

AHS Board and Executive Expense Report

Name Carmel Turpin
Title VP Community Engagement & Communications
Location Edmonton
 Expenses submitted during the month of December 2015

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)
Dec-15	P-Card	Meetings				576	576			
Dec-15	Expense Claim	Meetings		120			120			
Dec-15	Direct Billing	Meetings	425				425			
Total			\$ 425	\$ 120	\$ -	\$ 576	\$ 1,121	\$ -	\$ -	\$ -

Total for the Month \$ 1,121

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ -
 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.

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 Turliano
Name of Cardholder Designate

Executive Assistant
Cardholder Designate Position/Title

Nella Turliano
Signature of Cardholder Designate

January 8, 2016
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

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.

Verna Yin
Name of Approver

[Signature]
Signature of Approver

Interim President & CEO
Approver Position/Title

Jan 14 / 16
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: _____

Nella Turlione

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Sunday, November 22, 2015 1:15 AM
To: Nella Turlione; Carmel Turpin
Subject: Fwd: Transaction Receipt - Do Not Reply

Carmel Turpin
Oct.29/2015
SSP>Ap

INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID [REDACTED]
CUSTOMER ID Carmel Turpin
CARD NUM [REDACTED]
ACCOUNT MASTERCARD

DATE Nov 22 2015 01:13AM
REF NUM [REDACTED]
✓ AUTH CODE [REDACTED]

*Taxi- SSP to EIA
Oct 30- Foundations
Leadership Forum in
Calgary*

AMOUNT (CAD) -----
\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada
www.moneris.com 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:

Attend Communications

Carmel Turpin

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Sunday, November 22, 2015 2:34 AM
To: Nella Turlione; Carmel Turpin
Subject: Fwd: Transaction Receipt - Do Not Reply

Portfolio Strategy Meeting - Calgary

-Carmel Turpin

Nov. 12/2015

Res>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Carmel Turpin
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Nov 22 2015 02:30AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

Taxi - Home to EIA
Nov. 12 - Communications Portfolio Strategy meeting in Calgary

AMOUNT (CAD)	\$72.00
--------------	---------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

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

www.moneris.com 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:

Nella Turlione

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Sunday, November 22, 2015 2:34 AM
To: Nella Turlione; Carmel Turpin
Subject: Fwd: Transaction Receipt - Do Not Reply

Carmel Turpin
Nov.12/2015
Ap>res

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Carmel Turpin
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Nov 22 2015 02:31AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

*Taxi - FIA to home - return
from Calgary - comms. strategy
meeting Nov. 12/15*

AMOUNT (CAD)

\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada
www.moneris.com 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:
<https://www.moneris.com/unsubscribe>

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

Nella Turlione

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Sunday, November 22, 2015 2:35 AM
To: Nella Turlione; Carmel Turpin
Subject: Fwd: Transaction Receipt - Do Not Reply

Carmel Turpin
Nov.18/2015
Res>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Carmel Turpin	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	<i>Taxi - Home to EIA Community Engagement interviews Southport</i>
DATE	Nov 22 2015 02:31AM	
REF NUM	[REDACTED]	
AUTH CODE	[REDACTED]	
AMOUNT (CAD)		----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada
www.moneris.com 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:

Nella Turlione

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Sunday, November 22, 2015 2:35 AM
To: Nella Turlione; Carmel Turpin
Subject: Fwd: Transaction Receipt - Do Not Reply

Carmel Turpin
Nov.18/2015
Ap>res

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Carmel Turpin
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Nov 22 2015 02:32AM
REF NUM	[REDACTED]
✓AUTH CODE	[REDACTED]

*Taxi - EIA to home
return from Calgary -
comms. interviews*

AMOUNT (CAD)	----- \$72.00 -----
--------------	---------------------------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada
www.moneris.com 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:

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

216 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

SALE

MID: 4189233
TIC: ET189233 REF#: [REDACTED]
Batch #: 005 SEQ: 005001004
12/06/15 19:21:35
APPR CODE: 212135
MASTERCARD

AMOUNT \$57.30
TIP \$8.60
TOTAL \$65.90

00 - APPROVED - 001

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

THANK YOU

CUSTOMER COPY

Taxi - Calgary Airport
to Delta South Hotel
IAP2 Training Session
Dec. 7-10/15

TERMINAL ID: 314 652 150
MERCHANT ID: 432765Y1
VEHICLE ID: 0476
DRIVER ID: 2990
GST ACCOUNT #: 863978925
TRIP NUMBER: 5634112
PASSENGERS: 1

