

## AHS Board and Executive Expense Report

**Name** Dr. Brenda Hemmelgarn

**Title** AHS Board Vice-Chair

**Location** Calgary

Expenses submitted during the month of September 2018

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-18	Expense Claim	Meetings			170	328	498			
Sep-18	Direct Billing	Meetings	1,168		362		1,530			
<b>Total</b>			\$ 1,168	\$ -	\$ 532	\$ 328	\$ 2,028	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,028

Maximum daily single meal expense claimed in the month	\$ -
Maximum daily base hotel rate claimed in the month	\$ 159
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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only
Voucher #
Naming Convention:
T4A/NR Applicable? - If yes, indicate line & amt

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Brenda Hemmelgarn			Expense Period Month:	Sep-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Quality & Safety Committee Meeting on September 12, 2018; Foundation Leadership Forum on September 21, 2018; and Private and Public Board Meetings on September 27, 2018 in Edmonton.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$497.87
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$497.87</b>

<b>SECTION 3: AUTHORIZATION</b>			
<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Brenda Hemmelgarn	<i>B. Hemmelgarn</i>	09/22/18	[REDACTED]
<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Approved by (Print Name)	Position Title/Program Group		Date
Linda Hughes	Board Chair		NV-6/18
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
<i>Linda Hughes</i>			NV-6/18

Health and Personal information on this form is collected by AHS under the authority of section 20(b) Information and Protection of Privacy (FOIP) Act, respectively, for the p

*Deborah Rhodes*  
 Deborah Rhodes, VP Corporate Services & CFO  
 Position #: [REDACTED] DOFA Level: [REDACTED]

For payment please submit to:  
 14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

**Carry forward from Section 1**

<b>Name:</b>	Brenda Hemmelgarn	<b>Expense Period Month:</b>	Sep-18
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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 below

**Rationale is Required for expenses that are not Cost Effective:** (supporting analysis and documentation must be attached to this form)

**SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM**

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
11-Sep-2018	Parking at YYC to attend Quality & Safety Committee Meeting on September 12, 2018 in Edmonton.	Yes					\$29.35	✓		
11-Sep-2018	Taxi from YEG to hotel.	Yes					\$63.25	✓		
12-Sep-2018	Taxi from SSP to YEG.	Yes					\$51.00	✓		
20-Sep-2018	Parking at YYC to attend Foundation Leadership Forum on September 21, 2018.	Yes					\$29.35	✓		
20-Sep-2018	Taxi from YEG to hotel.	Yes					\$62.00	✓		
20-Sep-2018	1 night accommodation.	Yes				\$170.32		✓		
26-Sep-2018	Parking at YYC to attend Private and Public Board Meetings on September 27, 2018 in Edmonton.	Yes					\$29.35	✓		
26-Sep-2019	Taxi from YEG to hotel.	Yes					\$63.25	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$170.32	\$327.55	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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**RECEIPT**  
**GST NO. R122556194**

TKT NO: [REDACTED]  
POF: C52  
IN: 09/11/18 19:27  
OUT: 09/12/18 19:09  
PAID: \$ 29.35  
DURATION: 0 23: 42  
(GST INCLUDED)

VISA [REDACTED]  
YOU HAVE 10 MIN.  
TO EXIT

Co-op Taxi Line  
(780) 425-2525  
www.co-optaxi.com

-----  
TRANSACTION RECORD

Terminal [REDACTED]  
Driver [REDACTED]  
18/09/12 14:13:43

Card : [REDACTED]  
Visa Credit  
CHIP CARD

Ref [REDACTED]  
Auth [REDACTED]

		PURCHASE
FARE	: \$	45.00
TIP	: \$	6.00
-----		
TOTAL	: \$	51.00

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain this  
copy for your records

Customer Copy

Thank you for choosing  
Co-op taxi

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/09/11  
TIME 0237 22:23:13

INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

**\$63.25**  
-----

Visa Credit  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

CAPITAL 780.423.2425  
24.7 TAXI 780.442.4444  
EDMTAXI.COM  
GST 100403070





**RECEIPT**  
**GST NO. R122556194**

TKT NO: [REDACTED]  
POF: CSZ  
IN: 09/20/18 17:29  
OUT: 09/21/18 17:22  
PAID: \$ 29.35 ✓  
DURATION: 0 23: 53  
(GST INCLUDED)

VISA  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT



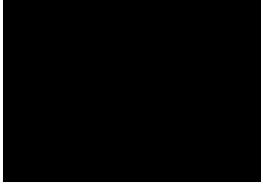
GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/09/20  
TIME 1477 21:10:30  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$55.00  
TIP \$7.00  
TOTAL

\$62.00 ✓  
-----

Visa Credit



**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070



MS Brenda Hemmelgarn

Room No. : [REDACTED]  
Arrival : 09-20-18  
Departure Date : 09-21-18  
Folio No. : [REDACTED]  
Conf. No. : [REDACTED]  
P.O. No. : [REDACTED]

Company Name: AHS - Vision/Marlin Travel  
Group Name:

