

AHS Board and Executive Expense Report

Name Brian Stevenson
Title Chief Program Officer Capital Management
Location Edmonton
 Expenses submitted during the month of May 2016

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)
May-16	P-Card	Meetings			267	377	645	378		
May-16	Direct Billing	Meetings	1,621				1,621			
Total			\$ 1,621	\$ -	\$ 267	\$ 377	\$ 2,266	\$ 378	\$ -	\$ -

Total for the Month \$ 2,644

Maximum daily single meal expense claimed in the month \$ -
 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.

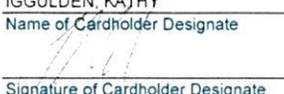
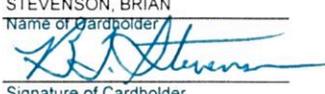
5) Remuneration, Allowances Reported in the Financial Statements

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

Instruction:			
<ul style="list-style-type: none"> • 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 			
STEVENSON, BRIAN	CHIEF PROGRAM OFFICER	Billing Reporting Period:	20/05/2016
Cardholder's Name	Cardholder's Position/Title		
CAPITAL MANAGEMENT	SEVENTH STREET PLAZA	Total Statement Amount:	\$1,022.66
Cardholder's Dept	Cardholder's Site/Location		
BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	██████████
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
(1) 25/04/2016	427068833	THE CANADIAN MEDICAL ASSOCIATION, MEMBERSHIP	378.00	CAD	378.00	18.90	00	Registration to attend one day (May 25) of CMBC 39 Conference in Calgary, AB
(2) 09/05/2016	428641399	CRYSTAL S CAB & COURIE, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.81	00	Taxi - Home to Edmonton airport - Meetings with new Senior Project Manager CCP - May 9/16
(3) 09/05/2016	428783802	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	49.10	CAD	49.10	2.34	00	Taxi - Calgary airport to CCP PMO offices - Meetings with new Senior Project Manager CCP - May 9/16
(4) 10/05/2016	429314978	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	92.00	CAD	92.00	4.38	00	Taxi - Edmonton airport to home - Meetings with new Senior Project Manager CCP - May 10/16
(5) 10/05/2016	429439141	CALGARY UNITED CABS, LIMOUSINES AND TAXICABS	38.45	CAD	38.45	1.83	00	Taxi - CCP PMO offices to Calgary airport - Meetings with new Senior Project Manager CCP - May 10/16
(6) 10/05/2016	429589560	CALGARY UNITED CABS, LIMOUSINES AND TAXICABS	11.05	CAD	11.05	.53	00	Taxi - Hotel to CCP PMO offices - Meetings with new Senior Project Manager CCP - May 10/16
(7) 11/05/2016	428923850	HAMPTON INN AND SUITES, LODGING HOTELS, MOTELS, RESORTS	146.17	CAD	146.17	00	00	Hotel - Hampton Inn, Calgary University - Meetings with new Senior Project Manager CCP - May 9-10/16
(8) 11/05/2016	429141455	ROYAL TAXI (LETHBRIDGE), LIMOUSINES AND TAXICABS	26.70	CAD	26.70	00	00	Taxi - Lethbridge airport to hotel - CapM South Zone Staff Engagement session - May 11/16
(9) 12/05/2016	429141454	HOLIDAY INN EXPRESS, HOLIDAY INNS	121.19	CAD	121.19	5.77	00	Hotel - Holiday inn Express, Lethbridge - CapM South Zone Staff Engagement session - May 11-12/16
(10) 20/05/2016	429940287	ST ALBERT TAXI, LIMOUSINES AND TAXICABS	80.00	CAD	80.00	3.81	00	Taxi - Home to Edmonton airport - CapM Calgary Zone Staff Engagement session - May 20/16

