

Official Administrator and Executive Expense Report

Name Gail Hufty
Title Chief Program Officer, CancerControl Alberta (Interim)
Location Edmonton

Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings		86	1,243	1,251	2,580			
Oct-15	Expense Claim	Meetings		95		9	104			
Oct-15	Direct Billing	Meetings	1,038				1,038			
Total			\$ 1,038	\$ 181	\$ 1,243	\$ 1,260	\$ 3,722	\$ -	\$ -	\$ -

Total for the Month \$ 3,722

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 199
 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:

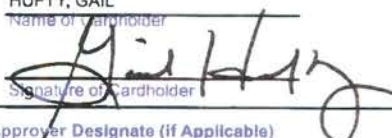

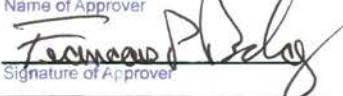
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>HUFTY, GAIL</u>	<u>[REDACTED]</u>	Chief Program Officer, Cancer Control Alberta (Interim)
Cardholder's Name	Cardholder's Position/Title	
<u>CANCER CONTROL ALBERTA</u>	<u>EDMONTON</u>	
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount: <u>\$2,580.39</u>
<u>GAIL.HUFTY@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
18/09/2015	403442753	HUSKY CALG. AIRPORT, FUEL DISPENSER, AUTOMATED	40.18	CAD	40.18	1.91		Fuel for rental Car (Sept. 18)
18/09/2015	403442754	DELTA BOW VALLEY, DELTA HOTELS	1,097.51	CAD	1,097.51	.00		Delta Bow Valley Hotel Four Nights Accommodation Sept.14,15,16,17
21/09/2015	403687804	AHS PARKING, HOSPITALS	7.50	CAD	7.50	.36		Parking at Red Deer Regional Hospital (Sept. 21)
22/09/2015	403687803	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	232.91	CAD	232.91	.00	.00	Enterprise Rental car (Sept. 21)
22/09/2015	403822016	HOLIDAY INN EXPRESS RE, LODGING HOTELS, MOTELS, RESORTS	126.10	CAD	126.10	6.00		Holiday Inn Express one night accommodation (Sept. 21)
22/09/2015	403822017	7-ELEVEN #33343 (MKT28, GAS / SERVICE STATIONS	21.00	CAD	21.00	1.00		Fuel for Enterprise Rental Car (Sept. 22)
23/09/2015	404023260	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	48.00	CAD	48.00	2.29	.00	Taxi from TBCC to Calgary Airport (Sept. 21)
28/09/2015	404454190	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Home to Edmonton Airport (Sept. 28)
28/09/2015	404454191	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Edmonton Airport to Home (Sept. 28)
28/09/2015	404454192	ASSOCIATED CAB, LIMOUSINES AND TAXICABS	55.09	CAD	55.09	2.62		Taxi from Calgary Airport to Holy Cross (Sept. 28)
30/09/2015	404808880	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	46.80	CAD	46.80	2.23	.00	Taxi from Holy Cross to Calgary Airport (Sept. 28)
30/09/2015	404808881	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	22.00	CAD	22.00	1.05	.00	Taxi from Holy Cross to TBCC (Sept. 28)
04/10/2015	405171473	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	48.42	CAD	48.42	2.31		Taxi from Calgary Airport to Hotel (Oct. 4)
04/10/2015	405171474	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Home to Edmonton Airport (Oct. 4)
05/10/2015	405305736	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Edmonton Airport to Home (Oct. 5)
05/10/2015	405867787	CALGARY UNITED CABS, LIMOUSINES AND TAXICABS	19.78	CAD	19.78	.94	.00	Taxi from Fairmont Palliser Hotel to TBCC (Oct. 5)
06/10/2015	405305735	PALLISER HOTEL, FAIRMONT HOTELS	223.42	CAD	223.42	10.64		Fairmont Palliser Hotel One Night Accommodation (Oct. 4)
09/10/2015	405642834	IMPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Parking at Seventh Street Plaza (Oct. 9)
14/10/2015	406307009	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Home to Edmonton Airport (Oct. 14)
14/10/2015	406307010	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Edmonton Airport to Home (Oct. 14)
14/10/2015	406307011	ASSOCIATED CAB, LIMOUSINES AND TAXICABS	51.18	CAD	51.18	2.44		Taxi from Calgary Airport to TRW Building (Oct. 14)
16/10/2015	406503749	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Home to Edmonton Airport (Oct. 16)
16/10/2015	406503750	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Taxi from Edmonton Airport to Home (Oct. 16)

