

## 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 June 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)
Jun-15	P-Card	Meetings			564	811	1,375			
Jun-15	Direct Billing	Meetings	1,820				1,820			
<b>Total</b>			\$ 1,820	\$ -	\$ 564	\$ 811	\$ 3,195	\$ -	\$ -	\$ -

**Total for the Month** \$ 3,195

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 184  
 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

**HUBAND, BRENDA**
**VP/CHIEF HEALTH OPERATIONS**

Cardholder's Name

Cardholder's Position/Title

Billing Reporting Period:

20/06/2015

**HEALTH OPERATIONS CENTRAL &**
**SOUTHPORT**

Cardholder's Dept

Cardholder's Site/Location

Total Statement Amount:

\$1,374.40

**BRENDA.HUBAND@ALBERTAHEALTHSERVICES.CA**

Cardholder's e-mail address

Last 6 digits of the P-Card #:

[REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/05/2015 ①	390957834	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	Prkg-YYC-Exec Comm & North/South Dyad mtg
26/05/2015 ②	391689351	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	56.70	CAD	56.70	2.70	.00	Exec Comm; PLT; CEO; Zone Leaders Bdgt; N. Guebart, D. Gordon
27/05/2015 ③	391474912	THE WESTIN EDMONTON, WESTIN HOTELS	206.58	CAD	206.58	38.64	.00	Hotel-D. Gordon; N. Guebart; Exec Comm; CEO; PLT; Zone Leaders Bdgt
03/06/2015 ④	392315305	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-Exec Comm; North/South Dyad
03/06/2015 ⑤	392315306	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-return trip to YEG to YYC-Exec Comm & North/South Dyad
03/06/2016 ⑥	392518180	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi SSP to YEG - Sr. Leaders Mtg & return to Calgary
04/06/2015 ⑦	392898530	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	Fundraising - CEO
09/06/2015 ⑧	393301763	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	56.70	CAD	56.70	2.70	.00	Prkg-Drs. Predy & Yiu; CMO; Exec Comm; Workforce Init; People Strategy
10/06/2015 ⑨	393082492	THE WESTIN EDMONTON, WESTIN HOTELS	178.51	CAD	178.51	33.39	.00	Hotel - Perf App Drs. Predy & Yiu; CMO; Exec Comm; Workforce Init; P.A. with CEO; People Strategy Comm
15/06/2015 ⑩	393586154	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to Westin-mtgs - T. Gilchrist; B. O'Neill; Exec Comm;PRC; North/South Dyad; Accred; Aboriginal Hlth
15/06/2015 ⑪	393586155	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		SSP to YEG - return to Calgary -T. Gilchrist; B. O'Neill; Exec Comm;PRC; North/South
15/06/2015 ⑫	393715011	PARKING SERVICES, COLLEGES, UNIVERSITIES, PROFESSIONAL	8.00	CAD	8.00	.38		Prkg-Cancer Care Mtg
17/06/2015 ⑬	393853457	THE WESTIN EDMONTON, WESTIN HOTELS	178.51	CAD	178.51	33.39	.00	Hotel T. Gilchrist; B. O'Neill; Exec Comm;PRC; North/South
17/06/2015 ⑭	394043315	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	56.70	CAD	56.70	2.70	.00	Calg Airport Prkg-Taxi-Mtgs T. Gilchrist; B. O'Neill; Exec Comm; PRC; North/South Dyad; Aborig Hlth' Accred Canada
19/06/2015 ⑮	394043312	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-1000 Women Annual Fundraising
19/06/2015 ⑯	394043313	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi Edm Expo Centre to YEG from 1000 Women Fundraising
19/06/2015 ⑰	394043314	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi-Mtgs T. Gilchrist; B. O'Neill; Exec Comm; PRC; North/South Dyad; Aborig Hlth' Accred Canada

**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.

Kerry Pace  
Name of Cardholder Designate

Exec. Admin.  
Cardholder Designate Position/Title

Kerry Pace  
Signature of Cardholder Designate

June 23/15.  
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 June 23  
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

