	PATE MAISON &CORNICH	10.50
3	$12.50 APPETIZER SPE	37.50
1	GAMBAS SAUTES HERBES	14.00
1	MELANGE DE TOMATES	9.25
4	AMARONE ZENATO	280.00
2	SAUV BLANC CAKEBREAD	138.00
2	CARRE D'AGNEAU DIJON	67.50
2	$35 DINNER SPECIAL	70.00
1	TOURNEDOS DE BISON	31.00
1	THON ROUGE GRILLE	31.00
1	MEDAILLONS D'ELAN	34.00
3	$34.50 DINNER SPEC	103.50
1	LOUP DE MER OLIVES	31.00
1	FILET BOEUF GALLOWAY	34.00
6	GM SOUFFLE FOR TWO	108.00
1	TEA	3.00
5	CAPPUCCINO	17.50
5	COFFEE	15.00

Subtotal	1262.75
GST	63.14

APPLICANT COPY

Stelmach speech

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!
PAY STATION: C3
****
ENTRY DAT/TIME:
25/01/08 11:17
PAY DATE/TIME:
25/01/08 13:28
PARK-DUR.: HRS:MIN
0:02:11
****
PAID: $ 10.00
CASH
****
* YOU MUST TAKE *
*ORIGINAL TICKET *
WITH YOU AND USE
* IT TO EXIT *
****
GST INCLUDED
GST No. RT12201449
1
****
THANK YOU FOR YOUR
VISIT!

REDWATER RUSTIC GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check #: 75065

Server: S-Erin Date: 01/17/2008
Table: 210 Time: 13:24
Client: 2

1	Pop	2.95
1	Chicken Salad	16.00
2	Coffee	5.00
1	500ml Pellegrino	4.50
1	Feature Salmon	16.00

SUB-TOTAL: 44.45
GST: 2.22

TOTAL: 46.67

Thank You For Dining With Us.
Please Join Us On New Years Eve!
GST #819584947RT0001

162

APPLICANT COPY

12 66059

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM FEB 06 TO MAR 05, 2007

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$2,369.56**
	s.17(1), 17(4)(e.1)	
FEB 09	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,676.82
MAR 05	PURCHASE INTEREST	$14.44
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,662.38**
	s.17(1), 17(4)(e.1)	
FEB 06	REDWATER RUSTIC GRILLE CALGARY AB	$48.35
FEB 20	MERCATO CALGARY AB	$202.55
	SUBTOTAL OF MONTHLY ACTIVITY	**$250.90**
	TOTAL NEW BALANCE	**$958.08**

Valuable Tips to Avoid Risk

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

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$29.00**
Payment due date	**MAR 26, 2007**
Credit limit	$10,000.00
Available credit	$9,041.92
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$2,369.56**
Payments & credits	-$1,676.82	
Purchases & debits	$250.90	
Cash advances	$0.00	
Interest	$14.44	
Fees	$0.00	
NEW BALANCE		**$958.08**

RBC0150120_6954275_006_971
HRI - 00 - 1 - 1 - L - 4 - D

calgary health region

APPLICANT COPY

PAYMENT REQUISITION

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

Date	Requested By (Please Print)	
MARCH 26, 2007	PATTI GRIER	
Site SOUTHPORT	**Department** PRESIDENT & CEO's OFFICE	**Phone # (in full)** 943-1104

PAYABLE TO: ☐ Employee ☑ Other RBC ROYAL BANK — **Employee #**

MAILING ADDRESS (cheque payment only)

Canada Post: PO BOX 4016, STATION A s.17(1), 17(4)(g)(i)

City TORONTO Province ON Postal Code M5W 2E6

Interoffice Mail: Department

Site:

SPECIAL HANDLING INSTRUCTIONS

Purpose of Request FEBRUARY 6 TO MARCH 5, 2007

CODING & AUTHORIZATION

FINANCIAL CODING

ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01	7110500001	69600000	250.90	MEETING EXPENSE
01	7110500001	69600000	14.44	INTEREST CHARGES
				GST $

RECEIVED APR 02 2007

CAPITAL PROJECT CODING

PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION

TOTAL AMOUNT OF PAYMENT:	$265.34	☐ CDN ☐ US ☐ Other
Expenditure Officer Authorization	Print Name KAY BEST	
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141	

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

00074

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM FEB 06 TO MAR 05, 2007

1 OF 1

	PREVIOUS STATEMENT BALANCE	**$2,369.56**

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

FEB 09	PAYMENT - THANK YOU - AIEMENT - MERCI	-$1,676.82
MAR 05	PURCHASE INTEREST	$14.44
	SUBTOTAL OF MONTHLY ACTIVITY	-$1,662.38

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

FEB 06	REDWATER RUSTIC GRILLE CALGARY AB	$48.35
FEB 20	MERCATO CALGARY AB	$202.55
	SUBTOTAL OF MONTHLY ACTIVITY	$250.90
	TOTAL NEW BALANCE	**$958.08**

Valuable Tips to Avoid Risk

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

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	$29.00
Payment due date	MAR 26, 2007
Credit limit	$10,000.00
Available credit	$9,041.92
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		$2,369.56
Payments & credits	-$1,676.82	
Purchases & debits	$250.90	
Cash advances	$0.00	
Interest	$14.44	
Fees	$0.00	
NEW BALANCE		**$958.08**

less payment 692.74

265.34

RBC01501 20_6954275_006_971
HRI - 00 - 1 - 1 - 1 - 4 - D

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

001 0018 000000000000 0002900 000095808

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$958.08	$29.00	MAR 26, 2007	$

VISA Business

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

RBC0150120_6954275_006-30994 00971

CALGARY HEALTH REGION
PATTI GRIER
ATTN TREASURY DEPARTMENT
10101 SOUTHPORT RD S.W.
CALGARY AB T2W 3N2

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.

:0003 2=003:165 000=00 6=8" 96

** TOTAL PAGE.02 **

APPLICANT COPY

Kasher

MERCATO

2024 4TH STREET SOUTH

CALGARY AB

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

TYPE VISA

2007/02/20

2942 19:25:51

PT NUMBER

8839-001-227-036-0

PRE-AUTHORIZATION

AMOUNT $177.55

TIP 25.00

TOTAL-CAD 202.55

APPROVED

AUTH# [illegible]452 01-027

THANK YOU

SEE REVERSE

CARDHOLDER COPY

Kasher

[illegible]ER RUSTIC

[illegible]RILLE

[illegible] Mead Tr. South

[illegible] 403-253-4266

Check: 33583

[illegible]ble Date 02/06/2007

[illegible] 13:08

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

GRIER/PATTI

AUTH 077007 ONLINE

MERCHANT# 9999

SUBTOTAL $ 42.35

TIP $ 6.00

TOTAL $ 48.35

** CUSTOMER COPY **

Thank You For Dining With Us.

GST # 819584947RT0001

Reduced by
$70 with personal
cheque from
Patti Grier,
dated Feb. 21/07

RBC Royal Bank

APPLICANT COPY

1379617

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM AUG 04 TO SEP 05, 2007

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$696.60**

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

AUG 24	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$696.60
SEP 05	PURCHASE INTEREST	$6.12
	SUBTOTAL OF MONTHLY ACTIVITY	**-$690.48**

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

AUG 02	REDWATER RUSTIC GRILLE CALGARY AB	$48.28 ✓
AUG 08	REDWATER RUSTIC GRILLE CALGARY AB	$49.82 ✓
AUG 10	REDWATER RUSTIC GRILLE CALGARY AB	$41.46 ✓
AUG 14	REDWATER RUSTIC GRILLE CALGARY AB	$59.24 ✓
AUG 30	THE NOSEGAY INC CALGARY AB	$63.60 ✓
	SUBTOTAL OF MONTHLY ACTIVITY	**$262.40**
	TOTAL NEW BALANCE	**$268.52**

WIN 1 of 30 prizes instantly!

Last chance to WIN! For only a few more weeks, there are prizes available to be won in the *Visa** PIN to WIN Contest. Come back every week of the contest and enter your PIN to find out if you've won instantly! Visit www.visasavingsforbusiness.ca/contest for complete contest details.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$10.00**
Payment due date	**SEP 26, 2007**
Credit limit	$10,000.00
Available credit	$9,731.48
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$696.60**
Payments & credits	-$696.60	
Purchases & debits	$262.40	
Cash advances	$0.00	
Interest	$6.12	
Fees	$0.00	
NEW BALANCE		**$268.52**

Approved

RBC0150120_8517319_004_2165
HRI - 00 - 1 - 1 - B - 458 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date September 25, 2007	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other **RBC ROYAL BANK**		**Employee #**
MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i) **Canada Post:** P.O. Box 4016, Station "A" City **Toronto** Province **ON** Postal Code **M5W 2E6** **Interoffice Mail:** Department _____ Site: _____		
❑ **SPECIAL HANDLING INSTRUCTIONS**		
Purpose of Request	August 4 to September 5, 2007 - VISA Expenses	

FINANCE RECEIVED OCT - 2 2007

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	198.80	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 0	63.60	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	6.12	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 268.52**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization KAY BEST	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141
Comments: s.17(1), 17(4)(g)(i)	

00074

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 56258

Server: S-Donna
Table: 111

Date: 08/14/2007
Time: 1204

1	Virgin Caesar	3.50
1	Fire Course	0.00
1	Tomato Salad	13.00
1	Add Shrimp	6.00
1	Coffee	2.50
1	Pop	2.95
1	Chicken Salad	16.00
1	Coffee	2.50
	SUB-TOT:	46.45
	GST:	2.79
	TOTAL:	49.24
VISA	:	59.24

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

Aug 30 2007 11:12AM The Nosegay Inc 403 541-9007 P.1
APPLICANT COPY

* pls. fax copy

AUTH:

The Nosegay Inc.
313 17th Avenue S.W.
Calgary, AB. T2S 0A5

67015
INVOICE

TEL: (403) 541-1800 FAX: (403) 541-9007 TERMS: Net 30 days

DATE Aug 30, 2007

SOLD TO Patti Grier

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

TEL: ( ) 943 - 1128

- EXOTIC - ginger + orchids etc
avgmt - something different 50 00
- gardenia in orchid

MESSAGE HB

from
all your work colleagues
in the Presidents Office

DEL.	10 00
WIRE	
G.S.T	3 60
TOTAL	63 60

DELIVER TO Avril Derbyshire
CTR
10101 Southport Rd. SW
943 - 1104 (do NOT PHONE)
Thurs (Am)

CLERK	CASH	CHGE	DEBIT	ON ACCT	VISA	M.C.	AMX	WHEN DELIVER

THANK YOU

G.S.T. No. R121083331

THE NOSEGAY INC
313 17TH AVE SW CALGARY

ID: A4059451
SLIP #: 1166
STORE: 4059451

EMPL #: 000001

SALE $63.60

SIGNATURE X

M

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

APPROVED AUTH 050513
SEQ 086001001006 ISO -001
Aug 30 2007 11:14 am

MERCHANT/MARCHAND

171

APPLICANT COPY

[redacted]

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

SUBTOTAL $ 41.82

TIP $ 8.00

TOTAL $ 49.82

** CUSTOMER COPY **

[redacted]

APPLICANT COPY

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

APPLICANT COPY

[redacted]

Server: [redacted]
Table: [redacted]

Date: [redacted]
Time: [redacted]

VISA

[redacted]
AUTH [redacted]
MERCHANT# [redacted]

SUBSTOTAL $ 40.28

TIP $ 8.00

TOTAL $ 48.28

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On
GST [redacted]

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

APPLICANT COPY

050319

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

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

STATEMENT FROM FEB 05 TO MAR 04, 2005

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

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
FEB 17	LAURELWOOD FLORAL DESIGN CALGARY AB	$72.76
MAR 04	PURCHASE INTEREST	$14.34
	SUBTOTAL	**$87.10**
	s.17(1), 17(4)(e.1)	
JAN 20	EXPERT PARKING EDMONTON AB	$10.00
FEB 07	LAURELWOOD FLORAL DESIGN CALGARY AB	$51.36
FEB 15	EARL'S CGY TIN PALACE CALGARY AB	$87.06
FEB 24	IMPARK 0400LOT# 22FEB0 CALGARY AB	$18.00
MAR 03	IMPARK 0400LOT# 01MAR0 CALGARY AB	$18.00
	SUBTOTAL	**$184.42**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$44.00**
Payment due date	**MAR 25, 2005**
Credit limit	$10,000.00
Available credit	$9,138.94
Past due amount	$18.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$589.54
Payments & credits	$0.00
Purchases & debits	$257.18
Cash advances	$0.00
Interest	$14.34
Fees	$0.00
New balance	**$861.06**

271.52

RBC0150120_1620911_019_2534
HRI - 00 - 1 - 1 - Q - 2B - D

calgary health region

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

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

Date	Requested By (Please Print)	
March 17, 2005	Patti Grier	
Department	**Site**	**Phone No (in full)**
Office of the President & CEO	Southport	943-1128
MAKE CHEQUE PAYABLE TO: RBC Royal Bank		**Employee/Supplier #**

MAILING ADDRESS (for forwarding of cheque)

Canada Post: VISA Payment Centre, PO Box 4016, Station "A"

City Toronto Province ON Postal Code M5W 2E6

Interoffice Mail: Department

Site

Purpose of Request Payment of VISA statement: From Feb. 5 to Mar 4, 2005

☐ **SPECIAL HANDLING INSTRUCTIONS**

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**GL DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 2 4 1 0 0 0 0	$271.52	
				GST $
TOTAL AMOUNT OF CHEQUE:			$271.52	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization

Print Name KAY BEST

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

Authorizer Phone # (in full) 943-1141

ACCOUNTS PAYABLE ONLY

Invoice #

Supplier #

Recurring Payment:

Start Date

End Date

# of Payments

Cycle

Comments:

00074

APPLICANT COPY

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

943-1108 FAX

SENDER

Date: FEB. 07/05 Time: _____ am / pm
Customer: SHELLEY KOCH
Address: Calgary Health Region
City: _____ State/Prov: _____ Zip: _____
Home Ph: _____ Work Ph: 943-1105

CIRCLE ONE: CASH CHECK HOUSE ACCT

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

AUTHORIZATION

FLORIST CITY | FLORIST PHONE: | PERSON SPOKEN TO:

ORDER

DESCRIPTION		CHARGES	
arrangement			60 00
bright + cheery		PRODUCT CODE	
		DELIVERY	8 00
		RELAY	
		SUB TOTAL	
		TAX	
		Total	72 76

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS HOLIDAY OTHER

From: JACK, PATTI, SHELLEY
KayRN, LOU, + Marie, AV

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

DELIVERY

Deliver to: LYNN REDFORD
Address: _____
City: _____ State/Prov: _____ Zip/Code: _____
Home Ph: _____ Work Ph: _____
Special Instructions: _____

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

DELIVERY DATE | TIME | AM / PM

Flowers Say It Best!

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 400

Machine Serial #:00000420b003

EXPIRY DATE AND TIME

EXP 06:00pm
MAR 01,2005

EXP 06:00pm
MAR 01,2005

TICKET# 00004963
LOT# 0003040C

$0018.00 CC #****2508 MACH# 002
FOLLOW INSTRUCTIONS ON SIGNS POSTED

Till 6 pm $18
GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

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

Mar 17 05 01:02p

APPLICANT COPY

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: FEB 7/05 Time: am / pm
Customer: Patti Gner
Address:
City: State/Prov: Zip:
Home Ph: Work Ph: 943-1128.

CIRCLE ONE: CASH CHECK HOUSE ACCT

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

AUTHORIZATION

FLORIST CITY: FLORIST PHONE: PERSON SPOKEN TO:

ORDER

DESCRIPTION

hyacinth in pot

CHARGES	40 —
PRODUCT CODE	
DELIVERY	8 00
RELAY	
SUB TOTAL	
TAX	
Total	57 36

Pd

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Welcome - I'm thrilled you joined us.
Patti

DELIVERY

Deliver to: Maire Glennon
Address: c/o Calgary Health Region
City: 10101 Southport Rd SW State/Prov: Zip/Code:
Home Ph: Work Ph: 943-1105
Special Instructions:

DELIVERY DATE: Mon, FEB 7 TIME AM PM

Form No VDO161

Flowers Say It Best!

carls

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

Mar 17 05 01:03p

APPLICANT COPY

1486-033

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

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

STATEMENT FROM FEB 06 TO MAR 05, 2008

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$3,714.97**
	s.17(1), 17(4)(e.1)	
FEB 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,272.60
MAR 05	PURCHASE INTEREST	$47.29
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,225.31**
	s.17(1), 17(4)(e.1)	
FEB 11	IMPERIAL PARKING LOT # 6 CALGARY AB	$20.00
FEB 12	REDWATER RUSTIC GRILLE CALGARY AB	$50.63
FEB 14	REDWATER RUSTIC GRILLE CALGARY AB	$61.92
FEB 22	RED ROSE FLORIST CALGARY AB	$75.00
FEB 26	CALGARY AIRPORT AUTHORITYCALGARY AB	$24.00
FEB 27	IMPERIAL PARKING LOT # 6 CALGARY AB	$10.00
	SUBTOTAL OF MONTHLY ACTIVITY	**$241.55**
	TOTAL NEW BALANCE	**$2,731.21**

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 up to an additional 12% per policy for having both your home and auto insurance from us[1].

For a free, no-obligation quote call 1 866-224-4045, go online to www.rbcinsurance.com/visa1 or visit your nearest RBC Insurance branch. To find the insurance branch nearest you, visit www.rbcinsurance.com/branch.

Underwritten by RBC General Insurance Company

1 Certain conditions apply.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$57.00**
Payment due date	**MAR 30, 2008**
Credit limit	$10,000.00
Available credit	$7,268.79
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$3,714.97**
Payments & credits	-$1,272.60	
Purchases & debits	$241.55	
Cash advances	$0.00	
Interest	$47.29	
Fees	$0.00	
NEW BALANCE		**$2,731.21**

RBC0150120_1852493_005_2279
HRI - 00 - 2 - 2 - P - 3 - D

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM FEB 06 TO MAR 05, 2008

Royal Bank of Canada 2007 Public Accountability Statement

Royal Bank of Canada's 2007 Corporate Responsibility Report and Public Accountability Statement is now available at www.rbc.com/pas.

RBC0150120_1852493_005_2290
HRI - 00 - 2 - 1 - O - 3 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
March 12, 2008	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A"

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

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

FINANCE

Purpose of Request	February 6 to March 5, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	166.55	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 0	87.00	Sundry (flowers & VISA fee)
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	47.29	Interest charges
TOTAL AMOUNT OF PAYMENT:			$ 300.84	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization

Print Name: KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full): 943-1141

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

00074

APPLICANT COPY

RED ROSE FLORIST
2004 CENTRE ST NE
CALGARY AB T2E2T1
(403)276-1184

INVOICE COPY
SUCCESSFULLY TRANSMITTED

Invoice No: 00588905 Type: CREDIT CARD
**OUTBOUND TEL ORDER
Del Date: 02/22/2008 By: NEIL M.
Taken: 02/21/2008 15:23

Customer

Acct: 00006260
Name: CHR - CEO OFFICE Tel: 403 943 1104
Attn: MAIRE GLENNON
Adrs: @Tel:
10101 SOUTHPORT RD SW
City: CALGARY AB T2W3N2

Recipient

Name: DEB LANTZ Tel: s.17(1), 17(4)(g)(i)
Adrs:

City: s.17(1), 17(4)(g)(i)
Res: Residence
Sp Instr. DELIVER FRIDAY

Qty	Product Information	Unit	Total
1	FRESH ARRANGEMENT	60.00	60.00
1	2nd Choice:	.00	.00
	DLV:		5.00
	REL:		.00
	EXC:		10.00
	GST/HST:		.00
	QST:		.00
	Tot:		75.00

Card Message

Occ: 1-

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

From
Jack Davis & The Senior
Executive Team
Calgary Health Region

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

REACH Retreat

APPLICANT COPY

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!
PAY STATION: C3
****
ENTRY DATE TIME:
11/02/06 [illegible]
PAY DATE TIME:
11/02/06 13:58
PARK DUR.: HRS:MIN
0:05:38
****
PAID: $ 20.00
VISA s.17(1), 17(4)(e.1)

AUTH. CODE066394
REF. 91
****
* YOU MUST TAKE *
*ORIGINAL TICKET *
WITH YOU AND USE
* IT TO EXIT *
****
GST INCLUDED
GST No. RT12201449
1
****
THANK YOU FOR YOUR
VISIT!

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

1 OF 7

06 TO MAR 05, 2008

[redacted]

JS STATEMENT BALANCE $3,714.97

- THANK YOU / PAIEMENT - MERCI	-$1,272.60
INTEREST	$47.29
L OF MONTHLY ACTIVITY	-$1,225.31

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

PARKING LOT # 6 CALGARY AB	$20.00 ✓
R RUSTIC GRILLE CALGARY AB	$50.63 ✓
R RUSTIC GRILLE CALGARY AB	$61.92 ✓
FLORIST CALGARY AB	$75.00 ✓
AIRPORT AUTHORITYCALGARY AB	$24.00 ✓
PARKING LOT # 6 CALGARY AB	$10.00 ✓
AL OF MONTHLY ACTIVITY	$741.55
NEW BALANCE	$2,731.21

the many drivers who could save by switching
e?
en auto insurance quote from RBC Insurance today!
e up to an additional 12% per policy for having both
o insurance from us!.
sation quote call 1 866-224-4045, go online to
.com/visa1 or visit your nearest RBC Insurance branch. To
branch nearest you, visit www.rbcinsurance.com/branch.

Insurance Company

IMPORTANT INFORMATION

CONTACT US

Customer Service / Lost & Stolen	1-800 769-2512
Collect Outside North America	(416) 974-7760

PAYMENT INFORMATION

Minimum payment	$57.00
Payment due date	MAR 30, 2008
Credit limit	$10,000.00
Available credit	$7,268.79
Annual interest rate	18.90%

CALCULATING YOUR BALANCE

Previous Statement Balance	$3,714.97
Payments & credits	-$1,272.60
Purchases & debits	$291.55
Cash advances	$0.00
Interest	$47.29
Fees	$0.00
NEW BALANCE	$2,731.21

Received [illegible] $12.00 late fee
from last month's billing
$12. charged last month

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

000000000000 0005700 000273121

001 0018

RBC ROYAL BANK
VISA PAYMENT CENTRE
P.O. BOX 4015, STATION "A"
TORONTO, ONTARIO M5W 2E6

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$2,731.21	$57.00	MAR 30, 2008	$

RBC0150120 1852492_005:/0119 01616

CALGARY HEALTH REGION
PATTI GRIER
ATTN ACCOUNTS PAYABLE
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

Payment options
- Telephone banking 1-800-769 2511
- Online banking www.royalbank.com s.17(1), 17(4)(e.1)
- 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

[illegible] 96

** TOTAL PAGE.02 **

APPLICANT COPY

REDWATER RUSTIC GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check #: 77933

Server: BAR AM
Table: 351
Date: 02/12/2008
Time: 12:47
Client: 2

1	Virgin Caesar	.50
1	Feature Salmon	15.00
2	Coffee	5.00
1	Tomato Salad	13.00
1	Add Shrimp	6.00

SUB-TOTAL: 42.50
GST: 2.13

TOTAL: 44.63

Thank You For Dining With Us.
Reservations are Recommended.
Please Call 253-4266 to book yours today
GST#819584947RT0001

REDWATER RUSTIC GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 78216

Server: S-Shawn
Table: 211
Date: 02/14/2008
Time: 13:43

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

VISA

GRIER/PAUL
AUTH 036227 ONLINE
MERCHANT# 9999

184

SUBTOTAL $ 51.92

TIP $ 10.00

TOTAL $ 61.92

** CUSTOMER COPY **

Thank You For Dining With Us.
Reservations are Recommended.
Please Call 253-4266 to book yours today
GST#819584947RT0001

APPLICANT COPY

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

Stonoda
Facilities
Review Committee

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 77933

Server: BAR AM
Table: 351

Date: 02/12/2008
Time: 12:57

VISA

GRIER/PATTI
AUTH 061041 ONLINE
MERCHANT# 9999

SUBTOTAL $ 44.63

TIP $ 6.00

TOTAL $ 50.63

Signature

I agree to pay this amount in accordance with the cardholder agreement.

** MERCHANT COPY **

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check #: 78216

Server: S Shawn
Table: 211

Date: 02/14/2008
Time: 13:24
Client: 2

185

1	Virgin Caesar	3.50
1	Tomato Salad	13.00
2	Add Shrimp	12.00
1	Cappucino	4.50
1	[illegible]	2.50
1	Romantic Hearts	10.00
1	Sweet [illegible]	3.95
	SUB TOTAL:	49.45
	GST:	2.47
	TOTAL:	51.92

Thank You For Dining With Us.
Reservations are Recommended.
Please Call 253-4266 to book yours today
GST#819584947RT0001

Thanks! Shawn

RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 02/26/08 08:40
OUT: 02/26/08 11:46
DURATION: 0 03: 06
PAID: $ 24.00
(GST INCLUDED)
VISA

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

AUTH. 00085945
REF. 20
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

RBC Royal Bank

APPLICANT COPY

14/572/

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM OCT 06 TO NOV 05, 2007

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$527.96**
	s.17(1), 17(4)(e.1)	
NOV 05	PURCHASE INTEREST	$10.13
	SUBTOTAL OF MONTHLY ACTIVITY	**$10.13**
	s.17(1), 17(4)(e.1)	
OCT 17	REDWATER RUSTIC GRILLE CALGARY AB	$46.05
OCT 22	REDWATER RUSTIC GRILLE CALGARY AB	$46.69
OCT 24	RED ROSE FLORIST CALGARY AB	$57.00
OCT 26	RED ROSE FLORIST CALGARY AB	$68.50
OCT 26	REDWATER RUSTIC GRILLE CALGARY AB	$59.24
OCT 30	COOKIES BY GEORGE CALGARY AB	$31.95
	SUBTOTAL OF MONTHLY ACTIVITY	**$309.43**
	TOTAL NEW BALANCE	**$847.52**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

No formal receipt

Important Notice

We are making some changes to your cardholder agreement which will affect your rights and obligations as you use your RBC Royal Bank® *Visa** card. For details, please refer to the Important Notice insert sent with your *Visa* statement. If you have any questions, please call 1-800 ROYAL® 1-2.

sent email

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$42.00**
Payment due date	**NOV 26, 2007**
Credit limit	$10,000.00
Available credit	$9,152.48
Past due amount	$16.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$527.96**
Payments & credits	$0.00	
Purchases & debits	$309.43	
Cash advances	$0.00	
Interest	$10.13	
Fees	$0.00	
NEW BALANCE		**$847.52**

RBC0150120_9104179_005_17984
HRI - 00 - 3 - 3 - 0 - 79 - D

RBC Royal Bank

APPLICANT COPY

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM OCT 06 TO NOV 05, 2007

Please note:

Effective May 30, 2007, RBC Travel Insurance Company has changed its name to RBC Insurance Company of Canada. Please note that this change does not affect the terms of your travel insurance coverage. If you have any questions, please call 1-800-533-2778 toll-free from the US & Canada, or (905) 816-2581 collect from anywhere in the world.

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 up to an additional 12% per policy for having both your home and auto insurance from RBC Insurance[1].

Call 1 866-224-4045, go online to www.rbcinsurance.com/startsaving or visit your nearest RBC Insurance branch for a free, no-obligation quote.

Underwritten by RBC General Insurance Company

[1] Certain conditions apply.

Valuable Tips to Avoid Risk

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

RBC0150120_9104179_005_17985
HRI - 00 - 3 - 2 - V - 79 - D

188

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
November 16, 2007	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104
PAYABLE TO: ☐ Employee ☐ Other — RBC ROYAL BANK		**Employee #**
MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)		
Canada Post: P.O. Box 4016, Station "A"		
City **Toronto** Province **ON** Postal Code **M5W 2E6**		
Interoffice Mail: Department _____		
Site: _____		
☐ **SPECIAL HANDLING INSTRUCTIONS**		
Purpose of Request	October 6 to November 5, 2007 - VISA Expenses	

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	151.98	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 0	68.50	
0 1	7 1 1 0 5 0 0 0 0 0 3	6 9 5 0 0 0 0 0	57.00	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 2	31.95	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	10.13	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 319.56**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name: KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full): 943-1141

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

00074

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM OCT 06 TO NOV 05, 2007 1 OF 3

[redacted]

	PREVIOUS STATEMENT BALANCE	**$527.96**

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

NOV 05	PURCHASE INTEREST	$10.13
	SUBTOTAL OF MONTHLY ACTIVITY	**$10.13**

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

OCT 17	REDWATER RUSTIC GRILLE CALGARY AB	$46.05 ✓
OCT 22	REDWATER RUSTIC GRILLE CALGARY AB	$46.69 ✓
OCT 24	RED ROSE FLORIST CALGARY AB	$57.00 ✓
OCT 26	RED ROSE FLORIST CALGARY AB	$68.50 ✓
OCT 26	REDWATER RUSTIC GRILLE CALGARY AB	$59.24 ✓
OCT 30	COOKIES BY GEORGE CALGARY AB	$31.95 ✓
	SUBTOTAL OF MONTHLY ACTIVITY	**$309.43**
	TOTAL NEW BALANCE	**$847.52**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

Important Notice

We are making some changes to your cardholder agreement which will affect your rights and obligations as you use your RBC Royal Bank® *Visa** card. For details, please refer to the Important Notice insert sent with your *Visa* statement. If you have any questions, please call 1-800 ROYAL® 1-2.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$42.00**
Payment due date	**NOV 26, 2007**
Credit limit	$10,000.00
Available credit	$9,152.48
Past due amount	$16.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$527.96**
Payments & credits	$0.00	
Purchases & debits	$309.43	
Cash advances	$0.00	
Interest	$10.13	
Fees	$0.00	
NEW BALANCE		**$847.52**

RBC0150120_9104179_005_J7984
HRI - 00 - 3 - 3 - 0 - 79 - D

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

001 0018 000000000000 0004200 000084752

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$847.52	**$42.00**	**NOV 26, 2007**	**$**

VISA Business

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

RBC0150120_9104179_005-28907 06784

CALGARY HEALTH REGION
PATTI GRIER
ATTN ACCOUNTS PAYABLE
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

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.

:0003 2000 31: 1900 0000 0018 96

APPLICANT COPY

Subject: Red Rose Florist: Order Receipt
Date: Tue, 23 Oct 2007 18:06:02 -0400
From: Red Rose Florist <rose@redroseflorist.ab.ca>
To: Lou.Decoste@CalgaryHealthRegion.ca, rose@redroseflorist.ab.ca

Red Rose Florist
2004 Centre Street NE
Calgary Alberta, Canada
T2E 2T1

Toll Free : 1-800-661-1568
E-mail : rose@redroseflorist.ab.ca

Transaction Details:
Date and Time: Tue Oct 23 16:06:02 MDT 2007
Transaction Number: 906

The following order has been sent to Red Rose Florist.
All fees are listed in Canadian Dollars.

Order Item Description	Price	Tax	Total
1*x* Yellow Flower Basket *standard*	53.77	3.23	57.00
Totals	**53.77**	**3.23**	**57.00**

If there is a discrepency with your receipt please email us with the requested changes to your order.

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

APPLICANT COPY

Pending Sale to:
Patti Grier
10101 Southport Road SW
Calgary
AB
T2W 3N2
403-943-1122
lou.decoste@calgaryhealthregion.ca

Deliver to:
Peter Lougheed Hospital, Unit 44
s.17(1), 17(4)(g)(i)
3500 - 26 Ave NE
Calgary,
AB
T1Y 6J4
403-943-4555

Delivery time:
10/24/2007
deliver during: AM

Accept Red Rose Emails:
NO

Message:
s.17(1), 17(4)(g)(i)
Thinking of you and wishing you a speedy recovery
CHR Board Members and Office

Special Instructions:

APPLICANT COPY

RED ROSE FLORIST
2004 CENTRE ST NE
CALGARY AB T2E2T1
(403)276-1184

INVOICE COPY

Invoice No: 00571727
Del Date: 10/26/2007

Type: CREDIT CARD
By: Network
Taken: 10/24/2007 09:26

Customer

Acct: 00037750
Name: PATTI GRIER
Adrs: 10101 SOUTHPORT ROAD SW
City: CALGARY AB
Ref: RSD134-26723 /
Tel: 403 943 1122
@Tel:

Recipient

Name:
Adrs:
Tel:
s.17(1), 17(4)(g)(i)

City:
Res:
s.17(1), 17(4)(g)(i)
Sp Instr. B-10:00AM

Qty	Product Information	Unit	Total
1	1x White Garden, code: TF 139-2 standar	55.62	55.62

DLV:	9.00
REL:	.00
EXC:	.00
GST/HST:	3.88
QST:	.00
Tot:	68.50

Card Message

Occ: 8-OTHER
s.17(1), 17(4)(g)(i)

Hope You Feel Well Soon!

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

from

APPLICANT COPY

To Maine
Fax: 943-1108

Dear Maine,

Thank you for your order today.
Here are the receipts you requested.
Have a great day!

Employee Recognition

COOKIES
BY GEORGE
CHINOOK CENTRE
GST-R126658368

10-30-07 #529

BEO BOX 18.82 T
Website 11.32 T
GST 1.81
MISC 31.95
Visa
ITEM 2
ACC 8852 09:57TM

COOKIES BY GEORGE
6455 MACLEOD TRAIL T2H0K3
CALGARY AB
21073429

PURCHASE

10-30-2007 09:59:28
Acct #
Exp Dat
Name:

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

Trace # 790005
FS2107342901
Auth # 072730 RRN 001079005

Total $31.95

Customer copy

APPLICANT COPY

K. Rocke

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 64484

Server: S Erin
Table: 211

Date: 10/22/2007
Time: 13:17

VISA

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

GRIER/PATTI
AUTH 071845 ONLINE
MERCHANT# 9999

SUBTOTAL $ 38.69

TIP $ 8.00

TOTAL $ 46.69

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

Bell

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 63789

Server: S-Amanda
Table: 322

Date: 10/17/2007
Time: 13:21

VISA

GRIER/PATTI
AUTH 014472 ONLINE
MERCHANT# 9999

SUBTOTAL $ 38.05

TIP $ 8.00

TOTAL $ 46.05

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

REDWATER RUSTIC GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 65005

Server: S-Cara
Table: 210

Date: 10/26/2001
Time: 13:29

VISA

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

AUTH 036184
MERCHANT# 9999 ONLINE

SUBTOTAL $ 49.24

TIP $ 10.00

TOTAL $ 59.24

** CUSTOMER COPY **

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

RBC Royal Bank

APPLICANT COPY

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
CHIEF EXECUTIVE OFFICER
s.17(1), 17(4)(e.1)
Rec'd MAY 16 2005
Copy to

Invoice # 05MAY05

VISA Business

CALGARY, HEALTH REGION
PATTI GRIER

STATEMENT FROM APR 06 TO MAY 05, 2005

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
APR 26	PAYMENT - THANK YOU / PAIEMENT MERCI	-$205.77
MAY 05	PURCHASE INTEREST	$2.01
	SUBTOTAL	**-$203.76**

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

APR 05	EARL'S WILLOW PARK CALGARY AB	$42.66
APR 12	IMPARK 0084LOT# 06APR0 CALGARY AB	$16.00
APR 12	IMPARK 0001LOT# 04APR0 CALGARY AB	$8.00
APR 30	GREAT CANADIAN DOLLAR STOCALGARY AB	$35.31
APR 30	EARL'S WILLOW PARK CALGARY AB	$29.97
MAY 01	PURDY'S CHOCOLATES CALGARY AB	$129.74
MAY 03	ADVANCE PARKING LOT 59-00CALGARY AB	$4.00
MAY 03	ADVANCE PARKING LOT 59-00CALGARY AB	$6.00
MAY 03	LAURELWOOD FLORAL DESIGN CALGARY AB	$49.22
	SUBTOTAL	**$320.90**

PLEASE NOTE:

Effective July 1, 2005, the RBC Royal Bank *Visa* Cardholder Agreement will be amended and some changes will be made to its terms, which will affect your rights and obligations, as you use your RBC Royal Bank *Visa* Card. Please read the enclosed insert carefully which outlines the changes. If you have any questions, please call 1-800-ROYAL®1-2.

Partnering with you for instant savings

Save when using your RBC Royal Bank *Visa* card on selected items at Cyclepath, Dollar and Floral Connections.com. For a list of discounts visit www.rbcroyalbank.com/cards/rbcrewards/discountsavings.

887645

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$10.00**
Payment due date	**MAY 26, 2005**
Credit limit	$10,000.00
Available credit	$9,677.09
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$205.77
Payments & credits	-$205.77
Purchases & debits	$320.90
Cash advances	$0.00
Interest	$2.01
Fees	$0.00

New balance **$322.91**

Great Savings!

For more ways to save on business expenses, think *Visa*! Visit www.visasavings.ca/business for great online or in-store offers and to enter the *Visa* $5000 Credit Giveaway Contest.

231
849

RBC0150120_1923918_003_1026
HRI - 00 - 1 - 1 - U - 24E - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date May 24, 2005	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other **RBC ROYAL BANK**		**Employee #**

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **Alberta** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	April 6 to May 5, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$322.91	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$322.91**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

Purdy's
CHOCOLATES

2777 KINGSWAY
VANCOUVER, B.C.
CANADA V5R 5H7

PHONE (604) 454-2777
E-Mail choklit@purdys.com

299084

SEND TO

KEEP FROM HEAT
CONTENTS (SIZE)

STORE NUMBER

SHIP ON DATE

Best Copy Possible

SENDER

DATE OF ORDER 20	SHIP ON	STORE & CLERK	TELEPHONE
POST ☐ PICK-UP ☐ DELIVER ☐	TILL RECEIPT NUMBER / METHOD OF PAYMENT	DATE FILLED 20	FILLED BY

NO. OF BOXES	SIZE	DESCRIPTION	PRICE	AMOUNT

OTHER INSTRUCTIONS

ENCLOSE CARD YES ☐ NO ☐

SURFACE ☐ AIR ☐

CANDY TOTAL	
POSTAGE / DELIVERY	
PACKING & INSURANCE	
GST 104423892-RT	
TOTAL	
PAID ON A/C	
BALANCE DUE	89.74

299084

CUSTOMER'S COPY - RETAIN AS RECORD OF SHIPMENT
PLEASE PAY BY INVOICE - STATEMENTS NOT ISSUED

APPLICANT COPY

earls

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

7.00

42.66

ENTRY DATE/TIME :
03/05/05 17:24

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

6450 MACLEOD TR
CALGARY AB

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

TYPE VISA 6748
DATE 2005/05/01 13:22:14
NUMBER 508317319-001 008
AMOUNT $129.74

AUTH. # 096272

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

CARDHOLDER COPY

25. X
4.85 @
04 ★121.25 ST
★121.25 FS
★8.49 FT
★129.74 CA
★129.74 CC
★0.00
017.5
13-23

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 001
The Westin Hotel

EXPIRY DATE AND TIME

EXP 07:00pm
APR 04,2005

TICKET# 00004714
LOT# 00030001

$8.00 CC #****2508 MACH# 003
FOLLOW INSTRUCTIONS ON SIGNS POSTED

EXP 07:00pm
APR 04 2005

LOT# 00030001
MACH# 003
TIC# 00004714
CC $8.00
APR04 2005
05:23pm
Purchase Time

til 7 pm $8
GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

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

APPLICANT COPY

1-800-/40-0517

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

Laire.
Fax. 943-1108

SENDER

Date: May 3/05 Time: 1 am / pm
Customer: Patti Grier
Address:
City: State/Prov: Zip:
Home Ph: Work Ph: 943-1104.