12/10/2015
START: 16:15
END: 16:15
RATE: 1

FARE AMOUNT: \$ 56.00

TAX AMOUNT: \$ 2.80
TIP AMOUNT: \$ 8.60
TOTAL: \$ 67.62

MASTERCARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

THANK YOU
1-800-299-9999
WWW.THECHECKERGROUP.COM



Taxi from Southport
office to Calgary Airport
Flight to Edmonton

216 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

TERMINAL ID: 314-665-922
MERCHANT ID: 4M32765J
VEHICLE ID: 0476
DRIVER ID: 2990
GST ACCOUNT #: 863978925
TRIP NUMBER: 5634112
PASSENGERS: 1

12/10/2015
START: 08:06
END: 08:11
RATE: 1

FARE AMOUNT: \$ 5.71

TAX AMOUNT: \$ 0.29
TIP AMOUNT: \$ 4.00

TOTAL : \$ 10.00

MASTERCARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

THANK YOU
1-800-299-9999
WWW.THECHECKERGROUP.COM



\$10.00

Taxi - Delta South Hotel
to Southport office
attend IAP2 training

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> Cardholder's Name	<u>VP COMM. ENGAGE & COMMS</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2016</u>
<u>COPRORATE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$72.00</u>
<u>CARMEL.TURPIN@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/12/2015	413599420	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi - EIA to Home return from Calgary - IAP2 training
20/12/2015	413599421	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transaction charged in error
22/12/2015	413914490	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	-72.00	CAD	-72.00	-3.43		Re Fund

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>Nella Turdione</u> <small>Name of Cardholder Designate</small>	<u>Executive Assistant</u> <small>Cardholder Designate Position/Title</small>	
<u>N. Turdione</u> <small>Signature of Cardholder Designate</small>	<u>Jan. 29 2016</u> <small>Date of Signature</small>	
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>TURPIN, CARMEL</u> <small>Name of Cardholder</small>	<u>VP COMM. ENGAGE & COMMS</u> <small>Cardholder Position/Title</small>	
<u>[Signature]</u> <small>Signature of Cardholder</small>	<u>[Date]</u> <small>Date of Signature</small>	
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>[Name]</u> <small>Name of Approver Designate</small>	<u>[Position]</u> <small>Approver Designate Position/Title</small>	
<u>[Signature]</u> <small>Signature of Approver Designate</small>	<u>[Date]</u> <small>Date of Signature</small>	
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>Dr. Verna Hill</u> <small>Name of Approver</small>	<u>Interim President & CEO</u> <small>Approver Position/Title</small>	
<u>[Signature]</u> <small>Signature of Approver</small>	<u>Feb 2 / 2016</u> <small>Date of Signature</small>	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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: • 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	
<small>Accounts Payable only</small>		
Reference #: _____	Reviewed by: _____	Date: _____

Nella Turlione

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Sunday, December 20, 2015 7:02 PM
To: Carmel Turpin; Nella Turlione
Subject: Fwd: Transaction Receipt - Do Not Reply

Carmel Turpin
Dec.10/2015
Ap>res

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Carmel Turpin
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 06:28PM
REF NUM	[REDACTED]
✓ AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
TURPIN, CARMEL	VP Community Engagement & Communications	Edmonton	119.80

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/7/2015	IAP2 Training		Meals Per Diem	119.80			Attend IAP2 Training in Calgary. 7 th Dec 2015 to 10 Dec 2015 - Breakfast & Dinner	4			
Approver(s) for the claim		Approval Status		Approval Date							
KAMINSKI, VICTORIA		Approve		15-Dec-15							

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 : Dec-15
-----------------------------	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
07-Dec-15	Direct Billing	Airline Ticket	Flight - Edmonton to Calgary and return Dec. 10 (Invoice Number: █████) Attended IAP2 Four day Training Session Dec.7,8,9, & 10.	Marlin Travel	344.48
10-Dec-15	Direct Billing	Airline Ticket	Flight - Edmonton to Calgary (Invoice █████) Change Fee for return flight - Attended IAP2 meeting	Marlin Travel	62.37
12-Jan-16	Direct Billing	Airline Ticket	Airline Tax for cancellation flight to Calgary, Jan. 12, 2016 - reference number █████	Marlin Travel	18.40
Total Paid in the Month					\$ 425.25

