

Official Administrator and Executive Expense Report

Name Brenda Huband
Title VP & Chief Health Operations Officer, Central & Southern Alberta
Location Calgary
 Expenses submitted during the month of May 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)
May-15	P-Card	Meetings			1,105	495	1,600			
May-15	Expense Claim	Meetings				202	202			
May-15	Direct Billing	Meetings	1,109				1,109			
Total			\$ 1,109	\$ -	\$ 1,105	\$ 697	\$ 2,911	\$ -	\$ -	\$ -

Total for the Month \$ 2,911

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 170
 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

Instruction:

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

<u>HUBAND, BRENDA</u> Cardholder's Name	<u>VP/CHIEF HEALTH OPERATIONS</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/05/2015</u>
<u>HEALTH OPERATIONS CENTRAL &</u> Cardholder's Dept	<u>SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,599.79</u>
<u>BRENDA.HUBAND@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
23/04/2015	387945069	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to SSP-Exec Comm; Communications	1
24/04/2015	387945070	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from SSP to YEG - Dental Clinics; Staffing Centres; Exec Comm; Union; CEO; OA & Dr. J. Talbot	2
24/04/2015	387945071	THE WESTIN EDMONTON, WESTIN HOTELS	763.44	CAD	763.44	142.80	.00	EOC Cancer Proj; Nrsng Leaders; CZ Leaders; Wisdom Council X2 days; N/S Dyad; RGH Dyad; N. Guebert; CEO; CCP;	3
30/04/2015	388721341	THE WESTIN EDMONTON, WESTIN HOTELS	162.79	CAD	162.79	30.45	.00	Hotel-Bdgt & Benchmarking; CEO; Exec Comm; PLT; N. Guebert	4
12/05/2015	390298193	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.38	.00	YYC Parking-Exec Comm; Perf Agreement; CEO; Abor Hlth; Zone Lead Bdgt	5
15/05/2015	390511382	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	56.70	CAD	56.70	2.70	.00	YYC Prkng-Accred Debrief Exec & staff; 2:2 ACH Dyad; 1:1 Margie F.	6
16/05/2015	390511381	THE WESTIN EDMONTON, WESTIN HOTELS	178.51	CAD	178.51	33.39	.00	Hotel - Accred debrief with Exec & Staff; 2:2 ACH Dyad; 1:1 Margie F.	7
17/05/2015	390511377	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-YEG to SSP-Exec; Perf Agree; CEO; Abor Hlth; Zone Leaders Bdgt	8
17/05/2015	390511378	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	50.00	CAD	50.00	2.38		Taxi-1:1 Nancy Guebert; CoAct Provider; Exec Comm; PLT & Nancy G. cont'd	9
17/05/2015	390511379	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-B. Ward; L. Anderson; Legal, EMS; CEO; Abor Hlth; Bdgt Task Force; Prov QAR	10
17/05/2015	390511380	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-2:2 ACH Dyad; 1:1 Margie; Accred debrief with ELT & staff	11

Signatures

Cardholder Designate (if Applicable)

By signing this statement

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

Terry Pace
Name of Cardholder Designate

Exec Admin
Cardholder Designate Position/Title

Terry Pace
Signature of Cardholder Designate

May 20/15
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

HUBAND, BRENDA
Name of Cardholder

VP/CHIEF HEALTH OPERATIONS
Cardholder Position/Title

Brenda Huband
Signature of Cardholder

2015 May 25
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best
Name of Approver Designate

Exec Assistant
Approver Designate Position/Title

Susan Best
Signature of Approver Designate

May 25/15
Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes
Name of Approver

VP Corp Services & CFO
Approver Position/Title

Deborah Rhodes
Signature of Approver

May 25/15
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter

Address:

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

Kerry Pace

From: [REDACTED]
Sent: May 17, 2015 3:39 PM
To: Kerry Pace
Subject: Fwd: Transaction Receipt - Do Not Reply