CIRCLE ONE: CASH CHECK HOUSE ACCT

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

IN | IN | IN | OUT

FLORIST CITY: | FLORIST PHONE: | PERSON SPOKEN TO:

ORDER

DESCRIPTION		CHARGES
Calendiva in pot		38 —
	PRODUCT CODE	
	DELIVERY	8 —
	RELAY	
	SUB TOTAL	
Pd	TAX	
	Total	49 22

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

TY for arranging for Jeremy to open the Laurelwood Floral Fantastic job.
Patti Grier.

DELIVERY

Deliver to: Linda Roosvelt
Address: 644 - 17th Ave SW. (Western Canada High)
City: State/Prov: Zip/Code:
Home Ph: Work Ph: 228-5363
Special Instructions:

DELIVERY DATE: TUE, MAY 3 TIME: AM / PM

Form No. VDO16

Flowers Say It Best!

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB 22702035

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

Name:
Acct #

Date 05/05/03 Time 13 51 37
Exp Date 0511 Auth # 043155
Card Type VI Tran Code 00
M22702035001 001165014

Subtotal _____
Tax _____
Total $49.22

Signature X "Patti Grier" P.O.
I agree to pay above total amount accordins to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

May 03 05 02:02p p.1

APPLICANT COPY

TICKET VOID IF RE-SOLD

IMPARK

$16.00

IMPARK

APR 06 05

IMPARK

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

Capital Health
Authority

GREAT CANADIAN DOLLAR ST
7722 - ELBOW DR # 299 S
CALGARY AB T2V 1K2

CARD

S

ACCOUNT TYPE CRE
DATE 2005/04/30
TIME 13:43:41
TERMINAL ID: 75412901
INVOICE# 000004
SALE
AMOUNT $35.31

TOTAL $35.31

CUSTOMER COPY

SEQ/INV# 000004
00 APPROVED
AUTH# 031937
VISA CREDIT SALE

I AGREE TO PAY ABOVE
TOTAL TO CARD ISSUERS AS
PER AGREEMENT

x _____
CUSTOMER SIGNATURE

COME VISIT US AGAIN
THANK YOU. GOOD DAY

Great Canadian
Dollar Store

$35.31

earls

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

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

24.97
5.00
29.97.

RBC Royal Bank

APPLICANT COPY

1558068

VISA Business

CALGARY HEALTH REGION
PATTI GRIER

STATEMENT FROM MAY 06 TO JUN 05, 2008 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$1,963.22**
	s.17(1), 17(4)(e.1)	
JUN 05	PURCHASE INTEREST	$32.83
	SUBTOTAL OF MONTHLY ACTIVITY	**$32.83**
	s.17(1), 17(4)(e.1)	
MAY 06	IMPERIAL PARKING LOT # 6 CALGARY AB	$20.00
MAY 21	REDWATER RUSTIC GRILLE CALGARY AB	$62.92
MAY 22	WESTIN HOTELS - EDMONTON EDMONTON AB	-$156.33
MAY 27	REDWATER RUSTIC GRILLE CALGARY AB	$38.55
MAY 29	PASQUALES ON MACLEOD CALGARY AB	$49.42
MAY 31	HERALD/POST SUBSCRIPTI CALGARY AB	$279.22
	SUBTOTAL OF MONTHLY ACTIVITY	**$293.78**
	TOTAL NEW BALANCE	**$2,289.83**

Your account is currently two payments in arrears. In order to safeguard your credit privileges, please forward your remittance without further delay.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$93.00**
Payment due date	**JUN 30, 2008**
Credit limit	$
Available credit	$7,710.17
Past due amount	$51.00
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$1,963.22**
Payments & credits	-$156.33
Purchases & debits	$450.11
Cash advances	$0.00
Interest	$32.83
Fees	$0.00
NEW BALANCE	**$2,289.83**

RBC0150120_3027612_005_1200
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calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
July 2, 2008	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

☐ Employee ☐ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A"

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

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	May 6 to June 5, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6960000000	170.89	Meeting Expense
01	7111030000001	6960000000	-156.33	Credit to Board meeting Expense
01	7110500000001	6604000000	279.22	Subscription
01	7110500000001	6960000000	32.83	Interest Fees
TOTAL AMOUNT OF PAYMENT:			**$ 326.61**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

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CALGARY HERALD
a division of Canwest Publishing Inc

Name REGION CALGARY HEALTH
Account # **178110**
GAR3951
Due Date 19-Jun-08

CALGARY HERALD - PAYMENT CENTRE
PO BOX 1377
STATION MAIN
WINNIPEG MB R3C 2Z1

Billing Date: 22-May-08 Notice Type: NEW OFFER
GST registration # 89399 9615 RT0002

I WANT TO REGISTER FOR PRE-AUTHORIZED PAYMENTS!

❒ I authorize you to bill my credit card every month
❒ VISA ❒ MASTERCARD ❒ AMERICAN EXPRESS
Card # |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Expiry Date |_|_| / |_|_| Name _____
Signature _____

❒ I authorize you to bill my bank account every month.
I have enclosed a void cheque.

❒ Yes, register me for my free digital edition.
Send my login information to the following email address:
_____

MONTHLY AMOUNT

Your monthly subscription $23.27
Optional monthly gratuity $_____

Total Amount **(includes GST of $1.11)** ▸ _____

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION
PATTI GRIER
STATEMENT FROM MAY 06 TO JUN 05, 2008

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

1 OF 1

	PREVIOUS STATEMENT BALANCE	**$1,963.22**
	s.17(1), 17(4)(e.1)	
JUN 05	PURCHASE INTEREST	$32.83
	SUBTOTAL OF MONTHLY ACTIVITY	**$32.83**
	s.17(1), 17(4)(e.1)	
MAY 06	IMPERIAL PARKING LOT # 6 CALGARY AB	$20.00
MAY 21	REDWATER RUSTIC GRILLE CALGARY AB	$62.92
MAY 22	WESTIN HOTELS - EDMONTON EDMONTON AB	-$156.33
MAY 27	REDWATER RUSTIC GRILLE CALGARY AB	$38.55
MAY 29	PASQUALES ON MACLEOD CALGARY AB	$49.42
MAY 31	HERALD/POST SUBSCRIPTI CALGARY AB	$279.22
	SUBTOTAL OF MONTHLY ACTIVITY	**$293.78**
	TOTAL NEW BALANCE	**$2,289.83**

Your account is currently two payments in arrears. In order to safeguard your credit privileges, please forward your remittance without further delay.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	$93.00
Payment due date	JUN 30, 2008
Credit limit	
Available credit	$7,710.17
Past due amount	$51.00
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	$1,963.22
Payments & credits	-$156.33
Purchases & debits	$450.11
Cash advances	$0.00
Interest	$32.83
Fees	$0.00
NEW BALANCE	**$2,289.83**

- 1,963.22-
326.61 balance
293.78 balance
32.83 (interest)
$ 326.61

0018 0000000000000 0009300 000228983

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$2,289.83	$93.00	JUN 30, 2008	$

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

RDC0150120_3027612_005-27281 01200

CALGARY HEALTH REGION
PATTI GRIER
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

VISA Business

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.

:0003200031: 000000180 96

** TOTAL PAGE.02 **

APPLICANT COPY

Reach

PALLISER PARKADE
CALGARY AB
RECEIPT ONLY!
PAY STATION: C3
****
ENTRY DAT/TIME:
06/05/08 11:57
PAY DATE/TIME:
06/05/08 16:00
PARK-DUR.: HRS:MIN
0:04:03
****
PAID: $ 20.00
VISA

Thank you

Best Copy Possible

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

49.42

AUTH. CODE042684
REF. 61
****
* YOU MUST TAKE *
*ORIGINAL TICKET *
WITH YOU AND USE
* IT TO EXIT *
****
GST INCLUDED
GST No. RT12201449
1
****
THANK YOU FOR YOUR
VISIT!

Total $ 41.42

PM 5/25/2008 Sunday
Thank you
Your Server Betty
PLEASE PAY YOUR SERVER
ENJOY OUR SUNDAY BRUNCH
11:30 2:00 PM
GST #R103636767

	NTRE	ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	170.89	Meeting Expense
0 1	7 1 1 1 0 3 0 0 0 0 1	6 9 6 0 0 0 0 0	-156.33	Credit to Board meeting Expense
0 1	7 1 1 0 5 0 0 0 0 0 1	6 6 0 4 0 0 0 0	279.22	Subscription
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	32.83	Interest Fees
TOTAL AMOUNT OF PAYMENT:			$ 326.61	☐ CDN ☐ US ☐ Other
Expenditure Officer Authorization			Print Name KAY BEST	
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1141	
Comments: K Best		s.17(1), 17(4)(g)(i)		

00074

RBC Royal Bank

APPLICANT COPY

1558068

VISA Business

Receipt

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

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

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

N

$93.00
JUN 30, 2008
$10,000.00
$7,710.17
$51.00
19.50%

LANCE

$1,963.22
-$156.33
$450.11
$0.00
$32.83
$0.00

$2,289.83

6.00

38.55

10.00

62.92

HRI - 00 - 1 - 1 - G - A - D

Authorizer's Employee Number

Authorizer Phone # (in full)
943-1141

Comments:

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

00074

RBC Royal Bank

APPLICANT COPY

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM OCT 06 TO NOV 04, 2005

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

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
OCT 28	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$403.55
	SUBTOTAL	**-$403.55**
	s.17(1), 17(4)(e.1)	
OCT 11	LAURELWOOD FLORAL DESIGN CALGARY AB	$180.83
OCT 12	ADVANCE PARKING LOT 59-00CALGARY AB	$12.50
OCT 13	WILDWOOD GRILL CALGARY AB	$46.68
OCT 26	IMPARK 0084LOT# 24OCT0 CALGARY AB	$16.00
NOV 02	THE WESTIN CALGARY F & B CALGARY AB	$76.41
	SUBTOTAL	**$332.42**

Support Canada's Team. Win Big.

Spend $500 or more on purchases with a RBC *Visa* card before Dec.31/05 and be automatically entered to win 1 of 17 RBC Achieve the Dream prizes, such as a trip to a previous host city of the Olympic Games or a HD flat screen TV. For contest details visit www.rbc.com/wintergames.

Great savings with RBC *Visa* cards

Save up to 30% when using your RBC Royal Bank *Visa* card on selected purchases at FloralConnections.com, Hertz, Dollar and Lasik Eye Centres. 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

Minimum payment	**$10.00**
Payment due date	**NOV 25, 2005**
Credit limit	$10,000.00
Available credit	$9,667.58
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$403.55
Payments & credits	-$403.55
Purchases & debits	$332.42
Cash advances	$0.00
Fees	$0.00
Interest	$0.00

New balance **$332.42**

11.83
+ 41

RBC0150120_3007213_006_353
HRI - 00 - 1 - 1 - V - 2AC - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
November 17, 2005	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	October 6 to November 4, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$332.42	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$332.42**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization

Print Name KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full) 943-1141

Comments:

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

00074

APPLICANT COPY

Grant
Weight
Hiller
Graham

The Westin Calgary
The Terrace

21[illegible] JOHN H

TB: 107/1 CHK 1705 GST 4
NOV02'05 10:53AM

1 OMELET SPINACH	15.00
1 EGGS YOUR WAY	16.00
2 @ 16.00	
OMELET 3-EGG	32.00
Subtotal	63.
GST #R861336493	4.4
Total Due ..	$67.41

** Gratuity Not Included **

GRATUITY 9.00

TOTAL 76.47

ROOM #

PRINT NAME

SIGNATURE

NOT A CREDIT CARD VOUCHER

Best Copy Possible

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

TICKET VOID IF RE-SOLD

IMPARK

IMPERIAL PARKING
PHONE 233-7275

DAILY PARKER

Meter: EDT 84 46.00

Trans: 002191208

Time: 7:16A OCT 24

Price: $16.00

Card:
Exp.:
Expires:

6:00P MON
OCT 24 05

INSTRUCTIONS ON BACK
GST REG # R102466022
THANK YOU FOR PARKING
WITH IMPARK

TICKET VOID IF RE-SOLD

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

APPLICANT COPY

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB

Name: 22702035
Acct #

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

Date 05/10/11 Time 13 06 18
Exp Date 0511 Auth # 020940
Card Type VI Tran Code 00
M2270203500I 001299004

Subtotal ---------
Tax ---------
Total $180.83

Signature X "Pat Gner" P.O.
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Tow-copy-customer Bottom copy-merchant

Oct 11 05 01:12p

Laurelwood Floral Design



7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

943-1102(f).

SENDER

Date: Oct 11/05 Time: am / pm
Customer: Calgary Health Region
Address:
City: State/Prov: Zip:
Home Ph: Work Ph: 943-1104

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER / HOUSE ACCOUNT NUMBER / CHECK NUMBER	EXP. DATE	AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER	FLORIST NAME:

FLORIST CITY	FLORIST PHONE:	PERSON SPOKEN TO.

ORDER

DESCRIPTION		
2 arrangements @ $80 ea.	CHARGES	160 —
	PRODUCT CODE	
	DELIVERY	9 —
	RELAY	
	SUB TOTAL	
	TAX	11 83
Pd	Total	180 83

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

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

(2) Board members at the Cgy. Health Region.

DELIVERY

Deliver to: Eva Friesen + family
Addres
City: State/Prov: Zip/Code:
Home Ph: Work Ph: s.17(1), 17(4)(g)(i)
Special Instructions:

DELIVERY DATE Thursday, Oct 13 TIME AM PM before noon.

Flowers Say It Best!

RBC Royal Bank

APPLICANT COPY

1037463

MAR - 9 2006

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM FEB 04 TO MAR 03, 2006 s.17(1), 17(4)(e.1) 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$1,020.76**
	s.17(1), 17(4)(e.1)	
MAR 03	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,020.76
MAR 03	PURCHASE INTEREST	$17.69
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,003.07**
	s.17(1), 17(4)(e.1)	
JAN 30	WILDWOOD GRILL CALGARY AB For - meeting	$41.66
FEB 03	QUEEN'S PRINTER BOOKST EDMONTON AB Acts	$97.37
FEB 06	WILDWOOD GRILL CALGARY AB Johnson	$45.33
FEB 06	QUEEN'S PRINTER BOOKST EDMONTON AB Health Info Reg.	$3.21
FEB 09	EARL'S WILLOW PARK CALGARY AB Pollo	$46.38
FEB 10	WILDWOOD GRILL CALGARY AB Kartner	$43.79
FEB 18	WILDWOOD GRILL CALGARY AB Wilson	$41.84
	SUBTOTAL OF MONTHLY ACTIVITY	**$319.58**
	TOTAL NEW BALANCE	**$337.27**

Your *Visa* Statement is now easier to read

We have made some changes to your *Visa* Statement. See for yourself how easy it is to find information that is important to you. If you have any questions please contact Customer Service at 1-800-769-2512.

Shop & Save

Hundreds of great shopping offers. Only at www.visaperks.ca. Valid until May 31, 2006.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$11.00**
Payment due date	**MAR 24, 2006**
Credit limit	$10,000.00
Available credit	$9,662.73
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$1,020.76**
Payments & credits	-$1,020.76
Purchases & debits	$319.58
Cash advances	$0.00
Interest	$17.69
Fees	$0.00
NEW BALANCE	**$337.27**

637

RBC0150120_3888366_013_1656
HRI - 00 - 1 - 1 - 6 - 28E - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
March 9, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: RBC ROYAL BANK

❑ Employee
❑ Other

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	February 4, 2006 to March 3, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$337.27	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$337.27**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization Kay Best

Print Name KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

Subject: ALBERTA QUEEN'S PRINTER On-line Order
Date: Fri, 03 Feb 2006 15:57:13 -0700
From: qpecom@gov.ab.ca
To: Lou.Decoste@CalgaryHealthRegion.ca

Queen's Printer

Alberta
GOVERNMENT OF ALBERTA

The official source for Government of Alberta laws and publications since 1906

Your Shopping Cart > Your Information > Confirm Your Order > Your Receipt >

Your Receipt

Products to be downloaded These items have been e-mailed to LOU.DECOSTE@CALGARYHEALTHREGION.CA as well.

Quantity	Product Description	Delivery Method	Unit Price	Extended Price
1	Alberta Evidence Act	Download Now	$5.00	$5.00
1	Health Information Act	Download Now	$7.00	$7.00
1	Human Tissue Gift Act	Download Now	$3.00	$3.00
1	Health Care Protection Act	Download Now	$4.00	$4.00
1	Regional Health Authorities Act	Download Now	$4.00	$4.00
1	Nursing Homes Act	Download Now	$4.00	$4.00
1	Hospitals Act	Download Now	$6.00	$6.00
1	Public Health Act	Download Now	$6.00	$6.00
1	Financial Administration Act	Download Now	$7.00	$7.00
1	Health Professions Act	Download Now	$15.00	$15.00
1	Freedom of Information and Protection of Privacy Act	Download Now	$7.00	$7.00
1	Regional Health Authorities Regulation	Download Now	$4.00	$4.00
1	Regional Health Authorities Foundation Regulation	Download Now	$4.00	$4.00

APPLICANT COPY

1	Community Health Councils Regulation	Download Now	$3.00	$3.00
1	Health Care Protection Regulation	Download Now	$4.00	$4.00
1	Operation of Approved Hospitals Regulation	Download Now	$4.00	$4.00
1	Freedom of Information and Protection of Privacy Regulation	Download Now	$4.00	$4.00

Your credit card has been charged for these items. They have een e-mailed to you and are now available for download.

Download Subtotal : $91.00

G.S.T.: $6.37

Download Total: $97.37

Learn more about downloading.

~ORDER Number: 060203-36868
~Reference Number:088001001015
~Auth: 013711
~ISO: 00
~Resp:001
~Resp Msg: Approved
- s.17(1), 17(4)(e.1)
~Transaction Time:February 03 2006 03:57:13 PM

Total charges to your credit card.

Your Order Total: $97.37

Learn more about payment.

Shipping Information

CALGARY HEALTH REGION
LOU DECOSTE
10101 SOUTHPORT ROAD SW
CALGARY, AB T2W 3N2
CANADA

phone: 403 943-1122
email:
LOU.DECOSTE@CALGARYHEALTHREGION.CA

APPLICANT COPY

Subject: ALBERTA QUEEN'S PRINTER On-line Order
Date: Mon, 06 Feb 2006 14:28:05 -0700
From: qpecom@gov.ab.ca
To: Lou.Decoste@CalgaryHealthRegion.ca

Queen's Printer

Alberta
GOVERNMENT OF ALBERTA

The official source for Government of Alberta laws and publications since 1906

Your Shopping Cart > Your Information > Confirm Your Order > Your Receipt >

Your Receipt

Products to be downloaded These items have been e-mailed to LOU.DECOSTE@CALGARYHEALTHREGION.CA as well.

Quantity	Product Description	Delivery Method	Unit Price	Extended Price
1	Health Information Regulation	Download Now	$3.00	$3.00

Your credit card has been charged for these items. They have been e-mailed to you and are now available for download.

Download Subtotal : $3.00
G.S.T.: $0.21
Download Total: $3.21

Learn more about downloading.

~ORDER Number: 060206-36902
~Reference Number:091001001016
~Auth: 042460
~ISO: 00
~Resp:001
~Resp Msg: Approved
s.17(1), 17(4)(e.1)
~Transaction Time:February 06 2006 02:28:05 PM

Total charges to your credit card. **Your Order Total:** $3.21

Learn more about payment.

Shipping Information

CALGARY HEALTH REGION
LOU DECOSTE
10101 SOUTHPORT ROAD SW
CALGARY, AB. T2W 3N2
CANADA

phone: 403 943-1122
email:
LOU.DECOSTE@CALGARYHEALTHREGION.CA

Questions? Problems?
Contact us by phone:
780 427-4952
To call toll-free within Alberta, dial 310-0000 then 780 427-4952

Contact us by e-mail:
qpecom@gov.ab.ca
E-mail questions or comments will be addressed within one working day

Hours of business:
Mon - Fri 8:00 am - 5:00 pm
(except general holidays)

Return to Queen's Printer Home

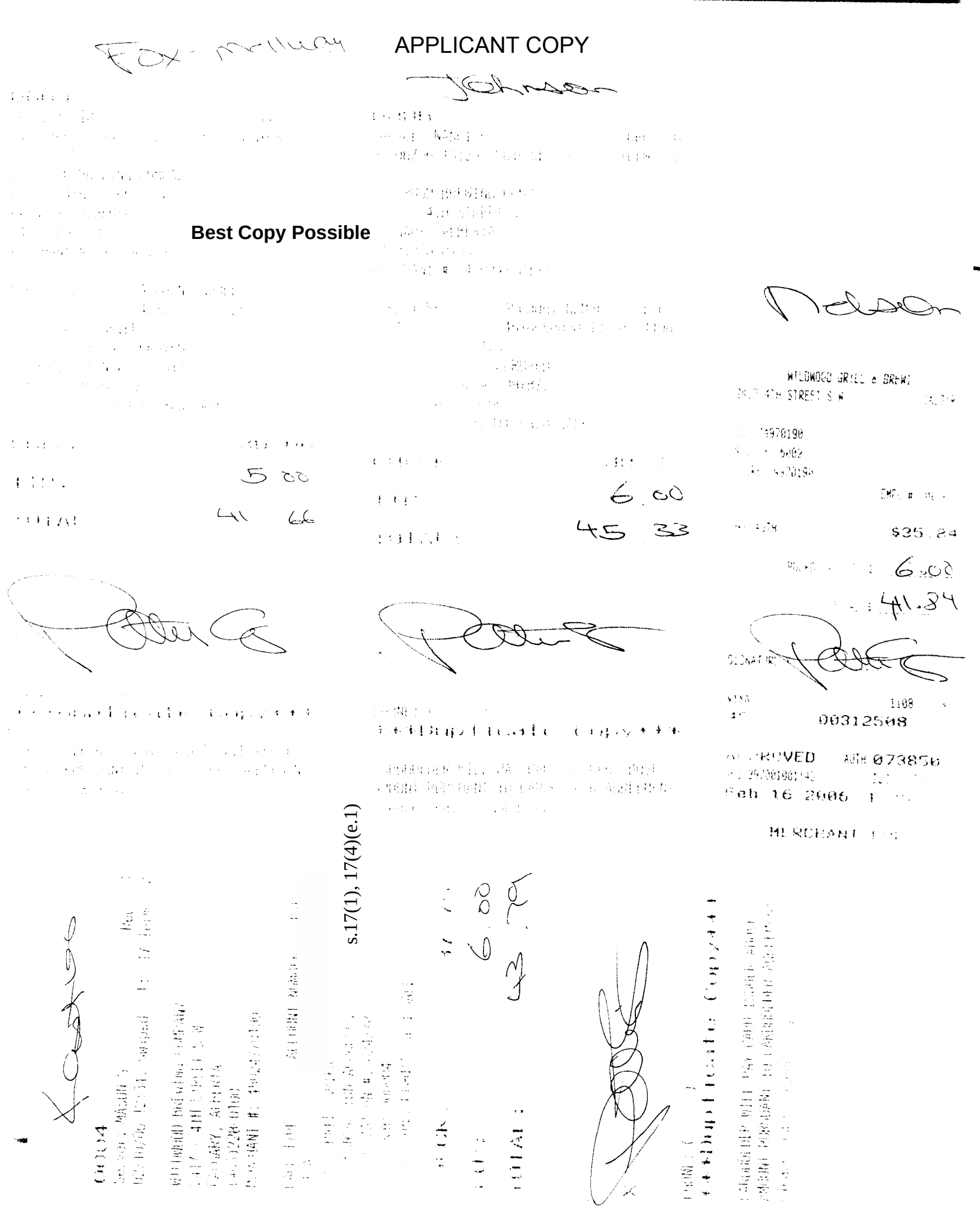
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The user agrees to the terms and conditions set out in the Copyright and Disclaimer statement.
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Alberta
GOVERNMENT OF ALBERTA

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APPLICANT COPY

Best Copy Possible



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

Thank you

earls

GREAT FOOD GREAT PEOPLE

Date: 07Feb'08 01:55PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 036690
Check: 9285
Table: 22/1
Server: 33 ALLIE
Ref Number: 001139814495
PATTI A GRI

Subtotal: 40.38
Tip: 6.00
Total: 46.38

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

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

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

APPLICANT COPY

RBC Royal Bank

Win your purchases! 1191216

In the "*VISA* Win What You Buy" contest your monthly *Visa* purchases could be FREE to a maximum of $100,000. No purchase necessary. Call 1-866-755-8886 for full contest details.

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM OCT 06 TO NOV 03, 2006

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$107.39**
	s.17(1), 17(4)(e.1)	
OCT 27	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$107.39
	SUBTOTAL OF MONTHLY ACTIVITY	-$107.39
	s.17(1), 17(4)(e.1)	
OCT 11	GYPSY ROSE CLAGARY AB	$63.60
OCT 16	BUON GIORNO RISTAURANTE CALGARY AB	$55.92
OCT 18	WESTIN HOTELS - EDMONTON EDMONTON BC	$47.40
OCT 24	WILDWOOD GRILL CALGARY AB	$42.44
OCT 26	WILDWOOD GRILL CALGARY AB	$42.55
NOV 01	EARL'S WILLOW PARK CALGARY AB	$50.50
NOV 01	GYPSY ROSE CLAGARY AB	$63.60
	SUBTOTAL OF MONTHLY ACTIVITY	$366.01
	TOTAL NEW BALANCE	**$366.01**

Tips to protect yourself

Always be cautious when using your *Visa* card. Check and keep track of your monthly statements. Never reveal your PIN to anyone, and avoid using obvious PIN's or passwords such as your birthday, SIN or phone number. Do not reply to emails or phone calls asking for information such as your PIN or credit card number with expiration date, unless it was initiated by yourself. And always be sure to shred documents that contain personal information before you recycle them.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$11.00**
Payment due date	**NOV 24, 2006**
Credit limit	$10,000.00
Available credit	$9,633.99
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$107.39**
Payments & credits	-$107.39	
Purchases & debits	$366.01	
Cash advances	$0.00	
Interest	$0.00	
Fees	$0.00	
NEW BALANCE		**$366.01**

HRI - 00 - 1 - 1 - A - 2378 - D

APPLICANT COPY

calgary health region

RECEIVED
DEC 15 2006
FINANCE

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
December 1, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

☐ Employee ☐ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	October 6 to November 3, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01	7110500000001	6950000 0	127.20	
01	7110500000001	6960000 0	238.81	
TOTAL AMOUNT OF PAYMENT:			**$ 366.01**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization

Print Name KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full) 943-1141

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

00074

March 2005

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION
PATTI GRIER
STATEMENT FROM OCT 06 TO NOV 03, 2006

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

Win your purchases!

In the "*VISA* Win What You Buy" contest your monthly *Visa* purchases could be FREE to a maximum of $100,000. No purchase necessary. Call 1-866-755-8886 for full contest details.

	PREVIOUS STATEMENT BALANCE	$107.39

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

OCT 27	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$107.39
	SUBTOTAL OF MONTHLY ACTIVITY	-$107.39

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

OCT 11	GYPSY ROSE CLAGARY AB	$63.60
OCT 16	BUON GIORNO RISTAURANTE CALGARY AB	$55.92
OCT 18	WESTIN HOTELS - EDMONTON EDMONTON BC	$47.40
OCT 24	WILDWOOD GRILL CALGARY AB	$42.44
OCT 26	WILDWOOD GRILL CALGARY AB	$42.55
NOV 01	EARL'S WILLOW PARK CALGARY AB	$50.50
NOV 01	GYPSY ROSE CLAGARY AB	$63.60
	SUBTOTAL OF MONTHLY ACTIVITY	$366.01
	TOTAL NEW BALANCE	$366.01

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	$11.00
Payment due date	NOV 24, 2006
Credit limit	$10,000.00
Available credit	$9,633.99
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		$107.39
Payments & credits	-$107.39	
Purchases & debits	$366.01	
Cash advances	$0.00	
Interest	$0.00	
Fees	$0.00	
NEW BALANCE		**$366.01**

Tips to protect yourself

Always be cautious when using your *Visa* card. Check and keep track of your monthly statements. Never reveal your PIN to anyone, and avoid using obvious PIN's or passwords such as your birthday, SIN or phone number. Do not reply to emails or phone calls asking for information such as your PIN or credit card number with expiration date, unless it was initiated by yourself. And always be sure to shred documents that contain personal information before you recycle them.

RBC0150120_5895213_014_1622
HRI - 00 - 1 - 1 - A - 2378 - D

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

001 0018 000000000000 0001100 000036601

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$366.01	$11.00	NOV 24, 2006	$

VISA Business

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

RBC0150120_5895213_014-91979 01622

CALGARY HEALTH REGION
PATTI GRIER
ATTN TREASURY DEPARTMENT
10101 SOUTHPORT RD S.W.
CALGARY AB T2W 3N2

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.

APPLICANT COPY

==========

******** FAX ******** FAX ******** FAX ******** FAX ********

==========

From: **Gypsy Rose Flowers**
C-149, 1600 - 90 Avenue S.W.
Calgary, Alberta, T2V 5A8
Fax: (403) 255-1445
Phone: (403) 255-1010

==========

Date: Oct 11/06

To: Calgary Health Region

Attention: Maire Glennon

==========

7976

GYPSY ROSE FLOWERS
GST #R106110927
C149, 1600 - 90th Avenue S.W.
CALGARY, ALBERTA T2V 5A8

Phone (403) 255-1010 **Fax 255-1445**

Oct 12

S M T W T F S

Oct 11

Maire Glennon 943-1107
(Calgary Health Region)
Ellinger
on file
Fax 943-1108

Bright cheery arr. in vase. $ 50-

DELIVERY CHARGE 10-
PHONE & SERVICE CHARGE
SUB TOTAL 60-
GST 3.60
PST
TOTAL 63.60

My sincere thanks for the hugs.
Jack

THANK YOU

DELIVER TO Caroline Hartches Director Emergency Care Foothills Hospital

GYPSY ROSE FLOWERS

GYPSY ROSE FLOWERS
1600-90 AVE SW
CALGARY AB

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

CARD
CARD TYPE VISA
DATE 2006/10/11
TIME 0347 17:50:39
RECEIPT NUMBER
M30605739-001-163-009-0

PURCHASE
TOTAL-CAD
$63.60

APPROVED
AUTH# 012059 01-027
THANK YOU

CARDHOLDER COPY

Thanks
Kelly

APPLICANT COPY

THE WESTIN EDMONTON
Pradera Cafe & Lounge
GST# [illegible]6493RT0005

5 April

TBL [illegible] Table GST 2
Guest 06 7:24AM

1	3 Egg Omelet	15.00
1	2 Eggs/Toast	10.00
2	Coffee @ 4.00	8.00
	SMALL STRAWBERRIES	
1	Open Food	3.00
1	Orange Juice	4.00
	FOOD	40.00
	Tax	2.40
	Total Due	$42.40

Gratuity: 5.08

Total : 47.48

Room #_____

Name Print_____

Signature_____

BUON GIORNO RISTAURANTE
823 17TH AVE SW
CALGARY AB

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

CARD NUMBER
EXPIRY DATE
CARD TYPE VISA 0641
DATE/TIME 2006/10/16 12:43:28
RECEIPT NUMBER 547095626F-538-005
AUTHORIZATION
AMOUNT $47.92

TIP 8.00

TOTAL AMOUNT 55.92

01 APPROVED-027 AUTH. # 096824
THANK YOU

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

CARDHOLDER SIGNATURE

MERCHANT COPY

0007
Server: BOBBY-JO C (#18) Rec: 10
10/24/06 13:28, Swiped T: 14 Term: 3

WILDWOOD BREWING COMPANY
2417 - 4TH STREET S.W.
CALGARY, ALBERTA
(403)228-0100
MERCHANT #: 450247770190

CARD TYPE ACCOUNT NUMBER EXP
VISA s.17(1), 17(4)(e.1)
Name: PATTI GRIER
00 TRANSACTION APPROVED
AUTHORIZATION #: 086915
Reference: 000007
TRANS TYPE: Credit Card SALE

CHECK: 37.44
TIP: 5.00
TOTAL: 42.44

X_____

PHONE: ( ) -
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

APPLICANT COPY

Rosie

earls

GREAT FOOD GREAT PEOPLE

Date: 31Oct'06 01:15PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 05441
Check: 9555 s.17(1), 17(4)(e.1)
Table: 30/1
Server: 21 C BUSH
Ref Number: 001162325724

Subtotal: 44.50
Tip: 6.00
Total: 50.50

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

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

Grant

0001
Server: TIM M (#12) Rec: 4
10/26/06 12:33 Table: 17 Term: 2

WILDWOOD BREWING COMPANY
2417 - 4TH [illegible] W.
CALGARY, ALBERTA
(403)228 0100
MERCHANT #: 4[illegible]90

CARD TYPE [illegible] PRINT NUMBER EXP
VISA
Name: PATTI [illegible] s.17(1), 17(4)(e.1)
00 TRANSACTION [illegible]VED
AUTHORIZATION # [illegible]3b
Reference: 0000[illegible]
TRANS TYPE: Credit Card SALE

CHECK: 37.55
TIP: 5.00
TOTAL: 42.55

X [signature]

PHONE: ( )
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

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

GYPSY ROSE FLOWERS
1600-90 AVE SW
CALGARY AB

CARD VISA
CARD TYPE
DATE 2006/11/01
TIME 0565 12:23:18
RECEIPT NUMBER
M30605733-001-178-003-0

PURCHASE $63.60
TOTAL-CAD

APPROVED
AUTH# 096055 01-027
THANK YOU

CARDHOLDER COPY

APPLICANT COPY

7024

GYPSY ROSE FLOWERS
GST #R106110927
C149, 1600 - 90th Avenue S.W.
CALGARY, ALBERTA T2V 5A8

Phone (403) 255-1010 Fax 255-1445

DELIVERY DATE 11/02 ☐ AM ☐ PM

S	M	T	W	T	F	S

SALESPERSON before 11 a.m.
ORDER DATE 11/01

CHARGE TO L Marie Glennon
Calg Health Region
10101 Southport Rd SW

☐ CASH ☐ DEBIT CARD
☐ CHEQUE ☐ CHARGE
☐ C.O.D.
☐ NEW ACCOUNT

TELEPHONE (HOME) 943-1104
TELEPHONE (WORK)
CREDIT CARD EXPIRY
AUTHORIZATION # s.17(1), 17(4)(e.1)

WIRE ☐ IN ☐ OUT | ASSOCIATION | CODE NUMBER | FLORIST

ADDRESS TELEPHONE

DESCRIPTION		
12 cakes in separate bags will be ready ac. 10:30 @ cake store.		50 00
	DELIVERY CHARGE	10 00
	PHONE & SERVICE CHARGE	
	SUBTOTAL	
	GST	3 60
	PST	
	TOTAL	63 60

CARD MESSAGE
2 blank cards.

THANK YOU

DELIVER TO MARIE GLENNON
C/O CALGARY HEALTH TRUST
10101 SOUTHPORT RD. S.W.
943-1104

GYPSY ROSE FLOWERS PHONE (403) 255-1010

APPLICANT COPY

1340819

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM JUN 06 TO JUL 05, 2007

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$169.00**
	s.17(1), 17(4)(e.1)	
JUN 22	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$169.00
JUL 05	PURCHASE INTEREST	$1.26
	SUBTOTAL OF MONTHLY ACTIVITY	**-$167.74**
	s.17(1), 17(4)(e.1)	
JUN 08	WILDWOOD GRILL CALGARY AB	$48.43 ✓
JUN 12	HERALD/POST SUBSCRIPTI CALGARY AB	$281.88 ✓
JUN 14	GYPSY ROSE FLOWERS CALGARY AB	$47.70 ✓
JUN 19	DELTA EDM CTR SUITE EDMONTON AB	$39.92 ✓
JUN 19	BUKSA ASSOCIATES INC EDMONTON AB	$875.00 ✓
JUN 19	BUKSA ASSOCIATES INC EDMONTON AB	$875.00 ✓
JUN 19	GYPSY ROSE FLOWERS CALGARY AB	$53.00 ✓
JUN 20	BUKSA ASSOCIATES INC EDMONTON AB	$875.00 ✓
JUN 22	THE VARSCONA EDMONTON AB	$499.80 ✓
JUN 22	DIAMOND LIMO & TAXI EDMONTON AB	$120.00 ✓
JUN 27	DECADENT DESSERTS CALGARY AB	$30.00 ✓
JUN 28	WILDWOOD GRILL CALGARY AB	$60.53 ✓
	SUBTOTAL OF MONTHLY ACTIVITY	**$3,806.26**
	TOTAL NEW BALANCE	**$3,807.52**

Protect yourself when travelling

Protect your RBC Royal Bank® *Visa** card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be traveling abroad. We will help to ensure your trip purchases are hassle free.

IMPORTANT INFORMATION

CONTACT US

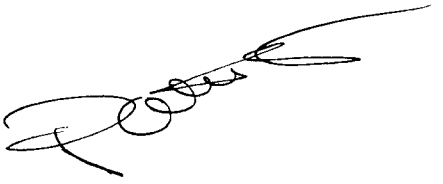
Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780

PAYMENT INFORMATION

Minimum payment	**$115.00**
Payment due date	**JUL 26, 2007**
Credit limit	$10,000.00
Available credit	$6,192.48
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$169.00**
Payments & credits	-$169.00	
Purchases & debits	$3,806.26	
Cash advances	$0.00	
Interest	$1.26	
Fees	$0.00	
NEW BALANCE		**$3,807.52**



RBC0150120_7976659_004_731
HRI - 00 - 1 - 1 - 5 - 6 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date July 24, 2007	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ☐ Employee ☐ Other **RBC ROYAL BANK**		**Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	June 6 to July 5, 2007 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6960000000	768.68	
01	7110500000001	4901000002	281.88	
01	7110500000001	6950000002	53.00	
01	7110500000001	6950000000	77.70	
01	7110500000003	6960000000	2,625.00	
01	7110500000001	6960000000	1.26	Interest charges
TOTAL AMOUNT OF PAYMENT:			$ 3,807.52	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization Kay Best	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

SUBSCRIPTION RENEWAL NOTICE

APPLICANT COPY

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Recd MAY 29 2007
Copy to
File Name

CALGARY HERALD

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Now you can renew your Calgary Herald subscription online. It's convenient and easy! Visit www.calgaryherald.com/renew today to renew your subscription or switch to our Pre-Authorized Payment Plan.

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CURRENT SUBSCRIPTION

Renewal/ Start Date	Expires	Renewal Deadline	Pre-Authorized Monthly Option	Incl. GST of
19-Jun-06	18-Jun-07	17-Jun-07	$23.49	$1.33

Vacation stops and delivery suspensions will automatically extend your expiry date

For: PATTI GRIER CALGARY, AB CANADA

Sub# 178110 s.17(1), 17(4)(g)(i)

RENEW YOUR SUBSCRIPTION TODAY!

BY PRE-AUTHORIZED MONTHLY PAYMENTS

Monthly, by credit card or directly from your bank account. See reverse for details.

ONLINE OR BY PHONE

Visit us at www.calgaryherald.com/renew to renew your subscription online. Call us at 403-235-READ (7323) or 1-800-372-9219 and pay by credit card. Your subscription will be updated immediately.

BY MAIL OR FAX

Simply fill out the form at the bottom and return in the convenient return envelope to the address on reverse or fax to 1-866-870-3386.

BY ATM, TELEPHONE OR INTERNET BANKING

Payable at most financial institutions. Contact your bank and have us added to your payment menu for easy, care-free payments. Pay over the counter at your branch, by telephone or internet banking.

