

## AHS Board and Executive Expense Report

**Name** Brian Stevenson  
**Title** Chief Program Officer Capital Management  
**Location** Edmonton  
 Expenses submitted during the month of June 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) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Jun-16       | P-Card          | Meetings |         |       | 204           | 392          | 597          |                              |  |           |
| Jun-16       | Direct Billing  | Meetings | 698     |       |               |              | 698          |                              |  |           |
| <b>Total</b> |                 |          | \$ 698  | \$ -  | \$ 204        | \$ 392       | \$ 1,295     | \$ -                         | \$ -   | \$ -      |

**Total for the Month**      \$      1,295

Maximum daily single meal expense claimed in the month      \$      -  
 Maximum daily base hotel rate claimed in the month              \$      182  
 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:**

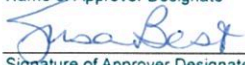
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

|   |  |                               |            |
|---|--|-------------------------------|------------|
| STEVENSON, BRIAN<br>Cardholder's Name                                   | CHIEF PROGRAM OFFICER<br>Cardholder's Position/Title | Billing Reporting Period:     | 20/06/2016 |
| CAPITAL MANAGEMENT<br>Cardholder's Dept                                 | SEVENTH STREET PLAZA<br>Cardholder's Site/Location   | Total Statement Amount        | \$596.63   |
| BRIAN.STEVENSON@ALBERTAHEALTHSERVICES.CA<br>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  |
|------------------|-----------|---|-----------------------|----------|--------------|------|---------|--|
| (1) 20/05/2016   | 430643045 | AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS             | 92.00                 | CAD      | 92.00        | 4.38 |         | Taxi - Edmonton airport to home - Calgary Zone CapM Staff Engagement Session - May 20/16                               |
| (2) 24/05/2016   | 430452365 | ASSOCIATED CAB/ALLIED LIMOUSINES AND TAXICABS             | 38.90                 | CAD      | 38.90        | 1.85 |         | Taxi - Calgary airport to hotel - CMBES39 Conference - May 24/16   |
| (3) 25/05/2016   | 430643046 | CHECKER CABS LTD, LIMOUSINES AND TAXICABS                 | 36.40                 | CAD      | 36.40        | 1.73 |         | Taxi - PLC to Calgary airport - Calgary Zone CapM Staff Engagement Session - May 20/16                                 |
| (4) 25/05/2016   | 430643047 | DELTA BOW VALLEY, DELTA HOTELS                            | 204.33                | CAD      | 204.33       | 0.00 |         | Hotel - Delta Bow Valley - CMBES39 Conference - May 25/16  |
| (5) 25/05/2016   | 430643048 | EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES | 50.00                 | CAD      | 50.00        | 2.38 | 00      | Parking - Edmonton Airport - CMBES39 Conference - May 24-25/16   |
| (6) 06/06/2016   | 431798776 | ST ALBERT TAXI, LIMOUSINES AND TAXICABS                   | 80.00                 | CAD      | 80.00        | 3.81 | 00      | Taxi - Home to Edmonton airport - Grande Prairie Regional College/Alberta Infrastructure mtg and site tour - June 6/16 |
| (7) 06/06/2016   | 431798777 | CAPITAL TAXI LTD, LIMOUSINES AND TAXICABS                 | 95.00                 | CAD      | 95.00        | 0.00 | 00      | Taxi - Edmonton airport to home - Grande Prairie Regional College/Alberta Infrastructure mtg and site tour - June 6/16 |