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/09/2015	403442755	AHS PARKING, HOSPITALS	9.50	CAD	9.50	.45		Parking at Red Deer Regional Hospital (Sept. 18)

Signatures	
<p>Cardholder Designate (if Applicable)</p> <p>By signing this statement</p> <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. 	
<p>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>
<p>_____ Signature of Cardholder Designate</p>	<p>_____ Date of Signature</p>
<p>Cardholder</p> <p>By signing this statement</p> <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. 	
<p>HUFTY, GAIL _____ Name of Cardholder</p>	<p>SENIOR OPERATING OFFICER _____ Cardholder Position/Title</p>
<p> _____ Signature of Cardholder</p>	<p>Oct 22, 2015 _____ Date of Signature</p>
<p>Approver Designate (if Applicable)</p> <p>By signing this statement</p> <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. 	
<p>MARLENE HAMILTON _____ Name of Approver Designate</p>	<p>EXECUTIVE COORDINATOR _____ Approver Designate Position/Title</p>
<p> _____ Signature of Approver Designate</p>	<p>Oct 27, 2015 _____ Date of Signature</p>
<p>Approver</p> <p>By signing this statement</p> <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. 	
<p>DR. FRANCIS BEYANGER _____ Name of Approver</p>	<p>VP & MED DIR CENTRAL & SOUTHERN AB _____ Approver Position/Title</p>
<p> _____ Signature of Approver</p>	<p>Oct 27, 2015 _____ Date of Signature</p>
<p>Submit approved statement with attachments to Accounts Payable:</p>	
<p>Attach:</p> <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. 	<p>Address</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
<p>Accounts Payable only:</p>	
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>
<p>Date: _____</p>	

BILLING REPORTING PERIOD: SEPT. 21 – OCT. 20, 2015

DETAIL TRANSACTION DESCRIPTION – PCARD STATEMENT REPORT FOR GAIL HUFTY

TRANSACTION #	DATE OF TRAVEL	TYPE OF TRANSACTION	DETAILS OF TRANSACTION	SPECIFICS
1	Sept. 18	Fuel	Fuel for Rental Car	Meeting in Red Deer Sept. 18 <ul style="list-style-type: none"> Cancer Cares Ethics Education Day
2	Sept. 18	Parking	Parking at Red Deer Regional Hospital <i>(Receipt Missing)</i>	
3	Sept. 14,15,16,17	Hotel	4 Nights Accommodation in Calgary at Delta Bow Valley	Meetings in Calgary Sept. 14-17 <ul style="list-style-type: none"> PRC L302-S 1:1 Teresa D. Vision And Strategic Priorities Retirement for Dr. Peter C. Holy Cross Staff Meeting CancerControl Radiation Therapy Capital Replacement Plan TBCC Long Service Awards 1:1 Michael C. CCELC Phase 1 Trial at TBCC
4	Sept. 21	Parking	Parking at Red Deer Regional Hospital	Meeting in Red Deer & Lacombe Sept. 21 & 22 <ul style="list-style-type: none"> Tertiary and Regional Cancer Centres Oncologists & Medical Leaders Meeting All Leaders Meeting
5	Sept. 21	Car Rental	Enterprise Rent A Car	
6	Sept. 21	Hotel	Holiday Inn Express	
7	Sept. 21	Taxi	TBCC to Calgary Airport	
8	Sept. 22	Fuel	Fuel for rental car	
9	Sept.28	Taxi	Home to Edmonton Airport	
10	Sept. 28	Taxi	Edmonton Airport to Home	
11	Sept. 28	Taxi	Calgary Airport to Holy Cross	
12	Sept. 28	Taxi	Holy Cross to Calgary Airport	Meetings in Calgary Sept. 28 <ul style="list-style-type: none"> C-MORE Long Service Awards 1:1 Shawna S.
13	Sept. 28	Taxi	Holy Cross to TBCC	
14	Oct. 4	Taxi	Calgary Airport to Fairmont Palliser Hotel	
15	Oct. 4	Taxi	Home to Edmonton Airport	
16	Oct. 5	Taxi	Edmonton Airport to home	
17	Oct. 5	Taxi	Fairmont Palliser Hotel to TBCC	
18	Oct. 5	Hotel	Fairmont Palliser Hotel One Night Accommodation	

