

Official Administrator and Executive Expense Report

Name Carmel Turpin
Title VP Community Engagement & Communications
Location Edmonton
 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				252	252			
Nov-15	Expense Claim	Meetings					-			329
Nov-15	Direct Billing	Meetings	1,495				1,495			
Total			\$ 1,495	\$ -	\$ -	\$ 252	\$ 1,747	\$ -	\$ -	\$ 329

Total for the Month \$ 2,076

Maximum daily single meal expense claimed in the month
 Maximum daily base hotel rate claimed in the month \$ 162
 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>TURPIN, CARMEL</u>	<u>VP COMM. ENGAGE & COMMS</u>	Billing Reporting Period:	<u>20/11/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>COPROSTATE</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$251.60</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>CARMEL.TURPIN@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
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 12/11/2015	409493610	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	✓ 65.90	CAD	65.90	3.14		Nov. 12/15 - Taxi Fare Southport to Calgary Airport for flight to Edmonton ✓
② 12/11/2015	409493611	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	✓ 60.60	CAD	60.60	2.89		Nov. 12/15 - Taxi Fare from Calgary Airport to Southport to attend SL Planning Session
③ 18/11/2015	410256312	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	✓ 66.50	CAD	66.50	3.17	.00	Nov. 18/15 - Taxi Fare from Cal Airport to Southport for CE Interviews ✓
④ 18/11/2015	410256313	ASSOCIATED CAB, LIMOUSINES AND TAXICABS	✓ 58.60	CAD	58.60	2.79		Nov. 18/15 - Taxi Fare from Southport to Cal Airport for flight to Edmonton

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.

Nella Turliane
Name of Cardholder Designate

Executive Assistant
Cardholder Designate Position/Title

Nella Turliane
Signature of Cardholder Designate

Nov. 25, 2015
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.

TURPIN, CARMEL
Name of Cardholder

VP COMM. ENGAGE & COMMS
Cardholder Position/Title

Carmel Turpin
Signature of Cardholder

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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.

Vickie Kaminski
Name of Approver

Assistant + CEO
Approver Position/Title

Vickie Kaminski
Signature of Approver

Dec 7, 2015
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
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

 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: _____

Nov. 12/15 - Communications Strategy Runny P-Card

Pcard

Calgary Airport to Southport

2

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

SALE

MID: 4189233
TID: BY189233 REF#: [REDACTED]
Batch # [REDACTED] SEQ: 072001001007
11/12/15 16:54:39
APPR CODE: [REDACTED]
MASTERCARD

AMOUNT \$55.60
TIP \$5.00
TOTAL \$60.60 ✓

00 - APPROVED - 001

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

THANK YOU

CUSTOMER COPY

1

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

Southport to Calgary Airport

SALE

MID: 4189233
TID: BY189233 REF#: [REDACTED]
Batch #: 072 SEQ: 072001001003
11/12/15 08:32:37
APPR CODE: [REDACTED]
MASTERCARD

AMOUNT \$60.90
TIP \$5.00
TOTAL \$65.90 ✓

00 - APPROVED - 001

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

Pcard

THANK YOU

CUSTOMER COPY

Nov 18/15 - Interview for ED Community Engagement - Pcard

③

Pcard

Calgary Airport to Southport

ASSOCIATED CAB INC LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/11/18
PICK-UP TIME: 08:47
DROP-OFF TIME: 09:34
TRIP ID: 0
LOCATION: 073000-45024183707
CAR NUMBER: 0079
DRIVER: 910668
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 61.50
EXTRA (\$): 0.00
SUBTTL (\$): 61.50

TIP (\$): 5.00

TOTAL (\$): 66.50 ✓

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

Southport
to
Calgary Airport ④

Pcard

ASSOCIATED CAB
404-35 AVENUE N E T2E2K7
CALGARY AB
22143180

|||| PURCHASE ||||

11-18-2015 15:12:05
Acct # [REDACTED] C
Exp Dat [REDACTED] Card Type MC
Name: CARMEL TURPIN
A0000000041010 MasterCard