READER SALES AND SERVICE

TELEPHONE: 403-235-READ (7323) or 1-800-372-9219 FAX: 1-866-870-3386

RETURN BOTTOM PORTION WITH YOUR CHEQUE OR CREDIT CARD INFORMATION

CALGARY HERALD

PAYMENT CENTRE
PO BOX 1377
STATION MAIN
WINNIPEG MB R3C 2Z1
GST registration# 89399 9615 RT0002

SUBSCRIPTION TERM DETAILS	RATE	GST	TOTAL
13 Wk 7 Day Subscription	$67.60	$4.06	$71.66
26 Wk 7 Day Subscription	$134.08	$8.05	$142.13
* 1 Year 7 Day Subscription	$265.92	$15.96	$281.88

*denotes current subscription

Notice Type: NEW OFFER

For: PATTI GRIER CALGARY, AB CANADA

Sub# 178110 s.17(1), 17(4)(g)(i)

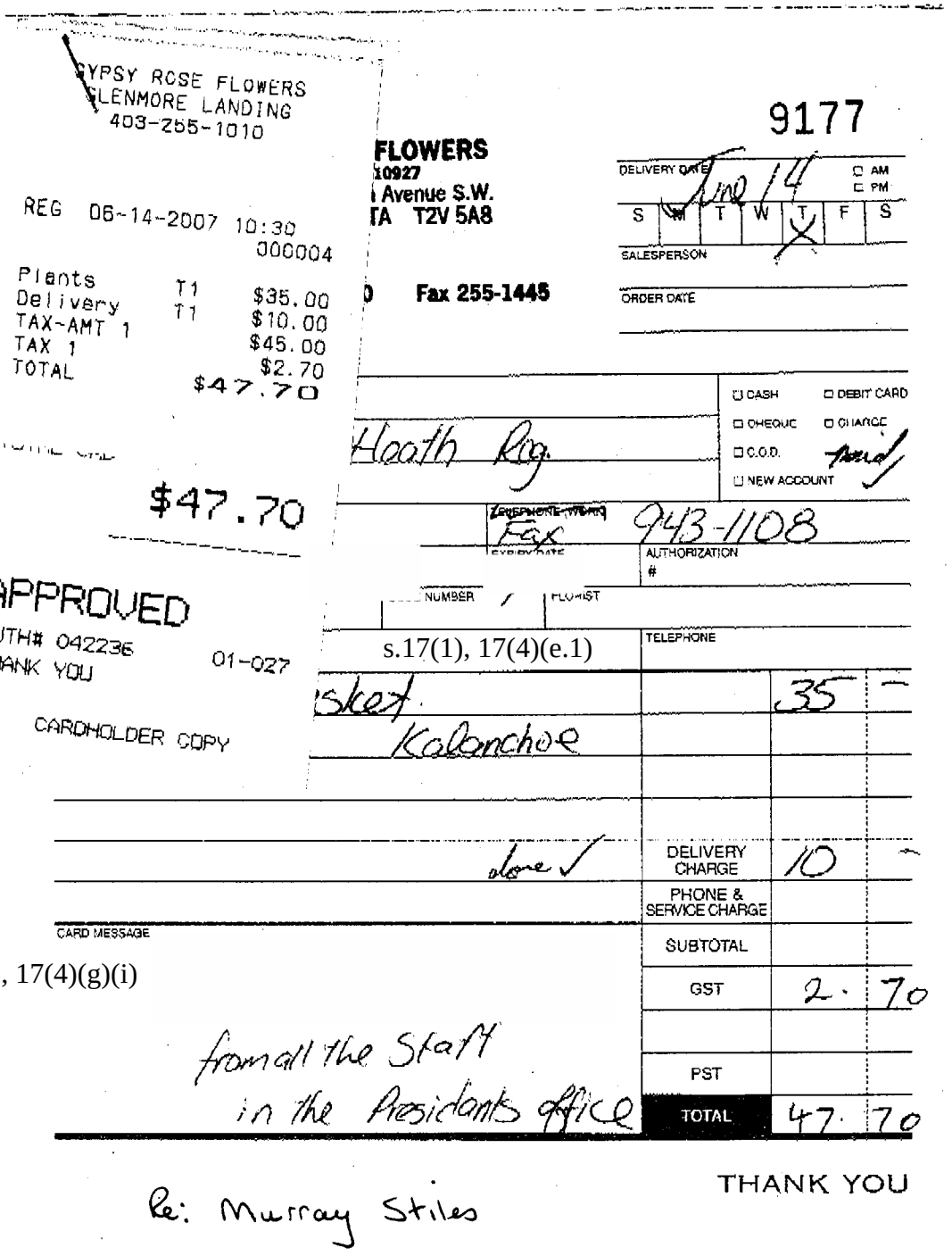
June 11/07

Paid over the phone by VISA.

REGION CALGARY HEALTH
c/o MARIE GLENNON CEO OFFICE
10101 SOUTHPORT RD SW
CALGARY, AB
CANADA T2W 3N2

:08156:900:

96



GYPSY ROSE FLOWERS
GLENMORE LANDING
403-255-1010

REG 06-14-2007 10:30
000004

Plants	T1	$35.00
Delivery	T1	$10.00
TAX-AMT 1		$45.00
TAX 1		$2.70
TOTAL		$47.70

$47.70

APPROVED
AUTH# 042236 01-027
THANK YOU

CARDHOLDER COPY

FLOWERS
10927
Avenue S.W.
TA T2V 5A8

0 Fax 255-1445

9177

DELIVERY DATE Jun 14 ☐ AM ☐ PM

S	M	T	W	T	F	S
				X		

SALESPERSON

ORDER DATE

☐ CASH ☐ DEBIT CARD
☐ CHEQUE ☐ CHARGE
☐ C.O.D. Paid
☐ NEW ACCOUNT

Heath Rig.

TELEPHONE/EMAIL Fax 943-1108

EXPIRY DATE AUTHORIZATION #

NUMBER / FLORIST

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

TELEPHONE

Basket 35 —
Kalanchoe

done ✓

CARD MESSAGE

DELIVERY CHARGE	10	—
PHONE & SERVICE CHARGE		
SUBTOTAL		
GST	2.	70
PST		
TOTAL	47.	70

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

from all the Staff
in the Presidents office

THANK YOU

Re: Murray Stiles

APPLICANT COPY

HALIFAX The Canadian Healthcare Safety Symposium

Confirmation and Receipt
The Canadian Healthcare Safety Symposium
GST # 86867 4003 RT 0001

Ms. Diane Caleffi
Board Member
Calgary Health Region
10101 Southport Road SW
CALGARY AB T2W 3N2

Dear Ms. Caleffi,

Thank you for registering for Halifax 7: The Canadian Healthcare Safety Symposium at the Westin Ottawa (11 Colonel By Drive). Below is your registration information:

Halifax 7: The Canadian Healthcare Safety Symposium

Details	Status	Fee	Owing
Early Bird Registration - GST Exempt	Paid	$ 675.00	$ 0.00

Pre-Symposium 1: Partnering for Patient Safety III

Details	Status	Fee	Owing
Early Bird Registration - GST Exempt	Paid	$ 200.00	$ 0.00

TOTAL	$ 875.00	$ 0.00

Payment and Receipt Details	
Cheque No.	
Name on Card	Patti Grier
Card Number	s.17(1), 17(4)(e.1)
Expiry Date	
Receipt No.	132.00
Receipt Date	20/06/2007
Receipt Total	$ 875.00

If you paid by credit card your statement will read "BUKSA Assoc. (780) 436-0983 Edm."

The Westin Ottawa - Accommodation Booking

Please read carefully as your room preferences may not have been available.

Room Type	Check In	Check Out
Traditional - 1 Guest	10/10/2007	13/10/2007
Rate per night	$215.00	
Number of Beds/Special Requirements	1 bed	
Confirmation Number	**228714**	

This room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on the online registration form. The hotel will finalize your bill when you check out. If you need to make any changes to this information please email halifax@buksa.com.

Special Needs

Allergic to shrimp, mushrooms and tomatoes

"Swiss Cheese" Lecture

Yes, I will attend the lecture

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

Your nametag will appear as shown here including First Name, Last Name, Organization, City and Province:

If you require changes to this information please notify us by email at halifax@buksa.com. Please mention "Halifax 7" in the subject of your email.

HALIFAX

Diane Caleffi
Calgary Health Region
CALGARY, AB

We look forward to seeing you in Ottawa!

Yours Sincerely,
Sean Jones

Halifax 7: The Canadian Healthcare Safety Symposium
BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2
Phone: (780) 436-0983 x229 Fax: (780) 437-5984 Email: halifax@buksa.com
www.buksa.com/halifax

HALIFAX The Canadian Healthcare Safety Symposium

Confirmation and Receipt
The Canadian Healthcare Safety Symposium
GST # 86867 4003 RT 0001

Ms. Lynn Martin
Board Member
Calgary Health Region
10101 Southport Road SW
CALGARY AB T2W 3N2

Dear Ms. Martin,

Thank you for registering for Halifax 7: The Canadian Healthcare Safety Symposium at the Westin Ottawa (11 Colonel By Drive). Below is your registration information:

Halifax 7: The Canadian Healthcare Safety Symposium

Details	Status	Fee	Owing
Early Bird Registration - GST Exempt	Paid	$ 675.00	$ 0.00

Pre-Symposium 1: Partnering for Patient Safety III

Details	Status	Fee	Owing
Early Bird Registration - GST Exempt	Paid	$ 200.00	$ 0.00

TOTAL	$ 875.00	$ 0.00

Payment and Receipt Details	
Cheque No.	
Name on Card	Patti Grier
Card Number	s.17(1), 17(4)(e.1)
Expiry Date	
Receipt No.	87.00
Receipt Date	19/06/2007
Receipt Total	$ 875.00

If you paid by credit card your statement will read "BUKSA Assoc. (780) 436-0983 Edm."

The Westin Ottawa - Accommodation Booking

Please read carefully as your room preferences may not have been available.

Room Type	Check In	Check Out
Traditional - 1 Guest	10/10/2007	13/10/2007
Rate per night	$215.00	
Number of Beds/Special Requirements	1 bed	
Confirmation Number	**228638**	

This room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on the online registration form. The hotel will finalize your bill when you check out. If you need to make any changes to this information please email halifax@buksa.com.

Special Needs

APPLICANT COPY

Allergies to nuts, fish and alcohol

"Swiss Cheese" Lecture

Yes, I will attend the lecture

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

Your nametag will appear as shown here including First Name, Last Name, Organization, City and Province:

If you require changes to this information please notify us by email at halifax@buksa.com. Please mention "Halifax 7" in the subject of your email.

HALIFAX

Lynn Martin
Calgary Health Region
CALGARY, AB

We look forward to seeing you in Ottawa!

Yours Sincerely,
Sean Jones

Halifax 7: The Canadian Healthcare Safety Symposium
BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2
Phone: (780) 436-0983 x229 Fax: (780) 437-5984 Email: halifax@buksa.com
www.buksa.com/halifax

APPLICANT COPY

9258

GYPSY ROSE FLOWERS
GST #R106110927
C149, 1600 - 90th Avenue S.W.
CALGARY, ALBERTA T2V 5A8

Phone (403) 255-1010 Fax 255-1445

DELIVERY DATE Jan, 20, 07 ☐ AM ☐ PM

S	M	T	W	T	F	S
			(W)			

SALESPERSON

ORDER DATE Jan, 19, 07

CHARGE TO Maire Glennon
943-1104

☐ CASH ☐ DEBIT CARD
☐ CHEQUE ☐ CHARGE
☐ C.O.D. Visa ✓
☐ NEW ACCOUNT paid ✓

TELEPHONE (HOME)

TELEPHONE (WORK)

AUTHORIZATION #

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

☐ IN ☐ OUT

ADDRESS

TELEPHONE

DESCRIPTION		
Vase arrang		40. 00
Done		
Comp. card		
Fax it: 943-1108	DELIVERY CHARGE	10. 00
	PHONE & SERVICE CHARGE	
CARD MESSAGE	SUBTOTAL	
Thank you for all your hard work on the year end social	GST	3. 00
Patti	PST	
	TOTAL	53 00

Deliver to: Sonia Garcia c/o Clg - Health Region
10101 - Southport Rd, S.W.

THANK YOU

HALIFAX The Canadian Healthcare Safety Symposium

Confirmation and Receipt
The Canadian Healthcare Safety Symposium
GST # 86867 4003 RT 0001

Mr. George Pinchbeck
Board Member
Calgary Health Region
10101 Southport Road SW
CALGARY AB T2W 3N2

Dear Mr. Pinchbeck,

Thank you for registering for Halifax 7: The Canadian Healthcare Safety Symposium at the Westin Ottawa (11 Colonel By Drive). Below is your registration information:

Halifax 7: The Canadian Healthcare Safety Symposium

Details	Status	Fee	Owing
Early Bird Registration - GST Exempt	Paid	$ 675.00	$ 0.00

Pre-Symposium 2: Patient Safety Program

Details	Status	Fee	Owing
Early Bird Registration - GST Exempt	Paid	$ 200.00	$ 0.00

TOTAL	$ 875.00	$ 0.00

Payment and Receipt Details	
Cheque No.	
Name on Card	Patti Grier
Card Number	s.17(1), 17(4)(e.1)
Expiry Date	
Receipt No.	86.00
Receipt Date	19/06/2007
Receipt Total	$ 875.00

If you paid by credit card your statement will read "BUKSA Assoc. (780) 436-0983 Edm."

The Westin Ottawa - Accommodation Booking

Please read carefully as your room preferences may not have been available.

Room Type	Check In	Check Out
Traditional - 1 Guest	10/10/2007	13/10/2007
Rate per night	$215.00	
Number of Beds/Special Requirements	2 beds	
Confirmation Number	**228637**	

This room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on the online registration form. The hotel will finalize your bill when you check out. If you need to make any changes to this information please email halifax@buksa.com.

Special Needs

Allergic to crustaceans

"Swiss Cheese" Lecture

Yes, I will attend the lecture

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

Your nametag will appear as shown here including First Name, Last Name, Organization, City and Province:

If you require changes to this information please notify us by email at halifax@buksa.com. Please mention "Halifax 7" in the subject of your email.

HALIFAX

George Pinchbeck
Calgary Health Region
CALGARY, AB

We look forward to seeing you in Ottawa!

Yours Sincerely,
Sean Jones

Halifax 7: The Canadian Healthcare Safety Symposium
BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW, EDMONTON, AB T6E 1X2
Phone: (780) 436-0983 x229 Fax: (780) 437-5984 Email: halifax@buksa.com
www.buksa.com/halifax

APPLICANT COPY

VARSCONA

Varscona Hotel on Whyte

8208 - 106 STREET

Edmonton, AB T6E 6R9
Phone: (780)434-6111 Fax: (780)439-1195

Jun 26, 2007
4:11 pm

Calgary
~~Capital~~ Health Region
Ms. Maire Glennon
10101 Soutport Road SW
Calgary, AB T2W 3N2
Arrival Date: June 21, 2007
Departure Date: June 21, 2007

10101 Soutport Road SW
Calgary, AB T2W 3N2

Pay Method:

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

Date	Department	Reference	Voucher	Room	Debit	Credit
6/21/2007	Banquet Postings	Banquet Posting	2952		$499.80	
6/22/2007	VISA Payment					$499.80

Tax Summary

Balance. $0.00

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.
G.S.T. # 863128575 RT 0001

Signature _____

Paid by VISA

Meeting with AMHB
(Tuer, Rousseau, Davis, Pryce + Ernie)

APPLICANT COPY

Printed 6/26/2007 4:11.22 PM

Varscona Hotel on Whyte

Banquet Check

Calgary

Post As ~~Capital~~ Health Region
Group Capital Health Region
Contact Maire Glennon
10101 Southport Road SW

Calgary, AB T2W 3N2
Phone (403)943 1104 **Ext**
Fax (403)943-1108

Billing All charges to credit card on file.

Comments Booked by Maire, Patti Grier will be the on-site contact.

Function ID	Start Time	End Time	Event Type	Room	Rent	GTD/Set
(2952)	6/21/2007 7:00 AM	6/21/2007 8:15 AM	Meeting	1 Rutherford	275.00	10 / 10

	Item		Quantity	Cost	Total
		Food			
(2952)	**Deluxe Continental Breakfast**		10	13.50	135.00
	Assortment of Apple, Grapefruit and Orange Juice		-	N/C	N/C
	Assortment of Croissants, Danish, Muffins and Fruit Turnovers		-	N/C	N/C
	Fresh Seasonal Fruit Cocktail w/ Raspberry Honey Yogurt		-	N/C	N/C
	Freshly Brewed Coffee & Assorted Teas		-	N/C	N/C
		Subtotal			135.00
		Service Charge		15%	20.25
		G.S.T		6%	1.22
		G.S.T		6%	8.10
		Audio Visual			
(2952)	**Meeting** **1 Rutherford**				
	No Audio-visual required		-	N/C	N/C
		Subtotal			0.00
		Meeting Room Charges			
(2952)	Meeting 1 Rutherford				275.00
		Subtotal			275.00
		Service Charge		15%	41.25
		G.S.T		6%	2.48
		G.S.T		6%	16.50
		Total Function Charges		410.00	
		Total Service Charges		61.50	
		Total Taxes		28.30	
		Check Total		499.80	
		Less Deposit Paid		0.00	
		Amount Due		499.80	

Client's Approval _____ **Date** _____

APPLICANT COPY 995 1108

Decadent Desserts

831 - 10 AVENUE S.W.
CALGARY, AB. T2R 0B4
(403) 245-5535

SOLD TO Marie 943 1104 DATE June 28 2007

COD ACCT

QTY		DESCRIPTION	@	AMOUNT
1	dz	cupcakes	2.50	30

19837 TERMS 15 DAYS TOTAL 30.00

To Vivian Sykes

from the Board

(Patti's Colp. VISA)

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

DIAMOND SEDAN & LIMO SVC.
780-914-4002
MAIN OFFICE
780-465-4002 1-877-504-4002
EMAIL-heera@shaw.ca
www.diamond-limo.com

Calgary Health Region

G.S.T. 88212-7012

212290

AUTH. NO.

DRIVER UNIT No.

TIME DAY MO YR

FROM: Municipal Airport

TO: Marscomp & Return Tomorrow

PRINT NAME: Patti G Per

CUSTOMER'S NAME

X

FARE

JNT'L

GRATUITY

TOTAL

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

CUSTOMER COPY

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

SALES DRAFT - FACTURE

PATTI GRIER EXP 1/08 V
CALGARY HEALTH REGION

5791532

SUS DE CETTE LIGNE

AUTHORIZATION / NUMBER / NO D'AUTORISATION

EXPIRY DATE DECADE

DATE DD/MM/YY JJ/MM/AA

CLERK COMMIS

DEPT RAYON

CARDHOLDER'S SIGNATURE SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER
LE TITULAIRE S'ENGAGE A REMBOURSER L'EMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR LA FACTURE CONFORMEMENT A LA CONVENTION

DESCRIPTION

AMOUNT/MONTANT

33 92
6 00

TOTAL
$
CDN
CAN

39 92

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

CUSTOMER COPY
COPIE DU CLIENT

recycled
recyclé

APPLICANT COPY

Chevchek
CEPF.

0025
Server: MIKE [illegible] Rec: 19
06/26/07 [illegible], Swiped T: 27 Term: 2

WILDWOOD BREWING COMPANY
2417 4TH STREET S.W.
CALGARY, ALBERTA
(403)228 0100
MERCHANT #: 450247[illegible]0190

CARD TYPE ACCOUNT NUMBER EXP
VISA
Name: PATTI GRIER
00 TRANSACTION APPROVED
AUTHORIZATION #: [illegible]
Reference: 0000[illegible]
TRANS TYPE: Credit Card SALE

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

CHECK: 50.53
TIP: 10.53
TOTAL: 60.53

X

PHONE: ( )
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

Johnson

0004
Server: NORM B (#60) Rec: 8
06/06/07 13:30, Swiped T: 17 Term: 3

WILDWOOD BREWING COMPANY
2417 - 4TH STREET S.W.
CALGARY, ALBERTA
(403)228-0100
MERCHANT #: 45024770190

CARD TYPE ACCOUNT NUMBER EXP
VISA
Name: PATTI GRIER
00 TRANSACTION APPROVED
AUTHORIZATION #: 000850
Reference: 000004
TRANS TYPE: Credit Card SALE

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

CHECK: 40.43
TIP: 8.43
TOTAL: 48.43

X

PHONE: ( ) -
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

RBC Royal Bank

APPLICANT COPY 18:2263

VISA Business

CALGARY HEALTH REGION

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

PATTI GRIER

STATEMENT FROM SEP 03 TO OCT 05, 2005 9-13-1/05

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
SEP 20	PAYMENT - THANK YOU / PAIEMENT - MERCI	$225.08
OCT 05	PURCHASE INTEREST	$1.92
	SUBTOTAL	-$223.16
	s.17(1), 17(4)(e.1)	
AUG 31	EXPERT PARKING EDMONTON AB	$6.00
SEP 07	CALGARY PARKING AUTHORITYCALGARY AB	$8.00
SEP 12	THE WESTIN CALGARY F & B CALGARY AB	$77.41
SEP 12	CALGARY PARKING AUTHORITYCALGARY AB	$4.00
SEP 13	CALGARY PARKING AUTHORITYCALGARY AB	$10.00
SEP 14	CALGARY PARKING AUTHORITYCALGARY AB	$8.00
SEP 16	CALGARY PARKING AUTHORITYCALGARY AB	$2.00
SEP 26	LAURELWOOD FLORAL DESIGN CALGARY AB	$105.39
SEP 29	LAURELWOOD FLORAL DESIGN CALGARY AB	$180.83
	SUBTOTAL	$401.63

Valuable tips to avoid risk

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

WIN $20,000 in hardware from Dell!

RBC and Dell are pleased to bring you the opportunity to win $20,000 in Dell hardware and a chance to meet Michael Dell! If you're a business owner of a company with 99 employess or less, visit www.rbcroyalbank.com/dell for more details today.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$13.00**
Payment due date	**OCT 26, 2005**
Credit limit	$10,000.00
Available credit	$9,596.45
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$225.08
Payments & credits	-$225.08
Purchases & debits	$401.63
Cash advances	$0.00
Fees	$0.00
Interest	$1.92
New balance	**$403.55**

65
.26
52
.52
13
4.41
649

RBC0150120_2786917_004_3534
HRI - 00 - 1 - 1 - 1 - 29 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
October 18, 2005	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104
PAYABLE TO: ❑ Employee ❑ Other RBC ROYAL BANK		**Employee #**

MAILING ADDRESS (cheque payment only)

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

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED
OCT 2 4 2005
FINANCE

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	September 3 to October 5, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$403.55	
				GST $
TOTAL AMOUNT OF PAYMENT:			$403.55	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

McDougall 391200
451 - 6 Street SW
CAN-T2P 4A2 Calgary AB
Tax Code CA GST #119457869

PUF 1 (12) Cashier 0
08/09/05 09:15

Receipt 055709

Short-term Parking
Short-term Parking tkt
McDougall Parkade
08/09/05 08:24 -
08/09/05 09:15,
Period 0d00h51,
(GST) $4.00

Gross total $4.00

Payment $4.00

Net total $3.74
GST (7%) 0.26

All amounts in CAD.
Deliv. Date=Receipt Date

Centennial 385255
620 - 9 Avenue SW
Can-T2P 1L5 Calgary AB
Tax Code CA GST #119457869

East POF Cashier 0
06/09/05 08:14

Receipt 076598

Short-term Parking
Short-term parking tkt
Centennial Parkade
06/09/05 06:21 -
06/09/05 08:14,
Period 0d01h53,
(GST) $8.00

Gross total $8.00

Payment $8.00

Net total $7.48
GST (7%) 0.52

All amounts in CAD.
Deliv. Date=Receipt Date

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

Centennial
620 - 9 Avenue SW
Can-T2P 1L5 Calgary AB
Tax Code CA GST #119457869

East POF Cashier 0
13/09/05 08:02

Receipt 077740

Short-term Parking
Short-term parking tkt
Centennial Parkade
13/09/05 06:02 -
13/09/05 08:02,
Period 0d01h55,
(GST) $8.00

Gross total $8.00

Payment
Visa

Net total $7.48
GST (7%) 0.52

All amounts in CAD.
Deliv. Date=Receipt Date

Centennial
620 - 9 Avenue SW
Can-T2P 1L5 Calgary AB
Tax Code CA GST #119457869

East POF Cashier 0
15/09/05 08:25

Receipt 078147

Short-term Parking
Short-term parking tkt
Centennial Parkade
15/09/05 08:10 -
15/09/05 08:25,
Period 0d00h15,
(GST) $2.00

Gross total $2.00

Payment
Visa

Net total $1.87
GST (7%) 0.13

All amounts in CAD.
Deliv. Date=Receipt Date

The Westin Calgary
O.N. Grill

216 KAREN R

TBL 451/1 CHK 5283 GST
SEP12'05 11:34AM

2 VRGN CEASAR @ 5.00	10.00
1 COBB SALAD	22.00
ADD CHICKEN	
1 COBB SALAD	22.00
ADD CHICKEN	
2 LATTE @ 4.50	9.00
Subtotal	63.00
GST #R861336493	4.41
Total Due ..	$67.41

** Gratuity Not Included **

GRATUITY 10.00

TOTAL 77.41

ROOM #

Westin Hotel
Welcomes You
Expert Parking

05AUG31 15:13 001 001
05AUG31 13:51 01
/ 1:22 #013940

S0054513135
RATE 1 $6.00
TOTAL $6.00
CRED.CRD $6.00

Thank-You!
Come Again!

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

EXPERT PARKING
10180 - 101 STREET
EDMONTON AB

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA
DATE/TIME	2005/08/31 15:15:20
RECEIPT NUMBER	S80545375-107-046
PURCHASE	
TOTAL AMOUNT	$6.00
01 APPROVED	AUTH. # 081468
THANK YOU	

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

CARDHOLDER SIGNATURE

McDougall 390901
451 - 6 Street SW
CAN-T2P 4A2 Calgary AB
Tax Code CA GST #119457869

PUF 1 (12) Cashier 0
13/09/05 15:32

Receipt 056225

Short-term Parking
Short-term Parking tkt
McDougall Parkade
13/09/05 13:32 -
13/09/05 15:32,
Period 0d02h15,
(GST) $10.00

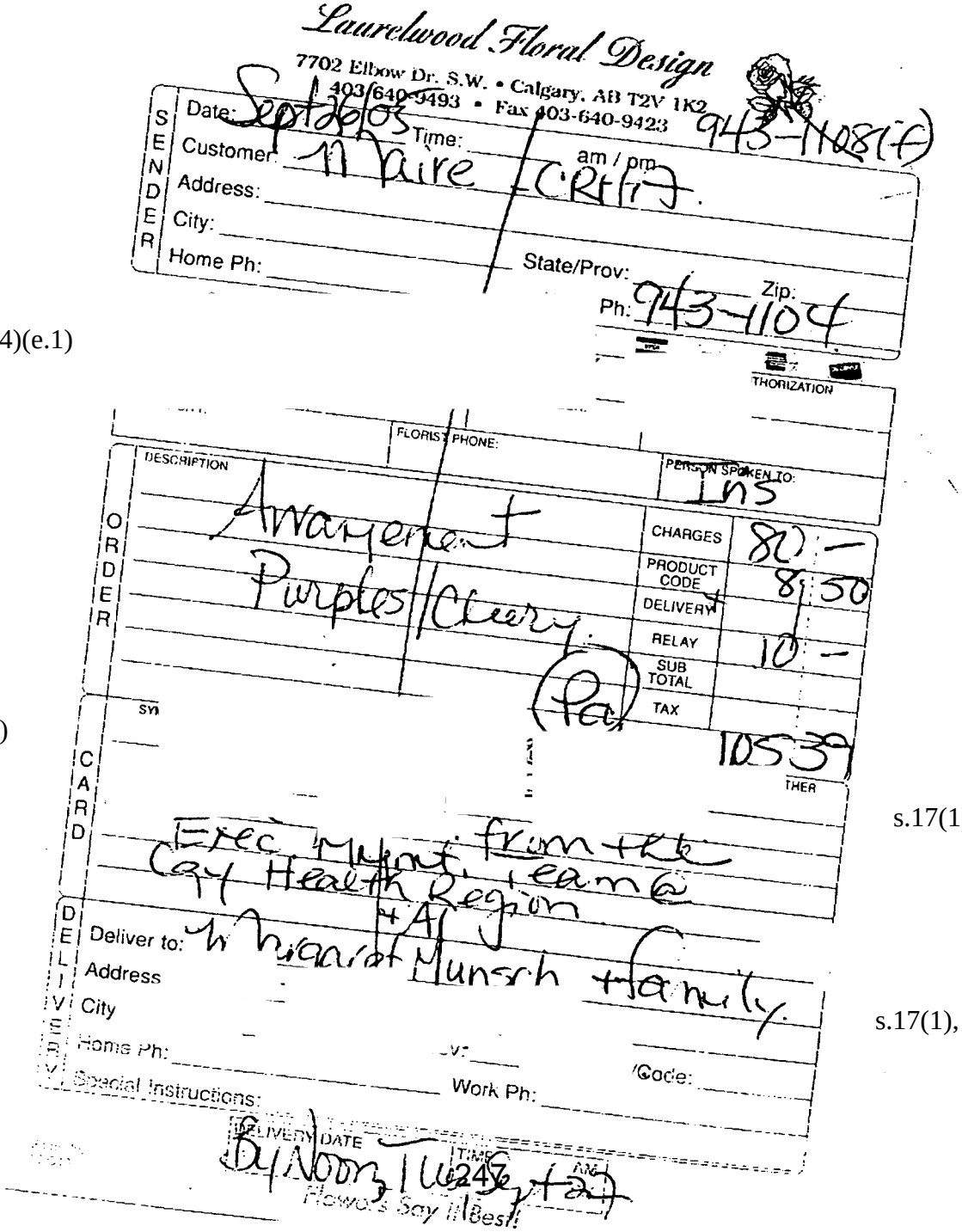
Gross total $10.00

Payment

Net total $9.35
GST (7%) 0.65

All amounts in CAD.
Deliv. Date=Receipt Date

APPLICANT COPY



Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403/640-9493 • Fax 403-640-9423

943-1108(f)

SENDER

Date: Sept 26/05 Time: am / pm

Customer: M Aire CRHA

Address:

City: State/Prov:

Home Ph: Ph: 943-1104

THORIZATION

FLORIST PHONE:

PERSON SPOKEN TO: Ins

ORDER

DESCRIPTION

Arrangement

Purples/Cream

CHARGES 80.-

PRODUCT CODE 8.50

DELIVERY

RELAY 10.-

SUB TOTAL

TAX

(Pd)

10539

THER

CARD

Exec Mgmt team from the Calg Health Region + AJ

DELIVERY

Deliver to: M Hogarth Munsch family.

Address

City

Home Ph: Work Ph:

Special Instructions:

DELIVERY DATE By Noon / 1 to 2 / 4 to 7

TIME AM

Flowers Say It Best!

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

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

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

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

Attn: Pathomer
F: 943-1108

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB

22702035

Name:
Acct #

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

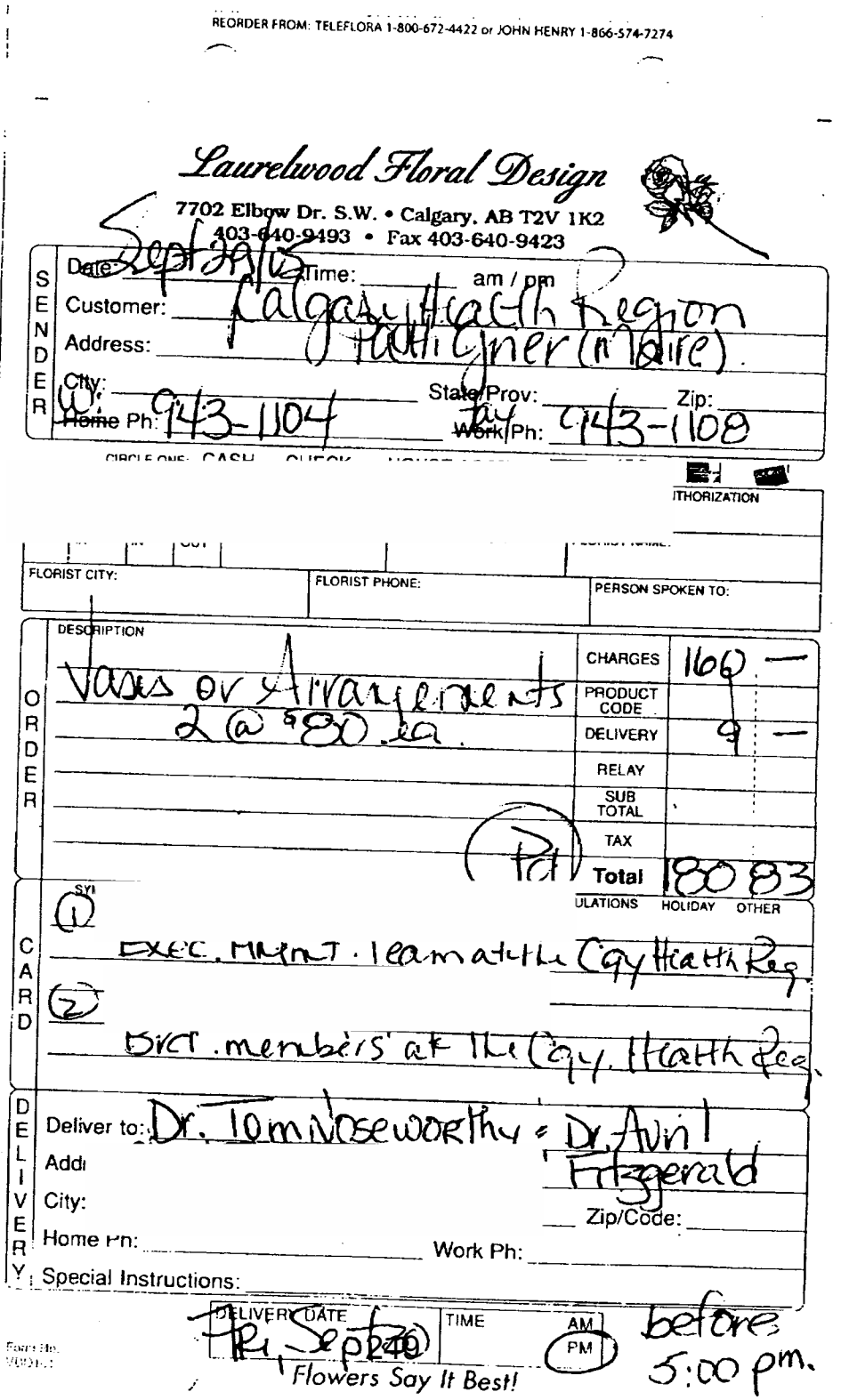
Date 05/09/26 Time 13 56 43
Exp Date 0511 Auth # 027510
Card Type VI Tran Code 00
M22702035001 001287005

Subtotal _____
Tax _____
Total $105.39

Signature X Pathomer pp
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

APPLICANT COPY



REORDER FROM: TELEFLORA 1-800-672-4422 or JOHN HENRY 1-866-574-7274

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: Sept 29/15 Time: ____ am / pm

Customer: Calgary Health Region

Address: Patti Cyner (nurse)

City: ____ State/Prov: ____ Zip: ____

~~Home~~ Ph: 943-1104 Work Ph: 943-1108

CIRCLE ONE: CASH CHECK

s.17(1), 17(4)(e.1) [redacted] AUTHORIZATION

FLORIST CITY: | FLORIST PHONE: | PERSON SPOKEN TO:

ORDER

DESCRIPTION: Vases or Arrangements 2 @ $80.ea.

CHARGES	160 —
PRODUCT CODE	
DELIVERY	9 —
RELAY	
SUB TOTAL	
TAX	
Total	180 83

PCT

ULATIONS HOLIDAY OTHER

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

(1) EXEC. MGMT. team at the Cgy Health Reg

(2) BRCT. members at the Cgy. Health Reg.

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

Deliver to: Dr. Tom Noseworthy + Dr. Avin Fitzgerald

Addi

City: ____ Zip/Code: ____

Home Ph: ____ Work Ph: ____

Special Instructions: ____

DELIVERY DATE: Fri, Sept 30 TIME: ____ AM PM before 5:00 pm.

Flowers Say It Best!

I • d

APPLICANT COPY

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB

22702035

Name:
Acct #

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

Date (05/09/29) Time 13 14 18
Exp Date 0511 Auth # 060040
Card Type VI Tran Code 00
M2270203500I 001290004

Subtotal ------
Tax ------
Total $180.83

Signature X [signature] P.O.
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-customer Bottom copy-merchant

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION
PATTI GRIER s.17(1), 17(4)(e.1)
STATEMENT FROM SEP 03 TO OCT 05, 2005 943-1108 1 OF 1

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

SEP 20	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$225.08
OCT 05	PURCHASE INTEREST	$1.92
	SUBTOTAL	-$223.16

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

AUG 31	EXPERT PARKING EDMONTON AB	$6.00
SEP 07	CALGARY PARKING AUTHORITYCALGARY AB	$8.00
SEP 12	THE WESTIN CALGARY F & B CALGARY AB	$77.41
SEP 12	CALGARY PARKING AUTHORITYCALGARY AB	$4.00
SEP 13	CALGARY PARKING AUTHORITYCALGARY AB	$10.00
SEP 14	CALGARY PARKING AUTHORITYCALGARY AB	$8.00
SEP 16	CALGARY PARKING AUTHORITYCALGARY AB	$2.00
SEP 26	LAURELWOOD FLORAL DESIGN CALGARY AB	$105.39
SEP 29	LAURELWOOD FLORAL DESIGN CALGARY AB	$180.83
	SUBTOTAL	$401.63

Valuable tips to avoid risk

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WIN $20,000 in hardware from Dell!

RBC and Dell are pleased to bring you the opportunity to win $20,000 in Dell hardware and a chance to meet Michael Dell! If you're a business owner of a company with 99 employess or less, visit www.rbcroyalbank.com/dell for more details today.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	$13.00
Payment due date	OCT 26, 2005
Credit limit	$10,000.00
Available credit	$9,596.45
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$225.08
Payments & credits	-$225.08
Purchases & debits	$401.63
Cash advances	$0.00
Fees	$0.00
Interest	$1.92
New balance	**$403.55**

HRI-00-1-1-29-D

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

001 0018 000000000000 0001300 000040355

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$403.55	$13.00	OCT 26, 2005	$

VISA Business

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

RBC0150120 2/88917_004-27044 - 3534

CALGARY HEALTH REGION
PATTI GRIER
ATTN TREASURY DEPARTMENT
10101 SOUTHPORT RD S.W.
CALGARY AB T2W 3N2

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.

:0003 2=0031: 000=00 1=81= 96

RBC Royal Bank

APPLICANT COPY

815473

VISA Business

CALGARY HEALTH REGION

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

STATEMENT FROM DEC 04, 2004 TO JAN 05, 2005

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
JAN 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$332.44
JAN 05	PURCHASE INTEREST	$12.72
	SUBTOTAL	**-$319.72**
	s.17(1), 17(4)(e.1)	
DEC 02	LAUREL WOOD FLORAL DESIGN CALGARY AB	$55.64
DEC 02	LAUREL WOOD FLORAL DESIGN CALGARY AB	$68.48
DEC 16	EARL'S WILLOW PARK CALGARY AB	$54.50
DEC 17	ANNIE'S/THE RANCHE CALGARY AB	$219.12
	SUBTOTAL	**$397.74**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$13.00**
Payment due date	**JAN 26, 2005**
Credit limit	$10,000.00
Available credit	$9,589.54
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$332.44
Payments & credits	-$332.44
Purchases & debits	$397.74
Cash advances	$0.00
Interest	$12.72
Fees	$0.00
New balance	**$410.46**

*flowers for Jane Johnson, Hawker Resources, for event organization.