June 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

June 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

-Exec Comm.  
-North/South Dyad

①

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

TKT NO: [REDACTED]  
POF: [REDACTED]  
IN: 05/19/15 04:36 ✓  
OUT: 05/19/15 18:59 ✓  
PAID: \$ 28.35 ✓  
(GST INCLUDED)

[REDACTED]

YOU HAVE 15 MIN.  
TO EXIT

Calgary International Airport Parkade

(2)

- D. Gordon
- N. Guebert
- Exec. Comm.
- PdT
- CKO
- Zone Leaders Bdgt

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

TKT NO: [REDACTED]  
POF: [REDACTED]  
IN: 05/25/15 16:30  
OUT: 05/26/15 20:07  
PAID: \$ 56.70  
(GST INCLUDED)



YOU HAVE 15 MIN.  
TO EXIT

Calgary International Airport Parkade

- The  
- Zone Leaders  
Bdgt

- New Comm  
- Nancy Guebert  
- Exec - Comm.  
- CEO (2:1)

(3)

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 : A  
 Arrive Date : 25-MAY-15 19:40  
 Depart Date : 26-MAY-15 07:00  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

Information Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 26-MAY-15 04:01 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-MAY-15	[REDACTED]	Share Lounge	15.00	
25-MAY-15	[REDACTED]	-ADJ Guest Incentive Programs		-15.00
25-MAY-15	[REDACTED]	Room Charge	184.00	
25-MAY-15	[REDACTED]	GST	9.48	
25-MAY-15	[REDACTED]	Destination Marketing Fee	5.52	
25-MAY-15	[REDACTED]	Tourism Levy	7.58	
26-MAY-15	[REDACTED]	Mastercard		-206.58
		** Total	221.58	-221.58
		*** Balance	0.00	

-206.58 ✓

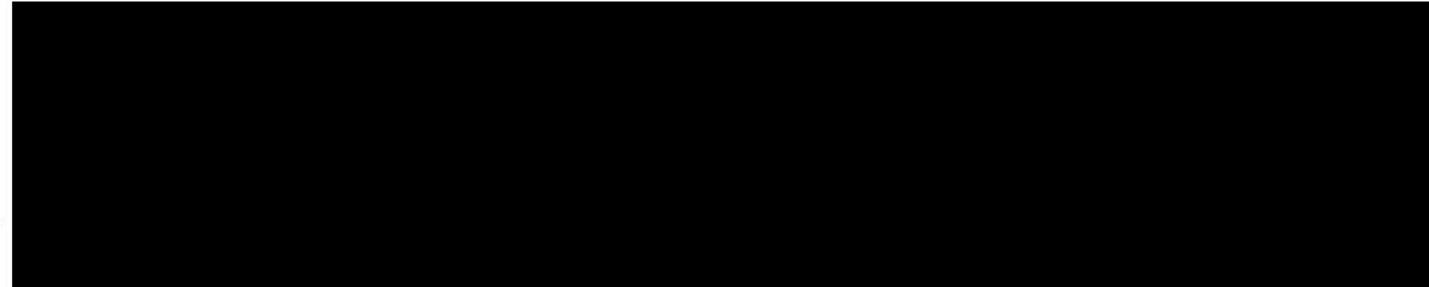
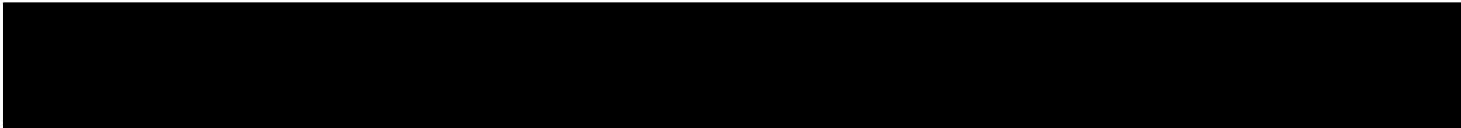
Continued on the next page