**INVOICE**

Date	Description	Charges	Credits
09-20-18	Room Revenue	159.00	
09-20-18	Destination Marketing Fee	4.77	
09-20-18	Tourism Levy	6.55	
09-21-18	Visa [REDACTED]		170.32
<b>Total Charges</b>		170.32	
<b>Total Credits</b>			170.32 ✓
<b>Balance</b>			0.00

Merchant ID [REDACTED]  
Transaction ID [REDACTED]  
Approval Code [REDACTED]  
Approval Amount 170.32

Credit Card # [REDACTED]  
Capture Method Swiped  
Transaction Amount 170.32

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/09/26  
TIME 0191 22:34:39  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

**\$63.25**  
-----

Visa Credit  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

**RECEIPT**  
GST NO. R122556194

TKT NO: [REDACTED]  
EXIT No. A5  
IN: 09/26/18 19:48  
OUT: 09/27/18 19:12  
DURATION: 0 23: 24  
PAID: \$ 29.35  
(GST INCLUDED)  
VISA

[REDACTED]  
AUTH. CODE  
REF.  
THANK YOU FOR  
YOUR VISIT

 flyYYC

 **YYC** CALGARY  
INTERNATIONAL  
AIRPORT

## Expense Report Direct Bill Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

**Expenses Paid Directly to Third Party Vendors:**

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

<b>Name :</b> Brenda Hemmelgarn	<b>Reporting Period for the Month of :</b> Sep-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Sep-18	Direct Billing	Hotel	1 night accommodation to attend Quality & Safety Committee Meeting.	Vision Travel	\$191.74
12-Sep-18	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Quality & Safety Committee Meeting. Air Canada cancelled flight - rebooked to fly on Sept 11th (no additional charge).	Vision Travel	\$273.56
12-Sep-18	Direct Billing	Airline Ticket	Change fees for changing return flight as had a conference call.	Vision Travel	\$123.25
21-Sep-18	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Foundation Leadership Forum in Edmonton on September 21, 2018.	Vision Travel	\$282.56
26-Sep-18	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Private/Public Board Meeting on September 27, 2018 in Edmonton.	Vision Travel	\$488.46
26-Sep-18	Direct Billing	Hotel	One night accommodation to attend Private/Public Board Meetings in Edmonton on September 27, 2018.	Vision Travel	\$170.32
<b>Total Paid in the Month</b>					<b>\$ 1,529.89</b>



# WESTIN®

HOTELS & RESORTS

Westin Edmonton A/R  
10135 100th St  
Edmonton, AB T5J 0N7  
Tel: 1-888-828-8085  
Fax: 780-423-3785

Alberta Health Services

Canada  
Attn:

Page Number 1  
AR Account [REDACTED]  
Statement Date 09-20-2018

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STATEMENT

Tax ID - 815461330RT0001

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Date	Description	Amount	Balance
12-SEP-18	[REDACTED] Folio ***Hemmelgarn, Brenda 810 Voucher/PO # VTBLNQ		
11-SEP-18	Room Charge	179.00	
11-SEP-18	Destination Marketing	5.37	
11-SEP-18	Tourism Levy	7.37	
			191.74

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Continue

# Vision

A DIRECT TRAVEL™ COMPANY

**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 24 Aug 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	198.60	0.00	\$0.00	74.96	0.00	273.56 CAD
<b>Total:</b>	<b>198.60</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>273.56 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/21/2018	[REDACTED]	[REDACTED]	273.56 CAD
<b>Total Payment:</b>					<b>273.56 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL QUALITY AND SAFETY MEETING

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\* PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 24 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN

Booking Date: 21 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 12 Sep 18 7:00AM		EDMONTON INTL 12 Sep 18 7:50AM	L/	
AIR CANADA	08151	EDMONTON INTL 12 Sep 18 3:30PM		CALGARY INTL 12 Sep 18 4:23PM	L/	

# Vision

A DIRECT TRAVEL™ COMPANY

**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 31 Aug 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	73.25	0.00	\$0.00	0.00	0.00	73.25 CAD
AIR CANADA Ticket # [REDACTED]	50.00	0.00	\$0.00	0.00	0.00	50.00 CAD
<b>Total:</b>	<b>123.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>123.25 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/29/2018		[REDACTED]	50.00 CAD
	[REDACTED]	08/29/2018		[REDACTED]	73.25 CAD
				<b>Total Payment:</b>	<b>123.25 CAD</b>

**Balance Due CAD Currency      0.00 CAD**

Total GST      0.00      Total HST      \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL QUALITY AND SAFETY MEETING

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\* PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 31 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 29 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 12 Sep 18 7:00AM		EDMONTON INTL 12 Sep 18 7:50AM	L/	
AIR CANADA	08153	EDMONTON INTL 12 Sep 18 6:00PM		CALGARY INTL 12 Sep 18 6:53PM	G/	

Passengers: BRENDA HEMMELGARN  
Booking Date: 29 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 12 Sep 18 7:00AM		EDMONTON INTL 12 Sep 18 7:50AM	L/	
AIR CANADA	08153	EDMONTON INTL 12 Sep 18 6:00PM		CALGARY INTL 12 Sep 18 6:53PM	G/	