TRANSACTION #	DATE OF TRAVEL	TYPE OF TRANSACTION	DETAILS OF TRANSACTION	SPECIFICS
19	Oct. 9	Parking	Parking at Seventh Street Plaza	Meetings in Edmonton Oct. 9 <ul style="list-style-type: none"> • CSNC 101 Session
20	Oct. 14	Taxi	Home to Edmonton Airport	Meetings in Calgary Oct. 14 <ul style="list-style-type: none"> • Dr. Sunil Verma • Continuous Improvement System
21	Oct. 14	Taxi	Edmonton Airport to Home	
22	Oct. 14	Taxi	Calgary Airport to TRW Building	
23	Oct. 16	Taxi	Home to Edmonton Airport	Meetings in Grande Prairie Oct. 16 <ul style="list-style-type: none"> • Cancer Clinic Staff • 1:1 Joan L. • 1:1 Dr. Marie M.
24	Oct. 16	Taxi	Edmonton Airport to Home	

Calgary
9100 Barlow Trail NE
Calgary AB
(403) 250-8418
GST# 826570244
Retailer ID 4714267
Act:99914 1220-4
Batch:3739-39

2015/09/18 16:57:44

Item Amount
Pump# 4
Eth Regular \$40.18
36.897 L x \$1.089/l
AMOUNT \$40.18
GST(Inc Pump) \$1.91

MASTERCARD

2015/09/18 16:57:44
A# [REDACTED]
273001001024 00-000

Approved

PLEASE TELL US
HOW WE DID!
myHusky.ca/feedback

Machine ID: 3002
Rcpt# 6670
09/21/15 15:40 In 1 TA# 1 Txn# 58432
09/21/15 13:09 In 09/21/15 15:40 Out
Tkt# [REDACTED]
RDRH Public \$ 7.50
Total Fee \$ 7.50
MASTERCARD \$ 7.50
Approval No [REDACTED]
Reference No: 10/76
Change Due \$ 0.00

Parking Rates are GST Exempt.

Comments? email us:
parking@...

ASSOCIATED CAB ALIA LTD
387 41 Ave NW (403) 299
INSIST ON THE PROFESSIONALS

DATE: 2015/09/21
PICK-UP TIME: 18:59
DROP-OFF TIME: 11:27
TRIP ID: 0
LOCATION: 873888-45824163787
CAR NUMBER: 8324
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]
FARE (\$): 42.00
EXTRA (\$): 0.00
SUBTTL (\$): 42.00

TIP (\$): 6.00

TOTAL (\$): 48.00

EDMONTON AB T5J 2T2
7808903209

DATE: 2015-09-22 TIME: 16:47
STORE #: [REDACTED] TRANS #: [REDACTED]
Paypoint
GST: R104855408

FUEL	(L)	(\$/L)	(\$)
Pump 6			
Regular	21.021	0.999	21.00
TOTAL	CAD	\$	21.00
CREDIT CARD	\$	21.00	

+ GST INCLUDED IN FUEL \$ 1.00

Purchase
MasterCard

AID: A0000000041010
INVOICE NO: 09/21
TERMI: 333435E
MERCHANT #: 40082525704
APPROVED 184705

PRESTIGE CAB'S
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id: 4502412509415
Item #: 0835
MasterCard
PURCHASE
Op Id: 212277
Card #: [REDACTED]

AID: A0000000041010

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$8.25
TOTAL	CAD\$63.25

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: 4000000000
TSI: E800

Book on line at
EDMTAXI.COM

Thank you for being our guest!
GST 862184769

Date: 2015/09/22 Time: 05:56:18
Response: AUTH [REDACTED]

PRESTIGE CAB'S
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id: 4502412509415
Item #: 0838
MasterCard
PURCHASE
Op Id: 212277
Card #: [REDACTED]

AID: A0000000041010

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$8.25
TOTAL	CAD\$63.25

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Resp. Code: 00
TUR: 4000000000
TSI: E800

