

AHS Board and Executive Expense Report

Name Colleen Turner
Title VP Community Engagement & Communications
Location Edmonton
 Expenses submitted during the month of December 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)
Dec-16	P-Card	Meetings		35	476	402	913			
Dec-16	Direct Billing	Meetings	1,453				1,453			
Total			\$ 1,453	\$ 35	\$ 476	\$ 402	\$ 2,366	\$ -	\$ -	\$ -

Total for the Month \$ 2,366

Maximum daily single meal expense claimed in the month \$ 16
 Maximum daily base hotel rate claimed in the month \$ 149
 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

<u>TURNER, COLLEEN</u> Cardholder's Name	<u>VP</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/12/2016</u>
<u>COMMUNITY ENGAGEMENT &</u> Cardholder's Dept	<u>SPPT</u> Cardholder's Site/Location	Total Statement Amount: ██████████ \$912.70
<u>COLLEEN.TURNER@AHS.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: ██████████	

Statement of Transactions

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)
- 8.)
- 9.)
- 10.)
- 11.)
- 12.)
- 13.)
- 14.)
- 15.)

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/11/2016		AHS ACH PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	43		Meeting at ACH on Nov 30 with ACHF
06/12/2016		DIAMOND SEDAN AND TAXI, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.85	00	Taxi from Airport to SSP re ELT Meeting
07/12/2016		DIAMOND SEDAN AND TAXI, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.85	00	Taxi from SSP to Airport re meeting with AHS Board
07/12/2016		CALGARY AIRPORT EXIT T, AUTOMOBILE PARKING LOTS AND GARAGES	58.70	CAD	58.70	2.80	00	YYC parking re mtg with AHS Board
07/12/2016		DIAMOND SEDAN AND TAXI, LIMOUSINES AND TAXICABS	15.00	CAD	15.00	71	00	Taxi from Hotel to Leg Bldg for meeting on Dec 15
08/12/2016		METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	3.15	CAD	3.15	15		This amt charged to us in error, a credit will follow
08/12/2016		METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	159.61	CAD	159.61	7.60		Accommodation for night of Dec 6 re mtg with AHS Board Dec 7
13/12/2016		DIAMOND SEDAN AND TAXI, LIMOUSINES AND TAXICABS	70.00	CAD	70.00	3.33	00	Taxi from Edm Airport to DT Hotel on Dec 13
14/12/2016		COAST EDMONTON PLAZA H, LODGING HOTELS, MOTELS, RESORTS	199.28	CAD	199.28	00		Accommodation one meal/coffee meetings with members of the Council of Chairs
15/12/2016		METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	159.61	CAD	159.61	7.60		Meeting with Minister
15/12/2016		CALGARY AIRPORT EXIT T, AUTOMOBILE PARKING LOTS AND GARAGES	58.70	CAD	58.70	2.80	00	YYC Parking - Meetings in Edmonton with CHT
15/12/2016		DIAMOND SEDAN AND TAXI, LIMOUSINES AND TAXICABS	15.00	CAD	15.00	71	00	Hotel to Legislature Bldg for meetings
16/12/2016		MPARK00030313U, AUTOMOBILE PARKING LOTS AND GARAGES	35.00	CAD	35.00	1.67	00	Meeting with CHT Downtown Calgary
16/12/2016		METTERRA HOTEL, LODGING HOTELS, MOTELS, RESORTS	-3.15	CAD	-3.15	-15		Credit for amount charged in error

Transactions without Receipts or supporting documentation

- 16.)

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/12/2016		CO OP TAXI LINE LTD, LIMOUSINES AND TAXICABS	20.80	CAD	20.80	99		Taxi from SSP to Hotel - receipt lost

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

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

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

TURNER, COLLEEN

VP

Name of Cardholder

Cardholder Position/Title

Signature of Cardholder

9-Jan-2017
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

Dr. Verna Yu

Name of Approver

President/CEO

Approver Position/Title

Signature of Approver

Jan 18/17
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: _____

① Enterprise Personal
 cheque attached
 ✓ \$138.00

RECEIPT Nov 30/16
 Alberta Health Services
 ACH Lot 1
 RECEIPT
 ENTRY TIME: 30.11.16 10:42
 EXIT TIME: 30.11.16 12:21
 PARK-DUR.: HRS:MIN 0:01:39
 AMOUNT: 9.00 ✓
 KIND OF PAYMENT: MASTER CARD
 Alberta Health Services
 Calgary Health Region