✓
PB

Signatures		
Cardholder Designate (if Applicable)		
By signing this statement		
<ul style="list-style-type: none"> • 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. 		
<u>IGGULDEN, KATHY</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>May 31/16</u> Date of Signature	
Cardholder		
By signing this statement		
<ul style="list-style-type: none"> • 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. 		
<u>STEVENSON, BRIAN</u> Name of Cardholder	<u>CHIEF PROGRAM OFFICER</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Jun 1, 2016</u> Date of Signature	
Approver Designate (if Applicable)		
By signing this statement		
<ul style="list-style-type: none"> • 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. 		
<u>BEST, SUSAN</u> Name of Approver Designate	<u>EXECUTIVE ASSISTANT</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>June 20, 2016</u> Date of Signature	
Approver		
By signing this statement		
<ul style="list-style-type: none"> • 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. 		
<u>RHODES, DEBORAH</u> Name of Approver	<u>VP & CHIEF FINANCIAL OFFICER</u> Approver Position/Title	
 Signature of Approver	<u>June 21/16</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach:	Address:	
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

(1) Registration to attend one day (May 25th) of CMBEC 39 Conference (Canadian Medical and Biological Engineering Society) in Calgary, AB

From: CMBES Secretariat <secretariat@cmbes.ca>
Sent: Monday, April 25, 2016 2:18 PM
To: Brian Stevenson
Cc: secretariat@cmbes.ca
Subject: Event Registration Confirmation from Canadian Medical Biological Engineering Society



Registration # [REDACTED]
Registration Date: 04/25/2016

Thanks for your registration, Brian L Stevenson! We have successfully received your registration.

Registrant Information:

E-mail Address: brian.stevenson@ahs.ca

Phone: brian.stevenson@ahs.ca

Billing Address:

Registration Grand Total: \$378.00

Registration Summary:

Registration # [REDACTED]
Event Name: 2016 CMBEC39 Conference
Summary: Registration fees include tax
Time: 05/24/2016 - 05/27/2016
Location: Hyatt Regency Calgary
City: Calgary
State: AB
Country: Canada

Attendee 1

Name: Mr. Brian L Stevenson
Email: brian.stevenson@ahs.ca
Company: Alberta Health Services
Title: Chief Program Officer, Capital Management
Event Admission: One day admission, regular, non-member (tax included) \$378.00 ✓
May 25, 2016: Conference Sessions:
Time: 05/25/2016

**Total for this
Registration: \$378.00**

(2) Taxi - Home to Edmonton airport - Meetings with new Senior Project Manager CCP - May 9/16

(3) Taxi - Calgary airport to CCP PMO offices - Meetings with new Senior Project Manager CCP - May 9/16

CRYSTAL'S CAB & COURIER
ST ALBERT, AB
ST ALBERT AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/05/09
TIME 5:201 05:27:05
RECEIPT NUMBER
[REDACTED]

PURCHASE
AMOUNT \$72.00
TIP \$8.00
TOTAL
\$80.00 ✓

MasterCard
A0000000041010
F289963A5D9D510A
0000008000-E800
B7985BA0EED74941

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID 4189233
TID: NZ169233 [REDACTED]
Batch # 137 S [REDACTED]
05/09/16 08:45:19
APPR CODE [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$44.10 ✓
TIP \$5.00
TOTAL \$49.10 ✓

00 - APPROVED - 001

MasterCard
AID: A0000000041010
TVR 00 00 00 80 00
TSI E8 00

THANK YOU

CUSTOMER COPY

(4) Taxi - Edmonton airport to home - Meetings with new Senior Project Manager CCP - May 10/16

(5) Taxi - CCP PMO offices to Calgary airport - Meetings with new Senior Project Manager CCP - May 10/16

AIRTEL SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/05/10
TIME [REDACTED]
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$83.
TAX \$9.
TOTAL \$92.00 ✓

MasterCard
A0000000041010
F2C1886AA3A2B7CF
0000008000-E800
D201CAB23CE7530C

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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

SALE

MID: 6367788 GST: 794386326RT0001
TID: BZ367788 REF#: 00000007
Batch #: 017 SEQ: 017001001007
05/10/16 13:50:27
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$34.45
TIP \$4.00
TOTAL \$38.45 ✓

00 - APPROVED - 001

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

CUSTOMER COPY

(6) Taxi - Hotel to CCP PMO offices - Meetings with new Senior Project Manager CCP - May 10/16