*- Exec Comm
- Comm*

Brenda Huband
April 07/2015 - Ap>SSP ✓

INFINITY TRANSPORTATION I

①

TYPE PURCHASE

ORDER ID [REDACTED]
CARD NUM [REDACTED]
ACCOUNT MASTERCARD

DATE Apr 23 2015 11:54PM ✓
REF NUM [REDACTED]
AUTH CODE [REDACTED]

AMOUNT (CAD) \$72.00 ✓

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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Kerry Pace

From: [REDACTED]
Sent: May 17, 2015 3:38 PM
To: Kerry Pace
Subject: Fwd: Transaction Receipt - Do Not Reply

Dental Clinic
- Stepping Center
- Exel Comm
- Union
- CEO
- O.A. Dr. Teller
(2)

Brenda Huband
April 14/2015 - SSP>Ap ✓

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Apr 24 2015 12:05AM ✓
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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- Full Luncheon Program
- King Leadership
- C2 Leadership
- Wisdom Council
- N/S Panel
- Wisdom Council (day 2)

- 1:1 P. Hubard
- 2:1 CEO
- Abong Heth
- CCP

Exec Room

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

WESTIN[®]

HOTELS & RESORTS

Brenda Hubard

Page Number : [Redacted] Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 19-APR-15 21:04
 Depart Date : 23-APR-15 12:00
 No. Of Guest : [Redacted]
 Room Number : [Redacted]
 Club Account : [Redacted]

3

Information Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 23-APR-15 06:12 [Redacted]

Date	Description	Charges (CAD)	Credits (CAD)
19-APR-15	Room Charge	170.00	
19-APR-15	GST	8.76	
19-APR-15	DMF	5.10	
19-APR-15	Tourism Levy	7.00	
20-APR-15	Room Charge	170.00	
20-APR-15	GST	8.76	
20-APR-15	DMF	5.10	
20-APR-15	Tourism Levy	7.00	
21-APR-15	Room Charge	170.00	
21-APR-15	GST	8.76	
21-APR-15	DMF	5.10	
21-APR-15	Tourism Levy	7.00	
22-APR-15	Room Charge	170.00	
22-APR-15	GST	8.76	
22-APR-15	DMF	5.10	
22-APR-15	Tourism Levy	7.00	
23-APR-15	Mastercard		

-763.44

Continued on the next page

- Budget
Benchmarking
CEO

- Exec Comm.
- PLT
- 1:1 Nancy Hubert

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

WESTIN[®]

HOTELS & RESORTS

Brenda Huband

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 28-APR-15 17:11
Depart Date : 29-APR-15 06:13
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Club Account : [REDACTED]

[REDACTED]

(4)

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 29-APR-15 06:20

Date	Description	Charges (CAD)	Credits (CAD)
28-APR-15	Room Charge	145.00	
28-APR-15	GST	7.47	
28-APR-15	DMF	4.35	
28-APR-15	Tourism Levy	5.97	
29-APR-15	Mastercard		-162.79
	** Total	162.79	
	*** Balance	0.00	-162.79

STAY LONGER - Enjoy more time to explore your destination with the benefits of Westin Weekend, from extended breakfast hours to late Sunday checkouts. Book your next Westin Weekend at westin.com/weekend

[REDACTED]

Continued on the next page

- ~~Exit~~
- Pay. Agreement
- 24 hr CKD
- Abon. Health
- Gene Products Hdgpr

5

RECEIPT
GST NO. R122556194

TKT [REDACTED]
POF: CS0
IN: 05/12/15 04:41
OUT: 05/12/15 20:10 ✓
PAID: \$ 28.35 ✓
(GST INCLUDED)
MASTERCARD

YOU HAVE 15 MIN.
TO EXIT

- Accredited Delivery & Express 1 Stop
- 2:2 ACH Merged
- 1:1 ACH Merged

(6)

RECEIPT
GST NO. R122556194

TKT [REDACTED]
POF: CS8
IN: 05/14/15 04:39
OUT: 05/15/15 18:05
PAID: \$ 56,701 ✓
(GST INCLUDED)
MASTERCARD

[REDACTED]