Book on line at
EDMTAXI.COM

Thank you for being our guest!
GST 862184769

Date: 2015/09/26 Time: 17:03:49

V***



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



Ms Gail Hufty
 Canada

Room: [REDACTED]
 Folio: [REDACTED]
 Cashier: [REDACTED]
 Arrival: 09-14-15
 Departure: 09-18-15

Date	Description	Additional Information	Charges	Credits
09-14-15	Room Charge		199.00	
09-14-15	Destination Marketing Fee (DMF)		5.97	
09-14-15	Rooms - Federal Tax - GST		10.25	
09-14-15	Tourism Levy		8.20	
09-14-15	Self Parking		28.00	
09-14-15	Parking GST		1.40	
✓ 09-15-15	In Room Dining	Room# [REDACTED] CHECK# [REDACTED]	27.36 ✓	
09-15-15	Room Charge		199.00	
09-15-15	Destination Marketing Fee (DMF)		5.97	
09-15-15	Rooms - Federal Tax - GST		10.25	
09-15-15	Tourism Levy		8.20	
09-15-15	Self Parking		28.00	
09-15-15	Parking GST		1.40	
✓ 09-16-15	In Room Dining	Room# [REDACTED] : CHECK# [REDACTED]	25.31 ✓	
09-16-15	Room Charge		199.00	
09-16-15	Destination Marketing Fee (DMF)		5.97	
09-16-15	Rooms - Federal Tax - GST		10.25	
09-16-15	Tourism Levy		8.20	
09-16-15	Self Parking		28.00	
09-16-15	Parking GST		1.40	
✓ 09-17-15	In Room Dining	Room# [REDACTED] CHECK# [REDACTED]	33.56 ✓	
09-17-15	Room Charge		199.00	
09-17-15	Destination Marketing Fee (DMF)		5.97	
09-17-15	Rooms - Federal Tax - GST		10.25	
09-17-15	Tourism Levy		8.20	
09-17-15	Self Parking		28.00	
09-17-15	Parking GST		1.40	
09-18-15	Master Card	[REDACTED]		1,097.51

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.



DELTA
BOW VALLEY

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

Ms Gail Hufty
Canada

Room: 
Folio: 
Cashier: 
Arrival: 09-14-15
Departure: 09-18-15

Date	Description	Additional Information	Charges	Credits												
<table border="1"> <tr> <td colspan="2">GST Summary</td> </tr> <tr> <td>Registration No:</td> <td>826085417</td> </tr> <tr> <td>Room</td> <td>41.00</td> </tr> <tr> <td>F&B</td> <td>3.53</td> </tr> <tr> <td>Other</td> <td>62.28</td> </tr> <tr> <td>Total</td> <td>106.81</td> </tr> </table>			GST Summary		Registration No:	826085417	Room	41.00	F&B	3.53	Other	62.28	Total	106.81		
GST Summary																
Registration No:	826085417															
Room	41.00															
F&B	3.53															
Other	62.28															
Total	106.81															
		Total	1,097.51	1,097.51												
		Balance Due	0.00	CDN												

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.



Check Detail

^^[p159]
DELTA BOW VALLEY
**** IN ROOM DINING ****
GST #R826085417

[Redacted] 3

CHK [Redacted] BL 2410/1
GST 1
15 SEP'15 5:56 PM

1 DELIVERY CHARGE 3.00
1 SALAD SALMON 19.25
TYPE IN
with bread and butter
Subtotal: \$22.25
DELIVERY CHARGE: \$4.00
Tax: \$1.11
Total: \$27.36
Change Due \$0.00
CHARGE TIP \$ \$4.00
ROOM/ACCT CHG \$27.36

Check Closed
15 SEP'15 5:18 PM



Check Detail

^^[p159]
DELTA BOW VALLEY
**** IN ROOM DINING ****
GST #R826085417

[Redacted] 2

CHK [Redacted]
GST 1
16 SEP'15 6:09 PM

1 DELIVERY CHARGE 3.00
1 STIRFRY NOODLE CHIC 18.25
Subtotal: \$21.25
DELIVERY CHARGE: \$3.00
Tax: \$1.06
Total: \$25.31
Change Due \$0.00
CHARGE TIP \$ \$3.00
ROOM/ACCT CHG \$25.31