✓  
PAB

|  |   |             |
|--|---|-------------|
| <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><br>Name of Cardholder Designate   | <u>EXECUTIVE ASSISTANT</u><br>Cardholder Designate Position/Title   |             |
| <br>Signature of Cardholder Designate   | <u>July 22/16</u><br>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><br>Name of Cardholder  | <u>CHIEF PROGRAM OFFICER</u><br>Cardholder Position/Title   |             |
| <br>Signature of Cardholder   | <u>July 22/16</u><br>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>BEST, SUSAN</u><br>Name of Approver Designate   | <u>EXECUTIVE ASSISTANT</u><br>Approver Designate Position/Title   |             |
| <br>Signature of Approver Designate   | <u>Aug. 9/16</u><br>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><br>Name of Approver   | <u>VP &amp; CHIEF FINANCIAL OFFICER</u><br>Approver Position/Title  |             |
| <br>Signature of Approver   | <u>Aug. 9/16</u><br>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><br><br>Alberta Health Services<br>Accounts Payable<br>7th Street Plaza<br>10th Floor, North Tower, 10030-107 Street<br>Edmonton, AB T5J 3E4 |             |
| <b>Accounts Payable only:</b>  |   |             |
| Reference #: _____   | Reviewed by: _____  | Date: _____ |

(1) Taxi - Edmonton airport to home - Calgary Zone  
CapM Staff Engagement Session - May 20/16

(2) Taxi - Calgary airport to hotel - CMBES39  
Conference - May 24/16

AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/05/20  
TIME 6200 17:09:09  
INVOICE # [REDACTED]  
RECEIPT NUMBER  
[REDACTED]

-----  
PURCHASE  
AMOUNT \$83.00  
TIP \$9.00  
TOTAL

**\$92.00**  
-----

MasterCard  
A0000000041010  
302C35C0D23836F3  
0000008000-E800  
489254DC5DC2410F

**APPROVED**

AUTH# [REDACTED] 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 81274 7681 RT0001  
[REDACTED]

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

**SALE**

MID: 4189233  
TID: CR189233 REF#: [REDACTED]  
Batch #: 248 SEQ: 248001001013  
05/24/16 19:12:19  
APPR CODE: [REDACTED]  
MASTERCARD  
[REDACTED]

AMOUNT \$34.90  
TIP \$4.00  
TOTAL \$38.90

00 - APPROVED - 001

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

THANK YOU

CUSTOMER COPY

**(3) Taxi - PLC to Calgary airport - Calgary Zone CapM  
Staff Engagement Session - May 20/16**

**(5) Parking - Edmonton Airport - CMBES39  
Conference - May 24-25/16**

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

TERMINAL ID: [REDACTED]  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
GST ACCOUNT #: [REDACTED]  
TRIP NUMBER: 7405494  
PASSENGERS: 1

05/25/2016  
START: 16:05                      END: 16:36  
DISTANCE: 184.00                 RATE: 1

FARE AMOUNT:                    \$ 30.86


TAX AMOUNT:                     \$ 1.54  
TIP AMOUNT:                     \$ 4.00

**TOTAL :            \$ 36.40**

APPROVAL NUMBER : [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
(403)299-9999  
WWW.THECHECKERGROUP.COM



GST# R128599776  
Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5%

P3 North E 25/05/16 19:40  
Receipt [REDACTED]

Short-term parking tkt  
DL - No. 079327  
24/05/16 16:18  
26/05/16 16:17  
Period 2d0h0'  
(Tax)                                 \$50.00

Total                                 \$50.00

Payment Received  
MC [REDACTED]                     \$50.00

Type: Swiped

Sub Total                            \$47.62  
Tax                                    5%                                 \$2.38

88800499 - 1/1



BOW VALLEY

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
 Tel: 403-266-1980 Fax: 403-205-5460

GOVT CDA  
 Brian Stevenson  
 Canada

Room: XXXXXXXXXX  
 Folio:  
 Cashier: 137  
 Arrival: 05-24-16  
 Departure: 05-25-16

| Date               | Description                     | Additional Information | Charges       | Credits       |
|--------------------|---------------------------------|------------------------|---------------|---------------|
| 05-24-16           | Room Charge                     |                        | 182.00        |               |
| 05-24-16           | Destination Marketing Fee (DMF) |                        | 5.46          |               |
| 05-24-16           | Rooms - Federal Tax - GST       |                        | 9.37          |               |
| 05-24-16           | Tourism Levy                    |                        | 7.50          |               |
| 05-25-16           | Master Card                     |                        |               | 204.33        |
| <b>Total</b>       |                                 |                        | <b>204.33</b> | <b>204.33</b> |
| <b>Balance Due</b> |                                 |                        | <b>0.00</b>   | <b>CDN</b>    |