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



Brenda Huband

Page Number : 2 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : A  
 Arrive Date : 25-MAY-15 19:40  
 Depart Date : 26-MAY-15 07:00  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]



EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
05-25-2015	184.00	9.48	7.58	15.00	0.00	-9.48	206.58	0.00
<b>Total</b>	<b>184.00</b>	<b>9.48</b>	<b>7.58</b>	<b>15.00</b>	<b>0.00</b>	<b>-9.48</b>	<b>206.58</b>	<b>0.00</b>

Continued on the next page

**Kerry Pace**

---

**From:** tobias tobias [REDACTED]  
**Sent:** June 03, 2015 6:53 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

*- Exec Comm.  
- North/South Dyed*

**Brenda Huband & Bill Hondas** ✓  
**May 19/2015**  
**Ap>SSP** ✓

(4)

## INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	[REDACTED]
DATE	Jun 3 2015 06:49AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

**- IMPORTANT -**

Retain this copy for your records

---

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**Kerry Pace**

---

**From:** tobias tobias [REDACTED]  
**Sent:** June 03, 2015 6:54 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

*- Exec Comm  
- North/South Dyad*

**Brenda Huband**  
May 19/2015  
SSP>ap ✓

*return*

⑤

## INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	[REDACTED]
DATE	Jun 3 2015 06:51AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

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6

- Dr. Sanders Mtg

SSP to JKG

BRENDA HUBAND

April 01 2015.

88P>AP-

PRESTIGE TRANSPORTATION  
18135 31 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term  
TLen  
N/C  
Op 1  
Card

[Redacted]

APPROVED

AMOUNT CAD\$72.00 ✓

Ref. #  
Auth. #

[Redacted]

Book on line at  
EDMPRESTIGE.COM

Thank you for being our guest  
GST B62104769

Date: 2015/06/03 Time: 05:49:40

Response: AUTH 874940 ✓

\*\*\*CUSTOMER COPY\*\*\*

- Fundraising Tower  
- CEO et al

⑦

1000 Women  
Luncheon

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

TKT NO: [REDACTED]  
POF: [REDACTED]  
IN: 06/04/15 06:19  
OUT: 06/04/15 17:44  
PAID: \$ 28.35  
(GST INCLUDED)  
[REDACTED]



YOU HAVE 15 MIN.  
TO EXIT

Calgary International Airport Parkade

8

- Now ready to go
- CMD
- Exec. Comm.
- Workforce Initiatives
- People Strategy

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

TKT NO: [REDACTED]  
POF: [REDACTED]  
IN: 06/08/15 14:44  
OUT: 06/09/15 19:05  
PAID: \$ 56.78  
(GST INCLUDED)

YOU HAVE 15 MIN.  
TO EXIT

Calgary International Airport Parkade

- P.A.C.K.O  
- People Strategy

- D. Wana  
- Perf. App. already + few  
- CMO  
- Exec Comm.  
- Workforce Init.

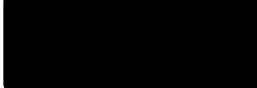
The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

(9)

# WESTIN®

HOTELS & RESORTS

Brenda Huband



Page Number : 1 Invoice Nbr :

Guest Number :

Folio ID : A

Arrive Date : 08-JUN-15 17:52

Depart Date : 09-JUN-15 06:14

No. Of Guest : 1

Room Number :

Club Account :

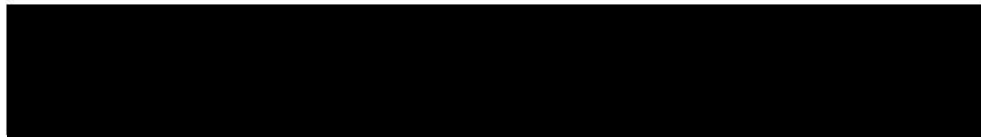
Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 09-JUN-15 06:20