# Vision

A DIRECT TRAVEL™ COMPANY

**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 24 Aug 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
--	--

**PASSENGERS:** MS BRENDA HEMMELGARN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	207.60	0.00	\$0.00	74.96	0.00	282.56 CAD
<b>Total:</b>	<b>207.60</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>282.56 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/21/2018	[REDACTED]	[REDACTED]	282.56 CAD
<b>Total Payment:</b>					<b>282.56 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL FOUNDATION LEADERSHIP FORUM

-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\* PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 24 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

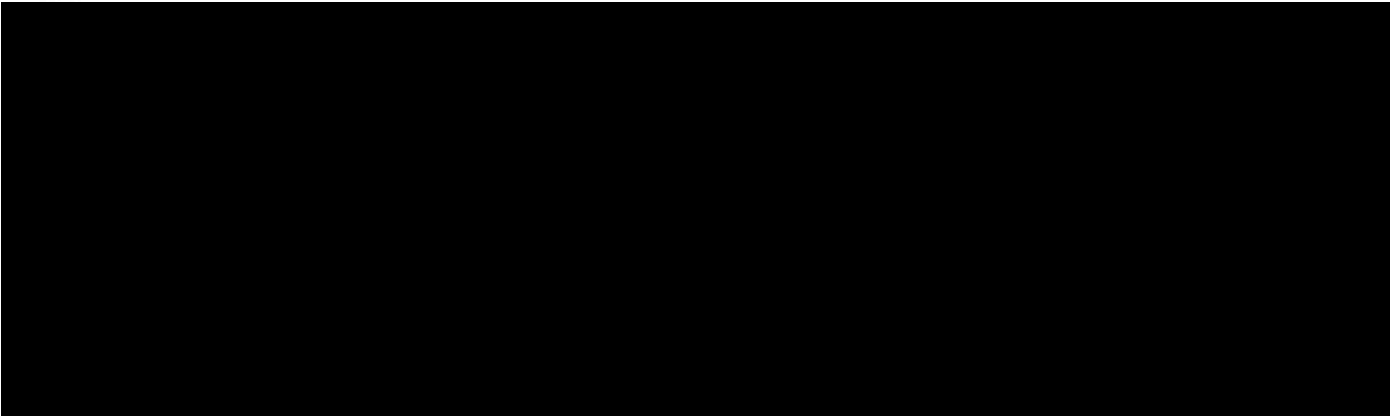
All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08225	CALGARY INTL 20 Sep 18 7:30PM		EDMONTON INTL 20 Sep 18 8:20PM	L/	

Passengers: BRENDA HEMMELGARN  
Booking Date: 21 Aug 18  
File Locator/Ticket #: [REDACTED]



AIR

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08153	EDMONTON INTL 21 Sep 18 6:00PM		CALGARY INTL 21 Sep 18 6:53PM	L/	

Passengers: BRENDA HEMMELGARN  
Booking Date: 21 Aug 18  
File Locator/Ticket #: [REDACTED]



A DIRECT TRAVEL™ COMPANY

Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 24 Sep 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

PASSENGERS: MS BRENDA HEMMELGARN

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: AIR CANADA Ticket # [REDACTED], 413.50, 0.00, \$0.00, 74.96, 0.00, 488.46 CAD. Row 2: Total: 413.50, 0.00, 0.00, 74.96, 0.00, 488.46 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [REDACTED], 09/19/2018, [REDACTED], [REDACTED], 488.46 CAD. Row 2: Total Payment: 488.46 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 24 Sep 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED] MARLINTRAVEL.CA  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
BRENDA HEMMELGARN	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: BRENDA HEMMELGARN  
Booking Date: 19 Sep 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08431	CALGARY INTL 26 Sep 18 9:00PM		EDMONTON INTL 26 Sep 18 9:50PM	V/	
AIR CANADA	08153	EDMONTON INTL 27 Sep 18 6:00PM		CALGARY INTL 27 Sep 18 6:53PM	V/	



**AB Health Services  
14th Floor North Tower  
10030-107Street  
Edmonton AB 5J 3E4  
Canada**

Room No. : [REDACTED]  
Arrival : 09-26-18  
Departure : 09-27-18  
Folio No. : [REDACTED]

Guest Name: Hemmelgarn, Brenda  
Contact: Jennifer Hamstra

Invoice No. : [REDACTED]  
AR No. : [REDACTED]  
Conf. No. : [REDACTED]

**INVOICE**

<b>Date</b>	<b>Description</b>	<b>Charges</b>	<b>Credits</b>
09-26-18	Room Revenue	159.00	
09-26-18	Destination Marketing Fee	4.77	
09-26-18	Room GST	8.19	
09-26-18	Tourism Levy	6.55	
10-18-18	Adj Room GST	-8.19	
		<b>Total Charges</b>	170.32
		<b>Total Credits</b>	0.00
		<b>Balance</b>	<b>170.32</b>