TO EXIT

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

Brenda Huband

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 14-MAY-15 20:07
 Depart Date : 15-MAY-15 06:16
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]

*Opened account
 Grace + Staff
 - did ACH deposit
 - 111 Manager*



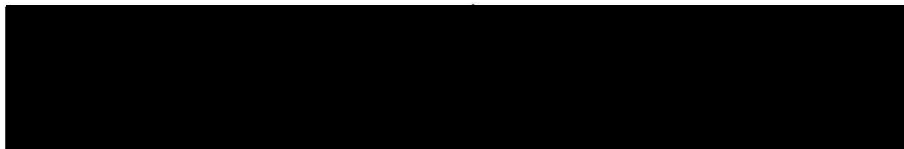
7

Copy Tax Invoice

Tax ID : 815461330RT0001 [REDACTED]
 The Westin Edmonton 19-MAY-15 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
14-MAY-15	[REDACTED]	Room Charge	159.00	
14-MAY-15	[REDACTED]	GST	8.19	
14-MAY-15	[REDACTED]	Destination Marketing Fee	4.77	
14-MAY-15	[REDACTED]	Tourism Levy	6.55	
15-MAY-15	[REDACTED]	Mastercard		-178.51
		** Total	178.51	-178.51
		*** Balance	0.00	

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Continued on the next page

Kerry Pace

From: [Redacted]
Sent: May 17, 2015 6:51 PM
To: Kerry Pace
Subject: Fwd: Transaction Receipt - Do Not Reply

- Exec Comm
- Pay. Agreement
- 2011 CEO
- Albany Health
- 3000 Readers
- Bldg Mtg

Brenda Huband
May 12/2015 - Ap>SSP ✓

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[Redacted]
CARD NUM	[Redacted]
ACCOUNT	MASTERCARD
DATE	May 17 2015 02:13PM ✓
REF NUM	[Redacted]
AUTH CODE	[Redacted]
AMOUNT (CAD)	\$72.00 ✓

8

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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Kerry Pace

From: [Redacted]
Sent: May 17, 2015 6:48 PM
To: Kerry Pace
Subject: Fwd: Transaction Receipt - Do Not Reply

- 1:1 Nancy
- Collect Provider
- Exec Comm
- FLT
- Nancy (cont'd)

Brenda Huband
April 28/2015 - Res>Westin>SSP ✓

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[Redacted]
CARD NUM	[Redacted]
ACCOUNT	MASTERCARD
DATE	May 17 2015 06:45PM ✓
REF NUM	[Redacted]
AUTH CODE	[Redacted]
AMOUNT (CAD)	----- \$50.00 ✓ -----

9

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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Kerry Pace

From: [Redacted]
Sent: May 17, 2015 8:49 PM
To: Kerry Pace
Subject: Fwd: Transaction Receipt - Do Not Reply

- B. Ward
- A. Anderson
- Reginald
- EMS Org.
- CEO
- Aborig Health
- Bldg. Inst. Force
- Pres. QAR

Brenda Huband
May 14/2015 - Ap>Westin ✓

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[Redacted]
CARD NUM	[Redacted]
ACCOUNT	MASTERCARD
DATE	May 17 2015 06:46PM ✓
REF NUM	[Redacted]
AUTH CODE	[Redacted]
AMOUNT (CAD)	\$72.00 ✓

10

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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Kerry Pace

From: [Redacted]
Sent: May 17, 2015 6:49 PM
To: Kerry Pace
Subject: Fwd: Transaction Receipt - Do Not Reply

- 2:2 Margin Mark
- 1:1 Margin
- Accrued Interest
- Accrued Deficit
LXX
Huff

Brenda Huband
May 15/2015 - SSP > Ap ✓

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[Redacted]
CARD NUM	[Redacted]
ACCOUNT	MASTERCARD
DATE	May 17 2015 06:47PM
REF NUM	[Redacted]
AUTH CODE	[Redacted]
AMOUNT (CAD)	----- \$72.00 ✓ -----