Trace [REDACTED]
K22143180422
Inv. [REDACTED]
Auth [REDACTED] RRN 001001340

Purchase \$53.60
Tip \$5.00
Total \$58.60 ✓

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

ASSOCIATED CAB INC
387-41 AVE NE
CALGARY AB T2E2K7

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
TURPIN, CARMEL	VP Community Engagement & Communications	Edmonton	329.18

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/1/2015	ELT Retreat	AB - Other Zones	Other	119.54			ELT retreat related expense, amount includes accommodations and associated meeting expenses which were shared out between all ELT members.	1			
11/2/2015	ELT Retreat	AB - Other Zones	Other	200.44				1			
11/1/2015	ELT Retreat		Other - Meal Per Diem, Breakfast	9.20				1			

Approver(s) for the claim	Approval Status	Approval Date
KAMINSKI, VICTORIA	Approve	9-Nov-15

Stoneridge Resort
 30 Lincoln Park
 Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Carmel Trupin

[Redacted]
 Canada

Room	Folio	CheckIn	CheckOut	Balance
[Redacted]	[Redacted]	11/01/15	11/03/15	-0.01
First Night				

Date	Room	Description / Voucher	Charges	Credits	Balance
11/03/15	[Redacted]	Room Taxable	212.96	0.00	212.96
11/03/15	[Redacted]	Resort Fee - 3%	6.39	0.00	219.35
11/03/15	[Redacted]	Alberta Tourism Levy - 4%	8.77	0.00	228.12
11/03/15	[Redacted]	GST - 5%	10.97	0.00	239.09
11/03/15	[Redacted]	[Redacted]	0.00	119.55	119.54
11/03/15	[Redacted]	[Redacted]	0.00	119.55	-0.01
		Balance Due			-0.01

Summary and Taxes

Taxable Sales	212.96
Resort Fee - 3%	6.39
Alberta Tourism Levy - 4%	8.77
GST - 5%	10.97

\$ 119.54

Personal Visa

claiming only \$ 119.54

ELT Retreat related expense disclosed under "Other"

Stoneridge Resort

30 Lincoln Park
Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Carmel Trupin



Canada

Room	Folio	Checkin	CheckOut	Balance
		11/01/15	11/03/15	0.00
Master Folio		Meeting Room Package Executive		

Date	Room	Description / Voucher	Charges	Credits	Balance
11/01/15		Meeting Room Package Executive	367.00	0.00	367.00
11/01/15		GST	18.67	0.00	385.67
11/01/15		Resort Fee	6.41	0.00	392.08
11/01/15		Alberta Tourism Levy	8.80	0.00	400.88
11/03/15			0.00	200.44	200.44
11/03/15			0.00	200.44	0.00
		Balance Due			0.00

Summary and Taxes

Taxable Sales	367.00
Resort Fee - 3%	6.41
Alberta Tourism Levy - 4%	8.80
GST - 5%	18.67

\$ 200.44

Personal Visa

claiming only \$200.44

The room package includes base rate of \$161.46 per night, meals and meeting room usage with visual/audio supplies/equipment disclosed under "Other"

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 : Carmel Turpin	Reporting Period for the Month of Nov-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-Oct-15	Direct Billing	Airline Ticket	Flight - Edmonton to Calgary and return Nov. 2 (Invoice Number ██████ Attended Foundations Leadership Forum and Executive Leadership Team Retreat.	Marlin Travel	335.18
12-Nov-15	Direct Billing	Airline Ticket	Flight - Edmonton to Calgary and return Nov.13 (Invoice Number ██████) Planning Session with Sr Leaders for Community Engagement and Communications. Changed Nov.13 return flight to Nov.12. Credit on File (\$150.00) will be used for future travels.	Marlin Travel	344.48
12-Nov-15	Direct Billing	Airline Ticket	Flight - Calgary to Edmonton (Invoice Number: ██████ Changed Flight to return Nov. 12 instead of Nov. 13. Credit (\$150.00) will be used for future travel.	Marlin Travel	201.28