Date	Reference	Description	Charges (CAD)	Credits (CAD)
08-JUN-15		Room Charge	159.00	
08-JUN-15		GST	8.19	
08-JUN-15		Destination Marketing Fee	4.77	
08-JUN-15		Tourism Levy	6.55	
09-JUN-15		Mastercard		-178.51
		** Total	178.51	-178.51
		*** Balance	0.00	

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Continued on the next page

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



Brenda Huband

Page Number : 2 Invoice Nbr :   
 Guest Number :   
 Folio ID : A   
 Arrive Date : 08-JUN-15 17:52   
 Depart Date : 09-JUN-15 06:14   
 No. Of Guest : 1   
 Room Number :   
 Club Account :

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
06-08-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
06-09-2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-178.51
<b>Total</b>	<b>159.00</b>	<b>8.19</b>	<b>6.55</b>	<b>0.00</b>	<b>0.00</b>	<b>4.77</b>	<b>178.51</b>	<b>-178.51</b>

Kerry Pace

- Mtg. D. Gordon

From: tobias tobias [REDACTED]  
Sent: June 17, 2015  
To: Kerry Pace  
Subject: Fwd: Transaction Receipt - Do Not Reply

- N. Guebert  
- V. Jiu  
- Exec. Comm.  
- PHT  
- 2:1 cCKD  
- Zone Leaders  
Bdgt.

Brenda Huband  
May 25/2015 ✓  
Ap>Westin ✓

10

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	[REDACTED]
DATE	Jun 15 2015 08:07PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	\$72.00 ✓

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

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Kerry Pace

*- return to Calgary from Mtgs.*

From: tobias tobias  
Sent: June 17, 2015  
To: Kerry Pace  
Subject: Fwd: Transaction Receipt - Do Not Reply

Brenda Huband  
May 26/2015  
SSP>Ap

*return*

*11*

- e. D. Gordon*
- N. Guebert*
- V. Jiu*
- Exec. Comm.*
- PLT*
- 2:1. cCKD*
- Zone Leaders*
- Bdgt.*

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	[REDACTED]
DATE	Jun 15 2015 08:08PM ✓
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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- IMPORTANT -

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- Cancer Care Mtg

12

Parking UofC

	PLACE ON DASH FACE UP		PLACE ON DASH FACE UP		PLACE ON DASH FACE UP		PLACE ON DASH FACE UP	
Plate: [REDACTED]		Valid through:		MONDAY 15 JUN 15 ✓		VALID THROUGH:		
6:12 PM		AMOUNT PAID: \$8.00 ✓		ENTRY TIME: 6/15/2015 4:12 PM		6:12 PM		
RECEIPT NO: [REDACTED]		CITY OF CALGARY		AMOUNT PAID: \$8.00		ENTRY TIME: 6/15/2015 4:12 PM		
[REDACTED]		[REDACTED]		RECEIPT NO: [REDACTED]		[REDACTED]		

- 114yo - 1. person - 1000/2000/2000  
 - B. O'Neill - Accred. Canada  
 - Exce Comm. - Abor. Health  
 - PRC

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

13

**WESTIN**  
 HOTELS & RESORTS

Brenda Huband

Page Number : 1 Invoice Nbr :   
 Guest Number :   
 Folio ID : A   
 Arrive Date : 15-JUN-15 20:54   
 Depart Date : 16-JUN-15 07:00   
 No. Of Guest : 1   
 Room Number :   
 Club Account :

Information Invoice

Tax ID : 815461330RT0001  
 The Westin Edmonton 16-JUN-15 03:40 9999

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

-178.51  
 -178.51 ✓








Continued on the next page

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



Brenda Huband

Page Number : 2 Invoice Nbr :   
 Guest Number :   
 Folio ID :   
 Arrive Date : 15-JUN-15 20:54  
 Depart Date : 16-JUN-15 07:00  
 No. Of Guest : 1  
 Room Number :   
 Club Account : 

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at [westin.com/store](http://westin.com/store)



EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
06-15-2015	159.00	8.19	6.55	0.00	0.00	4.77	178.51	0.00
<b>Total</b>	<b>159.00</b>	<b>8.19</b>	<b>6.55</b>	<b>0.00</b>	<b>0.00</b>	<b>4.77</b>	<b>178.51</b>	<b>0.00</b>

14

mtg. in  
Edm.

