

## Official Administrator and Executive Expense Report

**Name** Dr. Blair O'Neill  
**Title** ACMO, Strategic Clinical Networks  
**Location** Edmonton  
 Expenses submitted during the month of April 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	Expense Claim	Meetings	1,704	9		708	2,421			
<b>Total</b>			\$ 1,704	\$ 9	\$ -	\$ 708	\$ 2,421	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,421

Maximum daily single meal expense claimed in the month \$ 9  
 Maximum daily base hotel rate claimed in the month \$ -  
 Non economy air travel in the month \$ -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

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

Expense Date From: 2-Apr-15 To 23-Apr-15  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Dr. Blair O'Neill Position (Title): Associate Chief Medical Officer- SCNs

Location: \_\_\_\_\_ Dept: \_\_\_\_\_ DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Employee # (E-People): \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0000	7111000012	\$ 733.39						\$ 2420.62		
2B	101	0000	7111000012	\$ 1637.32								
2C												
2D												
				\$ 2420.62								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

\*\*User to enter Coding & \$ Amounts

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

**SECTION F: AUTHORIZATION**

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: Blair O'Neill Date: Apr 28/15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

I, by signing this form, attest that I am compliant to all the above statements

Signature: [Signature] Title: VP, Quality & Chief Medical Officer Date: May 5/15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

I, by signing this form, attest that I am compliant to all the above statements

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procedure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 7111000012

Emp # (E-People)

Page 2A

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

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

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

Completion of the "Cost Effective Method Used" Column is REQUIRED.  
If you select "No" in this column,  
Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
① 2-Apr-15	Air Fare to Calgary to attend 1:1 meetings and the PERG Meeting	AB - Provincial	Meeting	Yes					\$561.96 ✓					
② 2-Apr-15	Transportation Taxi from Calgary Airport to Southport for Meeting with Arden Vollman, Interim Scientific Director, Primary Health Care SCN and Meeting with Dr. Rod Eford	AB - Provincial	Meeting	Yes						\$36.34 ✓				
③ 2-Apr-15	Transportation from Southport to FMC to attend Patient Engagement Reference Group (PERG) Meeting	AB - Provincial	Meeting	Yes						\$18.86 ✓				
④ 2-Apr-15	Transportation Taxi to Dinner	AB - Local	Meeting	Yes						\$12.60 ✓				
⑤ 2-Apr-15	Transportation Taxi from Dinner to Hotel	AB - Local	Meeting	Yes						\$14.60 ✓				
⑥ 2-Apr-15	Lunch	AB - Local	Meeting	Yes			L	\$9.00 ✓						
7-Apr-15	Mileage - Home to Edmonton International Airport and return from EIA to Seventh Street Plaza to attend meeting with Verna Yiu	AB - Local	Meeting	Yes										87.00 ✓
⑦ 7-Apr-15	Parking at Edmonton International Airport to Fly to Calgary to Attend CvHS Care Committee Meeting	AB - Provincial	Meeting	Yes							\$36.00 ✓			
<b>SUBTOTALS</b>								\$9.00	\$561.96		\$82.40	\$36.00		Total Kms 87.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle  
→ details of travel location to & from must be included above under the purpose of travel column  
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) \$0.505

Mileage \$ \$43.94

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal \$689.36

Auto fills on page 1 - TOTAL TRAVEL \$ \$733.30

Rationale is Required for expenses that are not Cost Effective  
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110000012

Emp # (E-People)

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

**SECTION B: TRAVEL EXPENSES** NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

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

Completion of the "Cost Effective Method Used" Column is REQUIRED.  
If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
8 7-Apr-15	Airfare from Edmonton International Airport to Calgary to attend CvHS Core Committee Meeting	AB - Provincial	Meeting	Yes					\$395.96	✓				
9 10-Apr-15	Airfare From Edmonton International Airport to Calgary to attend face to face meetings with Dr. Jon Meedings and Dr. Francois Belanger	AB - Provincial	Meeting	Yes					\$362.96	✓				
23-Apr-15	Mileage- Drive from Edmonton to Banff to Attend the Campus Alberta Neuroscience Strategic Retreat - and return to home to Edmonton mileage.	AB - Provincial	Meeting	Yes										812.20 ✓
10 27-Apr-15	Airfare from From Edmonton International Airport to Calgary to attend the Alberta Clinical Pathways Steering Committee at Southport Tower	AB - Provincial	Meeting	Yes					\$362.96	✓				
27-Apr-15	Parking at Edmonton International Airport	AB - Local	Meeting	Yes								\$32.00	✓	
12 27-Apr-15	Transportation Taxi from Calgary Airport to Southport Tower to Attend Alberta Clinical Pathways Steering Committee Meeting	AB - Provincial	Meeting	Yes							\$59.50			
27-Apr-15	Mileage -Drive to Edmonton International Airport and back home	AB - Local	Meeting	Yes										85.70 ✓
<b>SUBTOTALS</b>									\$1,141.88		\$59.50	\$32.00		Total Kms 898.90

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**  
→ details of travel location to & from must be included above under the purpose of travel column  
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) \$0.505

Mileage \$ \$453.94

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal \$1,232.35

Auto fills on page 1 - TOTAL TRAVEL \$

**Rationale is Required for expenses that are not Cost Effective**  
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

\$1,687.32

①

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Edmonton-Calgary

02-Apr-15

To attend meetings in Calgary.