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 23, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN

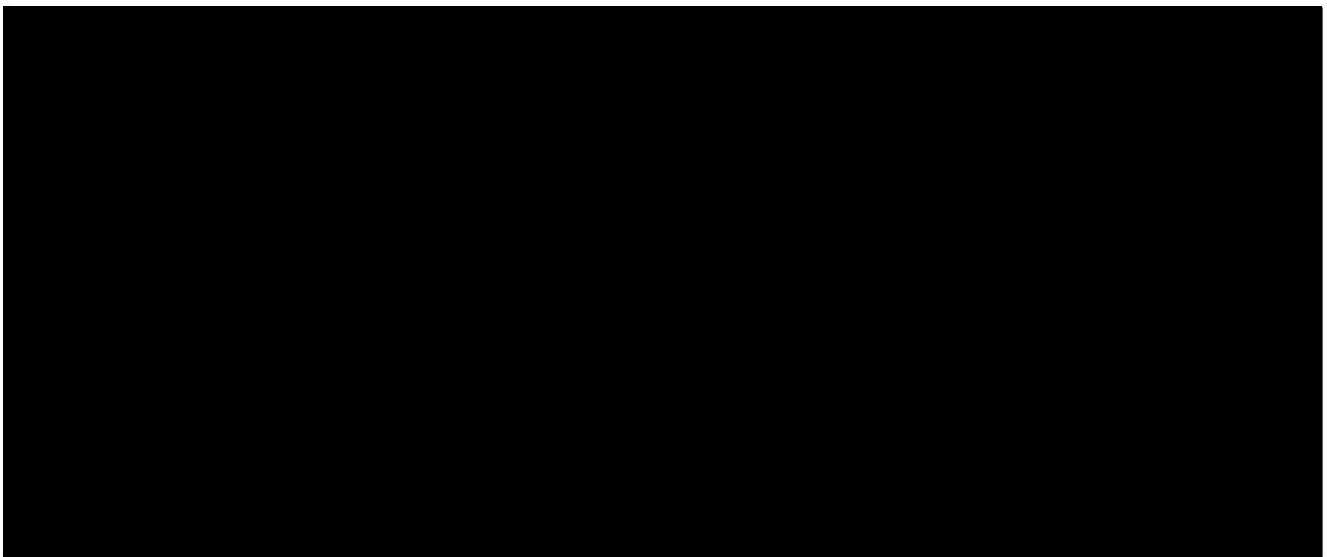
Monday, December 7, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 07Dec15
AIR CANADA E
SEAT 6D - TURPIN/CARMEL MS
TICKET NUMBER [REDACTED]

Flight: 8131 G CLASS
06:20 AM Equipment: D8 (300 SERIES)
07:19 AM

Mile(s) Flown: 163



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

Invoice Number: [REDACTED]
Date: November 23, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, December 10, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 10Dec15
AIR CANADA E
SEAT 7D - TURPIN/CARMEL MS
TICKET NUMBER [REDACTED]

Flight: 8160 G CLASS
08:40 PM Equipment: DH4
09:32 PM

Mile(s) Flown: 163

Cost:

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

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: December 9, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS CARMEL TURPIN

Thursday, December 10, 2015

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 10Dec15
AIR CANADA E
TICKET NUMBER [REDACTED]
SEAT 9D

Flight: 8170 V CLASS
07:20 PM Equipment: DH4
08:12 PM

Mile(s) Flown: 163

Cost:	
AIR CANADA WEB [REDACTED]	9.87
AIR CANADA WEB [REDACTED]	52.50

Total:

Grand Total:	62.37
Less Credit Card Payments:	62.37
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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:

Page:

Our Reference:

May 12, 2016

1/2

INVOICE

For

MS CARMEL TURPIN

Tuesday, January 12, 2016

Air

AIR CANADA	Flight: 8226	G CLASS
From: EDMONTON INTL AB	08:35 AM	
To: CALGARY AB	09:29 AM	
Stops: 0	Arrival: 12Jan16	

Air

AIR CANADA	Flight: 8172	V CLASS
From: CALGARY AB	05:55 PM	
To: EDMONTON INTL AB	06:47 PM	
Stops: 0	Arrival: 12Jan16	

Cost:

AIR CANADA WEB		18.40
----------------	--	-------

Total:

Grand Total:	18.40
Less Credit Card Payments:	18.40
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	62.37
Total Charges Previous Invoices:	62.37
Total Balance Due:	0.00