- T. Gilchrist
- B. O'Neill
- Exec. Comm.
- PRC
- North/South Dyad
- Accred. Canada
- Abor. Health

Parking

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

TKT NO: [REDACTED]  
POF: [REDACTED]  
IN: 06/15/15 18:04  
OUT: 06/16/15 23:05  
PAID: \$ 56.70 ✓  
(GST INCLUDED)  
[REDACTED]

YOU HAVE 15 MIN.  
TO EXIT

Calgary International Airport Parking

Kerry Pace

1000 Women 6<sup>th</sup> Annual  
Fundraising Luncheon

From: tobias tobias [REDACTED]  
Sent: June 19, 2015 2:09 AM  
To: Kerry Pace  
Subject: Fwd: Transaction Receipt - Do Not Reply

Brenda Huband  
June 04/2015  
Ap>SSP ✓

15

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	[REDACTED]
DATE	Jun 19 2015 02:05AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

**Kerry Pace**

---

**From:** tobias tobias [REDACTED]  
**Sent:** June 19, 2015 2:10 AM  
**To:** Kerry Pace  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

- 1000 Women  
6th Annual  
Fundraising  
Lunches

**Brenda Huband**  
June 04/2015 ✓  
Edm Expo Centre > Ap

*return* (16)

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	[REDACTED]
DATE	Jun 19 2015 02:06AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	\$72.00 ✓

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

---

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450  
Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

Kerry Pace

*mtgs*

From: tobias tobias [REDACTED]  
Sent: June 19, 2015 2:10 AM  
To: Kerry Pace  
Subject: Fwd: Transaction Receipt - Do Not Reply

- T. Gilchrist
- B. O'Neill
- Exec Comm.
- PRC
- North/South Dyad
- Aborig Fleet.
- Accred. Canada

(17)

Brenda Huband  
June 15/2015 ✓  
Ap>Westin

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	[REDACTED]
DATE	Jun 19 2015 02:07AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	\$72.00 ✓ ✓

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada

[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

## 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

<b>Name :</b> Brenda Huband	<b>Reporting Period for the Month of :</b> Jun-15
-----------------------------	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-May-15	Direct Billing	Airline Ticket	Mtgs-Exec Comm & North/South Dyad	Marlin Travel	362.96
26-May-15	Direct Billing	Airline Ticket	Mtgs-D. Gordon, N. Guebert, Dr. Yiu, Exec Comm, PLT, CEO 2:1, Zone Leaders Bdgt	Marlin Travel	367.96
08-Jun-15	Direct Billing	Airline Ticket	Mtgs-Exec Comm , Perf App with CEO, Perf App for Dr. Predy, People Strategy	Marlin Travel	372.96
15-Jun-15	Direct Billing	Airline Ticket	Mtgs. Workforce Impact, B. O'Neill, Exec Comm, PRC, North/South Dyad, Accred, Abor Hlth,	Marlin Travel	352.96
19-Jun-15	Direct Billing	Airline Ticket	Mtgs - 2:2 ACH Dyad, Bdgt Task Force, Nrsng Leadership Network	Marlin Travel	362.96
<b>Total Paid in the Month</b>					<b>\$ 1,819.80</b>



- Exec Comm.  
- North/South Dyad

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

GST Reg#: 885101915

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

May 12, 2015

1/2

# INVOICE

## For

MS BRENDA HUBAND

Tuesday, May 19, 2015 ✓

### ✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 19May15

Seat(s): 09F

AIR CANADA E

Flight: 8130 W CLASS

06:00 AM Equipment: D8 (300 SERIES)