GST Summary

Registration No: 826085417

Room 9.37

F&amp;B 0.00

Other 0.00

**Total 9.37**

**(4) Hotel - Delta Bow Valley - CMBES39 Conference - May 25/16**

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

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

(6) Taxi - Home to Edmonton airport - Grande Prairie  
Regional College/Alberta Infrastructure mtg and site  
tour - June 6/16

(7) Taxi - Edmonton airport to home - Grande Prairie  
Regional College/Alberta Infrastructure mtg and site  
tour - June 6/16

ST. ALBERT TAXI  
3A RAYBORN CRESCENT  
ST. ALBERT AB T8N 4A9

TERM # 40472601  
RECORD # 002806  
HOST INVOICE # [REDACTED]  
HOST SEQ # 1008354

CARD [REDACTED]  
CREDIT/MASTERCARD D  
2016/06/06 06:13:30

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

AUTH# [REDACTED] B:0001  
HTS: 20160606061433

**TRANSACTION**  
**APPROVED - 000**

THANK YOU

MasterCard  
AID: A0000000041010  
TC: 27A4FB8E7D8C97F7  
TUR: 0000008000  
TSI: E800

CUSTOMER COPY

POWERED BY MONEX

WWW.MONEXGROUP.COM

CAPITAL TAXI LTD  
9762 54 W E HW UNIT  
EDMONTON AB T6E 0A9  
TEL: 780-467-3679 ext#799

Term Id: 78003492  
Invoice # [REDACTED]  
MCRD PURCHASE  
CREDIT  
App Lab MasterCard  
AID: A0000000041010  
TUR: 0000008000  
TSI: E800

AMOUNT \$85.00  
TAX \$10.00  
TOTAL \$95.00

AMOUNT \$85.00  
TAX \$10.00  
TOTAL \$95.00

Tip is required

Auth [REDACTED]  
TC: 1A1237B2407140Z  
TS: 20160606181253  
Date: 2016/06/06 Time: 18:12:45

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

## 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> Jun-16 |
|-------------------------------|---|

| DD-MMM-YY                      | Payment Method | Category                   | Description/Purpose of the Expense  | Name of Vendor             | Amount Paid      |
|--------------------------------|----------------|----------------------------|---|----------------------------|------------------|
| 27-May-16                      | Direct Billing | Airline Ticket             | June 6/16 - Edmonton to Grande Prairie round trip - attend Grande Prairie Regional College/Alberta Infrastructure mtg and site tour | Marlin Travel              | 336.96           |
| 17-Jun-16                      | Direct Billing | Airline Ticket             | June 22/16 - Edmonton to Calgary - Calgary Cancer Project Industry Information Mtg & Albert Children's Hospital Foundation Dinner   | Marlin Travel              | 188.48           |
| 17-Jun-16                      | Direct Billing | Airline Ticket             | June 22/16 - Calgary to Edmonton - Calgary Cancer Project Industry Information Mtg & Albert Children's Hospital Foundation Dinner   | Marlin Travel              | 172.67           |
|                                | Direct Billing | Choose from Drop-down List |   | Choose from Drop-down List |                  |
|                                | Direct Billing | Choose from Drop-down List |   | Choose from Drop-down List |                  |
| <b>Total Paid in the Month</b> |                |                            |   |                            | <b>\$ 698.11</b> |



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:** May 27, 2016  
**Page:** 1/2  
**Our Reference:** [REDACTED]

