

## Official Administrator and Executive Expense Report

**Name** Brian Stevenson  
**Title** Chief Program Officer, Capital Management  
**Location** Calgary  
 Expenses submitted during the month of November 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)
Nov-15	P-Card	Meetings			150	57	207			
Nov-15	Expense Claim	Meetings		86		32	118			
Nov-15	Direct Billing	Meetings	804				804			
<b>Total</b>			\$ 804	\$ 86	\$ 150	\$ 89	\$ 1,129	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,129

Maximum daily single meal expense claimed in the month \$ 54 2 people  
 Maximum daily base hotel rate claimed in the month \$ 134  
 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:**

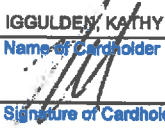



- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>STEVENSON, BRIAN</u> Cardholder's Name	<u>CHIEF PROGRAM OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/11/2015</u>
<u>CAPITAL MANAGEMENT</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$207.19</u>
<u>BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/11/2015	408830515	GRANDE PRAIRIE HOLIDAY, LODGING HOTELS, MOTELS, RESORTS	150.44	CAD	✓ 150.44	7.16		Hotel - Mig in Grande Prairie re: GPRH Capital Project
06/11/2015	408830516	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	42.50	CAD	✓ 42.50	2.02	.00	Parking - Edmonton Airport - flew to Grande Prairie for mig re: GPRH Capital Project
09/11/2015	408264178	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	✓ 14.25	.68		Parking - UAH - Edmonton Zone staff engagement session

✓  
pfb

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>IGGULDEN, KATHY</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Nov. 24/15</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>STEVENSON, BRIAN</u> Name of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Nov. 24/15</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Nov. 30/15</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>RHODES, DEBORAH</u> Name of Approver	<u>VP &amp; CHIEF FINANCIAL OFFICER</u> Approver Position/Title	
 Signature of Approver	<u>Nov. 30/2015</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

**(1) Hotel - Grande Prairie Holiday Inn Express**

**Mtg with physicians and clinical staff re: GPRH Capital Project – November 6/15**

GRANDE PRAIRIE HOLIDAY  
INN EXP  
10226 117 AVE  
GRANDE PRAIRIAB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/11/06  
TIME 9337 05:37:13  
RECEIPT NUMBER  
[REDACTED]

-----  
PRE-AUTH COMPLETION  
TOTAL

**\$150.44**  
-----

MasterCard  
A0000000041010

**APPROVED**

AUTH# [REDACTED] 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



11-06-15

<b>Brian Stevenson</b>	Folio No. :	██████████	Room No. :	██████████
	A/R Number :		Arrival :	<b>11-05-15</b>
	Company :		Departure :	<b>11-06-15</b>
	Membership No. :		Conf. No. :	██████████
	Invoice No. :		Rate Code :	██████████
			Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
11-05-15	*Accommodation	134.00	
11-05-15	Destination Marketing Fee	4.02	
11-05-15	GST Tax 5%	6.70	
11-05-15	Tourism Tax 4%	5.36	
11-05-15	DMF Tax GST	0.20	
11-05-15	DMF Tax Tourism	0.16	
11-06-15	Manual-Master Card ██████████		150.44
<b>Total</b>		<b>150.44</b>	<b>150.44</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Pomeroy Lodging LP o/a  
HOLIDAY INN EXPRESS GRANDE PRAIRIE  
10226 117 Avenue  
Grande Prairie, Alberta Canada T8V 7S5  
Telephone: (780) 814-9446 Fax: (780) 814-9684  
www.hiexpress.com  
GST855473310RT0012

(2) Parking - Edmonton International Airport - flew to Grande Prairie for mtg with physicians and clinical staff re: GPRH Capital Project - November 6/15

GST# R128599776  
Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5%  
POF 2nd Fl 06/11/15 16:33  
Receipt [REDACTED]  
Short-term parking tkt  
DL - No. [REDACTED]  
05/11/15 14:28  
06/11/15 16:57  
Period 1d2h30'  
(Tax) \$42.50  
Total \$42.50  
Payment Received  
MC \$42.50  
Merg [REDACTED]  
Auth [REDACTED]  
Type: Swiped  
Sub Total \$40.48  
Tax 5% \$2.02

0579A4FB - 1/1

(3) Parking - U of A Hospital - Attend Edmonton Zone staff engagement session - November 9/15