[Redacted] Check Closed
16 SEP'15 6:49 PM



Delta Bow Valley

09-29-15

Check Detail

09:03

^^[p159]
DELTA BOW VALLEY
**** IN ROOM DINING ****
GST #R826085417

[Redacted] 2

CHK [Redacted]
GST 1
17 SEP'15 6:53 PM

1 DELIVERY CHARGE 3.00
1 SOUP OF THE DAY 7.95
1 NAAN WITH DIPS 16.25
Subtotal: \$27.20
DELIVERY CHARGE: \$5.00
Tax: \$1.36
Total: \$33.56
Change Due \$0.00
CHARGE TIP \$ 55.00
ROOM/ACCT CHG \$33.56

[Redacted]
Check Closed
17 SEP'15 7:55 PM

RENT-A-CAR CANADA COMPANY
1 ROAD, NE - CALGARY, AB - T2C 1A6



A 168843014 Bil 0
rental 21-SEP-2015 02:14 PM
ALGARY INTL ARPT
return 22-SEP-2015 04:54 PM
MONTON INTL ARPT

MAIL HUFTY
Vehicle # [REDACTED]
Model SENTRA
Class Driven ICAR Class Charged ICAR
License# [REDACTED] State/Province AB
M/Kms Driven 282
M/Kms Out 12529
M/Kms In 12811

Charges	No	Unit	Price	Amount
T & M	1	Days	40.00	40.00*
T & M	3	Hours	13.20	39.60*
JNL IN M/KM	0	M/Kms		0.00*
DROP CHG	1	Rental	109.90	109.90*
CONCESSION RECOV FEE				29.83*
CUSTOMER FACILITY CHARGE				12.00*
VEHICLE LICENSE FEE				1.58*

Total Charges CAD 232.91
Deposit [REDACTED]
Amount Due CAD 232.91

* Taxable Items
Subject to Audit
For Reservations: 1-800-RENT-A-CAR

NOT REQUIRED TO RENT VEHICLE.
LIABILITY FOR LOSS BY ACCIDENT:
PRIORITY OF AUTOMOBILE INSURANCE
COVERAGE IS SUBJECT TO PROVINCIAL
LAW. IF APPLICABLE, OWNER'S COVERAGE
IS SUBJECT TO LIMITATIONS AND
RESTRICTIONS. SEE PARAGRAPHS 7 & 8.

REPLACEMENT VEHICLE

RENTER: X DATE: 09/21/2015

OWNER REP X EMP # [REDACTED]

MODEL: UNIT#

DEPOSITS:

DATE	TIME	AMOUNT	PAID BY	DATE PAID
09/22/2015	05:00 PM	\$232.91	[REDACTED]	09/21/2015

DRIVEN

CONDITION AND FUEL LEVEL AGREED TO RENTER

NO DAMAGE

CONDITION SAME ON RETURN Yes No

OUT	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
IN	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT. BY SIGNING BELOW I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVER'S LICENCE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.

JE RECONNAIS AVOIR REÇU LA VERSION FRANÇAISE DE CE CONTRAT, PAGES 1 A 4.

RENTER REQUESTS OPTIONAL DAMAGE WAIVER (DW) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. RENTER IS RELIEVED OF RESPONSIBILITY ACCORDING TO AMOUNT INITIALED. SEE OPTIONAL PRODUCT NOTICE TO LEFT AND PARAGRAPH 16 FOR FURTHER DETAILS. DW IS NOT INSURANCE.

RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE/PERSONAL EFFECTS COVERAGE (PAIPEC) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 17.

RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT DAILY FEE SHOWN IN COLUMN TO LOWER RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 18.

RENTER IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH HIGHWAY TRAFFIC ACT VIOLATIONS, PARKING INFRACTIONS, TOLL FEES, RED LIGHT CAMERA VIOLATIONS, IMPOUND FEES, PLUS AN ADMINISTRATIVE FEE.

RENTAL AGREEMENT NO. D

TERMINITY GAIL

COMPANY ALBERTA HEALTH SERVICES

PHONE EXT.

RENCE NUMBER:

ALL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. WITHOUT THE PERMISSION OF THE RENTER, NO OTHER DRIVER(S) IS PERMITTED TO DRIVE THE VEHICLE WITHOUT THE RENTER'S PERMISSION TO ALLOW.

UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF, I AM RESPONSIBLE FOR THEIR ACTIONS WHILE THEY ARE DRIVING, AND FOR FULFILLING THE TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT (AGREEMENT). USE OF THE VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

RENTER GRANTED TO OPERATE VEHICLE ONLY IN THE PROVINCE OF RENTAL AND THE FOLLOWING PROVINCE(S) OR COUNTRY:

RENTER REQUESTS OPTIONAL DAMAGE WAIVER (DW) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. RENTER IS RELIEVED OF RESPONSIBILITY ACCORDING TO AMOUNT INITIALED. SEE OPTIONAL PRODUCT NOTICE TO LEFT AND PARAGRAPH 16 FOR FURTHER DETAILS. DW IS NOT INSURANCE.

RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE/PERSONAL EFFECTS COVERAGE (PAIPEC) AT DAILY FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 17.

RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT DAILY FEE SHOWN IN COLUMN TO LOWER RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 18.

VEHICLE \$13.25/HOUR
\$40.00/DAY
\$249.00/WEEK
\$969.00/MONTH

NO CHARGE W/LEASING

DW OR ERM \$8.00/DAY

RAP OR PAR \$4.99/DAY

FUEL CHARGE \$1.45/LITRE
DROP CHARGE \$109.70/RENTAL

TOTAL CHARGES

DEPOSITS

REFUNDS

AMOUNT DUE

CLOSED BY

PAID BY	CASH	CHEQUE	CHARGE
RECEIPT OF CASH REFUND	DATE	AMOUNT	RECEIVED BY



31

09-22-15

Gail Hufty [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	09-21-15
	Group Code :	[Redacted]	Departure :	09-22-15
	Company :	[Redacted]	Conf. No. :	[Redacted]
	Membership No. :		Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
09-21-15	*Accommodation	119.99	
	Routed From Hufty Gail Of Room [Redacted] Alberta Health Services C		
09-21-15	AHT	4.80	
	Routed From Hufty Gail Of Room [Redacted] Alberta Health Services C		
09-21-15	DMF	1.20	
	Routed From Hufty Gail Of Room [Redacted] Alberta Health Services C		
09-21-15	GST	0.06	
	Routed From Hufty Gail Of Room [Redacted] Alberta Health Services C		
09-21-15	AHT	0.05	
	Routed From Hufty Gail Of Room [Redacted] Alberta Health Services C		
09-22-15	MasterCard [Redacted]		126.10
Total		126.10	126.10
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

22143100
PURCHASE
09/28/2015 08:25:45
Acct # 1000001608 C
Exp Date 12/17 Card Type MC
Name: GAIL HUFTY
Approved: 1000001608 MasterCard

Trace [Redacted]
Inv [Redacted]
Auth # 10-245 ERM 001001044

Purchase \$47.90
Tip \$7.19
Total \$55.09

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

www.associatedcab.ca

ASSOCIATED CAB
ALLIED LIMOUSIN
307 41 AVENUE NE
CALGARY AB T2C 6W6
(403) 250 8110

SALE (14)

MID: 4189233
TID: CT189233 REF#: 00000003
Batch #: 038 SEQ: 038001001003
10/04/15 20:13:46

Invoice #: [Redacted]
APPR CODE [Redacted]
MASTERCARD

AMOUNT \$42.10
TIP \$6.32
TOTAL \$48.42

00 - APPROVED - 001

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

THANK YOU

CUSTOMER COPY

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 250 8110
INSIST ON THE PROFESSIONALS

(12)
DATE: 2015/09/28
PICK-UP TIME: 12:59
DROP-OFF TIME: 13:26
TRIP ID: 8
LOCATION: 873888-45824103787
CAR NUMBER: 8324
CARD TYPE: MC
CARD: [Redacted]
EXPIRY: [Redacted]
AUTH: [Redacted]

FARE (\$) 48.80
EXTRA (\$) 0.80
SUBTTL (\$) 48.80

TIP (\$) 6.00

TOTAL (\$) 46.80

ASSOCIATED CAB
ALLIED LIMOUSIN
307 41 AVENUE NE
CALGARY AB T2C 6W6
(403) 250 8110

Item #: 8859
MasterCard
PURCHASE
Op Id: 212277
Card [Redacted]