16 Co-op Taxi
 receipt list
 A Hestation a Hack.se.

RECEIPT
 GST NO. R122556194

6 5
 EXIT No. A1
 IN: 12/06/16 05:49
 OUT: 12/07/16 19:10
 DURATION: 1 13:21
 PAID: \$ 58.70 ✓
 (GST INCLUDED)
 MASTERCARD

THANK YOU FOR
 YOUR VISIT

YYC CALGARY INTERNATIONAL AIRPORT

DIAMOND SEDAN AND TAXI
 2628 43 ST
 EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
 Term ID: [REDACTED]

Purchase

MasterCard

Entry Method: Chip

Batch#: [REDACTED]
 12/07/16 17:14:17

Ref#: [REDACTED]
 Inv #: [REDACTED] Appr Code: [REDACTED]

Amount: \$ 55.00
 Tip: \$ 5.00 ✓
 Total: \$ 60.00 ✓

Customer Copy

DIAMOND SEDAN AND TAXI
 2628 43 ST
 EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
 Term ID: [REDACTED]

Purchase

MasterCard

Entry Method: Chip

Batch#: [REDACTED]
 12/06/16 08:24:08

Ref#: [REDACTED]
 Inv #: [REDACTED] Appr Code: [REDACTED]

Amount: \$ 55.00
 Tip: \$ 5.00 ✓
 Total: \$ 60.00 ✓

Customer Copy

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

MasterCard

[REDACTED]

10 (9)

Entry Method: Chip

Batch#: [REDACTED]

12/13/16

21:02:50

Ref# [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount:	\$	65.00	
Tip:	\$	5.00	✓
Total:	\$	70.00	✓

Customer Copy

DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

MasterCard

[REDACTED]

7 (6)

Entry Method: Chip

Batch#: [REDACTED]

12/07/16

07:53:29

Ref# [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount:	\$	12.00	
Tip:	\$	3.00	-5.40 \$2.40
Total:	\$	15.00	

Customer Copy

M

metterra

HOTEL ON WHYTE

8 (7)

Ms Colleen Turner



Room Number: [REDACTED]
 Arrival Date: 12-06-16
 Departure Date: 12-07-16
 Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

12-16-16

Date	Description	Charges	Credits
12-07-16	Mastercard [REDACTED]	11/19 - charged in error	3.15 ✓
12-16-16	Mastercard [REDACTED]	11/19	-3.15 ✓
Total		0.00	0.00
Balance		0.00	

Credit will follow on
 January PCARD
 Statement.

Signature: _____

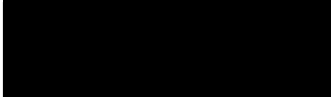
I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0009

AHS Board Mtg



(9) (2)

Ms Colleen Turner



Room Number: [Redacted]
Arrival Date: 12-06-16
Departure Date: 12-07-16
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

12-07-16

Date	Description	Charges	Credits
12-06-16	Room	149.00	
12-06-16	Destination Marketing Fee - 3%	4.47	
12-06-16	Tourism Levy - 4%	6.14	
Total		159.61	0.00
Balance		159.61	

Signature: _____

I agree that my liability for all charges 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. G.S.T. #105631154 RT 0009

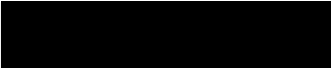


10155 105th Street,
Edmonton, AB T5J 1E2
Tel: (780) 423 4811 Fax: (780) 423 3204

10

2106

Colleen Turner



Invoice

Invoice date 12/14/2016
 Invoice number [Redacted]
 Our reference [Redacted]
 Client Number [Redacted]
 GST Number 10103 5467 RT0020

Guest Ms Colleen TURNER Arrival 12/13/2016 Departure 12/14/2016 Room 2106

Date	Description	Quantity	Unit Price	Total
12/13/2016	105th Street Cafe 9693	1	20.00	20.00
12/13/2016	Federal Tax GST Restaurant 9693	1	1.00	1.00
12/13/2016	105th Street Cafe 9693	1	3.00	3.00
12/13/2016	Room Charge	1	139.00	139.00
12/13/2016	GST Taxes	1	7.16	7.16
12/13/2016	Tourism Levy	1	5.73	5.73
12/13/2016	Destination Market Fee	1	4.17	4.17
12/14/2016	105th Street Cafe 9746	1	10.50	10.50
12/14/2016	Federal Tax GST Restaurant 9746	1	0.54	0.54
12/14/2016	105th Street Cafe 9746	1	3.00	3.00
12/14/2016	105th Street Cafe 9764	1	3.50	3.50
12/14/2016	Federal Tax GST Restaurant 9764	1	0.18	0.18
12/14/2016	105th Street Cafe 9764	1	1.50	1.50