UNIVERSITY OF ALBERTA  
HOSPITAL - 83 AVE. PARKADE

UAH East Parkade Booth #2  
Rcpt# [REDACTED]  
11/09/15 11:35 L# 2 A# 2 Txn# [REDACTED]  
11/09/15 08:07 In 11/09/15 11:35 Out  
Tkt# [REDACTED]  
UAH 83 Ave \$ 14.25  
Total Fee \$ 14.25  
MASTER CARD \$ 14.25-Change Due  
\$ 0.00

Parking Rates are GST Exempt

Comments? - Email us:  
parkingedmonton@  
albertahealthservices.ca

AHS UAH PARKADE EASTII  
8440-112 STREET T6G2B7  
EDMONTON AB  
20733493

++++ PURCHASE +++++

11-09-2015 11:36:15  
Acct # [REDACTED] C  
Exp Date [REDACTED] Card Type MC  
Name: BRIAN STEVENSON  
A0000000041010 MasterCard

Trace [REDACTED]  
PS2073349301  
Auth # [REDACTED] RRN 001323011

Total \$14.25

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
STEVENSON, BRIAN	Chief Program Officer, Capital Management	Calgary	117.49

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/28/2015	To attend AHS Master Planning meeting		Mileage	2.02	SSP	UAH (one way)	To attend AHS Master Planning meeting	1			4
10/6/2015	To attend Joint Capital Steering Committee		Mileage	6.06	SSP	AI offices (round trip)	To attend Joint Capital Steering Committee	1			12
10/8/2015	To attend CCP Executive Steering Committee		Mileage	6.06	SSP	AI offices (round trip)	To attend CCP Executive Steering Committee	1			12
11/3/2015	To attend Joint Capital Steering Committee		Mileage	6.06	SSP	AI offices (round trip)	To attend Joint Capital Steering Committee	1			12
11/5/2015	Travel to Grande Paririe to attend GPRH Capital Project Meeting	AB - Other Zones	Meals - Dinner-Service Recipient	53.78			Travel to Grande Paririe to attend GPRH Capital Project Meeting (Sabrina McCormack also attended but Brian is not submitting her meal costs for reimbursement)	1	2	Brian Stevenson, Mike Linn	
11/6/2015	Travel to Grande Paririe to attend GPRH Capital Project Meeting		Meals Per Diem	11.60			Travel to Grande Paririe to attend GPRH Capital Project Meeting.Lunch	1			
11/9/2015	To attend CapM Edmonton Zone Staff Engagment Session		Mileage	2.02	UAH	SSP (one way)	To attend CapM Edmonton Zone Staff Engagment Session	1			4
11/19/2015	To attend CCP Executive Steering Committee		Mileage	6.06	SSP	AI offices (round trip)	To attend CCP Executive Steering Committee	1			12
11/23/2015	Travel to Calgary to attend CapM Calgary Zone Staff Engagement Session		Meals Per Diem	20.80			Travel to Calgary to attend CapM Calgary Zone Staff Engagement Session.Breakfast & Lunch	1			
11/24/2015	To attend CapM Central Zone Staff Engagement Session		Mileage	3.03	SSP	RAH (round trip)	To attend CapM Central Zone Staff Engagement Session	1			6
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		11-Dec-15							

Dinner in Grande Prairie - Nov 5/15

- In Grande Prairie to attend the GPRH Capital Project Meeting

- attendees at dinner: Brian Stevenson, Mike Linn and Sabrina McCormack (not claiming for Sabrina's meal cost as she is located in Grande Prairie)

Brian's meal (simple salmon)	\$19.99
Brian's drink (pop)	\$19.99
Mike's meal (simple salmon)	\$3.29
Mike's drink (pop)	\$3.29
Subtotal	\$46.56
GST	\$2.33
Tip (10%)	\$4.89
<b>Total claim</b>	<b>\$53.78</b>

\*\*\*\*\*  
 CHECK # [REDACTED] DATE 11/05/15  
 TABLE # [REDACTED] TIME 7:15PM  
 -----

-- RESTAURANT : [REDACTED] --  
 ITEMS ORDERED AMOUNT  
 2 SIMPLE SALMON 39.98  
 1 MIKEBURGER 12.99  
 3 POP 9.87

\*\*\*\*\*  
 SUBTOTAL 62.84  
 GST 3.13

-----  
 TOTAL DUE 65.97  
 -----

MR MIKE'S STEAKHOUSE &  
 BAR  
 10214 116 AVENUE  
 GRANDE PRAIRIE AB

CARD [REDACTED]  
 CARD TYPE MASTERCARD  
 DATE 2015/11/05  
 TIME [REDACTED]  
 SERV R ID [REDACTED]  
 CHECK # [REDACTED]  
 TABLE # [REDACTED] 11  
 RECEIPT NUMBER [REDACTED]

-----  
 PURCHASE AMOUNT \$65.97  
 TIP \$13.19  
 TOTAL

**\$79.16**  
 -----

MasterCard  
 A0000000041010  
 E363DC64F912E1D3  
 0000008000-E800  
 E6AB87F6F281AEC5

**APPROVED**

AUTH# [REDACTED] 01-027  
 THANK YOU

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 COPY FOR YOUR RECORDS

ASK ABOUT OUR GLUTEN FREE OPTIONS!