11

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
HUBAND, BRENDA	VP & Chief Health Operations Officer Central & Southern Alberta	Calgary	201.51								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/12/2015	Exec Comm; Perf Agreement; Zone Leaders Bdgt; Abor Hlth		Mileage	38.38	Home	Calgary Airport	Exec Comm; Perf Agreement; Zone	1			76
5/13/2015	Exec Education		Mileage	7.58	Southport - Calgary	FMC	Exec Education	1			15
5/11/2015	CZ Leadership Mtg		Mileage	7.58	SPTT	FMC	CZ Leadership Mtg	1			15
5/14/2015	EMS Org Design; Abor Hlth; Bdgt Task Force; Pro QAR & Accred Debrief		Mileage	38.38	Home	Calgary Airport	EMS Org Design	1			76
5/19/2015	Exec Comm; North/South Dyad		Mileage	38.38	Home	Calgary Airport	Exec Comm	1			76
5/20/2015	Workshop		Mileage	7.07	SPTT	south calgary health centre	People Strategy Workshop	1			14
5/21/2015	Funding Priorities Comm		Mileage	17.68	SPTT	ACH	Funding Priorities Comm - return trip	1			35
5/22/2015	CZ Foundations Forum		Mileage	17.17	SPTT	South Health Campus	CZ Foundations Forum	1			34
5/25/2015	Exec Comm; 1:1 Deb Gordon; 1:1 Nancy Guebert; CEO		Mileage	29.29	SPTT	Calgary Airport	Exec Comm; 1:1 Deb Gordon; 1:1 Nancy Guebert; CEO	1			58
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		18-Jun-15							

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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

Name :	Reporting Period for the Month of :
---------------	--

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
07-Apr-15	Direct Billing	Airline Ticket	Exec comm with CEO	Marlin Travel	362.96
13-Apr-15	Direct Billing	Airline Ticket	Exec comm with CEO; DR C.Amrheim & J.Talibot	Marlin Travel	372.96
19-Apr-15	Direct Billing	Airline Ticket	Meetings from Apr 19-23,Nrsg Leadership;Wisdom Council X2;North South Dyad,CEO	Marlin Travel	372.96
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 1,108.88

Exec. Comm.

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

GST Reg# [REDACTED]
Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: [REDACTED]
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HUBAND
AC [REDACTED]

Tuesday, April 7, 2015 ✓

← Air

AIR CANADA Flight: 8170 W CLASS
From: CALGARY AB 06:00 AM Equipment: D8 (300 SERIES)
To: EDMONTON INTL AB 06:51 AM Mile(s) Flown: 163
Stops: 0 Arrival: 07Apr15 Reference: [REDACTED]
Seat(s): 06F
OPERATED BY AIR CANADA EXPRESS [REDACTED]
TICKET NUMBER [REDACTED]

← Air

AIR CANADA Flight: 8157 W CLASS
From: EDMONTON INTL AB 06:00 PM Equipment: DH4
To: CALGARY AB 06:50 PM Mile(s) Flown: 163
Stops: 0 Arrival: 07Apr15 Reference: [REDACTED]
Seat(s): 08F
OPERATED BY AIR CANADA EXPRESS [REDACTED]
TICKET NUMBER [REDACTED]

Cost: [REDACTED] [REDACTED]

Tax: 288.00
Ticket Total: 74.96
362.96

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

Invoice Number: [REDACTED]
Date: April 1, 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.

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

Branch:
Agent:

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

- OXU nomm.
- 2:1 CCKD
- Mtg = O.A. + Dr. J. Talbot

Invoice Number: [REDACTED]
Date: April 8, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS BRENDA HUBAND
AC [REDACTED]

Monday, April 13, 2015 ✓

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 13Apr15
Seat(s): 10F
AIR CANADA E

Flight: 8156 V CLASS
06:00 PM Equipment: CRJ JET
06:48 PM

Mile(s) Flown: 163

Tuesday, April 14, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 14Apr15
Seat(s): 08F
AIR CANADA E