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

SALE

MID: 6367788 GST: 791386326RT0001
TID: D6367788
Batch #: 018 SE
05:10/16 07:45 25
APPR CODE: 094525
MASTERCARD

AMOUNT	\$10.05
TIP	\$1.00
TOTAL	\$11.05

00 - APPROVED - 001

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

CUSTOMER COPY

(8) Taxi - Lethbridge airport to hotel - CapM South Zone Staff Engagement session - May 11/16

ROYAL TAXI (LETHBRIDGE)
238 12B ST N
LETHBRIDGE AB T1H 2K7
TEL: 403-328-5333

TERM #
RECORD #
HOST INVOICE #
HOST SEQ #

CARD
CREDIT/MASTERCARD D
2016/05/11 19:38:55

PURCHASE	
AMOUNT	\$23.70
TIP	\$3.00
TOTAL	\$26.70

AUTH#: B:0008
HTS#: 20160511193910

00 TRANSACTION
APPROVED 000
THANK YOU

MasterCard
AID: A0000000041010
TC: 2C328E21CB48FB93
TVR: 0000008000
TSI: E800

CUSTOMER COPY



Hampton Inn & Suites by Hilton - Calgary University N.W.

2231 Banff Trail NW • Calgary, AB T2M 4L2
Phone (403) 289-9800 • Fax (403) 289-9200
www.hamptoncalgary.com

STEVENSON, BRIAN

name
address

room number: [REDACTED]
arrival date: 5/9/2016 4:42:00 PM
departure date: 5/10/2016
adult/child: 1/0
room rate: 134.10

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan:
HH # [REDACTED]
AL:
Car:

Confirmation Number [REDACTED]

5/10/2016

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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 association fails to pay for any part or the full amount of these charges. I have accepted delivery of the National Post. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature:

date	description	amount
5/9/2016	GUEST ROOM	\$134.10
5/9/2016	ROOM TAX	\$5.36
5/9/2016	GST 129123600 RT 0004	\$6.71
5/10/2016	MC [REDACTED]	(\$146.17)
	BALANCE	\$0.00

You have earned approximately 1197 Hilton HHonors points for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

Total Invoice Amount \$134.10 \$12.07

(7) Hotel - Hampton Inn, Calgary University - Meetings with new Senior Project Manager CCP - May 9-10/16

for reservations call **1.800.hampton** or visit us online at **hampton.com**

thanks.

account no. MC [REDACTED]	date of charge 5/10/2016	folio/check no. [REDACTED]
card member name STEVENSON, BRIAN	authorization [REDACTED]	initial
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-146.17





05-12-16

Brian Stevenson	Folio No. :		Room No. :	██████████
	A/R Number :		Arrival :	05-11-16
	Group Code :		Departure :	05-12-16
	Company :		Conf. No. :	██████████
	Membership No. :		Rate Code :	██████████
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
05-11-16	*Accommodation	109.00	
05-11-16	Destination Marketing Levy	2.18	
05-11-16	GST	5.56	
05-11-16	Tourism Levy	4.45	
05-12-16	MasterCard ██████████		121.19
Total		121.19	121.19
Balance		0.00	

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.

(9) Hotel - Holiday inn Express, Lethbridge - CapM South Zone Staff Engagement session - May 11-12/16

(10) Taxi - Home to Edmonton airport - CapM
Calgary Zone Staff Engagement session - May 20/16