AID: A0000000041010

APPROVED

AMOUNT \$42.10
TIP \$6.32
TOTAL \$48.42

Ret. #: 0
Auth. #: 195259
Resp. Code: 00
TVR: 4000008000
TSI: E800

Book on line at
EDMTAXI.COM

CUSTOMER COPY

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 250 8110
INSIST ON THE PROFESSIONALS

(13)
DATE: 2015/09/28
PICK-UP TIME: 18:38
DROP-OFF TIME: 18:53
TRIP ID: 8
LOCATION: 873888-45824103787
CAR NUMBER: 8324
CARD TYPE: MC
CARD: [Redacted]
EXPIRY: [Redacted]
AUTH: [Redacted]

FARE (\$) 19.00
EXTRA (\$) 0.80
SUBTTL (\$) 19.80

TIP (\$) 3.00

TOTAL (\$) 22.00

PRESTIGE CAB'S
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-462-4444

Item #: 4502412509415
Item #: 0864
MasterCard
PURCHASE
Op Id: 212277
Card [Redacted]

AID: A0000000041010

APPROVED

AMOUNT \$19.80
TIP \$3.25
TOTAL \$23.05

Date: 2015/10/05
Response: AUTH [Redacted]

CUSTOMER COPY

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

SALE

MID: 5569122 GST: 829476373RT0001
TID: A0569122 REF#: 00000001
Batch #: [REDACTED] SEQ: 079001001001
10/05/15 07:48:22
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]

AMOUNT \$17.20
TIP \$2.58
TOTAL \$19.78

00 - APPROVED - 001

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

CUSTOMER COPY

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number

[REDACTED]

Expiration Date/Time

06:00 PM
OCT 09, 2015

Purchase Date/Time: 07:34am Oct 09, 2015
Total Parking: \$23.81
Total gst: \$1.19
Total Due: \$25.00 Rate: \$25 - Early Bird
Total Paid: \$25.00 Payment Type: Card
Ticket # [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

MasterCard

GST #887315638RT0001

PRESTIGE CAB 966
18135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id: 4502412509415
Item #: 1538
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

TOTAL

CAD\$63.25

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TVR: 4000000000
TSI: E800

Book on line at
EDMTAXI.COM

Thank you for being our guest
GST 862184769

PRESTIGE CAB'S
18135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id: 4502412509415
Item #: 8896
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: A0000000041010
APPROVED

AMOUNT CAD\$55.00
TIP CAD\$8.25
TOTAL CAD\$63.25

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TVR: 4000000000
TSI: E800

Book on line at
EDMTAXI.COM

Thank you for being our guest
GST 862184769

Date: 2015/10/14 Time: 18:37:16
Response: AUTH [REDACTED]

***CUST

PRESTIGE CAB'S
18135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id: 4502412509415
Item #: 8896
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

Trace # 600010
K22143100476

Inv. [REDACTED]
Auth. [REDACTED]
Purchase 54.80
Tip 5.80
Total \$61.10

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer Copy

PRESTIGE CAB 966
18135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id: 4502412509415
Item #: 8984
MasterCard
PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

AID: A0000000041010
APPROVED

AMOUNT CAD\$55.00
TIP CAD\$8.25
TOTAL CAD\$63.25

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. Code: 00
TVR: 4000000000
TSI: E800

Book on line at
EDMTAXI.COM

Thank you for being our guest
GST 862184769

Date: 2015/10/16 Time: 05:30:33
Response: AUTH [REDACTED]

CUSTOMER COPY



133 9th Avenue SW,
 Calgary, AB, Canada T2P 2M3
 T (403) 262-1234 F (403) 260-1260
 G.S.T. Registration # 846543619

Room : [REDACTED]
 Folio # : [REDACTED]
 Cashier # : [REDACTED]
 Page # : 1 of 1

18

Ms Gail Hufty

[REDACTED]

Arrival : 10-04-15
 Departure : 10-05-15
 Fairmont President's Club
 [REDACTED]

Date	Description	Additional Information	Charges	Credits
10-04-15	Room Charge		199.00	
10-04-15	Calgary Destination Marketing F		5.97	
10-04-15	Alberta Tourism Levy (4%)		8.20	
10-04-15	Room GST		10.25	
10-05-15	MasterCard	[REDACTED]		223.42
Total			223.42	223.42
Balance Due			0.00	

GST Summary

Room	10.25
F&B	0.00
Other	0.00
Total	10.25

Thank you for choosing Fairmont Hotels & Resorts.
 To provide feedback about your stay, please contact Dan McGowan, General Manager, at Dan.McGowan@fairmont.com.
 We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.
 Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Dan McGowan à Dan.McGowan@fairmont.com.
 Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesnoriginal.com (anglais seulement).