RBC0150120_1304632_006_2248
HRI - 00 - 1 - O - 2 - D

calgary health region

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

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

Date	Requested By (Please Print)	
January 17, 2005	Elaine Kirby	
Department	**Site**	**Phone No (in full)**
Office of the President and CEO	Southport	943-1104

MAKE CHEQUE PAYABLE TO: Royal Bank Visa Payment Centre — Employee/Supplier #

MAILING ADDRESS (for forwarding of cheque) s.17(1), 17(4)(g)(i)

Canada Post: PO Box 4016, Station "A"

City Toronto Province ON Postal Code M5W 2E6

Interoffice Mail: Department

Site

RECEIVED

Purpose of Request Visa Payment for Dec. 04, 2004 to Jan. 05, 2005

☐ **SPECIAL HANDLING INSTRUCTIONS**

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**GL DESCRIPTION**
	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$410.46	Visa Expenses for Patti Grier
				GST $
TOTAL AMOUNT OF CHEQUE:				☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization — Print Name Kay Best

Authorizer's Employee Number — Authorizer Phone # (in full) 943-1140

ACCOUNTS PAYABLE ONLY s.17(1), 17(4)(g)(i)

Invoice #

Supplier #

Recurring Payment:

Start Date

End Date

# of Payments

Cycle

Comments:

00074

APPLICANT COPY

Attention: Patti,

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

CEO Board Office

SENDER

Date: Nov. 30/04 Time: _____ am / pm

Customer: Shirley

Address: Calgary Region

City: _____ State/Prov: 943-1124 Zip: TAX

Home Ph: _____ Work Ph: 943-1122

Patti Grant CASH CHECK HOUSE ACCT

CARD NUMBER HOUSE ACCOUNT NUMBER / CHECK NUMBER EXP. DATE AUTHORIZATION

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

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

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

FLORIST CITY: FLORIST PHONE: PERSON SPOKEN TO:

ORDER

DESCRIPTION		
poinsettia	CHARGES	44 00
	PRODUCT CODE	
	DELIVERY	8 00
	RELAY	
	SUB TOTAL	
	TAX	
	Total	55 64

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS HOLIDAY OTHER

CARD

Deepest appreciation & gratitude
From: the C&A BOARD & Executive - Management Team
Cross Border

DELIVERY

Deliver to: Attn: Eileen Grant

Address: Best Western - 135 Southland Dr

City: Jasper State/Prov: _____ Zip/Code: _____

Home Ph: _____ Work Ph: _____

Special Instructions: _____

DELIVERY DATE Dec. 2/04 TIME AM PM

Flowers Say It Best!

CEO Board Office

[redacted] SH CRE
[redacted] AB

[redacted] 50000 012503

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

[redacted] 345[redacted]-011

[redacted] 30.00

[redacted] AMOUNT 219.12

[redacted] APPROVED 02? AUTH. # 061981
THANK YOU

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

Taylor

earls

[redacted] GREAT PEOPLE

[redacted] 04 01:48[redacted]

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

[redacted] 7709
[redacted] 5106
[redacted] /1
[redacted] JEN MART
[redacted]

[redacted] .50

Tip: 6.00

Total: 54.50

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

PO Patti Grant

RBC Royal Bank

APPLICANT COPY

1589648

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM AUG 06 TO SEP 05, 2008

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$6,434.69**
	s.17(1), 17(4)(e.1)	
AUG 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,068.71
AUG 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$5,365.98
SEP 05	PURCHASE INTEREST	$50.57
	SUBTOTAL OF MONTHLY ACTIVITY	**-$6,384.12**
	s.17(1), 17(4)(e.1)	
AUG 12	CHECKER CABS LTD. CALGARY AB	$51.00
AUG 13	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$134.51
AUG 13	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$305.20
AUG 18	GOLDEN CABS G.P. LTD GRANDE PRAIRIAB	$22.10
AUG 18	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$3,132.29
AUG 18	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$348.54
AUG 18	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$678.63
AUG 20	WESTIN HOTELS - EDMONTON EDMONTON AB	$393.74
	SUBTOTAL OF MONTHLY ACTIVITY	**$5,066.01**
	TOTAL NEW BALANCE	**$5,116.58**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$60.00**
Payment due date	**SEP 26, 2008**
Credit limit	$10,000.00
Available credit	$4,883.42
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$6,434.69**
Payments & credits	-$6,434.69	
Purchases & debits	$5,066.01	
Cash advances	$0.00	
Interest	$50.57	
Fees	$0.00	
NEW BALANCE		**$5,116.58**

RBC0150120_4370048_016_7828
HRI - 00 - 2 - 1 - C - 8 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date October 8, 2008	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** Board Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other **RBC ROYAL BANK**		**Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	August 6 to September 5, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6960000000	5,066.01	Meeting Expense
01	7110500000001	6960000000	50.57	Interest Fees
TOTAL AMOUNT OF PAYMENT:			**$ 5,116.58**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name Kay Best
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1140

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

00074

1587648

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM AUG 06 TO SEP 05, 2008 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$6,434.69**
	s.17(1), 17(4)(e.1)	
AUG 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,068.71
AUG 21	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$5,365.98
SEP 05	PURCHASE INTEREST	$50.57
	SUBTOTAL OF MONTHLY ACTIVITY	**-$6,384.12**
	s.17(1), 17(4)(e.1)	
AUG 12	CHECKER CABS LTD. CALGARY AB	$51.00
AUG 13	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$134.51
AUG 13	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$305.20
AUG 18	GOLDEN CABS G.P. LTD GRANDE PRAIRIAB	$22.10
AUG 18	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$3,132.29
AUG 18	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$348.54
AUG 18	SANDMAN HOTELS #1-42 GRAND PRAIRIEAB	$678.63
AUG 20	WESTIN HOTELS - EDMONTON EDMONTON AB	$393.74
	SUBTOTAL OF MONTHLY ACTIVITY	**$5,066.01**
	TOTAL NEW BALANCE	**$5,116.58**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$60.00**
Payment due date	**SEP 26, 2008**
Credit limit	$10,000.00
Available credit	$4,883.42
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$6,434.69**
Payments & credits	-$6,434.69	
Purchases & debits	$5,066.01	
Cash advances	$0.00	
Interest	$50.57	
	.00	
		5,116.58

DO NOT WRITE ABOVE THIS LINE. NE RIEN ÉCRIRE AU-DESSUS DE CETTE LIGNE

AUTHORIZATION NO. / N° D'AUTORISATION

EXPIRY DATE CHECKED / DATE D'EXPIRATION VÉRIFIÉE

Grande Prairie s.17(1), 17(4)(e.1) 05 261

Cab cost

PLEASE WRITE LIKE THIS WHEN FILLING IN BOXES / VEUILLEZ REMPLIR LES CASES COMME SUIT 1234567890

SALES DRAFT CHARGEX FACTURE

AMOUNT MONTANT	17	10
TAX TAXE	5	
TIPS POURBOIRE	22	10

CARDHOLDER'S SIGNATURE / SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.

LE DÉTENTEUR DE LA CARTE MENTIONNÉE CI-DESSUS PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INSCRIT CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

VISA

81505 (5-89)

TOTAL $ CDN CAN 22.10

CUSTOMER COPY / COPIE DU CLIENT

recycled / recyclé

Grande Prairie

APPLICANT COPY

Sandman
HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE
9805 - 100th Street
Grande Prairie, AB T8V 6X3
Tel:780.513.5555
Fax:780.513.5131
Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626
Website:www.sandmanhotels.com

Accommodating good sense.

for luggage room

403 943 1123

PROPERTY: 01-042 Invoice #: 266891 Description: standard folio Page: 1

Mail To: Alberta Health Services Board

Res.#: 232765
Arrive: 12/08/2008 10:32am
Depart: 13/08/2008 12:29am
Room: EXQS 226

Group:
Guest: Alberta Health Services Board

Bill To: Alberta Health Services Board

Date	Description	Voucher	Amount
12/08/2008	*Dennys Restaurant	0094	26.05
12/08/2008	Room Revenue	GP -226	99.50
12/08/2008	GST	GP -226	4.98
12/08/2008	Provincial Tourism Levy	GP -226	3.98
13/08/2008	Visa	THANK YOU	-134.51
		Balance:	.00

Bill To: Alberta Health Services Board

Total GST 4.98
GST Registration # R-121767065

SIGNATURE

APPLICANT COPY

Sandman
HOTELS | INNS | SUITES

Accommodating good sense.

SANDMAN HOTEL GRANDE PRAIRIE
9805 - 100th Street
Grande Prairie, AB T8V 6X3
Tel:780.513.5555
Fax:780.513.5131
Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626
Website:www.sandmanhotels.com
PROPERTY: 01-042 Invoice #: 266522 Description: standard folio

Mail To: Karyn Ericson

3107 - 4 A Street N.W.
Calgary AB

Res.#: 232465
Arrive: 12/08/2008 10:25am
Depart: 13/08/2008 12:29am
Room: JCSN 434

Group: Alberta Health Services Board
Guest: Karyn Ericson Bill To: Ericson

Date	Description	Voucher	Amount
12/08/2008	Room Revenue	GP -434	140.00
12/08/2008	GST	GP -434	7.00
12/08/2008	Provincial Tourism Levy	GP -434	5.60
13/08/2008	Visa	THANK YOU	-152.60
		Balance:	.00

Bill To: Ericson

Total GST 7.00
GST Registration # R-121767

SANDMAN HOTELS #1-42
9805-100 ST
GRAND PRAIRIEAB

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

CARD
CARD TYPE VISA
DATE 2008/08/13
TIME 5651 07:56:52
RECEIPT NUMBER
S30723586-001-006-016-0

PRE-AUTH COMPLETION
TOTAL-CAD

$305.20

APPROVED

AUTH# 032097 01-027
THANK YOU

SIGNATURE

CARDHOLDER COPY

APPLICANT COPY

Sandman
HOTELS | INNS | SUITES

Accommodating good sense.

SANDMAN HOTEL GRANDE PRAIRIE
9805 - 100th Street
Grande Prairie, AB T8V 6X3
Tel:780.513.5555
Fax:780.513.5131
Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626
Website:www.sandmanhotels.com
PROPERTY: 01-042 Invoice #: 266131 Description: standard folio

Mail To: Patti Grier

10101 Southport Road S.W.
Calgary AB
T2W 3N2

Res.#: 232151
Arrive: 12/08/2008 10:20am
Depart: 13/08/2008 12:29am
Room: JCSN 408

Group: Alberta Health Services Board
Guest: Patti Grier Bill To: Grier

Date	Description	Voucher	Amount
12/08/2008	Room Revenue	GP -408	140.00
12/08/2008	GST	GP -408	7.00
12/08/2008	Provincial Tourism Levy	GP -408	5.60
13/08/2008	Visa	THANK YOU	-152.60
		Balance:	.00

Bill To: Grier

Total GST 7.00
GST Registration # R-121767065

SIGNATURE

APPLICANT COPY

SANDMAN HOTELS #1-42
9805-100 ST
GRAND PRAIRIEAB

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

CARD
CARD TYPE VISA
DATE 2008/08/18
TIME 5646 15:04:54
RECEIPT NUMBER
M30723586-001-011-025-0

PURCHASE
TOTAL-CAD
$3,132.29

APPROVED
AUTH# 034955 01-027
THANK YOU

CARDHOLDER COPY

see detailed catering invoice attached

SANDMAN HOTELS #1-42
9805-100 ST
GRAND PRAIRIEAB

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

CARD
CARD TYPE VISA
DATE 2008/08/18
TIME 0865 15:05:37
RECEIPT NUMBER
M30723586-001-011-026-0

PURCHASE
TOTAL-CAD
$348.54

APPROVED
AUTH# 059939 01-027
THANK YOU

CARDHOLDER COPY

see detailed catering invoice attached

SANDMAN HOTELS #1-42
9805-100 ST
GRAND PRAIRIEAB

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

CARD
CARD TYPE VISA
DATE 2008/08/18
TIME 6327 15:06:14
RECEIPT NUMBER
M30723586-001-011-027-0

PURCHASE
TOTAL-CAD
$678.63

APPROVED
AUTH# 083114 01-027
THANK YOU

CARDHOLDER COPY

see detailed Catering invoice attached

SANDMAN HOTELS #1-42
9805-100 ST
GRAND PRAIRIEAB

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

CARD
CARD TYPE VISA
DATE 2008/08/13
TIME 5462 13:31:53
RECEIPT NUMBER
M30679674-001-355-034-0

PURCHASE
TOTAL-CAD
$134.51

APPROVED
AUTH# 045058 01-027
THANK YOU

CARDHOLDER COPY

invoice attached (#266891)

APPLICANT COPY

Sandman
HOTELS | INNS | SUITES

Grande Prairie

Organization: AHSB
Date of Function: 12-Aug
Address: 0
City: 0
Postal Code: 0
Contact: Karyn
Phone : 403-943-1120

Function Room: A/B
Numbers Attended: 0
Reference #: 232168
E-Mail: 0
Fax: 0

Item	Price	Quantity	$ Amount
Pampered plate service	$ 22.95	80	$1,836.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		Food Total	$1,836.00

Liquor:				$0.00
Premium:				$0.00
Beer:				$0.00
Wine:	white and red	$ 26.99	20	$539.80
Bartender:	Darrell	$ 15.00	5	$75.00
Ast. Bartender:				$0.00
Corkage:				$0.00
Other ( ):	wine grats	$ 40.49	1	$40.49
			Beverage Total	$655.29

Equipment Rental	Price
microphone and speaker	$ 200.00
Equipment Total	$200.00

Misc (include PST/GST)	Price
Socan	$ 31.04
Misc. Total	$31.04

SUMMARY OF COSTS	
Food	$1,836.00
Beverage	$655.29
Room Rental	$0.00
Miscellaneous	$31.04
Equipment Rental	$200.00
SUB TOTAL w/o tax	$2,722.33
GST 5%	$134.56
LST 10%	$0.00
SUB TOTAL w/tax	$2,856.89
Gratuity 15%	$275.40
Grand Total	$3,132.29
Less Deposit:	

NET DUE: $3,132.29

Banquet Coordinator Signature: ____ Jody Delorme

Date: _____

APPLICANT COPY

HOTELS | INNS | SUITES

Grande Prairie

Organization: AHSB
Date of Function: Aug 13 2008
Address: 0
City: 0
Postal Code: 0
Contact: Karyn
Phone : 403-943-1120

Function Room: A
Numbers Attended: 0
Reference #: 0
E-Mail: 0
Fax: 0

Item	Price	Quantity	$ Amount
continental breakfast	$ 9.95	16	$159.20
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		Food Total	$159.20

Liquor:			$0.00
Premium:			$0.00
Beer:			$0.00
Cocktails:			$0.00
Bartender:			$0.00
Ast. Bartender:			$0.00
Corkage:			$0.00
Other ( ):			$0.00
			$0.00
		Beverage Total	$0.00

Equipment Rental		Price
Equipment Total		$0.00

Misc (include PST/GST)		Price
Misc. Total		$0.00

SUMMARY OF COSTS	
Food	$159.20
Beverage	$0.00
Room Rental	$150.00
Miscellaneous	$0.00
Equipment Rental	$0.00
SUB TOTAL w/o tax	$309.20
GST 5%	$15.46
LST 10%	$0.00
SUB TOTAL w/tax	$324.66
Gratuity 15%	$23.88
Grand Total	$348.54
Less Deposit:	

NET DUE: $348.54

Banquet Coordinator Signature: ____ Jody Delorme

Date: _____

APPLICANT COPY

Sandman HOTELS | INNS | SUITES

Grande Prairie

Organization: AHSB
Date of Function: 12-Aug
Address: 0
City: 0
Postal Code: 0
Contact: Karyn
Phone : 403-943-1120

Function Room: A
Numbers Attended: 0
Reference #: 0
E-Mail: 0
Fax: 0

Item	Price	Quantity	$ Amount
coffee	$ 12.95	2	$25.90
bottle juice	$ 2.50	4	$10.00
pop	$ 1.75	5	$8.75
lunch buffet	$ 10.95	20	$219.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		Food Total	$263.65

Liquor:			$0.00
Premium:			$0.00
Beer:			$0.00
Cocktails:			$0.00
Bartender:			$0.00
Ast. Bartender:			$0.00
Corkage:			$0.00
Other ( ):			$0.00
			$0.00
		Beverage Total	$0.00

Equipment Rental		Price
screen		$ 20.00
LCD projector		$ 125.00
flip chart	2	$ 50.00
Equipment Total		$195.00

Misc (Include PST/GST)		Price
Misc. Total		$0.00

SUMMARY OF COSTS	
Food	$263.65
Beverage	$0.00
Room Rental	$150.00
Miscellaneous	$0.00
Equipment Rental	$195.00
SUB TOTAL w/o tax	$608.65
GST 5%	$30.43
LST 10%	$0.00
SUB TOTAL w/tax	$639.08
Gratuity 15%	$39.55
Grand Total	$678.63
Less Deposit:	

NET DUE: $678.63

Banquet Coordinator Signature: ____ Jody Delorme

Date: _____

APPLICANT COPY

CT

THE WESTIN
EDMONTON

10135 100th Street Edmonton, AB CANADA T5J ON7
Phone: 780-426-3636 - Fax: 780-424-1525
Accounts Receivable Inquiries: 780-493-8927

Invoice #: 35,364
Page: 1 of 1
Printed: 8/19/2008
RLA

INVOICE

Account:	HBA SERVICES	**Event Date:**	Friday, August 15, 2008
Post As:	Alberta Health Services		
BEO Name:	Meeting	**Contact:**	Lou Decoste
Address:	10101 Southport Rouad SW Calgary, AB T2W 3N2	**Phone:**	1-866-943-1120
		Fax:	(403) 943-1124
		On-Site:	Ken Hughes

Quantity	Food	Price	Amount
1	pot Freshly Brewed Starbucks® Regular Coffee (10 cups)	30.00 pot	30.00
3	Montclair Still 500ml Bottled Water	3.50 consumption	10.50
1	doz Assorted Muffins, Danish & Croissants with Preserves	30.00 dozen	30.00
		Subtotal:	70.50
		Service Charge %: 17.00	11.99
		GST %: 5.00	4.12
		Total:	86.61

Room Rental

Room: Athabasca
Room: Athabasca
Function: BRK
Function: MTG

Price	Amount
250.00	250.00
Subtotal:	250.00
Service Charge %: 17.00	42.50
GST %: 5.00	14.63
Total:	307.13

Grand Total:	**393.74**
Balance Due:	**393.74**

Credit Card
Bill to Patti G's Credit Card on File

Client Signature

Date

RBC Royal Bank

APPLICANT COPY

140-832

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM SEP 06 TO OCT 05, 2007 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	$268.52
	s.17(1), 17(4)(e.1)	
OCT 05	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$268.52
OCT 05	PURCHASE INTEREST	$12.16
	SUBTOTAL OF MONTHLY ACTIVITY	-$256.36
	s.17(1), 17(4)(e.1)	
SEP 07	ILC FLOWERS & GIFTS BRAGG CREEK AB	$111.30
SEP 18	CALGARY HEALTH TRUST CALGARY AB	$350.00
SEP 20	REDWATER RUSTIC GRILLE CALGARY AB	$47.75
OCT 01	CALGARY PARKING AUTHORITYCALGARY AB	$6.75
	SUBTOTAL OF MONTHLY ACTIVITY	$515.80
	TOTAL NEW BALANCE	$527.96

Protect yourself when travelling

Protect your RBC Royal Bank® *Visa** card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

TWO CHANCES TO WIN

Visit www.visa.ca/SmallBusinessSurvey and give us your feedback - you could WIN 1 of 10 $100 *Visa** Gift Cards. Plus you could WIN 1 of 18 remaining prizes in the *Visa* PIN to WIN contest at www.visasavingsforbusiness.ca/contest.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$16.00**
Payment due date	**OCT 26, 2007**
Credit limit	$10,000.00
Available credit	$9,472.04
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$268.52**
Payments & credits	-$268.52	
Purchases & debits	$515.80	
Cash advances	$0.00	
Interest	$12.16	
Fees	$0.00	
NEW BALANCE		**$527.96**

RBC0150120_8830119_027_3391
HRI - 00 - 1 - 1 - 1 - 6 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date October 26, 2007	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ☐ Employee ☐ Other **RBC ROYAL BANK**		**Employee #**
MAILING ADDRESS (cheque payment only)		
Canada Post: P.O. Box 4016, Station "A" s.17(1), 17(4)(g)(i)		
City **Toronto** Province **ON** Postal Code **M5W 2E6**		
Interoffice Mail: Department _____		
Site: _____		
☐ **SPECIAL HANDLING INSTRUCTIONS**		
Purpose of Request	September 6 to October 5, 2007 - VISA Expenses	

RECEIVED
NOV 13 2007

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6960000000	54.50	
01	7110500000001	6750000000	350.00	
01	7110500000001	6950000000	111.30	
01	7110500000001	6750000000	12.16	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 527.96**	☐ CDN ☐ US ☐ Other
Expenditure Officer Authorization			Print Name KAY BEST	
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1141	
Comments: s.17(1), 17(4)(g)(i)				

00074

0591527

817463

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

8/0706 5018/170020200/049937
11:46 28/09/07 EN Stn-R
McDougall Parkade

GST 6% 0.38
6.75 12 VISA
28/09/07 13:03

347909

Nelson

RIVERWATER BISTRO
GRILL
[illegible]
Tel: 403 [illegible]
Check: 60075

[illegible]
Table [illegible]
Date: [illegible]
Time: [illegible]

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

SOUTH
MERCHANT# [illegible] ONLINE
[illegible]

SUBTOTAL $ 39.75

TIP $ 8.00

TOTAL $ 47.75

** CUSTOMER COPY **

Thank You For Dining With Us
Please Join Us On
GST #819568494/RT0001

Faxed
Sept. 7
2pm

Thank you
for your
business

TAX REG. NO. Mary 943-1108

DATE Sept. 7, 2007

FOR: Avril Derbyshire 949-2285
pick up
(delivery)

TLC FLOWERS & GIFTS
7 BALSAM AVE, UNIT 112B
BRAGG CREEK AB

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

CARD NUMBER	
EXPIRY DATE	
CARD TYPE	VISA 5421
DATE/TIME	2007/09/07 14:37:04
RECEIPT NUMBER	M80141018-168-006
PURCHASE	
TOTAL AMOUNT	$111.30

01 APPROVED 027 AUTH. # 095340
THANK YOU

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

CARDHOLDER SIGNATURE

MERCHANT COPY

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

TERMS	BUYER	SALESPERSON	
2 Floral arrangements in vases		40	00 ea.
1 6" tropical Plant in basket		25	00
Roses:			
Lilies, oriental			
Done, in cooler phoned for PU Sept. 7 2pm.		105	00
	GST	6	30
V #		111	30

18

SALES ORDER

APPLICANT COPY

CALGARY HEALTH TRUST

Suite 800 | 11012 Macleod Trail SE | Calgary, AB | T2J 6A5
T: 403-943-0615 | F: | www.thetrust.ca

TRANSACTION APPROVED - THANK YOU

Please print this page and keep it as your transaction receipt.

Payment Details

Transaction Type: PURCHASE
Transaction Amount: $350.00 (CAD)
Order ID: FCA Ticket Order 1
Card Num: s.17(1), 17(4)(e.1)
Card Type: VISA
Resp Code - Message: 027 - APPROVED * =
Auth Code: 097166
Reference Num: 661055760010960020 M
Date/Time: Sep 18 2007 12:47PM

Item Details

Description	Product Code	Quantity	Price
		Shipping:	$0.00
		Taxes:	$0.00
		Total (CAD):	$350.00

Customer Details

Customer ID: Patti Grier
Email Address:
Note:

2 tickets to the Festivals
(Country Auction - November 3, 2007
(Kids ends).

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

Jul06

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

STATEMENT FROM JUN 06 TO JUL 05, 2006 1 OF 1

You could be a winner! 1115044

You could **WIN A TRIP TO THE BEIJING 2008 OLYMPIC GAMES!** Contest open May 12 - Oct 9, 2006. Visit visaperks.ca for contest rules. No purchase necessary.

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd JUL 10 2006

IMPORTANT INFORMATION

CONTACT US

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

File Name:

PAYMENT INFORMATION

Minimum payment	**$161.00**
Payment due date	**JUL 26, 2006**
Credit limit	$10,000.00
Available credit	$4,654.67
Annual interest rate	19.50%

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$933.67**
	s.17(1), 17(4)(e.1)	
JUN 29	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$933.67
	SUBTOTAL OF MONTHLY ACTIVITY	-$933.67
	s.17(1), 17(4)(e.1)	
JUN 13	EARL'S WILLOW PARK CALGARY AB	$31.95
JUN 13	AVW - TELAV INC. LACHINE QC	$2,738.00
JUN 15	BUKSA ASSOCIATES INC EDMONTON AB	$630.00
JUN 16	BUKSA ASSOCIATES INC EDMONTON AB	$630.00
JUN 20	BUKSA ASSOCIATES INC EDMONTON AB	$630.00
JUN 21	CALGARY SUN CALGARY AB	$128.80
JUN 22	RUBAIYAT CALGARY AB	$337.05 <22.05>
JUN 29	LAURELWOOD FLORAL DESIGN CALGARY AB	$84.53
JUL 04	CDN INSTIT CHRTD ACCTORONTORONTO ON	$135.00
	SUBTOTAL OF MONTHLY ACTIVITY	$5,345.33
	TOTAL NEW BALANCE	**$5,345.33**

CALCULATING YOUR BALANCE

Previous Statement Balance	**$933.67**
Payments & credits	-$933.67
Purchases & debits	$5,345.33
Cash advances	$0.00
Interest	$0.00
Fees	$0.00
NEW BALANCE	**$5,345.33**

Valuable tips to avoid risk

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

RBC0150120_4871590_006_3557
HRI - 00 - 1 - 1 - R - 289 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
July 20, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED
AUG 01 2006

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	June 6, 2006 to July 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6950000002	$ 337.05 ✓	
01	7110500000001	6950000000	84.53 ✓	
01	7110500000001	6960000000	2,769.95 ✓	
01	7111030000002	6221400000	1,890.00 ✓	
01	7111030000001	4901000002	135.00 ✓	
01	7110500000001	6604000000	128.80 ✓	GST $
TOTAL AMOUNT OF PAYMENT:			**$5,345.33**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name
[signature]	KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

March 2005

APPLICANT COPY

AVW·TELAV
Audio Visual Solutions

AVW-TELAV Inc.
Bay/Box #17
2916 - 5th Avenue N.E.
Calgary, Alberta T2A 6K4
Tel: (403) 235-1563 *Fax: (403) 235-1564*
info@avwtelav.com *www.avwtelav.com*

OFFICES COAST TO COAST

Receipt

Billing Address

CALGARY HEALTH REGION CORP BUSINESS DEV
10101 Southport Road SW
Calgary AB T2W 3N2

Shipping Address

CALGARY GOLF & COUNTRY CLUB
RM:

Calgary, Alberta

Information

Document Number	90301895
Document Date	06/13/2006
Work Order Number	AB11038368
Customer Number	43937
	AB11-A03671
Account Executive	SCL
Contact	Ms. Shelley Koch
Start Date	06/02/2006
End Date	06/02/2006
Billing Date	06/13/2006
Currency	CAD
Tax Exemption	N/A

Invoice Details

Quantity	Description	Term	Price	Amount
	**** AUDIENCE RESPONSE ****			
42	AR+ COMMUNICATOR WIRELESS KEYPADS	1.00 DAY	25.00	1,050.00
1	AR+ COMMUNICATOR COMPUTER SYSTEM	1.00 DAY	500.00	500.00
	**** LABOUR ****			
1	TECH REP(S) - PRE-PROGRAM 06/01	4.00 HR	60.00	240.00
1	TECH REP(S) - LOAD IN/INSTALL	2.00 HR	48.00	96.00
1	TECH REP(S) - DISMANTLE/LOAD OUT	1.30 HR	48.00	72.00
1	TECH COORDINATOR - DAY RATE 06/02	1.00 DAY	600.00	600.00
	**** TRANSPORTATION ****			
1	DELIVERY CHARGE(S)	EA	90.00	90.00
1	PICK-UP CHARGE(S)	EA	90.00	90.00
	Subtotal Equipment			1,550.00
	01-71105000001 Subtotal Labour			1,008.00
	Subtotal Expenses			0.00
	A/C : 69600000 Subtotal Sales			0.00
	Subtotal Pickup/Delivery			180.00
	GST			0.00
	PST			0.00
	Total			**$ 2,738.00**
	GST : R105164933			
	Payment settled by Visa Card			**$ 2,738.00**

PLEASE REMIT PAYMENT TO: 1930 Onesime-Gagnon, Lachine, Quebec H8T 3M6

Halifax 6: The Canadian Healthcare Safety Symposium
Safety Management: Changing the way we do things
October 19 to 21, 2006
Vancouver, British Columbia

June 19, 2006

Confirmation Notice

The Canadian Healthcare Safety Symposium
GST # 81157 7345 RT0001

Mr. Sandy Dougall
Board Member
Calgary Health Region
10101 Southport Road SW
Calgary AB T2W 3N2
Fax: (403) 943-1124

Dear Mr. Dougall,

We are pleased that you will be attending "Halifax 6: The Canadian Healthcare Safety Symposium" at the Sheraton Vancouver Wall Centre Hotel (1088 Burrard Street). Below is your registration information for this event:

Date	Start Time	Event	Ticket(s)	Fee Description	Fee	Total
19 October	*7:00 pm*	**Halifax 6: The Canadian Healthcare Safety Symposium**	1	Early Bird Registration	630.00	630.00

Your delegate materials will be available for pick-up during the following hours at the registration desk:

Thursday, October 19, 2006	8:00 am to 9:00 pm
Friday, October 20, 2006	7:00 am to 5:30 pm

**** Accommodation Confirmation - Please read carefully as your room preferences may not have been available.**
A room has been reserved for you at the Sheraton Vancouver Wall Centre Hotel.

Check-in:	October 19, 2006			Check-out:	October 22, 2006
Number of Beds:	One Bed			Confirmation No:	**239619**
Smoking Room:	No	Guests:	1	Room Type:	Run of House (215/n+tax)
Sharing With:					

** The room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on your registration form. The hotel will finalize your bill when you check-out.

01-7111030000 2
A/c : 62214000



Halifax 6: The Canadian Healthcare Safety Symposium
Safety Management: Changing the way we do things
October 19 to 21, 2006
Vancouver, British Columbia

Your registration payment information is as follows:

Total Cost:	$630.00
Paid:	$630.00
Amount Due:	**$0.00**

Please Note: If you paid by credit card, your statement will read "BUKSA Assoc. (780) 436-0983 Edm.".

Your nametag is listed as: **Sandy Dougall**
Calgary Health Region
Calgary AB
If this is not how you would like your nametag to read, please notify us by fax or email at your earliest convenience with requested changes. Please specify that you are refering to the Halifax Symposium in your correspondence.

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

We look forward to seeing you in Vancouver!

Yours Sincerely,

Sabrina Chan
Symposium Secretariat

Halifax 6: The Canadian Healthcare Safety Symposium
Safety Management: Changing the way we do things
October 19 to 21, 2006
Vancouver, British Columbia

June 27, 2006

Confirmation Notice

The Canadian Healthcare Safety Symposium
GST # 81157 7345 RT0001

Mr. Robert Moskovitz
Board Member
Calgary Health Region
10101 Southport Road SW
Calgary AB T2W 3N2
Fax: (403) 943-1124

Dear Mr. Moskovitz,

We are pleased that you will be attending "Halifax 6: The Canadian Healthcare Safety Symposium" at the Sheraton Vancouver Wall Centre Hotel (1088 Burrard Street). Below is your registration information for this event:

Date	Start Time	Event	Ticket(s)	Fee Description	Fee	Total
19 October	*7:00 pm*	**Halifax 6: The Canadian Healthcare Safety Symposium**	1	Early Bird Registration	630.00	630.00

Your delegate materials will be available for pick-up during the following hours at the registration desk:

Thursday, October 19, 2006	8:00 am to 9:00 pm
Friday, October 20, 2006	7:00 am to 5:30 pm

**** Accommodation Confirmation - Please read carefully as your room preferences may not have been available.**
A room has been reserved for you at the Sheraton Vancouver Wall Centre Hotel.

Check-in:	October 19, 2006			Check-out:	October 22, 2006
Number of Beds:	One Bed			Confirmation No:	**244253**
Smoking Room:	No	Guests:	1	Room Type:	Run of House (215/n+tax)
Sharing With:					

** The room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on your registration form. The hotel will finalize your bill when you check-out.

01-7111030000 2
A/c: 62214000

Halifax 6: The Canadian Healthcare Safety Symposium
Safety Management: Changing the way we do things
October 19 to 21, 2006
Vancouver, British Columbia

Your registration payment information is as follows:

Total Cost:	$630.00
Paid:	$630.00
Amount Due:	**$0.00**

Please Note: If you paid by credit card, your statement will read "BUKSA Assoc. (780) 436-0983 Edm.".

Your nametag is listed as: **Robert Moskovitz**
Calgary Health Region
Calgary AB
If this is not how you would like your nametag to read, please notify us by fax or email at your earliest convenience with requested changes. Please specify that you are refering to the Halifax Symposium in your correspondence.

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

We look forward to seeing you in Vancouver!

Yours Sincerely,

Sabrina Chan
Symposium Secretariat

APPLICANT COPY

Halifax 6: The Canadian Healthcare Safety Symposium
Safety Management: Changing the way we do things
October 19 to 21, 2006
Vancouver, British Columbia

June 19, 2006

Confirmation Notice

The Canadian Healthcare Safety Symposium
GST # 81157 7345 RT0001

Mrs. Marjorie Ricketts
Board Member
Calgary Health Region
10101 Southport Road SW
Calgary AB T2W 3N2
Fax: (403) 943-1124

Dear Mrs. Ricketts,

We are pleased that you will be attending "Halifax 6: The Canadian Healthcare Safety Symposium" at the Sheraton Vancouver Wall Centre Hotel (1088 Burrard Street). Below is your registration information for this event:

Date	Start Time	Event	Ticket(s)	Fee Description	Fee	Total
19 October	*7:00 pm*	**Halifax 6: The Canadian Healthcare Safety Symposium**	1	Early Bird Registration	630.00	630.00

Your delegate materials will be available for pick-up during the following hours at the registration desk:

Thursday, October 19, 2006	8:00 am to 9:00 pm
Friday, October 20, 2006	7:00 am to 5:30 pm

**** Accommodation Confirmation - Please read carefully as your room preferences may not have been available.**
A room has been reserved for you at the Sheraton Vancouver Wall Centre Hotel.

Check-in:	October 19, 2006			Check-out:	October 22, 2006
Number of Beds:	One Bed			Confirmation No:	**239687**
Smoking Room:	No	Guests:	1	Room Type:	Run of House (215/n+tax)
Sharing With:					

** The room rate is not included in your registration fees. Your room has been guaranteed using the credit card information provided on your registration form. The hotel will finalize your bill when you check-out.

01-7111030000 2
A/c: 62214000



Halifax 6: The Canadian Healthcare Safety Symposium
Safety Management: Changing the way we do things
October 19 to 21, 2006
Vancouver, British Columbia

Your registration payment information is as follows:

Total Cost:	$630.00
Paid:	$630.00
Amount Due:	**$0.00**

Please Note: If you paid by credit card, your statement will read "BUKSA Assoc. (780) 436-0983 Edm.".

Your nametag is listed as: **Marjorie Ricketts**
Calgary Health Region
Calgary AB
If this is not how you would like your nametag to read, please notify us by fax or email at your earliest convenience with requested changes. Please specify that you are refering to the Halifax Symposium in your correspondence.

For details including session descriptions and start times, please refer to www.buksa.com/halifax.

We look forward to seeing you in Vancouver!

Yours Sincerely,

Sabrina Chan
Symposium Secretariat

Halifax 6: The Canadian Healthcare Safety Symposium
c/o BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
Phone: (780) 436-0983 Ext. 231 Fax: (780) 437-5984 Email: halifax@buksa.com
www.buksa.com/halifax

Attn: Marie Glennon.

APPLICANT COPY

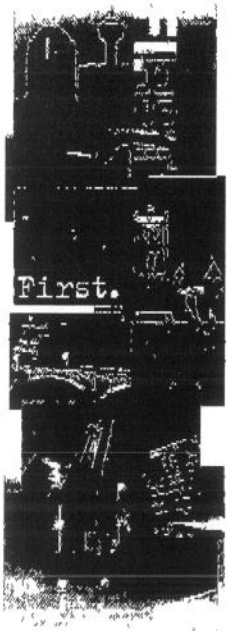
SUN First.

2615 - 12 Street N.E.
Calgary, Alberta, Canada
T2E 7W9

Calgary Sun Main Line
(403)410-1010

Calgary Sun Fax Lines
Advertising:
(403) 250-4258
Circulation:
(403) 250-4358
Editorial:
(403) 250-4180
Marketing:
(403) 250-4373
Credit:
(403) 250-4257

Sun Distribution
(403) 250-4329
Fax Line:
(403) 250-4176





SUBSCRIPTION RECIEPT

Price Includes GST., GST # - 89292145

SERVICE TYPE: DAILY

DATE: July 20, 2006

NAME: REGION CALGARY HEALTH

ADDRESS: 10101 SOUTHPORT RD SW

CITY: CALGARY

POSTAL CODE: T2W 3N2

PHONE NUMBER: 255-8220

AMOUNT PAID: $128.80

DATE PAID: June 20, 2006

EXPIRY DATE: For Nov. 25/05 to June 20/06.
Payment to district manager.

SUBSCRIPTION RATES

01-7110500000
A/c: 66040000

7 Day	Sat & Sun
$59.80/13 Wks	$24.05/13 Wks
$119.60/26 Wks	$48.10/26 Wks
$239.20/52 Wks	$96.20/52 Wks
Auto Debit Only	**Auto Debit Only**
$20.70/ 5 Wks	$9.25/ 5 Wks

Fri,Sat & Sun	Sunday Only
$31.20/13 Wks	$13.65/13 Wks
$62.40/26 Wks	$27.30/26 Wks
$124.80/52 Wks	$54.60/52 Wks
Auto Debit Only	**Auto Debit Only**
$12.00/ 5 Wks	$5.25/ 5 Wks

SUN MEDIA CORPORATION
A QUEBECOR COMPANY

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

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB 22702035

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

Name:
Acct #

Date 06/06/29 Time 13 59 40
Exp Date 0811 Auth # 000254
Card Type VI Tran Code 00
N22702035001 001520007

Subtotal ----------
Tax ----------
Total $84.53

Retain this copy for your records

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

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

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: Jun 29/06 Time: ___ am / pm
Customer: Patti Grier / Sonia
Address:
City: State/Prov: Zip:
Home Ph: 943-1131 Work Ph:

CIRCLE ONE: CASH CHECK HOUSE ACCT AUTHORIZATION

WALK IN | PHONE IN | WIRE IN | WIRE OUT | WIRE SERVICE: | FLORIST NUMBER:
FLORIST CITY: Patti Grier FLORIST PHONE: PERSON SPOKEN TO:

ORDER

DESCRIPTION: gerbs + greens + fill
arr in vase

CHARGES 70.00
PRODUCT CODE
DELIVERY 9.00
RELAY
SUB TOTAL
TAX
Total 84.53

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS HOLIDAY OTHER

CARD

"Jack & Patti

DELIVERY

Deliver to: Mrs Andrea Robertson
Address:
City: State/Prov: Zip/Code:
Home Ph: Work Ph:
Special Instructions:

DELIVERY DATE Thurs Jun 29 TIME 08 AM

Form No. VDO151

Flowers Say It Best!