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: 18-Mar-15  
Page: 1/1  
Our Reference: [REDACTED]

# INVOICE

**For**

DR BLAIR ONEILL  
AC [REDACTED]

02-Apr-15

Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 02-Apr-15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3A

Flight: 8133 U CLASS  
01/01/1900 Equipment: DH4  
01/01/1900

Mile(s) Flown: 163

03-Apr-15

Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 03-Apr-15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2A

Flight: 8142 H CLASS  
01/01/1900 Equipment: DH4  
01/01/1900

Mile(s) Flown: 163

**Cost:**

AIR CANADA WEB [REDACTED]	[REDACTED]	386.00
	Tax:	64.96
	Ticket Total:	450.96
AIR CANADA WEB [REDACTED]	[REDACTED]	100.00

①

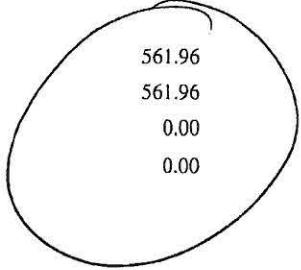
AIR CANADA WEB [REDACTED]

[REDACTED]

11.00

**Total:**

<b>Grand Total:</b>	561.96
<b>Less Credit Card Payments:</b>	561.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00



I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE           ACCEPTED:.....DECLINED:.....

DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD.. ...PROOF OF CANADIAN CITIZENSHIP

PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR TO EACH DEPARTURE DIRECTLY WITH

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY   GTRMM 11506 UNDERWRITTEN BY MAN

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL   1 888 342 3292 OUTSIDE OF TOLL FREE

OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).

South West to Finc  
Airport to South West

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

②

TERMINAL ID: 314-665-871  
MERCHANT ID: 432765MY  
VEHICLE ID: 1631  
CHECKER ID: 8505

START DATE: 04/02/15  
START TIME: 17:00  
END DATE: 04/02/15  
END TIME: 18:00

FARE AMOUNT: \$ 30.00

TAX AMOUNT: \$ 1.50  
TIP AMOUNT: \$ 9.74

TOTAL: \$ 36.34

VISA SERIAL: [REDACTED]

APPROVAL NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
(403) 259-9999  
WWW.THECHECKERGROUP.COM



Taxi Sundance  
to HOME

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

⑤

TERMINAL ID: 314-665-871  
MERCHANT ID: 432765MY  
VEHICLE ID: 1631  
CHECKER ID: 8505

START DATE: 04/02/15  
START TIME: 17:00  
END DATE: 04/02/15  
END TIME: 18:00

FARE AMOUNT: \$ 10.10

TAX AMOUNT: \$ 0.50  
TIP AMOUNT: \$ 4.00

TOTAL: \$ 14.60

VISA SERIAL: [REDACTED]

APPROVAL NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
(403) 259-9999  
WWW.THECHECKERGROUP.COM



South West to Finc

CALGARY UNITED CABS  
5660 10TH ST NE  
UNIT 8  
CALGARY AB T2E 8W7  
(403) 777-1111

③

SALE

GST: 829476373RT0001  
REF#: [REDACTED]  
SEQ: 070001001030

04/02/15 14:43:53  
CVC: Y

APPR CODE: [REDACTED]  
VISA

AMOUNT \$16.40  
TIP \$2.46  
TOTAL \$18.86

00 - APPROVED - 001

SCOTIABANK VISA  
AID: A000000031010  
TVR: 00 00 00 80 00  
TSI: F8 00

THANK YOU

CUSTOMER COPY

Lunch  
GILY FRESKO'S

#120 10301 SOUTHPO T2W1S7  
CALGARY AB  
21687590

⑥

|||| PURCHASE ||||

04-02-2015 11:28:02

Acct # [REDACTED] C

Exp Date 05/16 Card Type VI

Name: BLAIR O NEILL

A000000031010 SCOTIABANK VISA

Trace [REDACTED]  
F52168759002

Inv. [REDACTED]  
Auth [REDACTED] RRN 001782197  
TVR [REDACTED] TSI F800

TC COC135A859D35308

Total \$9.00

(00) APPROVED-THANK YOU  
(PIN VERIFIED)

Retain this copy for your records  
Merchant copy

South West to Finc

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

④

TERMINAL ID: 314-652-282  
MERCHANT ID: 432765SRL  
VEHICLE ID: 0876  
CHECKER ID: 0876

START DATE: 04/02/15  
START TIME: 20:39  
END DATE: 04/02/15  
END TIME: 21:00

FARE AMOUNT: \$ 9.14

TAX AMOUNT: \$ 0.46  
TIP AMOUNT: \$ 3.00

TOTAL: \$ 12.60

VISA SERIAL: [REDACTED]

APPROVAL NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
(403) 259-9999  
WWW.THECHECKERGROUP.COM