Flight: 8161 W CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:21 PM

Mile(s) Flown: 163

Cost: [REDACTED]

E-TKT ✓

Tax:
Ticket Total:

298.00
74.96
372.96

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


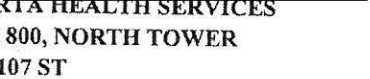
Invoice Number: [REDACTED]
Date: April 8, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:



Grand Total:	372.96
Less Credit Card Payments:	372.96
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: 
Agent: 

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

- 60L (amenity)
- Miss. Leadership
- CEO Leadership
- Wisdom Council
- North/South Dyad
- Wisdom Council - day 2

Invoice Number: 
Date: April 9, 2015
Page: 1/3
Our Reference: 

INVOICE

- 2:2 RBH Dyad
- 1:1 N. Gubert
- 2:1 CEO
- Aborig Health.
- CCP
- AH/AHS Aborig. Health
- Exec Comm.

For
MS BRENDA HUBAND
AC 

Sund
AIR

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 19Apr15
Seat(s): 08F
AIR CANADA E

Flight: 8225 G CLASS
07:00 PM Equipment: D8 (300 SERIES)
07:51 PM

Mile(s) Flown: 163



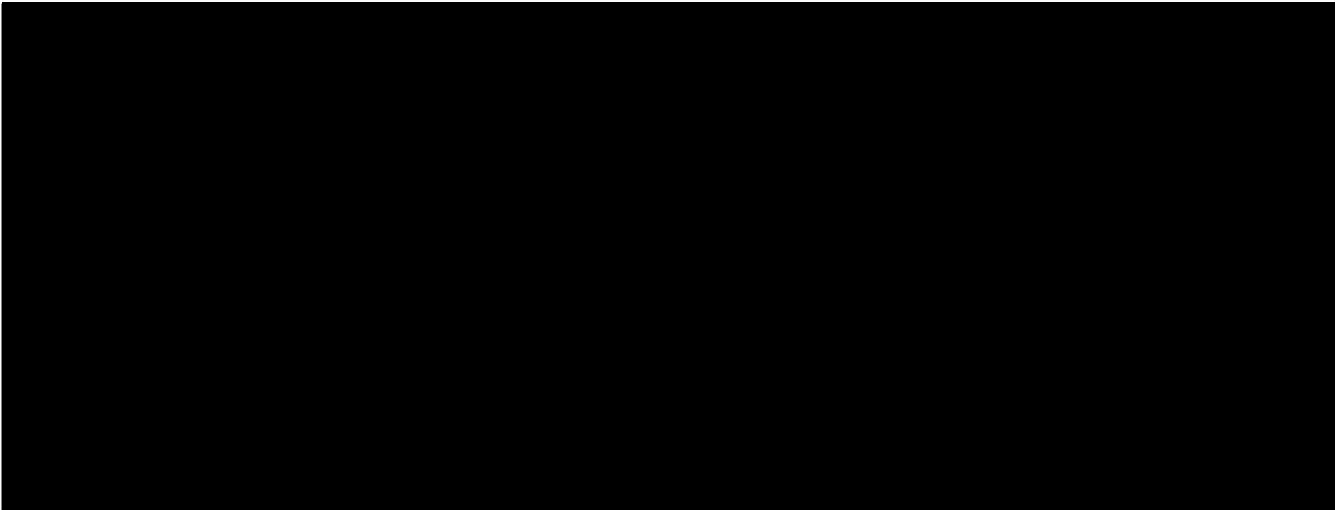
Mon

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

Invoice Number:
Date:
Page:
Our Reference:



INVOICE



Tuesday, April 28, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 28Apr15
Seat(s): 08F
AIR CANADA E

Flight: 8157 G CLASS
06:00 PM Equipment: DH4
06:50 PM

Mile(s) Flown: 163

C	[Redacted]	E-TKT ✓	[Redacted]	298.00
T	[Redacted]		Tax:	74.96
			Ticket Total:	372.96
Total:				

Grand Total:	372.96
Less Credit Card Payments:	372.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00