01-7110500000

Alc: 69500000

The Canadian Institute of Chartered Accountants
L'Institut Canadien des Comptables Agréés

277, rue Wellington Ouest
Toronto, Canada M5V 3H2
Tél. / Tél. (416) 204-3322
Fax / Téléc. (416) 204-3416

APPLICANT COPY

Page: 1

Invoice Reprint

INVOICE / CREDIT NOTE NO.
N° DE FACTURE / NOTE DE CRÉDIT
1325351

DATE: 06/29/06

TO / À

Lou Decoste
Calgary Health Region Authority
10101 Southport Rd SW
Calgary AB T2W 3N2

SHIP TO / DESTINATAIRE

Calgary Health Region Authority
10101 Southport Rd SW
Calgary AB T2W 3N2

Patti Greer
VISA

CHARGE/CUSTOMER NO. FACTURER À	CUSTOMER ORDERING NO. N° DE COMMANDE DU CLIENT	CICA ORDER NO. N° DE COMMANDE DE L'ICCA	SHIP VIA – EXPÉDIÉ PAR	CUSTOMER NO. N° DU CLIENT	SHIP TO NO. N° DE DESTINATION
C665151		377469	N/A	C815106	C665151

STOCK NO. N° D'ARTICLE	DESCRIPTION	QTY. QTÉ	CODE	UNIT PRICE PRIX UNITAIRE	TRADE DISCOUNT $ ESCOMPTE D'USAGE	OTHER DISC. $ AUTRES REMISES	NET DOLLAR AMOUNT MONTANT NET EN $
84470	RISK MANAGEMENT & GOVERNANCE COLLECTION DOWNLOAD	1		135.00	0.00	0.00	135.00

FAX
Lou
(403) 943 1124
MARIE
1
DATE: 08/01/06

CHECK OUT THE COMPLETE CATALOGUE OF CICA PRODUCTS AND SERVICE AND SHOP ON-LINE AT THE NEW WWW.KNOTIA.CA/STORE

PRIVACY CONSENT
IN PAYING THIS INVOICE, I CONSENT TO CICA COLLECTING AND USING THE ABOVE INFORMATION AND DISCLOSING IT TO OTHER THIRD PARTY SERVICE PROVIDERS FOR THE PURPOSE OF(1) PROVIDING ME WITH THE SERVICE FOR WHICH I HAVE CONTRACTED. (2) PROVIDING ME WITH INFORMATION AS TO PRODUCTS AND SERVICES CICA FEELS MAY BE OF INTEREST TO ME. SHOULD YOU HAVE ANY QUESTIONS ON THE COLLECTION, USE AND DISCLOSURE OF YOUR INFORMATION, VIEW THE CICA'S PRIVACY POLICY AT WWW.CICA.CA. PLEASE CHECK THE FOLLOWING BOX SHOULD YOU NOT WISH YOUR PERSONAL INFORMATION TO BE USED AND DISCLOSED FOR THE PURPOSE SET OUT IN (2) ABOVE: ☐

CONSENTEMENT RELATIF AUX RENSEIGNEMENTS PERSONNELS
EN PAYANT LA PRÉSENTE FACTURE, J'AUTORISE L'ICCA À RECUEILLIR ET À UTILISER LES RENSEIGNEMENTS INDIQUÉS PRÉCÉDEMMENT ET À COMMUNIQUER À DES TIERS FOURNISSEURS DE SERVICES, AFIN QU'IL PUISSE 1) ME FOURNIR LE SERVICE PRÉVU AU CONTRAT ET 2) ME TRANSMETTRE DE L'INFORMATION SUR LES PRODUITS ET SERVICES QUI, SELON LUI, POURRAIENT M'INTÉRESSER. SI VOUS AVEZ DES QUESTIONS AU SUJET DE LA COLLECTE, DE L'UTILISATION ET DE LA COMMUNICATION DES RENSEIGNEMENTS PERSONNELS QUI VOUS CONCERNENT, VEUILLEZ CONSULTER LA POLITIQUE DE L'ICCA SUR LA CONFIDENTIALITÉ À L'ADRESSE WWW.ICCA.CA. SI VOUS VOUS OPPOSEZ À L'UTILISATION ET À LA COMMUNICATION DES RENSEIGNEMENTS PERSONNELS QUI VOUS CONCERNENT AUX FINS ÉNONCÉES EN 2) CI-DESSUS, VEUILLEZ COCHER LA CASE SUIVANTE : ☐

1. OUT OF STOCK TEMPORARILY – ITEM BACK ORDERED
2. OUT OF STOCK INDEFINITELY – ORDER CANCELLED

1. STOCKS ÉPUISÉS TEMPORAIREMENT – COMMANDE EN SOUFFRANCE
2. STOCKS ÉPUISÉS DÉFINITIVEMENT – COMMANDE ANNULÉE

TERMS:
CONDITIONS: Due on Receipt

SHIPPING & HANDLING CHARGE FRAIS DE MANUTENTION	.00
SUB-TOTAL TOTAL PARTIEL	135.00
G.S.T. T.P.S.	.00
P.S.T. T.V.P.	.00
SUB-TOTAL TOTAL PARTIEL	135.00
LESS PAYMENT REC'D MOINS PAIEMENT	135.00
TOTAL	.00

☐ PAYMENT ENCLOSED
PAIEMENT CI-JOINT

☐ MasterCard ☐ VISA

ENG(416) 204-3322
FR(416) 204-3356
TOLL FREE 1-800-268-3793

FAX / TÉLÉC
(416) 204-3416

CARD NO.
N° DE CARTE

EXPIRY DATE
DATE D'EXPIRATION

CARD HOLDER NAME - NOM SUR LA CARTE

SIGNATURE

RECYCLED PAPER
PAPIER RECYCLÉ

E. & O.E.

APPLICANT COPY

Subject: Re: Fwd: Governance Publications
Date: Wed, 28 Jun 2006 11:52:16 -0600
From: Patti Grier <Patti.Grier@CalgaryHealthRegion.ca>
To: Lou Decoste <Lou.Decoste@CalgaryHealthRegion.ca>

Chsrge back costs to board functional centre magazines and subscriptions.P

..... Original Message .....
On Wed, 28 Jun 2006 11:40:37 -0600 "Lou Decoste"
<Lou.Decoste@CalgaryHealthRegion.ca> wrote:
>Okay, I need some more information on this. There are various different
>versions of these subscriptions; CD, DVD, book format and download (varying
>in prices of $135 to $160). I'm assuming the download version is
sufficient
>which I can obtain right away after setting up an account but I do need to
>use a credit card so need your okay on that. Let me know!
>
>Lou
>
>Patti Grier wrote:
>
>> Hi. Please order and let me know ETA for arrival so I can advise David.P
>>
>> ..... Forwarded Message .....
>> From: "David Tuer" <david.tuer@calgaryhealthregion.ca>
>> To: "Patti Grier" <Patti.Grier@CalgaryHealthRegion.ca>
>> Date: Thu, 22 Jun 2006 05:59:48 -0600
>> Subj: Governance Publications
>>
>> Patti
>> The following is extracted from the Cdn Institute of Chartered
>> Accountants website and is a refernce the auditor general provided. The
>> publications look to be useful, and possible educational for audit
>> committe or governance committee members. can you look into ordering
>> them for me please.
>> the URL reference given was (ready for this?)
>> www.rmgb.ca/index.cfm/ci_id/3083/1a_id/1.htm
>>
>> ABSTRACT FOLLOWS
>>
>> The Risk Management and Governance (RMG) Board conducts a regular review
>> of all its publications to ensure that they remain current and relevant.
>>
>> Risk Management and Governance Collection
>> Click here to order any of the following publications.
>> Click here to order a complete set.
>>
>> The Board of Directors Series
>>
>> 20 Questions Directors Should Ask about Building a Board
>> 20 Questions Directors Should Ask about Codes of Conduct
>> 20 Questions Directors Should Ask about Director Compensation
>> 20 Questions Directors Should Ask about Executive Compensation
>> 20 Questions Directors Should Ask about Governance Assessments
>> 20 Questions Directors Should Ask about Internal Audit
>> 20 Questions Directors Should Ask about IT
>> 20 Questions Directors Should Ask about Management's Discussion and
>> Analysis
>> 20 Questions Directors Should Ask about Risk
>> 20 Questions Directors Should Ask about Strategy
>> 20 Questions Directors Should Ask about their Role in Pension Governance

01-71110300001
Alc: 49010002

APPLICANT COPY

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

Date: 12Jun'06 01:07PM
Visa

Exp:
Aut Code: 13074L
Check: 3047
Table: 41/1
Server: 75 LAUREN S
Ref Number: 001150139266
PATTI GRIER

Total: 26.95

Tip: 5.00

Total: 31.95

total
issuer

Customer Copy

01-7110500001

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

APPLICANT COPY

recognition

RUBAIYAT

GST #R104663638
722 - 17th Avenue S.W.
CALGARY, ALBERTA, CANADA T2S 0B7
(403) 228-7192 Fax 228-4756

SOLD BY	TELEPHONE	FAX	DATE
Jen / Caroline.			June 22/06

NAME Patti Grier

ADDRESS

CITY PROVINCE POSTAL CODE

Visa.

☐ CASH ☐ CHEQUE ☑ CHARGE ☐ DEBIT CARD ☐ C.O.D. ☐ ON ACCT. ☐ MDSE. RET'D. ☐ PAID OUT

QUANTITY		DESCRIPTION	PRICE	AMOUNT	
7	1	Robert Held mini	45.00	315	—
	2	paper holder.			
	3				
	4				
	5				
	6				
	7	Functional Cost Centre			
	8	01-71105000001			
	9	A/c: 69500002			
	10				
	11				
	12				
	13				

SPECIAL INSTRUCTIONS:

Sorry no refunds.
Exchanges only within 15 days of purchase.

SUBTOTAL		
GST	22	05
PST		
TOTAL	337	05

RECEIVED BY

120716

THANK YOU

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM JUN 06 TO JUL 04, 2008 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$2,289.83**
	s.17(1), 17(4)(e.1)	
JUN 06	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$541.65
JUN 13	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,421.57
JUL 04	PURCHASE INTEREST	$48.70
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,914.52**
	s.17(1), 17(4)(e.1)	
JUN 09	CALGARY SUN CALGARY AB	$291.02
JUN 10	MESI'S AIRPORT SEDAN S CALGARY AB	$77.67
JUN 10	MESI'S AIRPORT SEDAN S CALGARY AB	$72.74
JUN 12	YELLOW CAB EDMONTON AB	$11.00
JUN 12	YELLOW CAB EDMONTON AB	$12.00
JUN 13	IMPARK/VERRUS VANCOUVER BC	$20.35
JUN 16	THE NOSEGAY INC CALGARY AB	$143.85
JUN 16	YELLOW CAB EDMONTON AB	$11.40
JUN 17	CALGARY SUN CALGARY AB	$291.02
JUN 17	YELLOW CAB EDMONTON AB	$11.40
JUN 18	MESI'S AIRPORT SEDAN S CALGARY AB	$77.67
JUN 18	MESI'S AIRPORT SEDAN S CALGARY AB	$72.74
JUN 18	WESTIN HOTELS - EDMONTON EDMONTON AB	$191.56
JUN 22	HYATT REGENCY CALGARY-F/DCALGARY AB	$1,083.28
JUN 22	HYATT REGENCY CALGARY-F/DCALGARY AB	$1,083.28
JUN 22	HYATT REGENCY CALGARY-F/DCALGARY AB	$1,083.28
JUN 26	HOTEL MACDONALD - FD EDMONTON AB	$250.00
JUN 30	MESI'S AIRPORT SEDAN S CALGARY AB	$150.41
JUL 01	AIRPORT TAXI SERVICE EDMONTON AB	$56.00
	SUBTOTAL OF MONTHLY ACTIVITY	**$4,990.67**
	TOTAL NEW BALANCE	**$5,365.98**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$58.00**
Payment due date	**JUL 29, 2008**
Credit limit	$10,000.00
Available credit	$4,634.02
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$2,289.83**
Payments & credits	-$1,963.22
Purchases & debits	$4,990.67
Cash advances	$0.00
Interest	$48.70
Fees	$0.00
NEW BALANCE	**$5,365.98**

RBC0150120_3460900_012_6805
HRI - 00 - 2 - 2 - B - 78 - D

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION s.17(1), 17(4)(e.1)

PATTI GRIER

STATEMENT FROM JUN 06 TO JUL 04, 2008

Please note:

RBC Insurance® underwrites certain RBC Royal Bank® *Visa** cardholder insurance coverages. This makes you a customer of RBC Insurance and allows you to receive promotional materials & information from RBC Insurance and its affiliates. We respect your right to privacy and our RBC Privacy Policy states you have the right to tell RBC Insurance that you do not want to receive promotional material. For more information please call 1-866-863-6970.

® Includes RBC Insurance Company of Canada and RBC General Insurance Company.

Valuable Tips to Avoid Risk

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

Planning to travel soon?

Wherever you are, we've got you covered. If you're planning a trip out of the country, simply call us **before you leave** at 1-800-361-0152 to ensure that your purchases are virtually hassle free while you're away.

RBC0150120_3460900_012_6806
HRI - 00 - 2 - 1 - A - 78 - D

0.4

3.16
3.38
6.35
3.38
8.79
23.86
23.86
23.86
23.86
0.13
23.86
23.86
3.16
172.01

GST

4990.67
+ 48.70
5039.37

1:0003 2-0034287 000-00 1-8- 96

APPLICANT COPY

YOUR CALGARY SUN SUBSCRIPTION INVOICE

Payment Due: Jun 25, 2008

2615 - 12 Street NE,
Calgary, Alberta,
T2E 7W9

Phone:
403-410-1010

Your Information:

Address:
CALGARY HEALTH REGION
10101 SOUTHPORT RD SW
CALGARY AB T2W 3N2

Last Payment Processed:
Aug 23, 2006 Received $478.00 - Thank You

Payment Due:
Jun 25, 2008

Your Current Subscription:

Type	Term	Cost	Discount
7DAY	52	$291.02	0%

Or switch to Easy-Pay:

7DAY	52	$261.53	10%

By switching to Easy-Pay you can save time and money!
Please call (403) 410-1010 for more details.

Paid by VISA on June 17/08.

What Is Easy Pay?

You can have your subscription automatically billed to your credit card or pay it directly from your bank account. This will save you time and money.

How To Sign Up

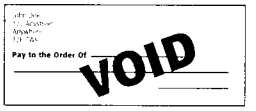
1. Simply call **410-1010** and one of our customer service representatives can set up your account .

OR

2. Check off the Easy Pay option at the bottom of this invoice when you send it in. Indicate which credit card you would like to use or include a void cheque if you would like us to debit your bank account.



OR



3 Ways To Renew Your Subscription:

1. Call 410-1010 and our customer service representatives can take your credit card payment over the phone and can explain all service options.
2. Fill out the bottom portion of this invoice and return it to the Sun in the provided envelope.
3. You can pay this invoice at any bank or with the online payment options offered by major Canadian banks.

Prices Include G.S.T., G.S.T. Number #892921453

Please detach and return this portion with your remittance.

You Have 2 Renewal Options: (Please select one) **Account Number:** C108518 **Payment Due:** Jun 25, 2008

☐ 1 **Renew Existing Term** 7DAY x 52 ▶ **Amount Due:** $291.02

Payment Method Please select one ☐ **Cheque** ☐ **Credit Card**

Please select one
☐ **Visa** ☐ **Mastercard** ☐ **Amex** **Expiry Date:** ___ / ___ (mm/yy)
Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Signature: _____
Carrier Tip? $_____

☐ 2 **Switch To Easy Pay** 7DAY x 52 ▶ **Amount That Will Be Billed To Your Credit Card Or Taken from Your Bank Account:** $261.53

Payment Method Select one ☐ **Void Cheque** (Please Enclose) ☐ **Credit Card**

Please select one
☐ **Visa** ☐ **Mastercard** ☐ **Amex** **Expiry Date:** ___ / ___ (mm/yy)
Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Signature: _____
Carrier Tip? $_____

Customer Phone: (~~403) 943-1104~~ (office receiving)

PRESIDENT CEO'S OFFICE (C108518)
10101 SOUTHPORT RD SW
CALGARY AB T2W 3N2

The Calgary Sun
2615 - 12 Street NE
Calgary Alberta
T2E 7W9

95

:0759490:

96

APPLICANT COPY

ITEMIZED TRIP RECEIPT

Executive Limousine Inc.
218 37 Avenue NE
Calgary, AB, Canada, T2E-2L9
Ph: (403) 809-2572 Fx: (403) 226-5694
mesi@myexecutivelimo.com www.myexecutivelimo.com
GST#816489678RT0001

Date: Monday, August 25, 2008

Client Address
Calgary Health Region (Patti Grier)

Account Number	Calgary C

Trip Date: [redacted] **Pax:** Patti Grier **Ref #:** Business

Confirmation No. : 050920-SA

Ordered by Marie/943-1104
Start Time 5:15 AM
End Time 6:30 AM
Vehicle Type Sedan
Trip Type DEPARTURE
Trip Desc AIRPORT TRANSFER
Pick-Up: s.17(1), 17(4)(g)(i)

Drop-off: YYC CALGARY

Standard Hrly/Flat Charges	1.00	55.00	$55.00
Overtime/Travel/ 2nd Hr Chgs	0.00	0.00	0.00
Gratuity	15.00%	8.25	
Extra Service			
Parking:			
Beverages:			
Food:			
Decorations:			
Meet Greet:			
Add Stops:			
Misc.:			
GST:		3.16	
Fuel Fee:		6.33	
Sub-Totals		17.74	**72.74**
s.17(1), 17(4)(e.1) Credits - Discounts			0.00
Paid by: Visa			-72.74
Balance:			**$0.00**

Trip Date: [redacted] **Pax:** Patti Grier **Ref #:** Business

Confirmation No. : 050934-SA

Ordered by Marie
Start Time 12:05 AM
End Time 9:05 PM
Vehicle Type Sedan
Trip Type ARRIVAL
Trip Desc AIRPORT TRANSFER
Pick-Up: YYC CALGARY
AC8157 - Edmonton

Drop-off: s.17(1), 17(4)(g)(i)

Standard Hrly/Flat Charges	1.00	55.00	$55.00
Overtime/Travel/ 2nd Hr Chgs	0.00	0.00	0.00
Gratuity	15.00%	8.25	
Extra Service			
Parking:		4.29	
Beverages:			
Food:			
Decorations:			
Meet Greet:			
Add Stops:			
Misc.:			
GST:		3.38	
Fuel Fee:		6.75	
Sub-Totals		22.67	**77.67**
s.17(1), 17(4)(e.1) Credits - Discounts			0.00
Paid by: Visa			-77.67
Balance:			**$0.00**

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
August 22, 2008	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	Board Office	943-1104

PAYABLE TO: ❑ Employee ❑ Other — **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	June 6 to July 04, 2008 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	4,264.78	Meeting Expense GST 9%
0 1	7 1 1 0 5 0 0 0 0 0 1	6 6 0 4 0 0 0 0	725.89	Subscription GST 9%
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	48.70	Interest Fees
TOTAL AMOUNT OF PAYMENT:			**$ 5,039.37** ✓	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name: Barb Hambly
Authorizer's Employee Number	Authorizer Phone # (in full): 943-1474

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

00074

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM JUN 06 TO JUL 04, 2008

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$2,289.83**

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

JUN 06	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$541.65
JUN 13	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,421.57
JUL 04	PURCHASE INTEREST	$48.70
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,914.52**

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

JUN 09	CALGARY SUN CALGARY AB	$291.02
JUN 10	MESI'S AIRPORT SEDAN S CALGARY AB	$77.67
JUN 10	MESI'S AIRPORT SEDAN S CALGARY AB	$72.74
JUN 12	YELLOW CAB EDMONTON AB	$11.00
JUN 12	YELLOW CAB EDMONTON AB	$12.00
JUN 13	IMPARK/VERRUS VANCOUVER BC	$20.35
JUN 16	THE NOSEGAY INC CALGARY AB	$143.85
JUN 16	YELLOW CAB EDMONTON AB	$11.40
JUN 17	CALGARY SUN CALGARY AB	$291.02
JUN 17	YELLOW CAB EDMONTON AB	$11.40
JUN 18	MESI'S AIRPORT SEDAN S CALGARY AB	$77.67
JUN 18	MESI'S AIRPORT SEDAN S CALGARY AB	$72.74
JUN 18	WESTIN HOTELS - EDMONTON EDMONTON AB	$191.56
JUN 22	HYATT REGENCY CALGARY-F/DCALGARY AB	$1,083.28
JUN 22	HYATT REGENCY CALGARY-F/DCALGARY AB	$1,083.28
JUN 22	HYATT REGENCY CALGARY-F/DCALGARY AB	$1,083.28
JUN 26	HOTEL MACDONALD - FD EDMONTON AB	$250.00
JUN 30	MESI'S AIRPORT SEDAN S CALGARY AB	$150.41
JUL 01	AIRPORT TAXI SERVICE EDMONTON AB	$56.00
	SUBTOTAL OF MONTHLY ACTIVITY	**$4,990.67**
	TOTAL NEW BALANCE	**$5,365.98**

- 326.61 payment
$ 5,039.37

4,990.67
+ 48.70 interest
$ 5,039.37

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$58.00**
Payment due date	**JUL 29, 2008**
Credit limit	$10,000.00
Available credit	$4,634.02
Annual interest rate	19.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$2,289.83**
Payments & credits	-$1,963.22
Purchases & debits	$4,990.67
Cash advances	$0.00
Interest	$48.70
Fees	$0.00
NEW BALANCE	**$5,365.98**

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

001 0018 000000000000 0005800 000536598

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

NEW BALANCE	MINIMUM PAYMENT	PAYMENT DUE DATE	AMOUNT PAID
$5,365.98	$58.00	JUL 29, 2008	$

VISA Business

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

RBC0150120_3460900_012-78789 06304

CALGARY HEALTH REGION
PATTI GRIER
PO BOX 1740 STATION M
CALGARY AB T2P 4Z6

RECEIVED
JUL 11 2008
FINANCE

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.

000032 00031 000 00 1 18 96

Jun 17 2008 10:20AM The Nosegay Inc 292 403 541-9007 p.1

WILD ORCHID
LAURA

AUTH.

The Nosegay Inc.
313 17th Avenue S.W.
Calgary, AB. T2S 0A5

71572
INVOICE

TEL: (403) 541-1800 FAX: (403) 541-9007 TERMS: Net 30 days

DATE June 16-08

SOLD TO PATTI GRIER

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

TEL: ( ) 943-1104

2 VASE ARRANGEMENTS @ 60.00 EA	120 00
MARTHA STEWART STYLE PEONIES	

DEL.	12 00
WIRE	5 00
GST	6 85
TOTAL	143 85

MESSAGE (BOTH CARDS)
THANK YOU FOR ALL YOUR HELP & SUPPORT
PATTI

DELIVER TO JOYCE MURRAY
LORINDA PROCIUK
HEALTH BOARDS OF ALBERTA
900, 9925 - 109 ST. EDMONTON

CLERK	CASH	CHQE	DEBIT	ON ACCT.	VISA	M.C.	AMX	WHEN DELIVER
					X			JUNE 17-08

THANK YOU 780-426-8503 G.S.T. No. R121083331

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

THE NOSEGAV INC
313 17TH AVE SW CALGARY

ID: A4059451
SLIP #: 5314
STORE: 4059451

EMPL #: 000001

SALE $143.85

SIGNATURE X_____

VISA M

APPROVED AUTH 097875
SEQ 326001001014 ISO -001
Jun 16 2008 4:16 pm

MERCHANT/MARCHAND

APPLICANT COPY

APPLICANT COPY

YOUR CALGARY SUN SUBSCRIPTION INVOICE

Payment Due: Jun 22, 2008

2615 - 12 Street NE,
Calgary, Alberta,
T2E 7W9

Phone:
403-410-1010

Your Information:

Address:
PATRICIA GRIER

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

Last Payment Processed:
Aug 18, 2006 Received $478.00 - Thank You

Payment Due:
Jun 22, 2008

Your Current Subscription:

Type	Term	Cost	Discount
7DAY	52	$291.02	0%

Or switch to Easy-Pay:

7DAY	52	$261.53	10%

By switching to Easy-Pay you can save time and money!
Please call (403) 410-1010 for more details.

Paid by VISA
June 9, 2008
$291.02

What Is Easy Pay?

You can have your subscription automatically billed to your credit card or pay it directly from your bank account. This will save you time and money.

How To Sign Up

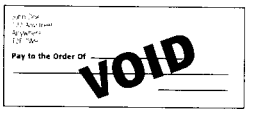
1. Simply call **410-1010** and one of our customer service representatives can set up your account .

OR

2. Check off the Easy Pay option at the bottom of this invoice when you send it in. Indicate which credit card you would like to use or include a void cheque if you would like us to debit your bank account.



OR



3 Ways To Renew Your Subscription:

1. Call 410-1010 and our customer service representatives can take your credit card payment over the phone and can explain all service options.
2. Fill out the bottom portion of this invoice and return it to the Sun in the provided envelope.
3. You can pay this invoice at any bank or with the online payment options offered by major Canadian banks.

Prices include G.S.T., G.S.T. Number #892921453

Please detach and return this portion with your remittance.

You Have 2 Renewal Options: (Please select one) **Account Number:** C15564 **Payment Due:** Jun 22, 2008

☐ 1 **Renew Existing Term** 7DAY x 52 ▶ **Amount Due:** $291.02

Payment Method Please select one ☐ **Cheque** ☐ **Credit Card**

Please select one
☐ **Visa** ☐ **Mastercard** ☐ **Amex** **Expiry Date:** ___ / ___ (mm/yy)
Card Number: _____
Signature: _____
Carrier Tip? $_____

☐ 2 **Switch To Easy Pay** 7DAY x 52 ▶ **Amount That Will Be Billed To Your Credit Card Or Taken from Your Bank Account:** $261.53

Payment Method Select one ☐ **Void Cheque** (Please Enclose) ☐ **Credit Card**

Please select one
☐ **Visa** ☐ **Mastercard** ☐ **Amex** **Expiry Date:** ___ / ___ (mm/yy)
Card Number: _____
Signature: _____
Carrier Tip? $_____

Customer Phone: ~~(403) 255-8220~~ (home cell)

PATRICIA GRIER - CALGARY HEALTH REGION (C15564)
10101 SOUTHPORT RD SW
CALGARY AB T2W 3N2

The Calgary Sun
2615 - 12 Street NE
Calgary Alberta
T2E 7W9

223

293

:0759490O:

96

APPLICANT COPY

Trip Date: [redacted]/2008	**Pax:** Patti Grier	**Ref #:**	
Confirmation No. : 103035-SA		Standard Hrly/Flat Charges	1.00 55.00 $55.00
Ordered by Marie		Overtime/Travel/ 2nd Hr Chgs	0.00 0.00 0.00
Start Time 8:53 PM			
End Time 9:53 PM		Gratuity 15.00% 8.25	
Vehicle Type Sedan		Extra Service	
Trip Type ARRIVAL		Parking 4.29	
Trip Desc AIRPORT TRANSFER		Beverages:	
Pick-Up: YYC CALGARY		Food:	
AC 8159 Edmonton		Decorations:	
		Meet Greet:	
		Add Stops	
		Misc.:	
		GST: 3.38	
Drop-off:		Fuel Fee: 6.75	
s.17(1), 17(4)(g)(i)		**Sub-Totals** 22.67	77.67
		Credits - Discounts	0.00
		Paid by: Visa	-77.67
		s.17(1), 17(4)(e.1) **Balance:**	**$0.00**

EXECUTIVE LIMOUSINE
218 - 37 AVE. NE
CALGARY AB T2E 2L9
TEL: (403) 509-2572

APPLICANT COPY

Trip Date: [redacted] Pax: Patti Grier Ref #:

Confirmation No. : 103035-SA

Ordered by Marie
Start Time 8:53 PM
End Time 9:53 PM
Vehicle Type Sedan
Trip Type ARRIVAL
Trip Desc AIRPORT TRANSFER
Pick-Up: YYC CALGARY
AC 8159 Edmonton

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

Standard Hrly/Flat Charges		1.00	55.00	$55.00
Overtime/Travel/ 2nd Hr Chgs		0.00	0.00	0.00
Gratuity	15.00%	8.25		
Extra Service				
Parking		4.29		
Beverages				
Food				
Decorations				
Meet Greet				
Add Stops				
Misc.				
GST		3.38		
Fuel Fee		6.75		
Sub-Totals		22.67		**77.67**
			Credits - Discounts	0.00
Paid by: Visa				-77.67
			Balance:	**$0.00**

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

EXECUTIVE LIMOUSINE
218 - 37 AVE. NE
CALGARY AB T2E 2L9
TEL: (403) 509-2572

APPLICANT COPY

Patti Grier
Provincial Govt-edmon

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

Canada

1020
174.00
1
276914 EX-A
1
16-JUN-08 14:03
17-JUN-08
VI

1020

date	reference	description	charges/credits
16-JUN-08	RT1020	GST	8.79
16-JUN-08	RT1020	DMF	1.74
16-JUN-08	RT1020	Tourism Levy	7.03
17-JUN-08	VI	Visa	191.56-
		Balance Due	0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
16-JUN-08	174.00	8.79	7.03	0.00	0.00	1.74	191.56
Total	174.00	8.79	7.03	0.00	0.00	1.74	191.56

Date	Payment
16-JUN-08	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

** continued on the next page **

Patti Grier
FOLIO 276914 16-JUN-08

WESTIN

APPLICANT COPY

Patti Grier
Provincial Govt-edmon

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

Canada

1020
174.00
1
276914 EX-A
2
16-JUN-08 14:03
17-JUN-08
VI

date	reference	description	charges/credits

GST Summary:

GST Room Revenue:	8.79
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.79

The Westin Edmonton GST# 861336493RT0005

As a Starwood Preferred Guest you have earned at least 522 Starpoints for this visit

Patti Grier s.17(1), 17(4)(g)(i)
FOLIO 276914 16-JUN-08

WESTIN

APPLICANT COPY

HYATT REGENCY CALGARY
ON STEPHEN AVENUE WALK

Hyatt Regency Calgary
700 Centre Street SE
Calgary, AB T2G 5P6
Ph: 403-717-1234
Fax: 403-537-4444

INFORMATION INVOICE

Payee John Lehners
10101 Southport Sw
Calgary, AB T2W 3N2
CA

Membership
Bonus Code
Confirmation No. **1481745703**
Group Name

Room No.	0806
Arrival	07-06-08
Departure	07-08-08
Page No.	1 of 1
Folio\Invoice	16927
Cashier No.	457
User ID	ASKRZYPEK

Date	Description		Charges	Credits
07-06-08	Deposit Transferred at C/I			1,083.28
07-06-08	Package		472.50	
07-06-08	DMF Levy 1.0%		4.73	
07-06-08	Alberta Room Tax 4.0%		19.09	
07-06-08	Room - GST 5.0%		23.86	
07-07-08	- Thomsons Breakfast Food	Room# 0806 : CHECK# 1356	42.00	
07-07-08	- Thomsons Breakfast Gratuity	Room# 0806 : CHECK# 1356	5.90	
07-07-08	- Thomsons Breakfast - GST 5.0%	Room# 0806 : CHECK# 1356	2.10	
07-07-08	Parking Valet		70.00	
07-07-08	Package		472.50	
07-07-08	DMF Levy 1.0%		4.73	
07-07-08	Alberta Room Tax 4.0%		19.09	
07-07-08	Room - GST 5.0%	s.17(1), 17(4)(e.1)	23.86	
07-08-08	Visa			77.08

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.

Total	**1,160.36**	**1,160.36**
Balance		**0.00**

Guest 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 part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

For the Guaranteed Lowest Rate on the Internet visit HYATT.COM

We would be delighted to hear your comments!
Michael Cameron, Director of Operations at mcameron@hyatt.com

For billing enquiries please contact qualitycalrc@hyatt.com

08/21/2008 14:07 4035374429 HYATT ACCOUNTING PAGE 01

APPLICANT COPY

HYATT REGENCY CALGARY®
ON STEPHEN AVENUE WALK

Hyatt Regency Calgary
700 Centre Street SE
Calgary, AB T2G 5P6
Ph: 403-717-1234
Fax: 403-537-4444

INFORMATION INVOICE

Payee Jack Ady
10101 Southport Sw
Calgary, AB T2W 3N2
CA

Membership
Bonus Code
Confirmation No. **1481745702**
Group Name

Room No.	1709
Arrival	07-06-08
Departure	07-08-08
Page No.	1 of 1
Folio\Invoice	16925
Cashier No.	463
User ID	ASKRZYPEK

Date	Description	Charges	Credits
07-06-08	Deposit Transferred at C/I		1,083.28
07-06-08	Parking Overnight - Self	50.00	
07-06-08	Package	472.50	
07-06-08	DMF Levy 1.0%	4.73	
07-06-08	Alberta Room Tax 4.0%	19.09	
07-06-08	Room - GST 5.0%	23.86	
07-07-08	Package	472.50	
07-07-08	DMF Levy 1.0%	4.73	
07-07-08	Alberta Room Tax 4.0%	19.09	
07-07-08	Room - GST 5.0%	23.86	
07-08-08	Master Card		7.08
	Total	**1,090.36**	**1,090.36**
	Balance		**0.00**

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

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.

Guest 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 part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

For the Guaranteed Lowest Rate on the Internet visit HYATT.COM

We would be delighted to hear your comments!
Michael Cameron, Director of Operations at mcameron@hyatt.com

For billing enquiries please contact qualitycalrc@hyatt.com

PAGE 02 HYATT ACCOUNTING 08/21/2008 14:07 4035374429

APPLICANT COPY

HYATT REGENCY CALGARY®
ON STEPHEN AVENUE WALK

Hyatt Regency Calgary
700 Centre Street SE
Calgary, AB T2G 5P6
Ph: 403-717-1234
Fax: 403-537-4444

INFORMATION INVOICE

Payee Don Sieben
10101 Southport Sw
Calgary, AB T2W 3N2
CA

Membership
Bonus Code
Confirmation No. **1481745701**
Group Name

Room No.	1604
Arrival	07-06-08
Departure	07-08-08
Page No.	1 of 1
Folio\Invoice	17006
Cashier No.	477
User ID	ASKRZYPEK

Date	Description		Charges	Credits
07-06-08	Deposit Transferred at C/I			1,083.28
07-06-08	Parking Overnight - Self		50.00	
07-06-08	- Room Service Dinner Gratuity	Room# 1604 : CHECK# 9472	2.50	
07-06-08	- Room Service Dinner - GST 5.0	Room# 1604 : CHECK# 9472	0.13	
07-06-08	Package		472.50	
07-06-08	DMF Levy 1.0%		4.73	
07-06-08	Alberta Room Tax 4.0%		19.09	
07-06-08	Room - GST 5.0%		23.86	
07-07-08	Package		472.50	
07-07-08	DMF Levy 1.0%		4.73	
07-07-08	Alberta Room Tax 4.0%	s.17(1), 17(4)(e.1)	19.09	
07-07-08	Room - GST 5.0%		23.86	
07-08-08	Visa			9.71
	Total		**1,092.99**	**1,092.99**
	Balance			**0.00**

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.

Guest 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 part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

For the Guaranteed Lowest Rate on the internet visit HYATT.COM

We would be delighted to hear your comments!
Michael Cameron, Director of Operations at mcameron@hyatt.com

For billing enquiries please contact qualitycalrc@hyatt.com

08/21/2008 14:07 4035374429 HYATT ACCOUNTING PAGE 03

The Fairmont
HOTEL MACDONALD

10065 - 100 STREET
EDMONTON, AB, CANADA T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

APPLICANT COPY

Room : 9037
Folio # : 109056
Cashier # : 204
Page # : 1 of 1

Group Name Alberta Health Services Board

Alberta Health Services Board
10101 Southport Road SW
C/O Ms Marie Glennon
Calgary, AB T2W 3N2

Arrival : 06-25-08
Departure : 06-30-08

Date	Description	Additional Information	Charges	Credits
06-25-08	Visa s.17(1), 17(4)(e.1)			250.00
06-25-08	Banquets	Event ID 237023/BB ID 229202/Speaker Phone 20764	99.75	
06-25-08	Banquets	Event ID 237023/BB ID 229202/6' Tripod Screen 22505	26.25	
06-25-08	Banquets	Event ID 237023/BB ID 229202/BRD-PAR 237023	262.50	
06-25-08	Banquets	Event ID 237023/BB ID 229202/Phone Line (Royal Service to set up) 20763	105.00	
06-25-08	Banquets	Event ID 237023/BB ID 229202/Extension Cord 24015	10.50	
06-25-08	Banquets	Event ID 237024/BB ID 229202/The Macdonald Working Lunch 19260	433.05	
07-03-08	Visa s.17(1), 17(4)(e.1)			687.05
		Total	937.05	937.05
		Balance Due	0.00	

GST Summary

Room	0.00
F&B	44.62
Other	0.00
Total	44.62

(charge of $687.05 billed on VISA statement dated July 5 to Aug. 5/08)

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 fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit 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 paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi. (Dans les hôtels participants.)

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

APPLICANT COPY

Trip Date: 6/25/2008 **Pax:** Patti Grier **Ref #:** Business

Confirmation No. : 103820-bg

Ordered by Marie Glennon
Start Time 7:05 PM
End Time 8:05 PM
Vehicle Type Sedan
Trip Type ARRIVAL
Trip Desc AIRPORT TRANSFER

Pick-Up:
WS from edmonton

Drop-off:

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

Standard Hrly/Flat Charges	1.00	55.00	$55.00
Overtime/Travel/ 2nd Hr Chgs	0.00	0.00	0.00
Gratuity	15.00%	8.25	
Extra Service			
Parking:		4.29	
Beverages:			
Food:			
Decorations:			
Meet Greet:			
Add Stops:			
Misc.:			
GST:		3.38	
Fuel Fee:		6.75	
Sub-Totals		22.67	77.67
		Credits - Discounts	0.00
Paid by: Visa			-77.67
		Balance:	**$0.00**

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

Total Pymts: $451.23 **Credits-Disc:** $0.00 **Pymts + Cr-Disc:** $451.23 **Balance** $0.00

Trip Date: 6/25/2008 **Pax:** Patti Grier **Ref #:** Business

Confirmation No. : 102645-bg

Ordered by Marie Glennon
Start Time 7:30 AM
End Time 8:30 AM
Vehicle Type Sedan
Trip Type DEPARTURE
Trip Desc AIRPORT TRANSFER

Pick-Up:
<-

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

Drop-off:
Flight departs @ 09:15am WS

Standard Hrly/Flat Charges	1.00	55.00	$55.00
Overtime/Travel/ 2nd Hr Chgs	0.00	0.00	0.00
Gratuity	15.00%	8.25	
Extra Service			
Parking:			
Beverages:			
Food:			
Decorations:			
Meet Greet:			
Add Stops:			
Misc.:			
GST:		3.16	
Fuel Fee:		6.33	
Sub-Totals		17.74	72.74
		Credits - Discounts	0.00
Paid by: Visa			-72.74
		Balance:	**$0.00**

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

EXECUTIVE LIMOUSINE
218 - 37 AVE NE
CALGARY AB T2E 2L1
TEL: (403) 809-2572

APPLICANT COP

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

2-3456

2-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER
TIME	DAY / MO. / YR.
	UNIT NO.

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X

FARE	
INT'L	
GRATUITY	
TOTAL	

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

CUSTOMER COPY

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

GRID TAP
CALGARY HEALTH REGION

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY MO	YR.

305

G.S.T. #	
FROM	
TO	
PRINT NAME	
CUSTOMER'S SIGNATURE	

X

APPLICANT COPY

Diners Club International
MasterCard
VISA
AMERICAN EXPRESS

FARE		
INTL		
GRATUITY		
TOTAL		

CUSTOMER COPY

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

CHARGE TO: ACCOUNT NO.

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

(780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY MO. YR.	

G.S.T.

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X

FARE	
INT'L	
GRATUITY	
TOTAL	

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

APPLICANT COPY

CUSTOMER COPY

Best Copy Possible

APPLICANT C

CHARGE TO:

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

PRESTIGE (780) 462-3456 (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO

TIME

DAY

MO.