WE HAVE GLUTEN FREE "BARDS BEER"!

GST REG # 82581 0955 RT001  
 \*\*PLEASE PAY YOUR SERVER\*\*

WE HAVE GIFT CARDS!  
 NO EXPIRATION DATES!  
 GOOD AT ANY MR. MIKES!

\*\*\*\*\*

Enter a draw to win  
 a \$100 Mr. Mikes Gift Card  
 just for providing your review at  
[www.mymrmikesvisit.com](http://www.mymrmikesvisit.com)  
 or by calling 1-866-525-0617.

\*\*\*\*\* SURVEY ENTRY CODE \*\*\*\*\*  
 850307983

For complete rules, eligibility,  
 sweepstakes period and PREVIOUS WINNERS  
 please visit [www.mymrmikesvisit.com](http://www.mymrmikesvisit.com)  
 No purchase required to enter.  
 Sweepstakes sponsored by Empathica Inc.  
 across multiple international clients.

VALIDATION CODE: \_\_\_\_\_



## 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> Brian Stevenson	<b>Reporting Period for the Month of :</b> Nov-15
-------------------------------	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Oct-15	Direct Billing	Airline Ticket	Nov 5/15 - Edmonton to Grande Prairie round trip - Mtg with physicians and clinical staff re:GPRH Capital Project	Marlin Travel	437.24
13-Nov-15	Direct Billing	Airline Ticket	Nov 23/15 - Edmonton to Calgary round trip - Capital Management Calgary Zone staff engagement session	Marlin Travel	366.51
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 803.75</b>

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

Invoice Number

Date:

October 28, 2015

Page:

1/2

Our Reference:

## INVOICE

For

MR BRIAN L STEVENSON

Thursday, November 5, 2015

 Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: GRANDE PRAIRIE

Stops: 0 Arrival: 05Nov15

WESTJET ENCO

WESTJET CONFIRMATIC

Flight: 3126 M CLASS

04:05 PM Equipment: DH4

05:19 PM

Mile(s) Flown: 247

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

Invoice Number: [REDACTED]  
Date: October 28, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Friday, November 6, 2015

 Air

WESTJET AIRLINES  
From: GRANDE PRAIRIE  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 06Nov15  
WESTJET ENCO  
WESTJET CONFIRMATION [REDACTED]

Flight: 3142 Q CLASS  
03:35 PM Equipment: DH4  
04:41 PM  
Mile(s) Flown: 247

<b>Cost:</b>		
TK [REDACTED]	[REDACTED]	348.28
	<b>Tax:</b>	88.96
	<b>Ticket Total:</b>	<b>437.24</b>

<b>Total:</b>		
	<b>Grand Total:</b>	437.24
	<b>Less Credit Card Payments:</b>	437.24
	<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.

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: [REDACTED]  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
MR BRIAN L STEVENSON

**Monday, November 23, 2015**

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 23Nov15  
**Seat(s):** 12F  
AIR CANADA E

**Flight:** 8131 V CLASS  
06:20 AM **Equipment:** D8 (300 SERIES)  
07:14 AM

**Mile(s) Flown:** 163

 **Air**

WESTJET AIRLINES  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 23Nov15  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Flight:** 255 M CLASS  
04:28 PM **Equipment:** 73W  
05:20 PM

**Mile(s) Flown:** 163

**Cost:**

TKT- [REDACTED]	E-TKT	[REDACTED]	168.00
		<b>Tax:</b>	37.48
		<b>Ticket Total:</b>	<b>205.48</b>
TKT- [REDACTED]	E-TKT	[REDACTED]	111.55
		<b>Tax:</b>	49.48
		<b>Ticket Total:</b>	<b>161.03</b>

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

Invoice Number: [REDACTED]  
Date: November 13, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	366.51
<b>Less Credit Card Payments:</b>	366.51
<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  
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1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
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