06:52 AM

Mile(s) Flown: 163

### ✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 19May15

Seat(s): 09F

AIR CANADA E

Flight: 8153 W CLASS

06:00 PM Equipment: D8 (300 SERIES)

06:54 PM

Mile(s) Flown: 163

## Cost:

E-TKT

(CA

Tax:

Ticket Total:

288.00

74.96

362.96

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

Invoice Number: [REDACTED]  
Date: May 12, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	362.96
<b>Less Credit Card Payments:</b>	362.96
<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](http://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

- Dr. Yiu - Zone Leaders 4 wgs  
- Exec. Comm. - W. Gordon  
- PLT - N. Guebert  
- CEO (2:1)

Invoice Number: [REDACTED]  
Date: May 20, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For [REDACTED]  
MS BRENDA HUBAND  
[REDACTED]

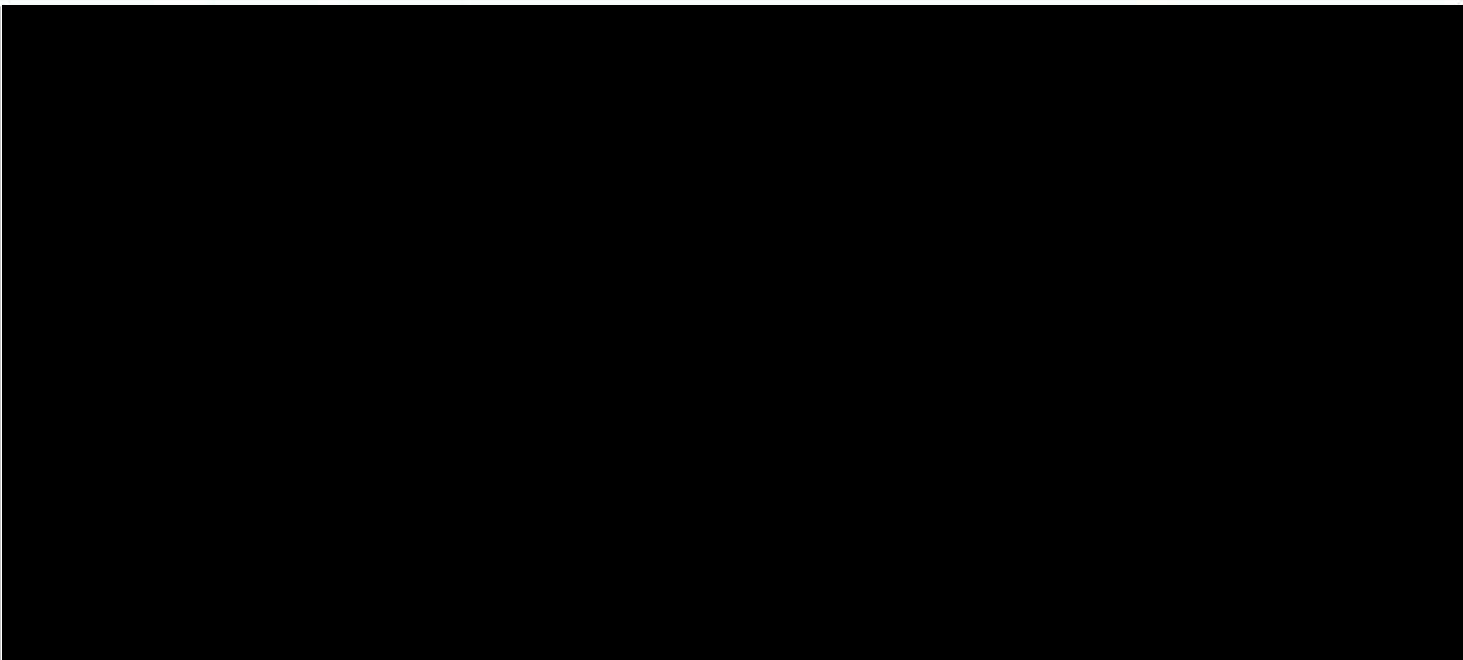
Monday, May 25, 2015

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 25May15  
Seat(s): 09F  
AIR CANADA E