MTGS Council of Chair
 MTGS Council of Chair

12/14/2016 MC [Redacted] Auth [Redacted] Total invoice 199.28 -199.28

Subtotal 199.28

For reservations: www.coasthotels.com or 1-800-663-1144

Colleen Turner



Invoice

Invoice date 12/14/2016
Invoice number [REDACTED]
Our reference [REDACTED]
Client Number [REDACTED]
GST Number 10103 5467 RT0020

Date	Description	Quantity	Unit Price	Total ()
			Total Paid	-199.28
			Total Due	0.00
Total GST		8.88		

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

12
①①

Ms Colleen Turner



Guest Name:

Room Number: [REDACTED]
 Arrival Date: 12-14-16
 Departure Date: 12-15-16
 Page No: 1 of 1

INFORMATION INVOICE

Folio No:

12-15-16

Date	Description	Charges	Credits
12-14-16	Room	149.00 ✓	
12-14-16	Destination Marketing Fee - 3%	4.47	
12-14-16	Tourism Levy - 4%	6.14	
12-14-16	Room GST - 5%	7.67	
Total		167.28	0.00

Balance

167.28

- 7.67^{gst}
 = 159.61 ✓

Signature: _____

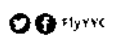
I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0009

RECEIPT
GST NO. R122556194

(12) 13

EXIT No. AS
IN: 12/15/16 18:23
OUT: 12/15/16 19:42
DURATION: 1 19: 39
PAID: \$ 58.78 ✓
(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT



DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Tax ID: [REDACTED]
Purchase #13

MasterCard
[REDACTED]
Entry Method: Chip
Batch#: [REDACTED]
12/15/16 08:03:37

Ref#: [REDACTED]
Inv #: [REDACTED] Appr Code: [REDACTED]
Amount: \$ 12.00
Tip: \$ 3.00 s/b \$2.40
Total: \$ 15.00 ✓

RECEIPT
Stall # 14
"Expiration Date/Time"
03:24 PM
DEC 16, 2016

Purchase Date/Time: 12:54pm Dec 16, 2016
Total Due: \$35.00 Rate: 2 HOUR AND 30 MIN
Total Paid: \$35.00 ✓ Payment Type: Card
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: Lot [REDACTED]
Mach Name: Lot [REDACTED]

[REDACTED] MasterCard

Auth #: [REDACTED]

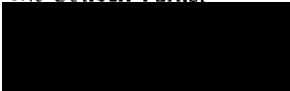
GST REG #102466000


Customer Copy

RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PA

16 (15)

Ms Colleen Turner





Room Number: 
 Arrival Date: 12-06-16
 Departure Date: 12-07-16
 Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

12-16-16

Date	Description	Charges	Credits
12-07-16	Mastercard 	11/19	3.15
12-16-16	Mastercard 	11/19 Credit	-3.15 ✓
Total		0.00	0.00
Balance		0.00	

Signature: _____

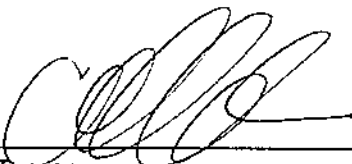
I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T #105631154 RT 0009

16


Written Attestation for Lost Receipt

Date: Dec 6, 2016 Amount: \$20.80
Location: Edmonton
Expense reason: taxi receipt - Co op taxi line

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

X 

Colleen Turner
Employee Authorization



Dr. Verna Yiu
Claim Approver

Date Signed: 16 Jan 2017

Date Signed: Jan 18 / 17

#1

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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 : Colleen Turner	Reporting Period for the Month of : Dec-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-29-2016	Direct Billing	Airline Ticket	Dec. 6 - 7, 2016 - Attend ELT and the Finance meeting with the AHS Board	Marlin Travel	370.96
12-06-2016	Direct Billing	Airline Ticket	Dec. 13 - 14, 2016 - attend Council of Chairs and Fdn meeting	Marlin Travel	389.96
12-14-2016	Direct Billing	Airline Ticket	Dec. 15 - an LRP meeting was called for Dec. 15, therefore, we changed the flight to stay one extra day - Change fee \$75.	Marlin Travel	75.00
13-01-2017	Direct Billing	Airline Ticket	Jan. 16-17, 2017 - Attend ELT	Marlin Travel	435.26
20-01-2017	Direct Billing	Car Rental	Jan. 20 Direct bill car rental to drive to Lethbridge with Dr. Yiu re CEO Tour in the South Zone	Other	182.09
Total Paid in the Month					\$ 1,453.27

ELI Mtg.



Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 29 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: MS COLLEEN TURNER

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	296.00	0.00	\$0.00	74.96	0.00	370.96 CAD
Total:	296.00	0.00	0.00	74.96	0.00	370.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/29/2016	[REDACTED]	[REDACTED]	370.96 CAD
				Total Payment:	370.96 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL EXECUTIVE LEADERS MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 29 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: COLLEEN TURNER

Booking Date: 28 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 06 Dec 16 6:45AM		EDMONTON INTL 06 Dec 16 7:41AM	W/	
AIR CANADA	08171	EDMONTON INTL 07 Dec 16 6:00PM		CALGARY INTL 07 Dec 16 6:59PM	W/	



Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 09 Dec 16
 Client: [REDACTED]
 Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	315.00	0.00	\$0.00	74.96	0.00	389.96 CAD
Total:	315.00	0.00	0.00	74.96	0.00	389.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/09/2016		[REDACTED]	389.96 CAD
Total Payment:					389.96 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL MEETINGS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. ----- **PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 09 Dec 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers COLLEEN TURNER	Citizenship Not Specified	Required Travel Documents Not Specified
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All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: COLLEEN TURNER **Booking Date:** 09 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 13 Dec 16 7:30PM		EDMONTON INTL 13 Dec 16 8:26PM	S/	
AIR CANADA	08151	EDMONTON INTL 14 Dec 16 3:30PM		CALGARY INTL 14 Dec 16 4:24PM	Q/	



Invoice

ALBERTA HEALTH SERVICES
 "SUITE 800, NORTH TOWER"
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 14 Dec 16
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	0.00	0.00	\$0.00	0.00	75.00	75.00 CAD
Total:	0.00	0.00	0.00	0.00	75.00	75.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/14/2016	[REDACTED]	[REDACTED]	75.00 CAD
Total Payment:					75.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL MEETINGS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
 *****PLEASE NOTE CHECKIN TIMES*****
 **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 14 Dec 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
COLLEEN TURNER	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: COLLEEN TURNER

Booking Date: 09 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08143	EDMONTON INTL 15 Dec 16 12:10PM		CALGARY INTL 15 Dec 16 1:09PM	Q/	



Invoice

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 13 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: MS COLLEEN TURNER

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	360.30	0.00	\$0.00	74.96	0.00	435.26 CAD
Total:	360.30	0.00	0.00	74.96	0.00	435.26 CAD

PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	01/13/2017	[REDACTED]	[REDACTED]	435.26 CAD
Total Payment:				435.26 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL ELT MEETIN

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 13 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers COLLEEN TURNER **Citizenship** Not Specified **Required Travel Documents** Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



Passengers: COLLEEN TURNER **Booking Date:** 13 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 16 Jan 17 7:30PM		EDMONTON INTL 16 Jan 17 8:26PM	V/	
AIR CANADA	08169	EDMONTON INTL 17 Jan 17 4:55PM		CALGARY INTL 17 Jan 17 5:49PM	H/	



14371 MACLEOD TRAIL SW
 CALGARY, AB T2Y1M7
 Federal GST# :889365821

Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:

[Redacted]
 01/23/2017
 [Redacted]

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	72.00	72.00
DW	1 DAY	26.99	26.99
REFUELING CHARGE	66 LTR	1.25	82.50
Subtotal			181.49
VEHICLE LICENSE FEE RECOVERY	1 DAY	0.60	0.60

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out: 01/20/2017 07:22 AM
 Date/Time In: 01/20/2017 05:25 PM

Renter:
 TURNER, COLLEEN

Amount Due (CAD) 182.09

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
BLACK	[Redacted]	YUXL	7NNHG3	5,315 5,717
VIN	[Redacted]			

CLAIM INFORMATION

Claim# / PO# / RO# [Redacted] Insured [Redacted]
 Date of Loss [Redacted] Type of Loss [Redacted] Type of Vehicle [Redacted]
 Repair Shop [Redacted]

For Billing Inquiries / Payment Terms :
 Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

COST CENTER# 101.0000.71110101091

Thank You For Choosing Enterprise

Please Return This Portion With Remittance	Amount Due (CAD)	182.09
Remit To : ENTERPRISE RENT A CAR CANADA COMPAN 709 MILNER AVE SCARBOROUGH, ON M1B6B6	Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9	
Account # [Redacted]	Rental Agreement [Redacted]	Amount 182.09
		GPBR [Redacted]