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
18-Nov-15	Direct Billing	Airline Ticket	Flight - Edmonton to Calgary and return (Invoice Number: [REDACTED] Interviews for Executive Director, Community Engagement	Marlin Travel	229.91
26-Nov-15	Direct Billing	Airline Ticket	Flight - Edmonton to Calgary and return (Invoice Number: [REDACTED] Interviews for Executive Director, Community Engagement	Marlin Travel	384.47
Total Paid in the Month					\$ 1,495.32

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: October 8, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN

Thursday, October 29, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 29Oct15
AIR CANADA E
SEAT 6C - TURPIN/CARMEL MS
TICKET NUMBER [REDACTED]

Flight: 8153 G CLASS
06:00 PM Equipment: D8 (300 SERIES)
06:52 PM

Mile(s) Flown: 163

Tuesday, November 3, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 03Nov15
AIR CANADA E
SEAT 6C - TURPIN/CARMEL MS
TICKET NUMBER [REDACTED]

Flight: 8172 G CLASS
05:30 PM Equipment: D8 (300 SERIES)
06:24 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	260.22
	Tax:	74.96
	Ticket Total:	335.18

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

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

INVOICE

Total:

Grand Total:	335.18
Less Credit Card Payments:	335.18
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]
Agent: [REDACTED]

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

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

INVOICE

For

MS CARMEL TURPIN

Thursday, November 12, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 12Nov15
AIR CANADA E
SEAT 5C - TURPIN/CARMEL MS
AIR CANADA CONFIRMATION [REDACTED]

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

Mile(s) Flown: 163

Friday, November 13, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 13Nov15
AIR CANADA E
SEAT 8C - TURPIN/CARMEL MS
AIR CANADA CONFIRMATION [REDACTED]

Flight: 8150 G CLASS
04:35 PM Equipment: DH4
05:25 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	269.52
	Tax:	74.96
	Ticket Total:	344.48

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

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

INVOICE

Total:

Grand Total:	344.48
Less Credit Card Payments:	344.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: November 12, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN

Thursday, November 12, 2015

 Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 12Nov15
WESTJET [REDACTED]
WESTJET [REDACTED]

Flight: 3291 ECONOMY CLASS
06:45 PM Equipment: DH4
07:42 PM Mile(s) Flown: 163

Cost:
TKT-[REDACTED] E-TKT [REDACTED] 151.80

Tax: 49.48
Ticket Total: 201.28

Total:

Grand Total: 201.28
Less Credit Card Payments: 201.28
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 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: [REDACTED]
Date: November 12, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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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24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
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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: November 13, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN

Wednesday, November 18, 2015

 Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 18Nov15

Flight: 104 M CLASS
07:45 AM Equipment: 73W
08:44 AM

Mile(s) Flown: 163

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 18Nov15

Flight: 8150 W CLASS
04:35 PM
05:25 PM

Cost:

TKT [REDACTED] E-TKT	[REDACTED]	118.34
	Tax:	49.48
	Ticket Total:	167.82
AIR CANADA WEB [REDACTED]	[REDACTED]	12.09
	Tax:	50.00
	Ticket Total:	62.09

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:

Grand Total:	229.91
Less Credit Card Payments:	229.91
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: November 24, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS CARMEL TURPIN

Thursday, November 26, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 26Nov15
AIR CANADA E
SEAT 6C - TURPIN/CARMEL MS
TICKET NUMBER [REDACTED]

Flight: 8139 Q CLASS
09:20 AM Equipment: D8 (300 SERIES)
10:14 AM Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 26Nov15
AIR CANADA E
SEAT 10C - TURPIN/CARMEL MS
TICKET NUMBER [REDACTED]

Flight: 8150 V CLASS
04:35 PM Equipment: DH4
05:25 PM Mile(s) Flown: 163

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	309.51
	Tax:	74.96
	Ticket Total:	384.47

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

Invoice Number: [REDACTED]
Date: November 24, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	384.47
Less Credit Card Payments:	384.47
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.