YR

DRIVER

UNIT NO.

FARE

INT'L

GRATUITY

TOTAL

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X

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

CUSTOMER COPY

Best Copy Possible

APPLICANT

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

RBC Royal Bank

APPLICANT COPY 5370

Protect yourself when travelling?

Protect your RBC Royal Bank® *Visa** card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM MAR 06 TO APR 04, 2008 s.17(1), 17(4)(e.1) 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$2,731.21**
	s.17(1), 17(4)(e.1)	
MAR 07	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$2,442.37
MAR 28	PAYMENT	-$288.84
APR 04	PURCHASE INTEREST	$4.43
	SUBTOTAL OF MONTHLY ACTIVITY	**-$2,726.78**
	s.17(1), 17(4)(e.1)	
MAR 18	REDWATER RUSTIC GRILLE CALGARY AB	$57.82
MAR 24	THE POWER WITHIN TORONTO ON	$275.90
MAR 28	WESTIN HOTELS - EDMONTON EDMONTON BC	$35.40
MAR 29	IMPARK/VERRUS VANCOUVER BC	$6.35
APR 03	1012375 ALBERTA LTD CALGARY AB	$161.75
	SUBTOTAL OF MONTHLY ACTIVITY	**$537.22**
	TOTAL NEW BALANCE	**$541.65**

Royal Bank of Canada 2007 Public Accountability Statement

Royal Bank of Canada's 2007 Corporate Responsibility Report and Public Accountability Statement is now available at www.rbc.com/pas.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$14.00**
Payment due date	**APR 25, 2008**
Credit limit	$10,000.00
Available credit	$9,458.35
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$2,731.21**
Payments & credits	-$2,731.21
Purchases & debits	$537.22
Cash advances	$0.00
Interest	$4.43
Fees	$0.00
NEW BALANCE	**$541.65**

RBC0150120_2202662_020_866
HRI - 00 - 1 - 1 - A - 3 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date May 15, 2008	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ☐ Employee ☐ Other **RBC ROYAL BANK**		**Employee #**
MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i) **Canada Post:** P.O. Box 4016, Station "A" City **Toronto** Province **ON** Postal Code **M5W 2E6** **Interoffice Mail:** Department _____ Site: _____		
☐ **SPECIAL HANDLING INSTRUCTIONS**		
Purpose of Request	March 6 to April 4, 2008 - VISA Expenses	

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	541.65	
TOTAL AMOUNT OF PAYMENT:			**$ 541.65**	☐ CDN ☐ US ☐ Other
Expenditure Officer Authorization			Print Name KAY BEST	
Authorizer's Employee Number			Authorizer Phone # (in full) 943-1141	
Comments: s.17(1), 17(4)(g)(i)				

00074

APPLICANT COPY

e Glennon

rom: info@powerwithin.com
Sent: March 24, 2008 12:39 PM
To: Maire Glennon
Subject: Congratulations

Dear **PATTI GRIER**,

Congratulations!

This email confirms your registration for **2** ticket(s) for a total of $ **275.90** for the **4/30/2008** **PRESIDENT CLINTON - CALGARY** taking place at the **ROUND UP CENTRE- CALGARY**, The credit card charge will appear on your credit card statement as Power Within Inc.

Please note all sales are final. However, tickets are transferable or may be exchanged for other Power Within Events. Your tickets will be mailed to you 2 weeks prior to the Event.

Tickets purchased less than 5 days prior to event date will be available for pick up at the venue. Pick up details will be emailed to you shortly.

If you require additional tickets or associates, friends and family, please call Toll Free 1-866-994-2555. Your client service agent number is **235**

Thank you and we look forward to seeing you on **4/30/2008**.

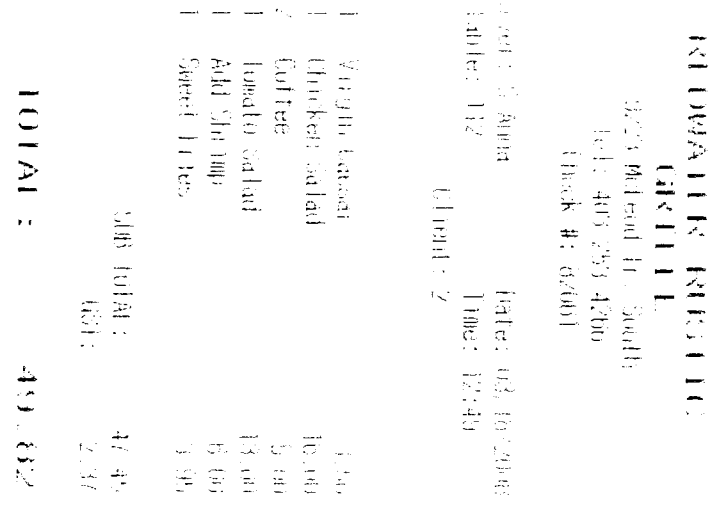
The Power Within Inc 462 Wellington Street West, Suite 201 Toronto,ON M5V1E3

Customer Service - 1-866-994-2555

Leadership Mastery Delegates attending Patrick Lencioni - Management Series will be emailed event questionnaire four weeks prior to event date. For more information on this Exclusive Program please visit: http://www.powerwithin.com/4105/emails/PatrickLencioni111607/

Download your copy of Teachers Featured in Secret - recorded live in Toronto
www.audible.com/powerwithin

complete schedule of events.



RBC Royal Bank

APPLICANT COPY

Protect yourself when travelling?

Protect your RBC Royal Bank® *Visa* card during

-0152

you will

nsure

490

1 OF 1

AMOUNT ($)

LANCE $2,731.21

NT - MERCI -$2,442.37

-$288.84

$4.43

-$2,726.78

AB $57.82

$275.90

NTON BC $35.40

$6.35

$161.75

$537.22

$541.65

Pre-Auth

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

Amount: $ 141.75

Tip: $ 20.00

Total: CAD $ 161.75

22:25:15

Fees $0.00

NEW BALANCE $541.65

769-2512

974-7780

$14.00

25, 2008

0,000.00

9,458.35

18.50%

2,731.21

AM

141.75

Thank you!!

135.00

6.75

untability Statement

nsibility Report and Public

/ww.rbc.com/pas.

San Remo Ristorante

3574 Garrison Gate S W

Calgary AB T3E 6N7

303 Liliana

8/1 1982 GST 2

28MAR 08 7:25AM

2 Coffee @ 5.00	10.00
1 Bagel/Cr Cheese	6.00
1 Eggs & Tomato	12.00
FOOD	28.00
Tax	1.40
Total Due	$29.40

Gratuity: 6.00

Total: 35.40

Room #

Name Print

Signature

* THE PARKING MACHINE DID NOT PRODUCE A RECEIPT (NO RECEIPT ATTACHED)

5

050000312490 D

ALANCE .65

MINIMUI $14.00

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

Table: 11

Time:

VISA

08

AUTH 057004

SUBTOTAL $

TIP $ 8.00

TOTAL $ 57.82

003: 311000 00 1 8 96

HRI - 00 - 1 - 1 - A - 3 - D

RBC Royal Bank

APPLICANT COPY

$384449

VISA Business

CALGARY HEALTH REGION s.17(1), 17(4)(e.1)

PATTI GRIER

STATEMENT FROM JAN 06 TO FEB 04, 2005

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

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
JAN 28	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$410.46
FEB 04	VISA FEE	$12.00
FEB 04	PURCHASE INTEREST	$4.44
	SUBTOTAL	**-$394.02**

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

JAN 05	PIER 1 IMPORTS #529 CALGARY AB	$58.03
JAN 12	ADVANCE PARKING LOT 59-00CALGARY AB	$13.00
JAN 13	SURE PRINT & COPY CENTRE CALGARY AB	$23.82
JAN 14	LAURELWOOD FLORAL DESIGN CALGARY AB	$115.56
JAN 15	EARL'S WILLOW PARK CALGARY AB	$41.81
JAN 18	CALGARY AIRPORT AUTHORITYCALGARY AB	$10.50
JAN 20	WESTIN HOTELS - EDMONTON EDMONTON BC	$41.13
JAN 28	CALPARKNGJAN27 03:40PM LOT 028 CAL AB	$14.00
JAN 31	CALPARKNGJAN28 10:00AM LOT 028 CAL AB	$10.00
FEB 02	CALPARKNGFEB01 08:13AM LOT 036 CAL AB	$5.25
FEB 03	HERALD/POST SUBSCRIPTI CALGARY AB	$222.00
FEB 03	IMPARK 0400LOT# 01FEB0 CALGARY AB	$18.00
	SUBTOTAL	**$573.10**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$18.00**
Payment due date	**FEB 25, 2005**
Credit limit	$10,000.00
Available credit	$9,410.46
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$410.46
Payments & credits	-$410.46
Purchases & debits	$573.10
Cash advances	$0.00
Interest	$4.44
Fees	$12.00
New balance	**$589.54**

CALGARY HEALTH REGIO
OFFICE OF THE PRESIDEN
CHIEF EXECUTIVE OFFIC
Rec'd FEB 16 2005
Copy
File Name

RBC0150120_1477109_020_503
HRI - 00 - 1 - 1 - 9 - 2 - D

calgary health region

APPLICANT COPY

CHEQUE REQUISITION

INSTRUCTIONS:

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

Date	Requested By (Please Print)	
February 23, 2005	Patti Grier	
Department	**Site**	**Phone No (in full)**
CEO's Office	Southport	943-1104

MAKE CHEQUE PAYABLE TO: RBC ROYAL BANK — **Employee/Supplier #**

MAILING ADDRESS (for forwarding of cheque)

Canada Post: PO Box 4016, Station "A"

City Toronto Province ON Postal Code M5W 2E6

Interoffice Mail: Department

Site

Purpose of Request

☐ **SPECIAL HANDLING INSTRUCTIONS**

RECEIVED

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**GL DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$589.54	
				GST $
TOTAL AMOUNT OF CHEQUE:				☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization

Print Name
Kay Best

Authorizer's

Authorizer Phone # (in full)
943-1141

ACCOUNTS PAYABLE ONLY s.17(1), 17(4)(g)(i)

Invoice #

Supplier #

Recurring Payment:

Start Date

End Date

# of Payments

Cycle

Comments:

00074

APPLICANT COPY

DISPLAY FACE UP ON DASH

Impark Lot 400

Machine Serial #:000004201003

EXPIRY DATE AND TIME

EXP 06:00pm

FEB 22,2005

TICKET# 00004473

LOT# 00030400

$00.00 CC MACH# 002

FOLLOW INSTRUCTIONS ON SIGNS POSTED

Till 6 pm $18

GST REG# R102466000

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH

DISPLAY FACE UP ON DASH RECEIPT

Impark Lot 400

Machine Serial #:000004201003

EXPIRY DATE AND TIME

EXP 06:00pm

FEB 01,2005

TICKET# 00003127

LOT# 00030400

$00.00 CC MACH# 002

FOLLOW INSTRUCTIONS ON SIGNS POSTED

Till 6 pm $18

GST REG# R102466000

DISPLAY FACE UP ON DASH RECEIPT

DISPLAY FACE UP ON DASH

Westin Hotel
Welcomes You
Expert Parking

05JAN20 16:57 001 001
05JAN20 14:44 01
/ 2:13 #011017

80055249078
RATE 1 $10.00
TOTAL $10.00
CRED.CRD $10.00

Thank You
Come Again!

EXPERT PARKING
10180 - 101 STREET
EDMONTON AB s.17(1), 17(4)(e.1)

CARTE/CARD
EXPIRATION/EXPIRY
TYPE VISA
DATE-HEURE/TIME 2005/01/20 16:57:49
RECU/RECEIPT S80545375-107-505
ACHAT
PURCHASE
TOTAL $10.00

01 APPROUVEE NO. AUTOR. 063991
01 APPROVED AUTH. # 063991
MERCI/THANK YOU

LE TITULAIRE S'ENGAGE A REMBOURSER L'EMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE CONFORMEMENT A LA CONVENTION REGISSANT L'UTILISATION DE LA CARTE.

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

SIGNATURE DU TITULAIRE
CARDHOLDER SIGNATURE

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #11945 869

POF 1 (12) Cashier 0
27/01/05 15:40

Receipt 023405

Short-term Parking
Short-term Parking
McDougall Parkade
27/01/05 08:22
27/01/05 15:40
Period 0d07h18'
(GST) $14.00
Gross total $14.00
Payment s.17(1), 17(4)(e.1)
VISA $14.00

Net total $13.09
GST (7%)

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

Civic Plaza Parkade
3022 - 9 Avenue SE
CAN-T2G 5E4 Calgary, AB
Tax Code CA GST #119457869

POF 1 (13) Cashier 0
01/02/05 08:13

Receipt 037149

Short-term Parking
Short-term Parking tkt
Civic Parkade
01/02/05 05:52
01/02/05 08:13
Period 0d01h18'
(GST) $5.25
Gross total $5.25
Payment s.17(1), 17(4)(e.1)
$5.25

Net total $4.91
GST (7%) 0.34

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869

POF 1 (12) Cashier 0
28/01/05 10:00

Receipt 023557

Short-term Parking
Short-term Parking tkt
McDougall Parkade
28/01/05 07:53
28/01/05 10:00
Period 0d02h07'
(GST) $10.00
Gross total $10.00
Payment s.17(1), 17(4)(e.1)
$10.00

Net total $9.32
GST (7%) 0.65

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

Apollo

arls

Collard
Westin

Best Copy Possible

7 00
41 13

6.00
4.81

Sure Print
of Copy

4238 2

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

458.03

Pier 1 Imports
5506 SIGNAL HILL CENTER
(403)242-0600

GST Number - 121156269

Associate #006 - Aneta

Store #0529 Reg #4 Trans #3064
SALE 01/05/05 6:55PM

GIFT CARD CA ENG - gift receipt
1762455 10 50.00 N 50.00
GC #: 6006491257003455451 Auth#000
W/ VLVT PRPL4X4
2015373 18 7.50 P 7.50 SALE
SUBTOTAL 57.50

GST Tax 7.00% .53
TOTAL 58.03
VISA 58.03
ACCT#
S Alum# XXXXX
CHANGE .00

This receipt must accompany return for
exchange, refund or credit to account.

Visit our website at WWW.PIER1.COM.

Ask about the Pier 1
Bridal & Gift Registry

Store #0529 Reg #4 Trans #3064
SALE 01/05/05 7:00PM

RBC Royal Bank

APPLICANT COPY

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
DEC 15 2005
Copy to: s.17(1), 17(4)(e.1)
File Name:

1 OF 1

VISA Business

CALGARY HEALTH REGION
PATTI GRIER

STATEMENT FROM NOV 05 TO DEC 05, 2005

Great savings with RBC *Visa* cards

Save when using your RBC Royal Bank *Visa* card on selected purchases at On Line Fresh Flowers, Thrifty, Sure Print & Copy Centres, Uni-Pro and the Specialist. For a list of discounts visit www.rbcroyalbank.com/cards/discounts.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
DEC 05	PURCHASE INTEREST s.17(1), 17(4)(e.1)	$13.99
	SUBTOTAL	**$13.99**
NOV 04	CALGARY PARKING AUTHORITYCALGARY AB s.17(1), 17(4)(e.1)	$6.00
NOV 14	YELLOW CAB EDMONTON AB	$55.40
NOV 15	CDN COLLEGE OF HEALTH OTTAWA ON	$15.00
NOV 15	CALGARY AIRPORT AUTHORITYCALGARY AB	$16.00
NOV 15	WESTIN HOTELS - EDMONTON EDMONTON BC	$30.75
NOV 15	WESTIN HOTELS - EDMONTON EDMONTON AB	$166.99
NOV 19	RUBAIYAT CALGARY AB	$235.40
NOV 30	LAURELWOOD FLORAL DESIGN CALGARY AB	$84.53
NOV 30	INDIGO BOOKS & MUSIC ONLIBRAMPTON ON	$44.40
	SUBTOTAL	**$654.47**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

Support Canada's Team. Win Big.

Spend $500 or more on purchases with a RBC *Visa* card before Dec. 31/05 and be automatically entered to win 1 of 17 RBC Achieve the Dream prizes, such as a trip to a previous host city of the Olympic Games or a HD flat screen TV. For contest details visit www.rbc.com/wintergames.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$41.00**
Payment due date	**DEC 26, 2005**
Credit limit	$10,000.00
Available credit	$8,999.12
Past due amount	$10.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$332.42
Payments & credits	$0.00
Purchases & debits	$654.47
Cash advances	$0.00
Fees	$0.00
Interest	$13.99

New balance **$1,000.88**

RBC0150120_3204704_001_2918
HRI - 00 - 1 - 1 - Q - 2 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
December 19, 2005	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A"

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

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	November 5 to December 5, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$653.46	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$653.46**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name
	KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

calgary health region

APPLICANT COPY TRAVEL/EDUCATION EXPENSE CLAIM

INSTRUCTIONS

- This form must be completed prior to booking travel.
- **Submit "Pink Copy" to Accounts Payable immediately upon booking airfare.**
- Payment of advances and expenses wil be Directly Deposited to your payroll designated bank account.
- Notification of deposit wil be E-Mailed to your CRHA E-Mail address OR mailed to your home address (if a valid E-Mail address doesn't exist).
- Please consult the CRHA Travel Policy for clarification.
- See back of form for additional instructions.

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

Employee Name (Print)	CRHA E-Mail Address	Employee Number
PATTI GRIER		
Department/Site	**Phone Number**	**Date**
OFFICE OF THE PRESIDENT & CEO	943-1104	NOV. 2, 2005
Tuition Paid To (If tuition to be paid directly to institution, use Cheque Requisition form #00074.)	**Course Title**	
Destination	**Departure Date**	**Return Date**
HEALTH BOARDS OF ALBERTA MEETING - EDMONTON	NOV. 14/05	NOV. 15/05

ACTUAL / ESTIMATED

ESTIMATED/ACTUAL EXPENSES				ACTUAL EXPENSES PAID BY EMPLOYEE (Original Receipts Must Be Attached)			
Expense Description	**Expense**	**Exchange Rate/GST**	**Total Funds (Cdn)**	**Expense Description**	**Expense**	**Exchange Rate/GST**	**Total Funds (Cdn)**
Tuition				Tuition only if paid by employee			
Air paid by CRHA via CRHA Travel Agent	202		202				202.00
Mileage If travel is by car				Mileage If travel is by car			
Accommodation	200		200	Accommodation		PG	133.36
Meals Based on per diem rate				Meals		PG	33.63
Ground Transport				Ground Transport			55.40
Other (Specify)				Other (Specify) AIRPORT PARKING			16.00
TOTAL			$ 402 (Cdn)	TOTAL		PG	$ 440.39 (Cdn)

Advance Requested (80% of estimated expenses & advance exceeds $250.00)	$ (Cdn)	Less Advance or Unfunded Portion	$ (Cdn)
Employee Signature	Date	Balance Due To ☐ Employee ☐ CRHA (cheque attached) CHARGED TO CORPORATE VISA	$ N/A (Cdn)
Expenditure Officer Authorization	Date	Employee Signature	Date
Authorizer Employee Number s.17(1), 17(4)(g)(i)		Expenditure Officer Approval	Date
		Authorizer Employee Number	

FINANCIAL CODE

Org	Functional Centre	Account
01	71105000001	69600000

Comments/Other Sources of Funding

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

APPLICANT COPY

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

Date: 14/11/05 Amount/Montant $ 55.40 Car/Voiture # 247

Driver/Chauffeur: Ron GST#

From/De: 1188 To/A: Westin

VISA MasterCard enRoute

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

11/05 V
TI GRIER EXP
ALGARY HEALTH REGION

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
32345	Ron	999

TIME	DAY	MO.	YR.
	14	11	05

2182019

G.S.T.#

FROM 1188

TO Westin

PRINT NAME

CUSTOMER'S SIGNATURE X

FARE	55 4
INT'L	
GRATUITY	
TOTAL	[redacted]

CUSTOMER COPY

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

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194

RECEIPT H1
ENTRY DATE/TIME=
11/14/05 17:44:11
EXIT DATE/TIME=
11/15/05 17:16:47
PAID: [redacted]
LENGTH OF STAY=
0 23:32
METHOD OF PAYMENT=
CREDIT CARD

AUTH. CODE 006710
REF. 24

THANK YOU FOR YOUR VISIT

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

APPLICATION

WESTIN
HOTELS & RESORTS

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

Ms. Patti Grier
10101 Southport Rd SW
Calgary AB T2W 3N2
CA

Arrival 11/14/05
Departure 11/15/05
Payment Method VA

Room 0841
Cashier 38
Page 1
Starwood Pref.#
Airline Partner
Folio No. 392177 s.17(1), 17(4)(g)(i)

Guest Account The Westin Edmonton, 11/15/05

Date	Description	Room	Charges	Credits
11/14	Room Charge	0841	119.00	
11/14	Tourism Levy 4%		4.76	
11/14	Dest. Marketing Fee 1%		1.19	
11/14	Room GST 7%		8.41	
11/14	Service Express ->#841 · CHECK #3719		33.63	
11/15	Visa	s.17(1), 17(4)(e.1)		166.99
Capture method:swiped		Total	166.99	166.99
		Balance		0.00 $

Room	GST	8.41
F&B	GST	2.36
Other	GST	0.00
Total	GST	10.77

GST Vendor 861336493RT0005

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

APPLICANT COPY

WESTIN
HOTELS & RESORTS

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

Ms. Patti Grier
10101 Southport Rd SW
Calgary AB T2W 3N2
CA

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11/15	Visa	s.17(1), 17(4)(e.1)		166.99

Capture method:swiped

Total	166.99	166.99
Balance		0.00 $

Room	GST	8.41
F&B	GST	2.36
Other	GST	0.00
Total	GST	10.77

GST Vendor 861336493RT0005

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

APPLICANT COPY

Health Boards of Alberta

November 9, 2005

Members
Health Boards of Alberta

Re: November 15, 2005 Meeting

Enclosed is the agenda and supporting documentation for the Health Boards of Alberta meeting scheduled for Tuesday, November 15, 2005 in the Yukon Room, The Westin Edmonton. The meeting has been scheduled from 8:30 a.m. to 2:30 p.m.

For those members requiring a ride to the Wilkinson's home on Monday evening, transportation will be departing from the Westin Hotel at 5:30 p.m.

If you have any questions, please contact me.

Sincerely,

Joyce C. Murray
Executive Assistant

Enclosure

Suite 900, 9925 - 109 Street NW Edmonton, AB T5K 2J8 ww.hbas.ca
Phone: (780) 426-8502 Fax: (780) 429-6733 E-Mail: mhiggins@hbas.ca

APPLICANT COPY

Nov 30 05 10:16a

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

Date: 10 13 05
Bill to: [illegible]
Ship to: [illegible]
Bank #: 024782
Trans Code 00
001347084

Subtotal
GST
Total 884.53

Signature "PGner" po.

I agree to my above total amount
and will pay on presentation
of this copy for my records

Customer Copy/Merchant

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

943-1108 (f)

SENDER

Date: Nov 30/05 Time: _____ am / pm
Customer: Claire Gerner CHR.
Address:
City: State/Prov: Zip:
Home Ph: Work Ph: 943-1104

CIRCLE ONE: CASH CHECK HOUSE ACCT

AUTHORIZATION

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

WALK IN | PHONE IN | TIME IN | OUT

FLORIST CITY: FLORIST PHONE: PERSON SPOKEN TO

ORDER

DESCRIPTION

CHARGES	70 —
PRODUCT CODE	
DELIVERY	9 —
RELAY	
SUB TOTAL	
TAX	
Total	84 53

Pd

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATULATIONS HOLIDAY OTHER

CARD

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

Exec. Mngmt. Team
(@ Cgy Health Region

DELIVERY

Deliver to: Mr. Margaret Smith + family

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

Address:
City: State/Prov: Zip/Code:
Home Ph: Work Ph:
Special Instructions:

TIME AM bet noon.

APPLICANT COPY

Subject: Shipping Confirmation: Your [redacted] Order, OR13922030
Date: Wed, 30 Nov 2005 15:22:18 +0000 ("GMT")
From: "chapters.indigo.ca" <service@chapters.indigo.ca>
To: Lorna Anderson <Lorna.Anderson@CalgaryHealthRegion.ca>

Cher client/Chère cliente. Vous trouverez ci-dessous ce message en français.

Dear Lorna Anderson,

Thank you for shopping at chapters.indigo.ca - we are pleased to confirm that the item(s) listed below has shipped from your order, OR13922030. Any item(s) remaining in your order will ship as they become available. If you paid for your order by credit card, we are now processing a charge to your card for the shipped item(s).

To check your order's status, sign-in to your Online Account and reference your Order History.

ITEM(S) SHIPPED:
1. [redacted] Covey Style Guide With CD (Audio) - 1 @ $41.50

Item(s) Subtotal: $41.50
Shipping: $0.00
GST: $2.90
==========
[redacted]40

SHIPPING INFORMATION:

Your order is shipping by Free Ship - Standard Delivery to:

Lorna Anderson
10101 Southport Road SW
Calgary, ALBERTA T2W 3N2
Canada

To track your shipment's delivery status, logon to Your Account. Select OR13922030, then click on the link for this item(s) to track your shipment.

NOTE: If you selected our Free Ship-Standard Delivery offer, please allow 3-9 business days for delivery.

RECEIPT/INVOICE -
This e-mail serves as your receipt/invoice so please save it for your records; you will not receive an invoice with your package. You can print a copy of your invoice by signing-in to your Online Account, selecting the Order History link and then clicking the "Request Invoice" button.

CANCELLATIONS-
Cancellations of items with 24-hour availability status, electronic Gift Certificates and Used/Rare books cannot be guaranteed. To learn how to cancel an item or an order online, please visit our cancellation page: http://www.chapters.indigo.ca/cancellations.

RETURNS POLICY-
Returning an item(s) is easy. You have 30-days (from the date of shipment) to return your item(s) to any Chapters, Indigo or Coles location, or, you can use our online returns service. For more details on how to return your order, please see our returns policy at: http://www.chapters.indigo.ca/returns.

We value your business and hope you will shop with us again.

Sincerely,
Chapters Indigo Online

APPLICANT COPY

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd SEP 12 2006
Copy to:
IMPORTANT INFORMATION

113-7864

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM AUG 05 TO SEP 05, 2006 1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$980.03**
	s.17(1), 17(4)(e.1)	
AUG 25	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$980.03
SEP 05	PURCHASE INTEREST	$8.48
	SUBTOTAL OF MONTHLY ACTIVITY	**-$971.55**
	s.17(1), 17(4)(e.1)	
AUG 11	WELLINGTONS CALGARY AB	$40.93
AUG 11	EARL'S WILLOW PARK CALGARY AB	$52.88
AUG 24	CALGARY SUN CALGARY AB	$478.00
AUG 24	WILDWOOD GRILL CALGARY AB	$75.90
AUG 31	LAURELWOOD FLORAL DESIGN CALGARY AB	$36.04
	SUBTOTAL OF MONTHLY ACTIVITY	**$683.75**
	TOTAL NEW BALANCE	**$692.23**

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$21.00**
Payment due date	**SEP 26. 2006**
Credit limit	$
Available credit	$9,307.77
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance		**$980.03**
Payments & credits	-$980.03	
Purchases & debits	$683.75	
Cash advances	$0.00	
Interest	$8.48	
Fees	$0.00	
NEW BALANCE		**$692.23**

PLEASE NOTE:

Effective September 1, 2006, changes will be made to your RBC Royal Bank® *VISA* Business Card Agreement which will affect your rights and obligations, as you use your RBC Royal Bank *VISA* Business card. Please read the enclosed insert carefully which outlines the changes. If you have any questions, please call 1-800-769-2512.

A new level of convenience is here

Now view your *Visa* account with RBC Express. No more filing! Your account information will be stored for up to 6 monthly cycles. Access it whenever you need to, 24/7. Contact your Cash or Account Manager or call 1-800 ROYAL 2-0 (1-800-769-2520) today!

RBC0150120_5366922_005_59
HRI - 00 - 1 - 1 - 5 - 23789 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
September 14, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

☐ Employee ☐ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED SEP 18 2006 FINANCE

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	August 5, 2006 to September 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$692.23	
				GST $
TOTAL AMOUNT OF PAYMENT:			$692.23	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization K. Best	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

March 2005

APPLICANT COPY

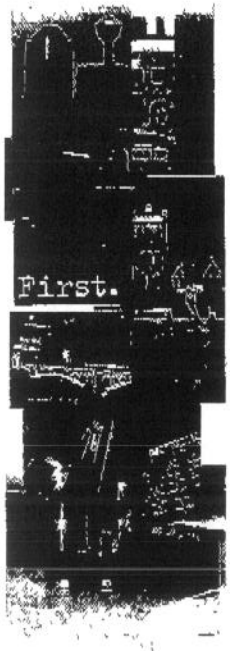
SUN First.

2615 - 12 Street N.E.
Calgary, Alberta, Canada
T2E 7W9

Calgary Sun Main Line
(403)410-1010

Calgary Sun Fax Lines
Advertising:
(403) 250-4258
Circulation:
(403) 250-4358
Editorial:
(403) 250-4180
Marketing:
(403) 250-4373
Credit:
(403) 250-4257

Sun Distribution
(403) 250-4329
Fax Line:
(403) 250-4176



SUBSCRIPTION RECIEPT

Price Includes GST., GST # - 89292145

SERVICE TYPE: DAILY

DATE: August 29, 2006

NAME: CALGARY HEALTH REGION

ADDRESS: 10101 SOUTHPORT RD SW

CITY: CALGARY

POSTAL CODE: T2W 3N2

PHONE NUMBER: 943-1104

AMOUNT PAID: $478.00

DATE PAID: August 24, 2006

EXPIRY DATE: June 25, 2008

SUBSCRIPTION RATES

7 Day	Sat & Sun
$59.80/13 Wks	$24.05/13 Wks
$119.60/26 Wks	$48.10/26 Wks
$239.20/52 Wks	$96.20/52 Wks
Auto Debit Only	**Auto Debit Only**
$20.70/ 5 Wks	$9.25/ 5 Wks

Fri,Sat & Sun	Sunday Only
$31.20/13 Wks	$13.65/13 Wks
$62.40/26 Wks	$27.30/26 Wks
$124.80/52 Wks	$54.60/52 Wks
Auto Debit Only	**Auto Debit Only**
$12.00/ 5 Wks	$5.25/ 5 Wks

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A QUEBECOR COMPANY

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APPLICANT COPY

YOUR CALGARY SUN SUBSCRIPTION INVOICE

Payment Due: EFF: Aug. 09/06

2615 - 12 Street NE,
Calgary, Alberta,
T2E 7W9

Phone:
403-410-1010

The Sun is proud to reward our subscribers with

AIR MILES®
reward miles

Your Information:

Address:
CALGARY HEALTH REGION
10101 SOUTHPORT RD SW
CALGARY. AB T2W 3N2

Last Payment Processed:

Payment Due:
EFF: Aug. 09/06

Total Air Miles Earned To Date

Your Current Subscription:

Type	Term	Cost	Discount	Air Miles®
DAILY	104 wks	$478.00	0%	

Or... Switch To Easy Pay:

Type	Term	Cost	Discount	Air Miles®
DAILY	104 wks	$430.20	10%	

By switching to Easy-Pay you can save time and money!
Please call (403) 250-4300 for more details.

Delivery effective from Aug. 10/06 for 104 weeks (2 yrs.)

01-7110500001
A/C: 49010002

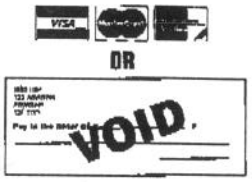
paid by VISA August 22/06.

What Is Easy Pay?

You can have your subscription automatically billed to your credit card or pay it directly from your bank account. This will save you time and money.

How To Sign Up

1. Simply call **410-1010** and one of our customer service representatives can set up your account . **OR**
2. Check off the Easy Pay option at the bottom of this invoice when you send it in. Indicate which credit card you would like to use or include a void cheque if you would like us to debit your bank account.



3 Ways To Renew Your Subscription:

1. Call 410-1010 and our customer service representatives can take your credit card payment over the phone and can explain all service options.
2. Fill out the bottom portion of this invoice and return it to the Sun in the provided envelope.
3. You can pay this invoice at any bank or with the online payment options offered by major Canadian banks.

Prices include G.S.T., G.S.T. Number 885292453
®™ Trademarks of AIR MILES International Trading B.V. Used under license by Loyalty Management Group Canada Inc. and Sun Media Corporation.

Please detach and return this portion with your remittance.

You Have 2 Renewal Options: (Please select one) **Account Number:** **Payment Due:**

☐ 1 **Renew Existing Term** ▶ **Amount Due:**

Payment Method Please select one ☐ **Cheque** ☐ **Credit Card**

Please select one
☐ **Visa** ☐ **Mastercard** ☐ **Amex** **Expiry Date:** ___ / ___ (mm/yy)
Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Signature: _____
Air Miles® Collector Number: _ _ _ _ _ _ _ _ _ _ _

☐ 2 **Switch To Easy Pay** ▶ **Amount That Will Be Billed To Your Credit Card Or Taken from Your Bank Account:**

Payment Method Select one ☐ **Void Cheque** (Please Enclose) ☐ **Credit Card**

Please select one
☐ **Visa** ☐ **Mastercard** ☐ **Amex** **Expiry Date:** ___ / ___ (mm/yy)
Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Signature: _____
Air Miles® Collector Number: _ _ _ _ _ _ _ _ _ _ _

PRESIDENT & CEO'S OFFICE
CALGARY HEALTH REGION
10101 SOUTHPORT RD SW
CALGARY. AB T2W 3N2

Customer Account: C108518 943-1104

The Calgary Sun
2615 - 12 Street NE
Calgary Alberta
T2E 7W9

:0759490001: 96

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

for # 943-1108

SENDER

Date: Aug 31/06 Time: ____ am / pm
Customer:
Address: Calgary Health Region
City: re: Maire State/Prov: Zip:
Home Ph: 943-1104 Work Ph:

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER | EXP. DATE | AUTHORIZATION
013130

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION		CHARGES
Ceramic purse	PRODUCT CODE	25.00
	DELIVERY	5.00
	RELAY	
	SUB TOTAL	
	TAX	
	Total	36.04

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B C GET WELL CONGRATULATIONS HOLIDAY OTHER

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

~~The Norgin~~ CEO's Office
your friends

DELIVERY

Deliver to: Sonia Garcia
Address:
City:
Home Ph: Work Ph:
Special Instructions:

THURS

DELIVERY DATE	TIME	AM / PM
Aug 31/06		

Form No. VDO161

Flowers Say It Best!

AURELWOOD FLORAL DESI s.17(1), 17(4)(e.1)
7702 ELBOW DR SW T2V1K2
CALGARY AB 22702035

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

Name:
Acct #

Date 06/08/31 Time 11 06 36
Exp Date 0811 Auth # 013130
Card Type VI Tran Code 00
N22702035001 001572001

Subtotal ----------
Tax ----------
Total $36.04

Retain this copy for your records

Customer Copy

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

APPLICANT COPY

MacGregor
Roger

Date: 10Aug'06 0
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 095019
Check: 4041
14/1
45 SARAH K
Server: 001155238009
PATTI GRIER

: 46

Tip: 6.00

Total: 52.88

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

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

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

Main

WELLINGTONS/OSCARS
10325 Bonaventure Dr. SE
Tel: 403-278-5250

Server: Tom K
Table: 19

Date: 08/11/2006
Time: 13:32

VISA

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

GRIER/PATTI
AUTH 007582 ONLINE
MERCHANT# 9999

SUBTOTAL $ 34.93

TIP $ 6.00

TOTAL $ 40.93

** CUSTOMER COPY **

Wellington's/Oscar's
Please pay server.
Thank-you.

20

0009
Server: DARREN L (#23), Rec: 18
08/24/06 14:12, Swiped T: 14 Term: 3

NG COMPANY
T S.W.

MERCHANT #: 4[illegible]/0190

ACCOUNT NUMBER

APPROVED s.17(1), 17(4)(e.1)
N # 004353
Reference 00009
TRANS TYPE Credit Card SALE

Clerk 6

TIP: 12.00

TOTAL: 75.00

X

PHONE: ( ) -
Duplicate Copy

CARDHOLDER WILL [illegible] CARD ISSUER
MERCHANT PHRASE: CARDHOLDER AGREEMENT
Copy

APPLICANT COPY

1244747

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM JAN 06 TO FEB 05, 2007 s.17(1), 17(4)(e.1) 1 OF 1

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd FEB - 9 2007
Copy to:

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	$2,756.68
	s.17(1), 17(4)(e.1)	
JAN 19	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$1,079.86
FEB 01	VISA FEE	$12.00
FEB 05	PURCHASE INTEREST	$41.56
	SUBTOTAL OF MONTHLY ACTIVITY	-$1,026.30
	s.17(1), 17(4)(e.1)	
JAN 10	MISS LITTLE SAIGON RESTAUCALGARY AB	$21.96 ✓
JAN 10	LAURELWOOD FLORAL DESI CALGARY AB	$73.67 ✓
JAN 11	LODGE AT KANANASHIS FD KANANASKIS AB	$500.00 ✓
JAN 19	REDWATER RUSTIC GRILLE CALGARY AB	$43.55 ✓
	SUBTOTAL OF MONTHLY ACTIVITY	$639.18
	TOTAL NEW BALANCE	$2,369.56

Reminder:

Sign your card on the signature panel as soon as you receive it. If your unsigned *Visa** card falls into the wrong hands anyone can sign the card and use your account. For more information on protecting your account from fraud, visit www.visa.ca/securewithvisa.

Protect yourself when travelling

Protect your RBC Royal Bank® *Visa** card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be traveling abroad. We will help to ensure your trip purchases are hassle free.

IMPORTANT ~~INFORMATION~~

CONTACT US

File Name:

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

PAYMENT INFORMATION

Minimum payment	**$72.00**
Payment due date	**FEB 26, 2007**
Credit limit	$10,000.00
Available credit	$7,630.44
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$2,756.68**
Payments & credits	-$1,079.86
Purchases & debits	$639.18
Cash advances	$0.00
Interest	$41.56
Fees	$12.00
NEW BALANCE	**~~$2,369.56~~**

$ 692.74

payment also made on Jan. 25 of $1,676.82

RBC0150120_6697656_008_1368
HRI - 00 - 1 - 1 - 8 - - D

APPLICANT COPY

calgary health region

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
February 23, 2007	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

☐ Employee ☐ Other **RBC ROYAL BANK**

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

FINANCE
RECEIVED
FEB 26 2007

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	January 6 to February 5, 2007 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01	7110500000001	6950000000	73.67	
01	7110500000001	6960000000	565.51	
01	7110500000001	6950000000	53.56	Interest charges & VISA fee
TOTAL AMOUNT OF PAYMENT:			$ 692.74	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization

Print Name KAY BEST

Authorizer's Employee Number

Authorizer Phone # (in full) 943-1141

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

00074

March 2005

APPLICANT COPY

DELTA
LODGE AT KANANASKIS

ADVANCE DEPOSIT RECEIPT

Calgary Health Region
Attn: Ms. Maire Glennon
10101 Southport Road SW
Calgary, AB
T2W 3N2

Date: January 10, 2007
Confirmation #: 6248
Function Dates: February 15-16, 2007

Calgary Health Region

	Advance Deposit Requested		$500.00
10-Jan	Payments Received	Thank you	($500.00)
	VS	Exp: 11/08	
	Cardholder: Patti Grier	s.17(1), 17(4)(e.1)	
	Deposit Due:		**$0.00**

Thank you for your deposit payment and for chosing the Delta Lodge at Kananaskis.
Please contact Nicole Murray at (403) 591 6214 with any questions or concerns.