ST. ALBERT TAXI
3A RAYBORN CRESCENT
ST. ALBERT AB T8N 5C5

TERM #
RECORD #
HOST INVOICE #
HOST SEQ #



*****DUPLICATE*****

CARD [REDACTED]
CREDIT/MASTERCARD D
2016/05/20 05:49:02

Purchase

AMOUNT \$72.00
TIP \$8.00
TOTAL \$80.00



AUTH: [REDACTED] B:0002
HTS: 20160520054934

TRANSACTION

APPROVED - 000

THANK YOU

VERIFIED BY PIN

MasterCard

AID: A0000000041010
TC: 210EB6C037DB0C9F
TUR: 0000008000
TSI: EB00

MERCHANT COPY

POWERED BY MONEX

WWW.MONEXGROUP.COM

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 : Brian Stevenson	Reporting Period for the Month of : May-16
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Apr-16	Direct Billing	Airline Ticket	May 20/16 - Edmonton to Calgary round trip - attend Capital Management Calgary Zone Staff Engagement Session	Marlin Travel	278.96
28-Apr-16	Direct Billing	Airline Ticket	May 24-25/16 - Edmonton to Calgary round trip - attend one day of CMBEC 39 Conference (Canadian Medical and Biological Engineering Society)	Marlin Travel	236.96
28-Apr-16	Direct Billing	Airline Ticket	May 11-12/16 - Edmonton to Lethbridge round trip - attend Capital Management South Zone Staff Engagement Session	Marlin Travel	658.37
02-May-16	Direct Billing	Airline Ticket	May 9-10/16 - Meetings with new Senior Project Manager CCP and CCP PMO project team	Marlin Travel	369.00
05-May-16	Direct Billing	Airline Ticket	May 10/16 return flight from Calgary - changed to an earlier flight	Marlin Travel	77.60
Total Paid in the Month					\$ 1,620.89

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: ASHLEY QUACH Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: April 27, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MR BRIAN L STEVENSON

Friday, May 20, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 20May16
AIR CANADA E

Flight: 8133 T CLASS
07:10 AM Equipment: D8 (300 SERIES)
08:05 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 20May16
AIR CANADA E

Flight: 8150 ECONOMY CLASS
03:25 PM Equipment: DH4
04:15 PM

Mile(s) Flown: 163

Cost:

TKT-	[REDACTED]	E-TKT	[REDACTED]	204.00
			Tax:	74.96
			Ticket Total:	278.96

Total:

Grand Total:	278.96
Less Credit Card Payments:	278.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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

Invoice Number: [REDACTED]
Date: April 27, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

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

Invoice Number: 4 [REDACTED]
Date: April 28, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MR BRIAN L STEVENSON

Tuesday, May 24, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 24May16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]

Flight: 8153 ECONOMY CLASS
06:00 PM Equipment: D8 (300 SERIES)
06:55 PM

Mile(s) Flown: 163

Wednesday, May 25, 2016

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 25May16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]

Flight: 8225 ECONOMY CLASS
06:15 PM Equipment: DH4
07:05 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED]	E-TKT	[REDACTED]	162.00
		Tax:	74.96
		Ticket Total:	236.96

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

Invoice Number: [REDACTED]
Date: April 28, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	236.96
Less Credit Card Payments:	236.96
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.

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

Invoice Number: [REDACTED]
Date: April 28, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: May 2, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MR BRIAN L STEVENSON

Monday, May 9, 2016

Air

AIR CANADA
Flight: 8133 W CLASS
From: EDMONTON INTL AB 07:10 AM Equipment: D8 (300 SERIES)
To: CALGARY AB 08:05 AM Mile(s) Flown: 163
Stops: 0 Arrival: 09May16
Seat(s): 07C
AIR CANADA E

Air

WESTJET AIRLINES
Flight: 145 M CLASS
From: CALGARY AB 04:50 PM Equipment: 736
To: EDMONTON INTL AB 05:39 PM Mile(s) Flown: 163
Stops: 0 Arrival: 09May16
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TKT- [REDACTED]	E-TKT	[REDACTED]	142.00
		Tax:	49.48
		Ticket Total:	191.48
TKT- [REDACTED]	E-TKT	[REDACTED]	128.04
		Tax:	49.48
		Ticket Total:	177.52

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

Invoice Number: [REDACTED]
Date: May 2, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	369.00
Less Credit Card Payments:	369.00
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
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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
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: N61107
Agent: TRINA MACAULEY Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: May 5, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
 MR BRIAN L STEVENSON

Tuesday, May 10, 2016

 **Air**

WESTJET AIRLINES **Flight:** 3243 Q CLASS
From: CALGARY AB 03:10 PM **Equipment:** DH4
To: EDMONTON INTL AB 04:03 PM **Mile(s) Flown:** 163
Stops: 0 **Arrival:** 10May16
 WESTJET ENCO

Cost:
 TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 77.60

Total:

	Grand Total:	77.60
	Less Credit Card Payments:	77.60
	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.

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

Invoice Number: [REDACTED]
Date: May 5, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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