Flight: 8227 V CLASS  
06:00 PM Equipment: CRJ JET  
06:47 PM

Mile(s) Flown: 163



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

Invoice Number: [REDACTED]  
Date: May 20, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, May 26, 2015

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 26May15  
Seat(s): 09F  
AIR CANADA E

Flight: 8171 G CLASS  
07:00 PM Equipment: DH4  
07:52 PM

Mile(s) Flown: 163

**Cost:**

[REDACTED]	E-TKT	(CA [REDACTED])	293.00
		Tax:	74.96
		<b>Ticket Total:</b>	<b>367.96</b>

**Total:**

<b>Grand Total:</b>	367.96
<b>Less Credit Card Payments:</b>	367.96
<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.

*-People Strategy*

*-To XCC Comm.  
-P.A. - CKO  
-P.A for Dr. Pedy*

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: ALBE [REDACTED]  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: June 4, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For** [REDACTED]

MS BRENDA HUBAND

[REDACTED]

Monday, June 8, 2015

*✈ Air* ✓

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 08Jun15  
Seat(s): 09F  
AIR CANADA E

Flight: 8152 V CLASS  
04:30 PM Equipment: DH4  
05:20 PM

Mile(s) Flown: 163

[REDACTED]

Tuesday, June 9, 2015



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

Invoice Number: [REDACTED]  
Date: June 4, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, June 9, 2015

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 09Jun15  
Seat(s): 10F  
AIR CANADA E  
SEAT 9F NOT AVAILABLE

Flight: 8153 W CLASS  
06:00 PM Equipment: DH4  
06:52 PM

Mile(s) Flown: 163

**Cost:**

TKT-	[REDACTED]	E-TKT	(CA [REDACTED])	298.00
			Tax:	74.96
			<b>Ticket Total:</b>	<b>372.96</b>

**Total:**

	<b>Grand Total:</b>	372.96
	<b>Less Credit Card Payments:</b>	372.96
	<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.

*- Aborig Health - Weekly Impacts  
- Dr. Blair O'Neill  
- Exec Comm.  
- PRC  
- North / South Dyad*

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: ALBER [REDACTED]  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: June 9, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

For  
MS BRENDA HUBAND  
[REDACTED]

Monday, June 15, 2015 ✓

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 15Jun15

✓ Flight: 8164 G CLASS  
07:30 PM Equipment: D8 (300 SERIES)  
08:22 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA ([REDACTED])  
[REDACTED]

Tuesday, June 16, 2015

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

Invoice Number: [REDACTED]  
Date: June 9, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, June 16, 2015

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 16Jun15  
AIR CANADA F  
AIR CANADA  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8155 ✓ G CLASS  
07:30 PM Equipment: D8 (300 SERIES)  
08:24 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA [REDACTED]	(CA [REDACTED])	278.00
	Tax:	74.96
	<b>Ticket Total:</b>	<b>352.96</b> ✓

**Total:**

<b>Grand Total:</b>	352.96
<b>Less Credit Card Payments:</b>	352.96
<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.





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

Invoice Number: [REDACTED]  
Date: June 9, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Friday, June 19, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 19Jun15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9F

Flight: 8153 G CLASS  
06:00 PM Equipment: DH4  
06:51 PM

Mile(s) Flown: 163

**Cost:**

AIR CANADA WEB [REDACTED]	(CA [REDACTED])	288.00
	Tax:	74.96
	<b>Ticket Total:</b>	<b>362.96</b>

**Total:**

<b>Grand Total:</b>	362.96
<b>Less Credit Card Payments:</b>	362.96
<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.....  
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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  
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