# INVOICE

**For**  
 MR BRIAN L STEVENSON

**Monday, June 6, 2016**

 **Air**

|   |                     |                                   |                           |
|---|---------------------|-----------------------------------|---------------------------|
| AIR CANADA                              | <b>Flight:</b> 8363 | T CLASS                           |                           |
| <b>From:</b> EDMONTON INTL AB           | 08:25 AM            | <b>Equipment:</b> D8 (300 SERIES) |                           |
| <b>To:</b> GRANDE PRAIRIE               | 09:36 AM            |                                   | <b>Mile(s) Flown:</b> 247 |
| <b>Stops:</b> 0 <b>Arrival:</b> 06Jun16 |                     |                                   |                           |
| AIR CANADA E                            |                     |                                   |                           |

 **Air**

|   |                     |                                   |                           |
|---|---------------------|-----------------------------------|---------------------------|
| AIR CANADA                              | <b>Flight:</b> 8366 | T CLASS                           |                           |
| <b>From:</b> GRANDE PRAIRIE             | 04:25 PM            | <b>Equipment:</b> D8 (300 SERIES) |                           |
| <b>To:</b> EDMONTON INTL AB             | 05:33 PM            |                                   | <b>Mile(s) Flown:</b> 247 |
| <b>Stops:</b> 0 <b>Arrival:</b> 06Jun16 |                     |                                   |                           |
| AIR CANADA E                            |                     |                                   |                           |

**Cost:**

|                 |       |                      |               |
|-----------------|-------|----------------------|---------------|
| TKT- [REDACTED] | E-TKT | [REDACTED]           | 272.00        |
|                 |       | <b>Tax:</b>          | 64.96         |
|                 |       | <b>Ticket Total:</b> | <b>336.96</b> |

**Total:**

|  |        |
|--|--------|
| <b>Grand Total:</b>                          | 336.96 |
| <b>Less Credit Card Payments:</b>            | 336.96 |
| <b>Credit / Balance Due To This Invoice:</b> | 0.00   |
| <b>Total Balance Due:</b>                    | 0.00   |

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

**Invoice Number:** [REDACTED]  
**Date:** May 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](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: N61107  
Agent: CASANDRA WAGNER Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: June 17, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

MR BRIAN L STEVENSON

Wednesday, June 22, 2016

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 22Jun16  
Seat(s): 10C  
AIR CANADA E

Flight: 8580 W CLASS  
06:00 AM Equipment: DH4  
06:50 AM

Mile(s) Flown: 163

### Cost:

|                                 |                             |
|---------------------------------|-----------------------------|
| TKT-[REDACTED] E-TKT [REDACTED] | 151.00                      |
|                                 | Tax: 37.48                  |
|                                 | <b>Ticket Total: 188.48</b> |

### Total:

|  |        |
|--|--------|
| <b>Grand Total:</b>                          | 188.48 |
| <b>Less Credit Card Payments:</b>            | 188.48 |
| <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:.....

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

**Invoice Number:**



**Date:**

**June 17, 2016**

**Page:**

**2/2**

**Our Reference:**



## **I N V O I C E**

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:** N61107  
**Agent:** CASANDRA WAGNER Tel: 780-425-8611

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

**Invoice Number:** [REDACTED]  
**Date:** June 17, 2016  
**Page:** 1/2  
**Our Reference:** [REDACTED]

# INVOICE

**For**  
 MR BRIAN L STEVENSON

Wednesday, June 22, 2016

 **Air**

WESTJET AIRLINES **Flight:** 187 M CLASS  
**From:** CALGARY AB 11:05 PM **Equipment:** 736  
**To:** EDMONTON INTL AB 11:54 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 22Jun16

**Cost:**

|                 |       |                      |               |
|-----------------|-------|----------------------|---------------|
| TKT- [REDACTED] | E-TKT | [REDACTED]           | 123.19        |
|                 |       | <b>Tax:</b>          | 49.48         |
|                 |       | <b>Ticket Total:</b> | <b>172.67</b> |

**Total:**

|  |        |
|--|--------|
| <b>Grand Total:</b>                          | 172.67 |
| <b>Less Credit Card Payments:</b>            | 172.67 |
| <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.....

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

**Invoice Number:** [REDACTED]  
**Date:** June 17, 2016  
**Page:** 2/2  
**Our Reference:** [REDACTED]

## **I N V O I C E**

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).