Delta Lodge at Kananaskis
Attn: Accounts Receivable
Box 249
Kananaskis Village, AB T0L 2H0

GST Reg #R122372063

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: Jan. 10 07 Time: _____ am / pm
Customer: Attention: Sonia
Address: _____
City: _____ State/Prov: _____ Zip: _____
Home Ph: 943 1131 Work Ph: 943 1124

CIRCLE ONE: CASH CHECK HOUSE ACCT

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

EXP. DATE | AUTHORIZATION

IN | IN | IN | OUT | FLORIST NUMBER: | FLORIST NAME:

FLORIST CITY: | FLORIST PHONE: | PERSON SPOKEN TO:

ORDER

DESCRIPTION

Cut flowers.

CHARGES	60 00
PRODUCT CODE	
DELIVERY	9 50
RELAY	
SUB TOTAL	
TAX	
Total	73 67

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY GET WELL CONGRATS

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

From your friends
in the CEO office

DELIVERY

Deliver to: Maire Glennon
Address: 10101 Southport Rd. SW
City: _____ State/Prov: _____ Zip/Code: _____
Home Ph: 943 1131 Work Ph: _____
Special Instructions: _____

Form No. VDO161

DELIVERY DATE: Wed - Jan. 10 07 | TIME: AM / PM

Flowers Say It Best!

Eileen Bell

REDWATER RUSTIC GRILLE
[illegible] MacLeod Tr. South
Tel 403 [illegible] 4266
Check [illegible]593

Server: S-Valerie C
Table: 223

Date: 01/19/2007
Time: 13:28

VISA

GRIER/PATTI
AUTH 077230 ONLINE
MERCHANT# 9999

SUBTOTAL $ 38.05

TIP $ 5.50

TOTAL $ 43.55

** CUSTOMER COPY **

Thank You For Dining With Us.
GST # 819584947RT0001

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

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

Wood

MISS LITTLE SAIGON RES
9737 MACLEOD TRAIL T2J0P6
CALGARY AB
22919050

PRE AUTH PURCHASE

01-09-2007 13:00:19
Acct # S
Exp Date 11/08 Card Type VI
Name: PATTI GRIER

Inv. # 23285 Operator 111
T22919050001
Auth # 013233 RRN 001657008

P.Auth Purchase $16.96
Tip 5.00
Total 21.96

Customer copy

RBC Royal Bank

APPLICANT COPY

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
AUG 0 3 2007

1350846

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM JUL 06 TO AUG 03, 2007 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$3,807.52**
	s.17(1), 17(4)(e.1)	
AUG 03	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$3,807.52
AUG 03	PURCHASE INTEREST	$92.89
	SUBTOTAL OF MONTHLY ACTIVITY	**-$3,714.63**
	s.17(1), 17(4)(e.1)	
JUL 04	WILDWOOD GRILL CALGARY AB	$60.35
JUL 05	ANNIE'S/THE RANCHE CALGARY AB	$150.00
JUL 13	REDWATER RUSTIC GRILLE CALGARY AB	$38.60
JUL 14	BONTERRA RESTAURANTS CALGARY AB	$198.54
JUL 18	WILDWOOD GRILL CALGARY AB	$62.12
JUL 31	SEPHORA - CHINOOK CALGARY AB	$50.00
AUG 01	REDWATER RUSTIC GRILLE CALGARY AB	$44.10
	SUBTOTAL OF MONTHLY ACTIVITY	**$603.71**
	TOTAL NEW BALANCE	**$696.60**

Deter Online & Telephone Fraud

Online and telephone scams designed to extract confidential banking information are on the rise. Protect yourself by following the guidelines below:

* NEVER respond to emails or calls requesting you to: verify your account details or provide confidential information or passwords.

* If you do receive an email of this nature which appears to be from us, do not click on any links provided, but forward it to information.security@rbc.com so we can take action.

* If you receive a phone call of this nature, do not respond, but call a valid RBC® phone number found on one of your statements, an RBC website, or your *Visa**/client card to verify the legitimacy of the original call.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$21.00**
Payment due date	**AUG 24, 2007**
Credit limit	$10,000.00
Available credit	$9,303.40
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$3,807.52**
Payments & credits	-$3,807.52
Purchases & debits	$603.71
Cash advances	$0.00
Interest	$92.89
Fees	$0.00
NEW BALANCE	**$696.60**

RBC0150120_8256067_023_2415
HRI - 00 - 2 - 2 - H - - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
August 13, 2007	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104
PAYABLE TO: ❑ Employee ❑ Other — RBC ROYAL BANK		**Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED AUG 16 2007 FINANCE

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	July 6 to August 3, 2007 - VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	553.71	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 5 0 0 0 0 2	50.00	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0	92.89	Interest charges
TOTAL AMOUNT OF PAYMENT:			**$ 696.60**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name
Sue Hall for K. Best	KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

The RANCHE
RESTAURANT

July 28, 2007

REVISED

BILL TO: Calgary Health Region
Attn: Sonia Garcia/Kelly
President & CEO Office
Ph: 943-1131
Fax: 943-1124

FROM: THE RANCHE Restaurant
c/o Canadian Rocky Mountain Resorts
#900, 600 – 6th Avenue SW
Calgary, AB
T2P 0S5

RE: Services rendered by THE RANCHE Restaurant in Fish Creek Provincial Park to host your dinner on Wednesday, July 11, 2007 and meeting on Thursday, July 12, 2007.

Dinner		$ 798.00
Beverages:		
Wine		187.00
Liquor		19.50
Beer		22.00
Non alcoholic beverages		21.25
		$ 1047.75
Room Rental Fee		152.25
Gratuity		204.00
Total		**$ 1404.00**
Meeting:		
Morning Break	12 x $8.00	$ 96.00
Lunch	12 x 31	372.00
Afternoon Break	12 x $8.00	96.00
Non alcoholic Beverages - coffee/bottled water		78.75
		$ 642.75
Gratuity		109.26
GST		45.12
Total		**$ 752.01**
Less Deposit Received		**(150.00)**
Total amount owing		**$ 2006.01**

Authorized Signature: A Manzer

Thank you for choosing the Ranche Restaurant to host your event. Payment is due upon receipt.
GST #893892596
*Client is GST exempt (amount not included $129.36)

15979 Bow Bottom Trail SE
Fish Creek Provincial Park, Calgary, Alberta
Tel: (403) 225-3939 Fax: (403) 225-3959
Email: events@theranche.com

AUG-07-2007 10:04 From:THE RANCHE RESTAUR 403 225 3959 To:CHR CEO Board P.2/2

APPLICANT COPY

The RANCHE
RESTAURANT

June 11, 2007

SUBJECT: TO SECURE DATE OF YOUR EVENT AND CANCELLATION POLICY

Dear Sonia Garcia / Calgary Health Region,

Thank you for choosing THE RANCHE Restaurant as the setting for your day meeting. We will make every effort to be gracious hosts. This letter is to confirm your reservation for Thursday, July 12, 2007 from 9:00am – 3:00pm in the Parlour Room with up to 18 guests. All Food and Beverages (ie. Menus and Wines) required for the event must be confirmed 2 weeks prior to your event. As well, an estimate number of guests is required when confirming your menu and beverage selections. A guaranteed number of guests must be confirmed seventy-two (72) hours in advance of the date of your event. Charges will be applied to the guaranteed number or the actual number served, whichever is greater.

The Ranche Restaurant will be the sole provider of all food and beverages, including alcohol. No food and/or beverages shall be brought into The Ranche (with the exception of the wedding cake)

There is a deposit of 30% of the minimum guarantee required to hold your reservation. Deposits will be fully refunded if cancellation is more than 6 months before the date of your event. If cancellation occurs before 30 days prior to your event, 50% of your deposit will be returned. Should cancellation occur within 30 days of your event, 100% of the deposit is non-refundable. The 30% deposit amounts to $150.00 (30% of $500.00* minimum guarantee for food, beverages, alcohol and room rental). Please note; a labour fee of $150.00 plus GST, 17% gratuity and any additional rentals will be added to your total, which must be paid in full on the day of your event. Upon completion of your party the $150.00 will be subtracted from your final bill.

Thank you once again for choosing THE RANCHE and we look forward to creating a memorable day for you and your guests.

CREDIT CARD INFORMATION

Credit card details (please circle one): VISA MASTERCARD AMEX EN ROUTE

Name on card: PATTI GRIER

Please sign as it appears on credit card:

Credit card number:

Expiry date: _____

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

I authorize THE RANCHE Restaurant in Fish Creek Provincial Park to charge my credit card $150.00 to hold my reservation for Thursday, July 12, 2007.

Once you have signed this letter and the attached contract, please fax me a copy at (403) 225-3959.
**Please note reservation not confirmed until both documents have been signed and returned.

Andrea Manzer
Events Coordinator

Andrea Manzer

Authorized signature:

15979 Bow Bottom Trail SE
Fish Creek Provincial Park, Calgary, Alberta
Tel: (403) 225-3939 ~ Fax: (403) 225-3959
E-mail: events@theranche.com

APPLICANT COPY

REDWATER RUSTIC GRILLE
9223 MACLEOD TR SOUTH
WWW.REDWATERGRILLE.COM
P. (403) 253-4266 F. (403) 253-9045

FACSIMILE TRANSMITTAL SHEET

TO: Patti Grier
FROM: Redwater Grille
COMPANY: Calgary Health Region
DATE: Aug 1/07
FAX NUMBER: 943-1108
TOTAL NO. OF PAGES INCLUDING COVER: 1
RE: Receipt

☑ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

REDWATER RUSTIC
GRILLE
9223 McLeod Tr. South
Tel: 403-253-4266
Check: 54805
Duplicate

Server: S-Tyler B. Date: 08/01/2007
Table: 222 Time: 1201

1		
1	Red Water BLT	11.00
1	Coffee	2.50
1	Tomato Salad	13.00
1	Add Shrimp	6.00
1	Coffee	2.50
	SUB-TOT:	35.00
	GST:	2.10
	TOTAL:	37.10
	VISA :	44.10
	GRATUITY:	7.00

Thank You For Dining With Us.
Please Join Us On
GST #819584947RT0001

APPLICANT COPY

0001

Server: SWITZER J (#35) Rec: 5
[illegible] 04/07 13:07, Swiped T: 72 Term: 3

[illegible] BREWING COMPANY
[illegible] 5TH STREET S.W.
[illegible], ALBERTA
[illegible]
MER[illegible] #: 4 [illegible]

[illegible] ACCOUNT NUMBER EXP
V, A
[illegible] s.17(1), 17(4)(e.1)
[illegible]
TRANSACTION APPROVED
AUTHORIZATION #: 039964
Reference [illegible]
TRANS TYPE Credit Card SALE

CHECK: 50.35

TIP: 10.00

TOTAL: 60 35

X

PHONE: ( )
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Store Copy :)

APPLICANT COPY

Best Copy Possible

[illegible] RUSTIC
GRILLE
[illegible] South
[illegible]4265
52455

Date
Time [illegible]

012260 [illegible]
[illegible] 3099

SUB[illegible] $

[illegible] 6.00

TOTAL $ 38.60

** CUSTOMER COPY

[illegible] for Dining with [illegible]
[illegible] John H. Ohl
Conf #81958494/R10001

APPLICANT'S COPY

0050
Server: TRACY W (#60)
07/14/07 22:32, Swiped T: 84 Term: 1
Rec: 50

BONTERRA RISTORANTE
1016 - 8 ST S.W.
CALGARY,ALBERTA
(403)262-8480
MERCHANT #: 45025332192

CARD TYPE ACCOUNT NUMBER
VISA
Name: PATTI GRIER
00 TRANSACTION APPROVED
AUTHORIZATION #: 041247
Reference: 000050
TRANS TYPE: Credit Card SALE

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

CHECK : 1

TIP : 30 54

TOTAL : 198 54

X

Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
MERCHANT COPY

APPLICANT COPY

0008 Rec: 8
Server: COLINA M (#56), Term 2
07/16/07 13:35, Swiped T: 1/

WILDROSE BREWING COMPANY
2417 - 4TH STREET S.W.
CALGARY, ALBERTA
(403)228-0106
MERCHANT #: 450247/0190

ACCOUNT NUMBER [redacted]
CARD TYPE
VISA
Name: PATTI GRIER
00 TRANSACTION APPROVED
AUTHORIZATION #: 050767
Reference: 000008
TRANS TYPE: Credit Card SALE

CHECK: 52.12
TIP: 10.00
TOTAL: 62.12

X

PHONE: ( )
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please Leave Signed Copy :)

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

APPLICANT COPY

CHINOOK
6455 Macleod Trail SW unit 012B
Calgary, AB T2H 0K8
(403) 355-3500
shop sephora com open 24/7

GIFT CARD ACTIVATION $0 00
SWIPF GIFT CARD 6034 2503 8988 ####
SWIPED
APPROVED
AUTH# 983412
CURRENT BALANCE= $50.00
INVOICE #: 6399
07-31-2007 05:01AM

SUBTOTAL $50 00
TOTAL $50 00
VISA -$50 00

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

PURCHASE
SWIPED
APPROVED
AUTH# 092596
INVOICE # 6399
07-31 2007 05 03AM
REFERENCE # 00000010

9905140206399137250 3

ITEMS 1
07-31-2007 11.03AM 0514 02 80546 06399

SEPHORA
Find More Online at Sephora.com
Choose 3 Free Samples With Every Order
Free Returns, Free Shipping Over $120
GST TAX ID# 96124 3673 RT0001

APPLICANT COPY

RBC Royal Bank

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

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

STATEMENT FROM JUN 04 TO JUL 05, 2005

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
RECD JUL 19 2005
Copy to
File Name

1 OF 1

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
JUN 07	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$322.91
JUN 28	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$224.13
JUL 05	PURCHASE INTEREST	$3.21
	SUBTOTAL	**-$543.83**

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

JUN 10	GREAT CANADIAN DOLLAR STOCALGARY AB	$35.31
JUN 15	CALGARY PARKING AUTHORITYCALGARY AB	$8.00
JUN 15	CALGARY PARKING AUTHORITYCALGARY AB	$14.00
JUN 17	LA P'TITE TABLE OKOTOKS AB	$248.81
JUN 18	SAN REMO AT GARRISON CALGARY AB	$247.58
JUN 20	CALGARY PARKING AUTHORITYCALGARY AB	$6.75
JUN 20	LAURELWOOD FLORAL DESIGN CALGARY AB	$124.12
JUN 21	MOXIES CLASSIC GRILL CALGARY AB	$36.64
	SUBTOTAL	**$721.21**

Valuable tips to avoid risk

Do not lend out your *Visa* card. Use caution when giving account numbers out to unknown vendors and to try and 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.

Save in store and online with RBC *Visa*

Save when using your RBC Royal Bank *Visa* card on selected purchases at Thrifty, Sure Print & Copy Centres, Organize My Financial Documents and Oxygen Global Custom Telecard. For a list of discounts visit www.rbcroyalbank.com/cards/rbcrewards/discountsavings.

917/04 RW

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$22.00**
Payment due date	**JUL 26, 2005**
Credit limit	$10,000.00
Available credit	$9,275.58
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$547.04
Payments & credits	-$547.04
Purchases & debits	$721.21
Cash advances	$0.00
Fees	$0.00
Interest	$3.21

New balance ~~$724.42~~ $724.42

RECEIVED
JUL 2005
FINANCE

RBC0150120_2206680_004_271
HRI - 00 - 1 - 1 - H - 2E - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
June 21, 2005	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104
PAYABLE TO: ❑ Employee ❑ Other — RBC ROYAL BANK		**Employee #**

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	June 04 to July 05, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$724.42	
		6241000		
				GST $
TOTAL AMOUNT OF PAYMENT:			**$724.42**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name
Lou Best	KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

_AR ST
299 S
2U 1K2

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

S
CRE
/06/10
:00:10
412901
000003

135.31

135.31

LA P'TITE TABLE
52 N RAILWAY
INSTORE
ID
SLIP # 5709
STORE 4588463

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

$208.31
POURBOIRE/TIP $ 40.00
$ 248.31

SIGNATURE X
1105 *S

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

VISA CREDIT SALE

I AGREE TO PAY ABOVE
TOTAL TO CARD ISSUERS AS
PER AGREEMENT

X _____
CUSTOMER SIGNATURE

COME VISIT US AGAIN
THANK YOU. GOOD DAY

APPROVED AUTH 020842
REQ 450003001024 ISC -001
Jun 17 2005 9:44 pm

MERCHANT COPY

CPA James Short
115 - 4 Avenue SW
AB-T2P 4L6 CALGARY, AB
Tax Code CA GST #119457869

POF Major Cashier 0
17/06/05 13:14

Receipt 043869

Short-term Parking
Short-term Parking tkt
James Short
17/06/05 11:48 -
17/06/05 13:14
Period 0d01h26'
(GST) $6.75

Gross total $6.75

Payment
[illegible] $6.75

Net total $6.31
GST (7%) 0.44

All amounts in CAD.
THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869

POF 1 (12) Cashier 0
14/06/05 08:51

Receipt 043432

Short-term Parking
Short-term Parking tkt
McDougall Parkade
14/06/05 07:08 -
14/06/05 08:51
Period 0d01h43'
(GST) $8.00

Gross total $8.00

Payment
VISA $8.00

Net total $7.48
GST (7%) 0.52

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869

POF 1 (12) Cashier 0
14/06/05 16:31

Receipt 043564

Short-term Parking
Short-term Parking tkt
McDougall Parkade
14/06/05 12:46 -
14/06/05 16:31
Period 0d03h45'
(GST) $14.00

Gross total $14.00

Payment
VISA $14.00

Net total $13.08
GST (7%) 0.92

THIS IS YOUR RECEIPT

Thank you for your patronage

CALGARY PARKING AUTHORITY
Tel. (403) 537-7000 www.calgaryparking.com

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

APPLICANT COPY

REORDER FROM: TELEFLORA 1-800-672-4422 or JOHN HENRY 1-866-574-7274

943-1124(f).

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: June 2010 Time: ____ am / pm
Customer: Lou-Cgy. Health Region
Address: ____
City: ____ State/Prov: ____ Zip: ____
Home Ph: ____ Work Ph: 943-1122

CIRCLE ONE: CASH CHECK HOUSE ACCT

AUTHORIZATION

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

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION: Vase - bright flowers

CHARGES	50 —
PRODUCT CODE	
DELIVERY	8 —
RELAY	
SUB TOTAL	
TAX	
Total	58 00

Pd

c/fwd →

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Carol,
Thank you for our accreditation success!
From: CHR BOARD + Executive Management Team.

DELIVERY

Deliver to: Lorna Anderson
Address: Cgy Golf & CC Club - 50th Ave + Elbow.
City: ____ State/Prov: ____ Zip/Code: ____
Home Ph: ____ Work Ph: ____
Special Instructions: ____

DELIVERY DATE	TIME	AM / PM
Thurs June 23.		Before 3 PM. (after 1pm).

Form No. VDO161

Flowers. Say It Best!

Jun 23 05 01:15p p.1

APPLICANT COPY

REORDER FROM: TELEFLORA 1-800-672-4422 or JOHN HENRY 1-866-574-7274

943-1124 (f)

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: June 2005 Time: _____ am / pm
Customer: Lou - Cgy. Health Region
Address: _____
City: _____ State/Prov: _____ Zip: _____
Home Ph: s.17(1), 17(4)(e.1) Work Ph: 943-1122

COLLECT ON DEL. CHECK HOUSE ACCT

CARD NUMBER / HOUSE ACCOUNT NUMBER / CHECK NUMBER _____ EXP DATE _____ AUTHORIZATION _____

IN	IN	IN	OUT	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION: Vase.

CHARGES	50 —
PRODUCT CODE	
DELIVERY	8 —
RELAY	
SUB TOTAL	116 00
TAX	8 12
Total	124 12

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B. G GET WELL CONGRATULATIONS HOLIDAY OTHER

Thx for all your hard work
Eileen. Gilian
Lou for our accreditation purses.
CNR Board of Rec. Mgmt. Ed. m.

DELIVERY

Deliver to: Lou Decoste
Address: 10101 Southport Rd.
City: _____ State/Prov: _____ Zip/Code: _____
Home Ph: _____ Work Ph: 943-1122.
Special Instructions: _____

DELIVERY DATE: Tues June 28 TIME: _____ AM / PM — by noon.

Form No. VDO161

Flowers Say It Best!

Jun 23 05 01:14p p.1

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

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

PATTI GRIER

STATEMENT FROM APR 06 TO MAY 05, 2006 1 OF 1

Be secure with Air Canada 1074793

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 sign up today.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$1,051.72**
	s.17(1), 17(4)(e.1)	
MAY 05	**PAYMENT - THANK YOU / PAIEMENT - MERCI**	**-$1,051.72**
MAY 05	PURCHASE INTEREST	$30.81
	SUBTOTAL OF MONTHLY ACTIVITY	**-$1,020.91**
	s.17(1), 17(4)(e.1)	
APR 10	CALGARY PARKING AUTHORITYCALGARY AB	$15.75
APR 17	YELLOW CAB EDMONTON AB	$56.00
APR 17	CHECKER CABS LTD. CALGARY AB	$50.20
APR 18	YELLOW CAB EDMONTON AB	$53.40
APR 18	CHECKER CABS LTD. CALGARY AB	$51.40
APR 19	LAURELWOOD FLORAL DESIGN CALGARY AB	$73.83
APR 19	WESTIN HOTELS - EDMONTON EDMONTON AB	$200.34
APR 20	BUON GIORNO RISTAURANTE CALGARY AB	$59.49
APR 21	MOXIES CLASSIC GRILL #040CALGARY AB	$57.14
APR 25	CRAVE COOKIES & CAKES INCCALGARY AB	$102.21
APR 25	LAURELWOOD FLORAL DESIGN CALGARY AB	$31.03
APR 26	CRAVE COOKIES & CAKES INCCALGARY AB	$41.96
	SUBTOTAL OF MONTHLY ACTIVITY	**$792.75**
	TOTAL NEW BALANCE	**$823.56**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$25.00**
Payment due date	**MAY 26, 2006**
Credit limit	$10,000.00
Available credit	$9,176.44
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$1,051.72**
Payments & credits	-$1,051.72
Purchases & debits	$792.75
Cash advances	$0.00
Interest	$30.81
Fees	$0.00
NEW BALANCE	**$823.56**

1.03
8.77
3.26
2.03
.26
15.35

RBC0150120_4409045_017_103
HRI - 00 - 1 - 1 - P - 2 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
May 12, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ☐ Employee ☐ Other — **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED MAY 16 2006 FINANCE

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	April 6, 2006 to May 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$823.56	
				GST $
TOTAL AMOUNT OF PAYMENT:			$823.56	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

March 2005

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

APP

= TRANSACTION RECEIPT =

The Checker Group
316 Meridian Road SE
Calgary, AB T2A 1X2
403 299-9999

ACCT TYPE: CREDIT CARD

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

CARD TYPE:VISA
DATE/TIME:
06/04/18 14:10:31
AUTHORIZATION: 035919.

VEH/DRV: 0738 / 4272
GST#: 859213118
TXN ID: 1627016

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

AMOUNT: $ 44.40
TIP: $ 7.00

TOTAL: $ 51.40

PATTI GRIER EXP
CALGARY HEALTH REGION

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
42335	5	742
TIME	DAY	MO.	YR.
1033	12	4	6

3270098

G.S.T.#

FROM: 9 AP

TO: work

PRINT NAME: Patti

CUSTOMER'S SIGNATURE: X

FARE	56
INT'L	
GRATUITY	1
TOTAL	56

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

CUSTOMER COPY

PATTI GRIER EXP
CALGARY HEALTH REGION

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY	MO.	YR.
	13	04	06

3271344

G.S.T.#

FROM: Hotel

TO: Airport

PRINT NAME:

CUSTOMER'S SIGNATURE: X

FARE	53 60
INT'L	
GRATUITY	
TOTAL	53 60

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

CUSTOMER COPY

= TRANSACTION RECEIPT =

The Checker Group
316 Meridian Road SE
Calgary, AB T2A 1X2
403 299-9999

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

ACCT TYPE: CREDIT CARD

CARD TYPE:VISA
DATE/TIME: APR.17/06

AUTHORIZATION: 076476.
VEH/DRV: 0268 / 1121
GST#: 126120864
AMOUNT: $ 44.20
TIP: $ 6.00
TOTAL: $ 50.20

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: Apr. 19/06 Time: ____ am / pm
Customer: Patti Grier (Maire)
Address: ____
City: ____ State/Prov: ____ Zip: ____
Home Ph: 943 1104 Work Ph: ~~FAX~~ 943 - 1108.

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

CIRCLE ONE: CASH CHECK HOUSE ACCT

IN	IN	IN	OUT	WIRE SERVICE:	FLORIST NUMBER:	DATE	AUTHORIZATION
					Patti Grier.	11/08	

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION		
Unscented. arrangement.	CHARGES	60 -
	PRODUCT CODE	
	DELIVERY	9 -
	RELAY	
	SUB TOTAL	
	TAX	
	Total	73.83

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Exec. Mgmt team.

DELIVERY

Deliver to: Carol Gray
Address: ____
City: ____
Home Ph: ____
Special Instructions: ____

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

DELIVERY DATE	TIME	AM / PM
Weds		PM

Form No VDO161

Flowers Say It Best!

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB

Name: s.17(1), 17(4)(e.1) 22702035
Acct #

Date 06/04/19 Time 14 08 26
Exp Date 0811 Auth # 049856
Card Type VI Tran Code 00
V22702035001 001459009

Subtotal ---------
Tax ---------
Total $73.83

Retain this copy for your records

Customer Copy

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

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST Miss Patti Grier
Canada
s.17(1), 17(4)(g)(i)

ROOM 841
RATE 124.00
NO. PERS. 1
FOLIO 68468 A
PAGE 1
ARRIVE 17-APR-06 18:37
DEPART 18-APR-06 10:57
PAYMENT VI

TRAVEL AGENT
CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
17-APR-06	RT841	Room Charge	124.00
17-APR-06	RT841	GST	8.77
17-APR-06	RT841	DMF	1.24
17-APR-06	RT841	Tourism Levy	5.01
17-APR-06	3938	In Room Dining	40.05
18-APR-06	3974	In Room Dining	21.27
18-APR-06	VI	Visa	200.34-

Total Charges	200.34
Total Credits	200.34-
Balance Due	0.00

In Canadian Dollar:

Total Charges	200.34
Total Credits	200.34-
Balance Due	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

GST Summary:

GST Room Revenue:	8.77
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.77
* Canadian Dollar	8.77

861336493RT0005

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

SIGNATURE

As a Starwood Preferred Guest you have earned at least 617 Starpoints for this visit

Miss Patti Grier
FOLIO 68468 17-APR-06
s.17(1), 17(4)(g)(i)

THE WESTIN
EDMONTON

APPLICANT COPY

Centennial
620 - 9 Avenue SW
Can-T2P 1L5 Calgary, AB
Tax Code CA GST #119457869

East POF Cashier 0
07/04/06 09:54

Receipt 007093

Short-term Parking
Short-term Parking tkt
Centennial Parkade
07/04/06 06:45 -
07/04/06 09:54
Period 0d03h09'
(GST) $15.75

Gross total $15.75

Payment
VISA $15.75

Net total $14.72
GST (7%) 1.03

All amounts in CAD.
Deliv. Date=Receipt Date

816480

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

CRAVE COOKIES & CAKES INC.
1107 Kensington Road N.W.
Calgary, Alberta
PHONE: 403-[illegible]
FAX: 403-[illegible]
DATE 04/26/2006 WED TIME 09:39

MISC+GST T1	$1.25
MISC+GST T1	$1.25
MISC+GST T1	$1.25
12 CUPCAKES	$25.95
MISC-NO GST	$12.00
GST	$0.26
TOTAL	$41.96
VISA	$41.96

Admin week

www.cravecookies.com
info@cravecookies.com
THANK YOU!
HAVE A GREAT DAY
PLEASE COME AGAIN
KELLY No.08313[illegible]

F3 5

BUON GIORNO RISTAURANTE
823 17TH AVE SW
CALGARY AB

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

1BER
)ATE
'E VISA 0238
1E 2006/04/20 12:52:38
NUMBER S4709562F-195-006
'ATION ----------
$49.49

10.00

10UNT
59.49

)VED-027 AUTH. # 062983
)U

'ED WITH PAY TOTAL AMOUNT SHOWN

TRANSACTION RECORD 060426/09:31

CRAVE COOKIES & CAKES INC
1107 KENSINGTON RD
CALGARY ALBERTA
T2N3P2

TERM ID: 03197145
MID: 31340576
CARD #
ACCT TYPE: VISA PURCHASE
KEYED
REF NO: 0000120 AMOUNT $41.96
(001) APPROVED - THANK YOU AUTH #034988

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

OBTAIN IMPRINT
HAVE CUSTOMER SIGN IMPRINTED SALES DRAFT

APPLICANT COPY

TRANSACTION RECORD 060425/18:33

CRAVE COOKIES & CAKES INC
1107 KENSINGTON RD
CALGARY ALBERTA
T2N3P2

TERM ID: 03197145
MID: 31340576
CARD #
ACCT TYPE: VISA PURCHASE
KEYED
REF NO: 0000118 AMOUNT $102.21
(001) APPROVED - THANK YOU AUTH #030303

OBTAIN IMPRINT
HAVE CUSTOMER SIGN IMPRINTED SALES DRAFT

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

CRAVE COOKIES & CAKES INC.
1107 Kensington Road N.W.
Calgary, Alberta
PHONE: 403-270-2728
FAX: 403-270-2708
DATE 04/25/2006 TUE TIME 18:42

24 CUPCAKES	$50.95
MISC+GST T1 flat icing	$24.00
MISC+GST T1 Delivery	$15.00
4X @1.50	
CARD T1	$6.00
1 MINI CUP/C T1	$1.50
SNGLE BOX	$1.50
GST Admin week	$3.26
TOTAL	$102.21
VISA	$102.21

www.cravecookies.com
info@cravecookies.com
THANK YOU!
HAVE A GREAT DAY
PLEASE COME AGAIN
KELLY No.083131 00001

MOXIES CL...
106...
CAL... AB
CARD
CARD TYPE VISA
DATE 04/21
TIME :01:20
CLERK ID 57
RECEIPT ...
...02-0
PRE-AU...
AMOUNT ... 14
TIP 20.00
TOTAL 57.14
AUTH# 01-027
THANK YOU
Admin staff
CARDHOLDER COPY

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

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB 22702035

Name: s.17(1), 17(4)(e.1)
Acct #

Date	06/04/25	Time	17 15 50
Exp Date	0811	Auth #	067662
Card Type	VI	Tran Code	00
N22702035001		001464012	

Subtotal	----------
Tax	----------
Total	$31.03

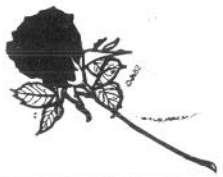
Retain this copy for your records

Customer Copy

APPLICANT COPY

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423



SENDER

Date: Apr. 25/06 Time: _____ am / pm

Customer: Calgary Health Region

Address: Maire Glennon

City: Banff State/Prov: _____ Zip: _____

Home Ph: _____ Work Ph: _____

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER	EXP. DATE	AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION

Plant.

CHARGES	20
PRODUCT CODE	
DELIVERY	9 -
RELAY	
SUB TOTAL	29.00
TAX	2.03
Total	31.03

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Blank card.

DELIVERY

Deliver to: CEO's Office Heath Region

Address: 10101 Southport Rd.

City: Attn: Maire State/Prov: Glenn Zip/Code: .

Home Ph: _____ Work Ph: _____

Special Instructions: _____

DELIVERY DATE	TIME	
Weds		AM / PM

Form No. VDO161

Flowers Say It Best!

APPLICANT COPY

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM JUL 06 TO AUG 05, 2005

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
AUG 05	PURCHASE INTEREST	$18.32
	SUBTOTAL	**$18.32**
	s.17(1), 17(4)(e.1)	
JUL 29	LAURELWOOD FLORAL DESIGN CALGARY AB	$72.76 ✓
	SUBTOTAL	**$72.76**

Your payment for last month was not received by the due date. If payment has been sent, we thank you and ask you to disregard this notice.

You can Win What you Buy!

Your *Visa* purchases could be FREE. Just use your *Visa* card this month for a chance to win your purchases for the month, up to $100,000. There's a winner for every day of the year. No purchase necessary. Call 1-888-298-9944 or visit www.visawinwhatyoubuy.ca for contest details.

Great savings with RBC *Visa*

Save when using your RBC Royal Bank *Visa* card on selected purchases at Greiche Scaff, Hakim Optical, Lasik MD and AMJ Campbell Van Lines. 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

Minimum payment	**$47.00**
Payment due date	**AUG 26, 2005**
Credit limit	$10,000.00
Available credit	$9,184.50
Past due amount	$22.00
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$724.42
Payments & credits	$0.00
Purchases & debits	$72.76
Cash advances	$0.00
Fees	$0.00
Interest	$18.32
New balance	**$815.50**

RBC0150120_2413468_015_54
HRI - 00 - 1 - 1 - A - 2BD - D

RC [illegible]
AUG 16 2005
FINANCE

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
August 18, 2005	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO:

❑ Employee ❑ Other **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only)

Canada Post: P.O. Box 4016, Station "A" s.17(1), 17(4)(g)(i)

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	July 06 to August 05, 2005 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$91.08	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$91.08**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization: Barb Hambly for KB	Print Name: BARB HAMBLY FOR KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full): 943-1141

Comments:

00074

APPLICANT COPY

REORDER FROM: TELEFLORA 1-800-672-4422 or JOHN HENRY 1-866-574-7274

943-1108 (CF)

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: July 29/05 Time: _____ am / pm
Customer: Karen - CHR
Address:
City: State/Prov: Zip:
Home Ph: Work Ph: 943-1123
Patti Grier

CASH CHECK HOUSE ACCT

AUTHORIZATION

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

WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION

Vase

CHARGES	60 —
PRODUCT CODE	
DELIVERY	8 —
RELAY	
SUB TOTAL	
TAX	
Total	47 76

Pd

CARD

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

C.H.K. Board & Jack Davis & the girls

DELIVER

Deliver to: Skip Hrinnak

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

Address:
City: State/Prov: Zip/Code:
Home Ph: Work Ph:
Special instructions:

"Patti Grier" p.o.

DELIVERY DATE: July 29/05 TIME: AM / PM

Flowers Say It Best!

APPLICANT COPY

RBC Royal Bank

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd JUN 0 9 2006

VISA Business

CALGARY HEALTH REGION
PATTI GRIER

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

Copy to:

STATEMENT FROM MAY 06 TO JUN 05, 2006

1 OF 1

File Name:

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$823.56**
	s.17(1), 17(4)(e.1)	
MAY 19	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$823.56
JUN 05	PURCHASE INTEREST	$5.23
	SUBTOTAL OF MONTHLY ACTIVITY	**-$818.33**
	s.17(1), 17(4)(e.1)	
MAY 08	CHECKER CABS LTD.-CAL.-ABCALGARY AB	$27.80 ✓
MAY 12	WILDWOOD GRILL CALGARY AB	$45.40 ✓
MAY 16	WILDWOOD GRILL CALGARY AB	$63.19 ✓
MAY 17	WESTIN HOTELS - EDMONTON EDMONTON BC	$38.17 ✓
MAY 18	WESTIN HOTELS - EDMONTON EDMONTON AB	$197.08 ✓
MAY 24	CALGARY PARKING AUTHORITYCALGARY AB	$8.00 ✓
MAY 24	LAURELWOOD FLORAL DESIGN CALGARY AB	$50.29 ✓
MAY 24	A COOKIE OCCASION CALGARY AB	$26.12 ✓
MAY 26	WESTIN HOTELS - EDMONTON EDMONTON BC	$41.38 ✓
MAY 27	WESTIN HOTELS - EDMONTON EDMONTON AB	$158.28 ✓
MAY 29	LAURELWOOD FLORAL DESIGN CALGARY AB	$141.24 ✓
MAY 29	A COOKIE OCCASION CALGARY AB	$56.60 ✓
MAY 30	NELLIES IN THE LOOP CALGARY AB	$22.46 ✓
JUN 01	LAURELWOOD FLORAL DESIGN CALGARY AB	$52.43 ✓
	SUBTOTAL OF MONTHLY ACTIVITY	**$928.44**
	TOTAL NEW BALANCE	**$933.67**

RBC0150120_4636356_009_2780
HRI - 00 - 1 - 1 - 4 - 28C - D

Protect yourself when traveling 109664

Protect your RBC Royal Bank *Visa* card during your travels. Simply call us at 1-800-361-0152 before you leave and let us know that you will be travelling abroad. We will help to ensure your trip purchases are hassle free.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$29.00**
Payment due date	**JUN 26, 2006**
Credit limit	$10,000.00
Available credit	$9,066.33
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$823.56**
Payments & credits	-$823.56
Purchases & debits	$928.44
Cash advances	$0.00
Interest	$5.23
Fees	$0.00
NEW BALANCE	**$933.67**

8.77
.52
8.77
3.08
3.08
3.08
3.70
1.40
2.03
34.43

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
June 20, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ☐ Employee ☐ Other — **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

RECEIVED JUN 26 2006 EXCHANGE

Interoffice Mail: Department _____

Site: _____

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	May 6, 2006 to June 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
01	7110500000001	6950000002	$ 78.55	
01	7110500000001	6950000000	50.29	
01	7110500000001	6960000000	601.76	
01	7110500000001	6750000000	197.84	
		49510001	5.23	INTEREST
				GST $
TOTAL AMOUNT OF PAYMENT:			**$ 928.44**	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization	Print Name
Kay Best	KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

March 2005

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST

Miss Patti Grier

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

ROOM	709	
RATE	124.00	
NO. PERS.	1	
FOLIO	74287	EX-A
PAGE	1	
ARRIVE	16-MAY-06	18:34
DEPART	17-MAY-06	
PAYMENT	VI	

TRAVEL AGENT

CHARGE TO

709

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
16-MAY-06	RT709	Room Charge	124.00
16-MAY-06	RT709	GST	8.77
16-MAY-06	RT709	DMF	1.24
16-MAY-06	RT709	Tourism Levy	5.01
16-MAY-06	RT709	Parking Self	18.00
16-MAY-06	RT709	Tax GST	1.26
16-MAY-06	3648	In Room Dining	38.80
17-MAY-06	VI	Visa	197.08-

Total Charges	197.08
Total Credits	197.08-
Balance Due	0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
16-MAY-06	124.00	8.77	5.01	38.80	0.00	20.50	197.08
Total	124.00	8.77	5.01	38.80	0.00	20.50	197.08

Date	Payment
16-MAY-06	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

** continued on the next page **

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

SIGNATURE

Miss Patti Grier
FOLIO 74287 16-MAY-06

THE WESTIN
EDMONTON

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST

Miss Patti Grier

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

ROOM	709		
RATE	124.00		
NO. PERS.	1		
FOLIO	74287	EX-A	
PAGE	2		
ARRIVE	16-MAY-06	18:34	
DEPART	17-MAY-06		
PAYMENT	VI		

TRAVEL AGENT

CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS

GST Summary:

GST Room Revenue:	8.77
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.77

861336493RT0005

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

SIGNATURE

As a Starwood Preferred Guest you have earned at least 546 Starpoints for this visit

Miss Patti Grier s.17(1), 17(4)(g)(i)
FOLIO 74287 16-MAY-06

THE WESTIN
EDMONTON

APPLICANT COPY

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

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB 22702035

Name:
Acct #

Date	06/05/24	Time	10 26 31
Exp Date	0811	Auth #	093302
Card Type	VI	Tran Code	00
N22702035001		001489004	

Subtotal ----------
Tax ----------
Total $50.29

Retain this copy for your records

Customer Copy

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423 943-1108

SENDER

Date: May 24/06 Time: _____ am / pm
Customer: CHR (maire) Klemmon
Address: _____
City: _____ State/Prov: _____ Zip: _____
Home Ph: _____ Work Ph: 943-1104

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER / HOUSE ACCOUNT NUMBER / CHECK NUMBER	EXP. DATE	AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION		
Dish plant	CHARGES	38 00
	PRODUCT CODE	
	DELIVERY	9 00
	RELAY	
	SUB TOTAL	
	TAX	
	Total	50 29

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

T.Y for all your help
maire

DELIVERY

Deliver to: Elaine Kirby
Address: 700 Macleod Trail S.E
City: City clerk office (main Floor Province: _____ Zip/Code: _____
Home Ph: _____ Work Ph: 268-5861
Special Instructions: _____

DELIVERY DATE TIME AM

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST: Miss Patti Grier

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

ROOM	841	
RATE	124.00	
NO. PERS.	2	
FOLIO	68469	EX-A
PAGE	1	
ARRIVE	25-MAY-06	15:49
DEPART	26-MAY-06	
PAYMENT	VI	

TRAVEL AGENT

CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS
25-MAY-06	RT841	Room Charge	124.00
25-MAY-06	RT841	GST	8.77
25-MAY-06	RT841	DMF	1.24
25-MAY-06	RT841	Tourism Levy	5.01
25-MAY-06	RT841	Parking Self	18.00
25-MAY-06	RT841	Tax GST	1.26
26-MAY-06	VI	Visa	158.28-

Total Charges	158.28
Total Credits	158.28-
Balance Due	0.00

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

EXPENSE REPORT SUMMARY

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
25-MAY-06	124.00	8.77	5.01	0.00	0.00	20.50	158.28
Total	124.00	8.77	5.01	0.00	0.00	20.50	158.28

Date	Payment
25-MAY-06	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

** continued on the next page **

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

SIGNATURE

Miss Patti Grier
FOLIO 68469 25-MAY-06

THE WESTIN
EDMONTON

APPLICANT COPY

THE WESTIN
EDMONTON

10135 100TH STREET, EDMONTON, ALBERTA T5J 0N7, CANADA
TEL: (780) 426-3636 FAX: (780) 428-1454

GUEST
Miss Patti Grier

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

ROOM	841	
RATE	124.00	
NO. PERS.	2	
FOLIO	68469	EX-A
PAGE	2	
ARRIVE	25-MAY-06	15:49
DEPART	26-MAY-06	
PAYMENT	VI	

TRAVEL AGENT

CHARGE TO

DATE	REFERENCE	DESCRIPTION	CHARGES • CREDITS

GST Summary:

GST Room Revenue:	8.77
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	8.77

861336493RT0005

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

SIGNATURE

As a Starwood Preferred Guest you have earned at least 422 Starpoints for this visit

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

Miss Patti Grier
FOLIO 68469 25-MAY-06

THE WESTIN
EDMONTON

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: May 29/06 Time: ___ am / pm
Customer: Calgary Health Region
Address: Attn: Lynn Kedford
City: State/Prov: Zip:
~~Home Ph~~: 943 1225 Work Ph: FAX: 943-1124.