INT'L AIRPORT SERVICE ROAD  
EDMONTON, AB, T5J2T2  
MID: 8716980085  
GST#: 0000000000000000

⑦

TID: 102 parking

SALE

[REDACTED] Exp [REDACTED]  
CHIP

04 [REDACTED] 04:36 Inv# [REDACTED]  
Ret [REDACTED] Batch# [REDACTED]  
Retrieval# [REDACTED]

A000000031010 SCOTIABANK VISA  
TVR 0000000000 TSI F800

Total: \$36.00

Auth Code [REDACTED]  
APPROVED

Customer copy

6

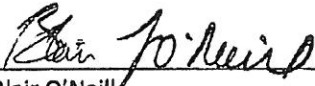
**Written Attestation for Lost Receipt**

**Date: May 4, 2015**

**Description: Lunch itemized meal receipt (April 2 2015)**

**Amount: \$9.00**

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed



Dr. Blair O'Neill  
Employee Authorization



Dr. Verna Yiu  
Claim Approver

Date Signed: May 4, 2015

Date Signed: May 5/15



8

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: [REDACTED]  
Agent: [REDACTED]

Edmonton - Calgary  
07-APR15  
To attend CVHS Core Committee Meeting

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 31, 2015  
Page: 1/2  
Our Reference: [REDACTED]

### INVOICE

For  
DR BLAIR ONEILL  
AC [REDACTED]

Tuesday, April 7, 2015

#### ✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 07Apr15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2C

Flight: 8135 W CLASS  
08:00 AM Equipment: D8 (300 SERIES)  
08:51 AM

Mile(s) Flown: 163

#### ✈ Air

WESTJET AIRLINES  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 07Apr15  
WESTJET ENCO

Flight: 3252 ECONOMY CLASS  
12:10 PM Equipment: DH4  
01:03 PM

Mile(s) Flown: 163

#### Cost:

TKT [REDACTED] E-TKT

[REDACTED]	165.00
Tax:	49.48
<b>Ticket Total:</b>	<b>214.48</b>
[REDACTED]	144.00
Tax:	37.48
<b>Ticket Total:</b>	<b>181.48</b>

AIR CANADA WEB [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED] <sup>8</sup>  
Date: March 31, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Total:

Grand Total:	395.96
Less Credit Card Payments:	395.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Edmonton - Calgary

10-Apr-15

To attend meetings w/ Dr. J. Meddins  
? Dr. F. Bekou



Invoice Number: [REDACTED]  
Date: March 25, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
DR BLAIR ONEILL  
AC [REDACTED]

Friday, April 10, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 10Apr15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2A

Flight: 8135 G CLASS  
08:00 AM Equipment: D8 (300 SERIES)  
08:51 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 10Apr15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2A

Flight: 8152 G CLASS  
04:30 PM Equipment: D8 (300 SERIES)  
05:21 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED]

288.00

Tax: 74.96

Ticket Total: 362.96

9

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 25, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Total:

Grand Total:	362.96
Less Credit Card Payments:	362.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

10

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: April 21, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
DR BLAIR ONEILL  
AC [REDACTED]

Monday, April 27, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 27Apr15  
Seat(s): 05D  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

Flight: 8135 W CLASS  
08:00 AM Equipment: D8 (300 SERIES)  
08:51 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 27Apr15  
Seat(s): 03C  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]

Flight: 8154 W CLASS  
05:00 PM Equipment: D8 (300 SERIES)  
05:51 PM

Mile(s) Flown: 163

Cost:  
TKT- [REDACTED] E-TKT

[REDACTED] 308.00  
Tax: 74.96  
Ticket Total: 382.96

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED] 10  
Date: April 21, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	382.96
<b>Less Credit Card Payments:</b>	382.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

(12)  
ASSOCIATED CAB ALTA LTD  
307 - 41 AVE NE (403) 299-1111  
INSIST ON THE PROFESSIONALS

DATE: 2015/04/27  
PICK UP TIME: 08:57  
DROP OFF TIME: 09:24  
TRIP ID: 0  
LOCATION: 073000-4502418347  
CAR NUMBER: 1559  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]  
FARE (\$): 59.50  
EXTRA (\$): 0.00  
SUBTTL (\$): 59.50  
\$59.50

TIP (\$): \_\_\_\_\_

TOTAL (\$): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

FOMLE 5 COPY

EDMONTON AIRPORTS  
GST # R128599776  
VALET PARKING

04/27/2015 5:12PM 0002 ROAD  
000001#0030 SHIFT B

PARKING \$34.29  
HDSE ST \$34.29  
GSTAX \$1.71

CARD CH \$36.00

VISA [REDACTED] CHIP [REDACTED]

04/27/2015 17:58:37 Inv# [REDACTED]  
Record#: [REDACTED] Batch#: [REDACTED]  
Retrieval#: [REDACTED]

A0000000031010 SCOTIABANK VISA  
TVR 0000001000 TSI F800

Total:

~~\$36.00~~

Auth Code: 487194  
APPROVED

Customer copy

(11)  
\* Please Note:  
This is not valet parking  
parked in covered garage  
at airport

*[Signature]*  
claiming only  
\$32.00