CIRCLE ONE: CASH CHECK HOUSE ACCT EXP DATE AUTHORIZATION

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

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER: P.Gr

FLORIST CITY: FLORIST PHONE: PERSON SPOKEN TO:

ORDER

DESCRIPTION		
Tropical garden in pot.	CHARGES	35 -
	PRODUCT CODE	
	DELIVERY	9
	RELAY	
	SUB TOTAL	44.00
	TAX	3.08
	Total	47.08

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Cindy,
Thanks for all your support. Much appreciated. Have a great summer.
JACK.
Calgary

DELIVERY

Deliver to: Cindy Ady – MLA office.
Address: 328 22 Midlake Blvd. S.E
City: State/Prov: Zip/Code:
Home Ph: Work Ph: 256-8969.
Special Instructions:

DELIVERY DATE Mon. TIME AM PM

Form No. VDO161

Flowers Say It Best!

ELWOOD FLORAL DESI
ELBOW DR SW T2V1K2
GARY AB 22702035

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

e:
t #

te 06/05/29 Time 11 07 17
p Date 0811 Auth # 019431
ard Type VI Tran Code 00
22702035001 001493005

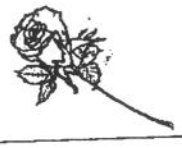
Subtotal ----------
Tax ----------
Total $141.24

Retain this copy for your records

Customer Copy

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design



7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: May 29/06 Time: _____ am / pm
Customer: Calgary Health Region
Address: Attn: Lynn Redford
City: _____ State/Prov: _____ Zip: _____
Bus
~~Home Ph~~: 943-1225 FAX Work Ph: 943-1124

CIRCLE ONE: CASH CHECK HOUSE ACCT VISA

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER	EXP DATE	AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION		
Tropical garden in pot.	CHARGES	35 -
	PRODUCT CODE	
	DELIVERY	9 -
	RELAY	
	SUB TOTAL	44.00
	TAX	3.08
	Total	47.08

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Yvonne,
Thanks ...
Jack Davis.
MLA Calg.
Cross.

DELIVERY

Deliver to: Yvonne Fritz - MLA CALGARY CROSS
Address: 15 6208 Rundlehorn Dr. N.E.
City: _____ State/Prov: _____ Zip/Code: _____
Home Ph: 280-4022 Work Ph: _____
Special Instructions: _____

DELIVERY DATE	TIME	AM / PM
Monday.		

Form No. VDO161

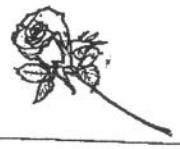
Flowers Say It Best!

Included in the $141.24 VISA charge

APPLICANT COPY

Reorder From: The John Henry Co
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design



7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: May 29/06 Time: _____ am / pm
Customer: Calgary Health Region
Address: Attn: Lynn Redford
City: _____ State/Prov: _____ Zip: _____
Home Ph: 943-1225 Work Ph: Fax 943-1124

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER | EXP. DATE | AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY: | FLORIST PHONE: | PERSON SPOKEN TO:

ORDER

DESCRIPTION

Tropical garden
In pot

CHARGES	35 -
PRODUCT CODE	
DELIVERY	9 -
RELAY	
SUB TOTAL	44 -
TAX	3.08
Total	47.08

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Heather,
Thanks . . . .
Jack.
MLA Calg.
Fish@reek

DELIVERY

Deliver to: Heather Forsyth.
Address: #13 1221 Canyon Meadows Dr. SE.
City: _____ State/Prov: _____ Zip/Code: _____
Home Ph: _____ Work Ph: 278-4444.
Special Instructions: _____

DELIVERY DATE: Monday TIME: AM PM

Form No. VDO161

Flowers Say It Best!

included in the $141.24 visa charge.

APPLICANT COPY

246.6700
www.cookieoccasion.com
cookie

Attn: Lynn Redford - 943-1124
Calgary Health Region

2 x 1dz box = 33.90 tx
2 x Del = 19.00 tx
GST = 3.70

TOTAL 56.60

A COOKIE OCCASION
2107 33 AVE SW T2T1Z7
CALGARY AB

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

Name:
Acct #

Date 06/05/06 Time 11:37:15
Exp Date 0911 Auth # 003765
Card Type VI Trans Seq #3
#4237006*****3061 Entry Meth

Subtotal
Tax
Total 56.60

Signature X
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's to
Gary Mar &
Greg Melchin

Government Relations

APPLICANT COPY

Best Copy Possible

0022

CHECK: 40

TIP: 6.00

TOTAL: 45 40

PHONE:
CARDHOLDER MUST PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please leave Signed Copy :)

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

SD/DAT meeting

= TRANSACTION

AU: 1610.

VER. [illegible] / 469
GST# 43439
TXN 1659781

AMOUNT: $ 21.80
TIP: $ 6.00

TOTAL: $ 27.80 ✓

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

Page reduced

0002
Server: [illegible] Rec: 6
05/16/06 [illegible] T: 9 Term: 3

[illegible] COMPANY
241 [illegible] S.W.
CALGARY [illegible]
(403)22[illegible]
MERCHANT #: [illegible]

CARD [illegible]
VISA
Name: [illegible]
00 TRANSACTION APPROVED
AUTHORIZATION #: 096516
Reference: 000002
TRANS TYPE: Credit Card SALE

CHECK: 56.19

TIP: 7.00

TOTAL: 63.19

PHONE: [illegible]
Duplicate Copy

CARDHOLDER MUST PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
Please leave Signed Copy :)

✓

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: June 1/06 Time: _____ am / pm
Customer: Maure
Address: Calgary Health Region
City: _____ State/Prov: _____ Zip: _____
Home Ph: _____ Work Ph: _____

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER	EXP. DATE	AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY: | FLORIST PHONE: | PERSON SPOKEN TO:

ORDER

DESCRIPTION		CHARGES	20 -
yellow purse with gerbs		PRODUCT CODE	
		DELIVERY	
		RELAY	
		SUB TOTAL	20 -
		TAX	1.40
		Total	21.40

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

Thank You.
Thanks for all your hard work. CEO + Board office Staff.

DELIVERY

Deliver to: Leslie Herchak.
Address: Calgary Health Region
City: Southport Office State/Prov: _____ Zip/Code: _____
Home Ph: _____ Work Ph: _____
Special Instructions: _____

DELIVERY DATE Thurs. June TIME AM PM.

Form No. VDO161

Flowers Say It Best!

LAURELWOOD FLORAL DESI
702 ELBOW DR SW T2V1K2
CALGARY AB 2270203

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

Name:
Acct #

Date 06/06/01 Time 10 08 1
Exp Date 0811 Auth # 048353
Card Type VI Tran Code 00
N22702035001 001496001

Subtotal ----------
Tax ----------
Total $52.43

Retain this copy for your records

Customer Copy

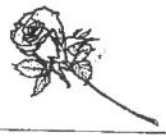
see attached, too

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423



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

SENDER

Date: June 1/06 Time: - am / pm
Customer: Maure
Address: Calgary Health Region .
City: State/Prov: Zip:
~~Home Ph~~: 943-1108. Work Ph: 943-1104

IZATION

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION		
Smaller purse	CHARGES	20 -
3 gerberas.	PRODUCT CODE	
red	DELIVERY	9 -
	RELAY	
	SUB TOTAL	29 -
	TAX	2.03
	Total	31.03

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

DELIVER

Deliver to: Adrienne Shore
Address: Calgary Health Region
City: Southpoint Prov: Office Zip/Code:
Home Ph: Work Ph:
Special Instructions:

DELIVERY DATE	TIME	AM / PM
Thurs June 1		

Form No. VDO161

Flowers Say It Best!

included in VISA charge of $52.43

APPLICANT COPY

. CREDIT CARD VOUCHER

dera Cafe & Lounge
K: 1219
E: 17/1
ER: 5 April
26MAY'06 8:24AM
Visa
#:
DATE:
CODE: 34415
PATTI GRIER

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

OTAL: 36.38

UITY 5.00

L 41.38

ATURE

E #

THANK YOU

ASE SIGN BOTH COPIES)

22700468

Name:
Acct #

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

Date 06/05/24 Time 10 04 13
Exp Date 0811 Auth # 027948
Card Type M Tran Code 00
001591001

Subtotal
Tax
Total $26.12

Signature X
I agree to pay above total amount
according to card issuer agreement
Retain this copy for your records

Top copy-cashier Bottom copy-merchant

McDougall
451 - 6 Street SW
CAN-T2P 4A2 Calgary, AB
Tax Code CA GST #119457869

POF 1 (12) Cashier 0
23/05/06 17:44

Receipt 093104

Short-term Parking
Short-term Parking tkt
McDougall Parkade
23/05/06 15:52 -
23/05/06 17:44
Period 0d01h52,
(GST) $8.00
Gross total $8.00
Payment $8.00
11/08
Net total $7.48
GST (7%) 0.52

All amounts in CAD.
Deliv. Date=Receipt Date

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

CREDIT CARD VOUCHER

Pradera Cafe & Lounge
CHECK: 1339
TABLE: 21/1
SERVER: 5 April
DATE: 17MAY'06 8:54AM
CARD TYPE: Visa
ACCT #:
EXP DATE:
AUTH CODE: 12179
PATTI GRIER

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

377

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

** CUSTOMER COPY **

TRANSACTION RECORD 060530/08:43

NELLIES IN THE LOOP
2015-33RD AVE S W
CALGARY, AB
T2T 1Z5

CARD #

ACCOUNT TYPE: VISA PURCHASE
REFERENCE #:0000235

AMOUNT $18.46

TIP : $ 4.00

TOTAL : $ 22.46

(001) APPROVED
AUTH #097536
THANK YOU

TERMINAL ID: 02497681
MERCHANT #: 00654401

APPLICANT COPY

RBC Royal Bank

APPLICANT COPY

Win your purchases! 1123041

In the "*VISA* Win What You Buy" contest your monthly *Visa* purchases could be **FREE** to a maximum of $100,000. No purchase necessary. Call 1-866-755-8886 for full contest details.

VISA Business

CALGARY HEALTH REGION

PATTI GRIER

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

STATEMENT FROM JUL 06 TO AUG 04, 2006

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	**$5,345.33**
	s.17(1), 17(4)(e.1)	
AUG 04	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$5,345.33
AUG 04	PURCHASE INTEREST	$144.14
	SUBTOTAL OF MONTHLY ACTIVITY	**-$5,201.19**
	s.17(1), 17(4)(e.1)	
JUL 04	MOXIES CLASSIC GRILL #040CALGARY AB	$39.92
JUL 07	LAURELWOOD FLORAL DESIGN CALGARY AB	$83.74
JUL 14	BUKSA ASSOCIATES INC EDMONTON AB	$450.00
JUL 14	EARL'S WILLOW PARK CALGARY AB	$33.03
JUL 14	FIRST RUN FEATURES 212-243-0600 NY	$40.46
	Foreign Currency-USD 34.95 Exchange rate-1.157653	
JUL 27	EARL'S WILLOW PARK CALGARY AB	$35.68
JUL 28	CONVERSATIONS TEA ROOM CALGARY AB	$38.82
JUL 31	LAURELWOOD FLORAL DESIGN CALGARY AB	$62.54
JUL 31	A COOKIE OCCASION CALGARY AB	$51.70
	SUBTOTAL OF MONTHLY ACTIVITY	**$835.89**
	TOTAL NEW BALANCE	**$980.03**

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$30.00**
Payment due date	**AUG 25, 2006**
Credit limit	$10,000.00
Available credit	$9,019.97
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous Statement Balance	**$5,345.33**
Payments & credits	-$5,345.33
Purchases & debits	$835.89
Cash advances	$0.00
Interest	$144.14
Fees	$0.00
NEW BALANCE	**$980.03**

4.74
2.25

RBC0150120_5140360_020_510
HRI - 00 - 1 - 1 - 2 - 256 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
August 11, 2006	Patti Grier	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ☐ Employee ☐ Other — **RBC ROYAL BANK** — **Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED AUG 17 2006 FINANCE

☐ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request July 6, 2006 to August 4, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION
01	7110500000001	6950000000	342.12	
01	7110500000001	6960000000	147.45	
01	7111030000002	6221400000	450.00	
01	7110500000001	4901000002	40.46	
TOTAL AMOUNT OF PAYMENT:			$ 980.03	☐ CDN ☐ US ☐ Other

Expenditure Officer Authorization Stanley for — Print Name KAY BEST

Authorizer's Employee Number — Authorizer Phone # (in full) 943-1141

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

00074

March 2005

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: July 10 Time: _____ am / pm
Customer: Calg. Health Region.
Address: Sonia
City: (Patti Grie) State/Prov: _____ Zip: _____
Home Ph: 943-1124 Work Ph: 943-1131

CIRCLE ONE: CASH CHECK HOUSE ACCT

CARD NUMBER/HOUSE ACCOUNT NUMBER/CHECK NUMBER	EXP. DATE	AUTHORIZATION

WALK IN	PHONE IN	WIRE IN	WIRE OUT	WIRE SERVICE:	FLORIST NUMBER:	FLORIST NAME:

FLORIST CITY:	FLORIST PHONE:	PERSON SPOKEN TO:

ORDER

DESCRIPTION		CHARGES	10.00.
Arrangement of Gerbera Daisies		PRODUCT CODE	
		DELIVERY	9 -
		RELAY	
		SUB TOTAL	
		TAX	4.74
		Total	83.74

CARD

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

T. O. Y.

Patti & Jack.

DELIVERY

Deliver to: Carla Phillips
Address:
City: State/Prov: Zip/Code:
Home Ph: Work Ph:
Special Instructions:

DELIVERY DATE Friday TIME AM PM

Form No. VDO16

Flowers Say It Best!

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB
22702035

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

Name:
Acct #

Date 06/07/07 Time 12 15 55
Exp Date 0811 Auth # 085548
Card Type VI Tran Code 00
N22702035001 001526004

Subtotal ----------
Tax ----------
Total $83.74

Retain this copy for your records

Customer Copy

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

01-71105000001

A/c: 69500000

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

APPLICANT COPY

Mental Health Research Showcase 2006
October 30 to November 1, 2006
The Rimrock Resort Hotel
Banff, Alberta

OFFICE OF THE BOARD
AUG 14 2006
CALGARY HEALTH REGION

RECEIPT

GST # 124072513 RT0011

Date	Receipt No.
07/14/2006	M000007

Payer:

Calgary Health Region
10101 Southport Road SW
Calgary, AB T2W 3N2

Inv No.	Description	Total Fees	Tax	Applied Amount
M0000008	Registration for Mairi Matheson for the event: *Mental Health Research Showcase 2006*	$450.00		$450.00

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

GST = $0.00	**Total Fees w/Tax**	$450.00
Visa:	**Total Paid**	$450.00
	Total Applied	$450.00
	Unapplied Balance	0.00

Thank you for your payment received on 07/14/2006.

Note: If you paid by credit card, your statement will read ***BUKSA Assoc. (780) 436-0983 Edm.***

01-7111030000 2
Mc: 62214000

RECEIVED
AUG 11 2006
FINANCE

Mental Health Research Showcase 2006
c/o BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2
Phone: (780) 436-0983 ext. 231 Fax: (780) 437-5984 E-mail: showcase@BUKSA.com

APPLICANT COPY

First Run Features

The Film Center Building
630 9th Avenue, Suite 1213
New York, New York 10036

Sales Receipt

CALGARY HEALTH REGION
OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
Rec'd JUL 21 2006
Copy to:
File Name:

Date	Invoice #
7/13/2006	9649

Bill To	Ship To
Patti Grier 10101 Southport Rd. SW Calgary, AB T2W 3N2 Canada	Patti Grier 10101 Southport Rd. SW Calgary, AB T2W 3N2 Canada

Payment	Rep	Ship Date	Ship Via
Visa	NB	7/14/2006	Canada or Mexic

Quantity	SKU #	Film Title	Price per Unit	Amount
1	MEDVD	New Medicine, The	24.95	24.95
	Shipping	Canada or Mexico		10.00

01-71105000001

Alc: 49010002

Subtotal	$34.95
Sales Tax ()	$0.00
Total	$34.95 U.S

= $ 40.45 Canadian

Thank you for your business. If you have any questions regarding your order, please call (212) 243-0600, or email orders@firstrunfeatures.com.

APPLICANT COPY

Reorder From: The John Henry Co.
Lansing, Michigan
1-866-448-8300

Laurelwood Floral Design

7702 Elbow Dr. S.W. • Calgary, AB T2V 1K2
403-640-9493 • Fax 403-640-9423

SENDER

Date: July 31/06 Time: . am / pm
Customer: Maire
Address: Calgary Health
City: State/Prov: Zip:
Home Ph: 943 1108 Work Ph: 943 1104

CIRCLE ONE: CASH CHECK HOUSE ACCT

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

AUTHORIZATION

IN | IN | IN | OUT | Faith Driver

FLORIST CITY: FLORIST PHONE: PERSON SPOKEN TO:

ORDER

DESCRIPTION		CHARGES	50 -
Gerbera & Sunflowers.		PRODUCT CODE	
		DELIVERY	9 -
		RELAY	
		SUB TOTAL	
		TAX	
		Total	62.54

LAURELWOOD FLORAL DESI
7702 ELBOW DR SW T2V1K2
CALGARY AB 22702035
s.17(1), 17(4)(e.1)

Name:
Acct #

Date 06/07/31 Time 11 19 08
Exp Date 0811 Auth # 081011
Card Type VI Tran Code 00
N22702035001 001546004

Subtotal ----------
Tax ----------
Total $62.54

Retain this copy for your records

Customer Copy

SYMPATHY BIRTHDAY ANNIVERSARY BABY B G GET WELL CONGRATULATIONS HOLIDAY OTHER

CARD

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

David Tuer +
Board Members.

DELIVERY

Deliver to: Mairi Matheson
Address:
City: State/Prov: Zip/Code:
Home Ph: Work Ph:
Special Instructions:

DELIVERY DATE Mon. July 31 TIME AM PM

Form No. VDO161

Flowers Say It Best!

01-7110500000 1

Alc: 69500000

APPLICANT COPY

Cookie Occasion

2107 33 Avenue S.W.
Calgary, Alberta
T2T-1Z7

Invoice

Date	Invoice #
7/31/2006	2479-Till

For: Maire Malteson
from EMT

Bill To
Attn: Maire Calgary Health Region Fax- 943-1108

P.O. No.	Terms	Ordered By
	Paid CC	Maire

Description	Qty	Rate	Amount
1 dozen cookies deco container- Lime Green Basket	1	27.95	27.95T
Additional Dozen	1	12.00	12.00T
Local Delivery	1	9.50	9.50T
Business Number: 129490926			

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

GST	2.25
Total	$51.70
Payments/Credits	$0.00
Balance Due	$51.70

E-mail	Web Site

01-7110500000 1
Alc: 69500000

APPLICANT COPY

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

BUKSA ASSOCIATES
SUITE 307, 10328-81 AVE
EDMONTON AB

CARD
CARD TYPE VISA
DATE 2006/07/14
TIME 1761 09:44:10
RECEIPT NUMBER
M34537598-001-097-007-0

PURCHASE
TOTAL-CAD

$450.00

APPROVED
AUTH# 040494 01-027
THANK YOU

CARDHOLDER COPY

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

MOXIES CLASSIC GRILL
#040
10606 SOUTHPORT RD SW
CALGARY AB

CARD
CARD TYPE VISA
DATE 2006/07/04
TIME 1687 12:52:10
CLERK ID 40
RECEIPT NUMBER
S30616882-001-010-015-0

PRE-AUTHORIZATION
AMOUNT $34.92

TIP 5.08

TOTAL-CAD 39.90

APPROVED
AUTH# 066960
THANK YOU

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

GREAT FOOD GREAT PEOPLE

12Jul'06 12:43PM
Visa

Exp Date:
Auth Code: 000050
Check: 1992
Table: 354/1
Server: 11 ANGELA B
Ref Number: 001152729814
PATTI GRIER

Subtotal: 28.03

Tip: 5.00

Total: 33.03

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

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

01-7110500000 1
A/c: 6960 00000

APPLICANT COPY

TRANSACTION RECORD 060728/13:20

CONVERSATIONS TEA ROOM
222 10816 MCLEOD TR
CALGARY ALBERTA
T2J5N6

TERM ID: 02422427
MID: 695396
CARD #
ACCT TYPE: VISA
REF NO: 0003609

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

PURCHASE
AMOUNT $32.82

TIP: $ 6.00

TOTAL: $ 38.82

(001) APPROVED - THANK YOU AUTH #042682

CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

X _____
CARDHOLDER SIGNATURE

earls
GREAT FOOD GREAT PEOPLE

Date: 25Jul'06 01:03PM
Card Type: Visa
Acct #:
Exp Date:
Auth Code: 094474
Check: 3546
Table: 341/1
Server: 69 PATRICE
Ref Number: 001153854194

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

Subtotal: 30.68

Tip: 5.00

Total: 35.68

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

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

01-7110500001

Alc: 69600000

APPLICANT COPY

1013401

RBC Royal Bank

VISA Business

CALGARY HEALTH REGION s.17(1), 17(4)(e.1)

PATTI GRIER

STATEMENT FROM DEC 06, 2005 TO JAN 05, 2006

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	s.17(1), 17(4)(e.1)	
NOV 15	ADJ CND COLLEGE OF HEALTH	-$15.00
DEC 09	PAYMENT - THANK YOU / PAIEMENT - MERCI	-$332.42
JAN 05	PURCHASE INTEREST	$23.25
	SUBTOTAL	**-$324.17**
	s.17(1), 17(4)(e.1)	
DEC 04	REIDS STATIONERS LTD CALGARY AB	$28.73
DEC 05	MIKASA HOME STORE #806 CALGARY AB	$102.55
DEC 05	EARL'S WILLOW PARK CALGARY AB	$43.24
DEC 05	LAURA SECORD #911 CALGARY AB	$38.48
DEC 09	HOLT RENFREW #51 CALGARY AB	$313.51
DEC 16	HERALD/POST SUBSCRIPTI CALGARY AB	$118.80
DEC 19	CANDLELIGHT CATERING LTD CALGARY AB	$381.00
	SUBTOTAL	**$1,026.31**

Win a trip for two!

Spend $500 or more on purchases using a *Visa* card, issued by RBC Royal Bank, before Feb. 28/06 and be automatically entered to win an ultimate trip for 2 to the Beijing 2008 Olympic Games. For full contest details visit www.rbc.com/wintergames.

IMPORTANT INFORMATION

CONTACT US

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

PAYMENT INFORMATION

Minimum payment	**$52.00**
Payment due date	**JAN 26, 2006**
Credit limit	$10,000.00
Available credit	$8,296.98
Annual interest rate	18.50%

CALCULATING YOUR BALANCE

Previous statement balance	$1,000.88
Payments & credits	-$347.42
Purchases & debits	$1,026.31
Cash advances	$0.00
Fees	$0.00
Interest	$23.25
New balance	**$1,703.02**

.88
6.71
2.52
20.51
1.77

RBC0150120_3404175_005_6092
HRI - 00 - 1 - 1 - K - 2 - D

calgary health region

APPLICANT COPY

Payment Requisition

Instructions:

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

Date January 20, 2006	**Requested By (Please Print)** Patti Grier	
Site Southport	**Department** President & CEO's Office	**Phone # (in full)** 943-1104
PAYABLE TO: ❑ Employee ❑ Other **RBC ROYAL BANK**		**Employee #**

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post: P.O. Box 4016, Station "A"

City **Toronto** Province **ON** Postal Code **M5W 2E6**

Interoffice Mail: Department _____

Site: _____

RECEIVED
JAN 3 1 2006
FINANCE

❑ **SPECIAL HANDLING INSTRUCTIONS**

Purpose of Request	December 6, 2005 to January 5, 2006 VISA Expenses

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	6 4 2 1 0 0 0 0	$1,049.56	
				GST $
TOTAL AMOUNT OF PAYMENT:			**$1,049.56**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name KAY BEST
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1141

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

00074

APPLICANT COPY

IT ALL UNFOLDS HERE

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OFFICE OF THE PRESIDENT
& CHIEF EXECUTIVE OFFICER
NOV 30 2005
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CALGARY HERALD
PAYMENT CENTRE
PO BOX 1377
STATION MAIN
WINNIPEG MB R3C 2Z1
GST registration# R893998013

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13 Week Subscription	$55.51	$3.89	$59.40
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*denotes current subscription

Notice Type: NEW OFFER

For: PATTI GRIER 109 SOMME BLVD SW CALGARY, AB CANADA T2T 6K7
Sub# 178110

REGION CALGARY HEALTH
C/O MARIE GLENNON CEO OFFICE
10101 SOUTHPORT RD SW
CALGARY, AB
CANADA T2W 3N2

Paid by Visa over phone on Dec. 15/05.

:08156:900:

96

APPLICANT COPY

CANDLELIGHT CATERING
#101, 322 - 11 Ave SW
Calgary, AB T2R 0C6

OLP NUMBER 401169

DATE Dec 7 2005

CUSTOMER'S ORDER

INVOICE

SOLD TO CHR (Patty Greer)

ADDRESS

SHIP TO

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

TAX REG NO | SALESPERSON | FOB | TERMS | VIA

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1/1/1	mediterainDip, Bruchetta, Flatbread, Rolles	3000	120 00
25	CheeseSticks	1 25	31 50
1	Platter Smoked Slad	4500	45 00
	Cheese + Fruit		60 00
	Dessert Tray		37 50
	Punch, Coffee + Tea		44 00
	Rentals		23 00
	Delivery + Pickup		20 00
		GST	
	Pd Visa	EST	
		TOTAL	381 00

Blueline DC32

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calgary health region

ρ ACH ρ FMC ρ Southport
ρ PLC ρ RGH ρ Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NUMBER
PATTI GRIER		s.17(1), 17(4)(g)(i)
DEPARTMENT: OFFICE OF THE PRESIDENT & CEO	PHONE NUMBER: 31128	DATE: 2005/6/07

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
2005/04/04	Government Relations Meeting – Petroleum Club	20	0.38	$ 7.60
2005/04/06	David Tuer Meeting (Petro-Canada)	20	0.38	$ 7.60
2005/04/22	Government Relations – MLA – Calgary Hays	20	0.38	$ 7.60
2005/05/09	VP Interviews - FMC	30	0.38	$ 11.40
2005/05/13	Tour Bow Valley Forensic Facility	42	0.38	$ 15.96
2005/05/16	Government Relations – Palliser Hotel	20	0.38	$ 7.60
2005/05/17	Health Boards of Alberta	20	0.38	$ 7.60
2005/06/02	Meeting with J. Davis - Kananaskis	230	0.38	$ 87.40
2005/06/03	Meeting with The Calgary Sun	30	0.38	$ 11.40
2005/06/07	David Tuer Meeting (BA Energy)	20	0.38	$ 7.60
2005/06/14 am	David Tuer Meeting (McDougall Centre)	20	0.38	$ 7.60
2005/06/14 pm	Governance & Audit Committee (McDougall Centre)	20	0.38	$ 7.60
2005/06/15	SPT to EMT Meeting (Ranchmen's)	20	0.38	$ 7.60
2005/06/17	SPT to Chamber of Commerce	20	0.38	$ 7.60

RECEIVED JUN 2005 FINANCE

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
0 1	7 1 1 0 5 0 0 0 0 0 1	6 2 4 1 0 0 0 0	MILEAGE/PARKING	$202.16
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	$202.16
AUTHORIZATION: Kay Best	Kay Best	AUTHORIZER EMPLOYEE NUMBER: s.17(1), 17(4)(g)(i)	AUTHORIZER PHONE NUMBER: 943-1140	

00073

DISTRIBUTION: WHITE-ACCOUNTS PAYABLE

APPLICANT COPY

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ρ PLC ρ RGH ρ Other _____

LOCAL TRAVEL EXPENSE CLAIM
MILEAGE & PARKING

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME		EMPLOYEE NUMBER
DEPARTMENT OFFICE OF TH	NUMBER 31128	DATE s.17(1), 17(4)(g)(i) Sept. 1/ 2005

CS-06 PISC 6 73901621

DATE OF TRAVEL EXPENSE	LS	# OF KM (for mileage)	RATE	AMOUNT
2005/06/23		20	0.38	$ 7.60
2005/06/23	Year-End Social – Calgary Golf & Country Club	10	0.38	$ 3.80
2005/08/16	David Tuer meeting (BA Energy)	20	0.38	$ 7.60
2005/08/18	Minister Evans Meeting – McDougall Centre	20	0.38	$ 7.60
2005/08/31	Meeting with Yvonne Fritz – Edmonton	600	0.38	$ 228.00

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
0 1	7 1 1 0 5 0 0 0 0 0 1	6 2 4 1 0 0 0 0	MILEAGE/PARKING	$254.60
EMPLOYEE SIGNATURE			TOTAL PAYABLE TO EMPLOYEE	$254.60
AUTHORIZATION Kay Best		AUTHORIZER EMPLOYEE NUMBER	AUTHORIZER PHONE NUMBER 943-1140	

00073

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

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

APPLICANT COPY

	ρ ACH ρ FMC ρ Southport ρ PLC ρ RGH ρ Other _____	**LOCAL TRAVEL EXPENSE CLAIM** **MILEAGE & PARKING**

INSTRUCTIONS:

- Payment will be Directly Deposited to your payroll bank account. Notification of deposit will be E-Mailed to your Calgary Health Region E-Mail address OR mailed to your home address if a valid E-Mail address does not exist.
- **ORIGINAL RECEIPTS MUST BE ATTACHED FOR PARKING WHERE POSSIBLE.**
- Amounts under $ 100.00 can be reimbursed from site cashier office where available.

EMPLOYEE NAME (Print)		EMPLOYEE NU
PATTI GRIER		
DEPARTMENT	**PHONE NUMBER**	**DATE**
OFFICE OF THE PRESIDENT & CEO	**31128**	s.17(1), 17(4)(g)(i) **2005/03/17**

DATE OF TRAVEL/ EXPENSE	DETAILS	# OF KM (for mileage)	RATE	AMOUNT
2005/01/27	EMT Retreat – Macdougall Centre	20	0.38	$ 7.60
2005/01/28	Calgary Caucus Presentation - Macdougall	20	0.38	$ 7.60
2005/02/01	City Hall – Meeting with Minister & Mayor	20	0.38	$ 7.60
2005/02/22	David Tuer Meeting (Hawker)	20	0.38	$ 7.60
2005/02/25	Meeting with Neil Brown – Nosehill, NW	46	0.38	$ 17.48
2005/03/01	David Tuer Meeting (Hawker)	20	0.38	$ 7.60
2005/03/13-14	Health Boards Conf. – Edmonton	600	0.38	$228.00
2005/03/15	David Tuer Meeting (Hawker)	20	0.38	$ 7.60

CODING & AUTHORIZATION

FINANCIAL CODE				
ORG	FUNCTIONAL CENTRE	ACCOUNT	GL DESCRIPTION	AMOUNT (Including GST)
0 1	7 1 1 0 5 0 0 0 0 0 1	6 2 4 1 0 0 0 0	MILEAGE/PARKING	$291.08
EMPLOYEE SIGNATURE			**TOTAL PAYABLE TO EMPLOYEE**	$291.08
AUTHORIZATION	**AUTHORIZER EMPLOYEE NUMBER**		**AUTHORIZER PHONE NUMBER**	943-1140

00073

DISTRIBUTION: **WHITE-ACCOUNTS PAYABLE**

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

RECEIVED
MAR 22 2005

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Travel Expense Claim

Employee Name	Employee Number	Location
PATTI GRIER	s.17(1), 17(4)(g)(i)	SPT
Department	**Phone Number**	**Date**
OFFICE OF THE CEO	31128	2005/01/26

Date of Travel /Expense	Details	KM	Rate	Amount	Parking
2004/11/30	David Tuer Meeting (Hawker Resources	20	0.38	$7.60	$0.00
2005/01/05	Calgary Sun - Meeting with Editor and Chief	40	0.38	$15.20	$0.00
2005/01/11	Premier's Lncheon - Palliser Hotel	26	0.38	$9.88	$13.00
2005/01/18	David Tuer Meeting (Calglary Airport)	80	0.38	$30.40	$10.50
2005/01/20	Travel to and from Edmonton - Meeting with Deputy Minister of Health	600	0.38	$228.00	$0.00
2005/01/25	Board Retreat - Ranchmen's Club	20	0.38	$7.60	$0.00
2005/01/24	David Tuer Meeting (Hawker Resources)	20	0.38	$7.60	$0.00

AUTHORIZATION & CODING

FINANCIAL CODE			GL Description	Amount (including GST)
Org	Functional Centre	Account		
01	71105000001	6|2|4|1|0|0|0|0	Mileage	$306.28
			Parking	$23.50

[redacted] Date 05-01-31 TOTAL PAYABLE TO EMPLOYEE $ 329.78

Expenditure Officer Authorization | Authorizer Employee # | Authorizer Phone #

CALGARY AIRPORT
Terminal Parkade
GST No. R122556194

RECEIPT H1
ENTRY DATE/TIME:
01/18/05 13:35:30
EXIT DATE/TIME:
01/18/05 15:36:22
PAID: $ 10.50
LENGTH OF STAY:
0 02:01
METHOD OF PAYMENT:
CREDIT CARD

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

AUTH. CODE 046329
REF. 44

THANK YOU FOR YOUR
VISIT

Dans Tue Meeting

Premiers Speech

[illegible] PARKADE
[illegible] AB
RECEIPT ONLY
PAY STATION: C4
****
ENTRY DATE/TIME:
11 [illegible] 10:04
PAY DATE/TIME:
11 [illegible] 13:25
PA[illegible] HR:MIN
0:03:21
****
PAID: $ 13.00
VISA

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

AUTH. CODE
REF. AJ05506
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* YOU MUST TAKE *
*ORIGINAL TICKET *
WITH YOU AND USE
* IT TO EXIT *
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GST INCLUDED
GST No. RT122014[illegible]
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THANK YOU FOR YOUR

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calgary health region

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1083442

Payment Requisition

Instructions:

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

Date	Requested By (Please Print)	
June 1, 2006	Maire Glennon	
Site	**Department**	**Phone # (in full)**
Southport	President & CEO's Office	943-1104

PAYABLE TO: ❑ Employee ❑ Other — **Patti Grier**

Employee #

MAILING ADDRESS (cheque payment only) s.17(1), 17(4)(g)(i)

Canada Post:

City Province Postal Code

Interoffice Mail: Department _____

Site: _____

❑ **SPECIAL HANDLING INSTRUCTIONS PLEASE PRODUCE A CHEQUE PAYMENT NO LATER THAN TUESDAY, JUNE 6, 2006**

Purpose of Request	Purchase incorrectly charged to Patti Grier's personal VISA, instead of to the Corporate VISA card

Coding & Authorization

FINANCIAL CODE				
ORG	**FUNCTIONAL CENTRE**	**ACCOUNT**	**AMOUNT**	**DESCRIPTION**
0 1	7 1 1 0 5 0 0 0 0 0 1	4 9 0 1 0 0 0 2	~~$4,348.48~~ 4064.00	
				GST $ 284.48
TOTAL AMOUNT OF PAYMENT:			**$4,348.48**	❑ CDN ❑ US ❑ Other

Expenditure Officer Authorization	Print Name Jack Davis
Authorizer's Employee Number	Authorizer Phone # (in full) 943-1104

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

00074

APPLICANT COPY

Indigo

Store# 00279 Indigo Signal Hill
5570 Signal Hill Centre S.W
Calgary,AB T3H 3P8
Phone: (403) 246-2221
Fax: (403) 242-6815

* Thank you for shopping at Indigo *
Store# 00279 Term# 004 Trans# 57454
Operator: 622MS 05/19/2006 12:14

CORPORATE SALE
90025123

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Original Price $31.75
Corp Variable 20% off bk $-6.35
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Original Price $31.75
Corp Variable 20% off bk $-6.35
HEART SPEAKS $25 40G

APPLICANT COPY

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Original Price $31.75
Corp Variable 20% off bk $-6.35
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Original Price $31.75
Corp Variable 20% off bk $-6.35
HEART SPEAKS $25.40G
0743273117
Original Price $31.75
Corp Variable 20% off bk $-6.35
****
Items: 160

Subtotal:		$4,064.00
GST:	7.0%	$284.48
Total:		**$4,348.48**
CASH:		**$4,348.48**

****

Your Total Savings: $1,016.00
Promotions $0.00
Corporate: $1,016.00

****
Items accompanied by a gift receipt
and returned in store bought
condition may be returned
for a credit note for the value
of the item on the receipt

If, for any reason, you purchase an item that is not totally satisfactory, please feel free to return it for refund or exchange within 14 days. We simply ask that the item be returned in store-bought condition and be accompanied by a proof of purchase from any of our stores. Please note we cannot accept a return or exchange of magazines or newspapers.

Store# 00270 T... # 004 T... ...