ML

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

PRESTIGE CAB'S
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-462-4444

Term Id:4502412509415
Item #:0907
MasterCard
PURCHASE
Op Id:212277
Card [REDACTED]

(24)

AID:A0000000041010

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$8.25
	=====
TOTAL	CAD\$63.25

Ref. # [REDACTED]
Auth. # [REDACTED]
Resp. [REDACTED]
TUR: 4000000000
TSI: E000

✓

Book on line at
EDMTAXI.COM
Thank you for being our guest
GST 862184769

Date: 2015/10/16 Time: 17:07:47
Response: AUTH [REDACTED]

red



Alberta Health Services

Oct. 20, 2015

Alberta Health Services



Attention: Finance/Accounts Payable

Re:

I, Gail Hufty, attest that the parking expense listed below was incurred related to AHS business and was not previous claimed. The receipt was misplaced.

**Red Deer Regional Hospital Parking - \$9.50 (Sept. 18/15)

Sincerely,

Gail Hufty
Acting Chief Program Officer
CancerControl, AB



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
HUFTY, GAIL L	Chief Program Officer, Cancer Control Alberta (Interim)	Edmonton	103.81

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/23/2015	To attend Clinical Operations Executive Committee (COEC)		Mileage	1.31	Sun Life Place	Seventh Street Plaze RETURN		1			2.60
9/25/2015	LRT Bus Ticket Travelling from Seventh Street Plaza to Sun Life Place	AB - Local	Miscellaneous - no tax	3.20				1			
9/28/2015	CALGARY: C-MORE Long Service Awards, 1:1 Shawna S. Urgent TBCC IT Unresolved Concerns		Meals Per Diem	20.80			B/F & Lunch	1			
10/4/2015	Evening flight to Calgary		Meals Per Diem	20.75			Dinner	1			
10/5/2015	CALGARY: PRC for TBCC, Holy Cross Staff Meeting		Meals Per Diem	20.80			B/F & Lunch	1			
10/1/2015	Attend Optimizing Communications on the Cancer Project		Mileage	3.23	Neil Crawford	Sun Life Place		1			6.40
10/9/2015	Attend CNSC 101 Session		Mileage	0.66	Seventh Street	Sun Life Place		1			1.30
10/16/2015	GRANDE PRAIRIE: Cancer Clinic Staff, 1:1 Joan L.		Meals Per Diem	20.80			B/F & Lunch	1			
10/14/2015	CALGARY: Dr. Sunil Verma, Continuous Improvement System		Meals Per Diem	11.60			Lunch	1			
10/15/2015	Attend Alberta Radiopharmacy Steering Committee		Mileage	0.66	Sun Life Place	Seventh Street Plaza		1			1.30
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		28-Oct-15							



Adult \$3.20

Expires
Sep 25/15 11:09

INSERT THIS END INTO
VALIDATOR

Executive Expenses Report Direct Bill 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 : Gail Hufty	Reporting Period for the Month of : Oct. 9 - 20, 2015
--------------------------	--

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
9-Oct-2015	Direct Billing	Airline Ticket	Inv # [REDACTED] Mtgs in Calgary Oct. 14 - Dr. Sunil V, Continuous Improvement System	Marlin Travel	186.00
9-Oct-2015	Direct Billing	Airline Ticket	Inv # [REDACTED] Mtgs in Grande Prairie Oct. 16 - Cancer Clinic Staff, 1:1 Joan L.	Marlin Travel	416.32
9-Oct-2015	Direct Billing	Airline Ticket	Inv # [REDACTED] s in Calgary Nov. 5&6 CCA Medical Directors, Farewell Peter C., CCELC, CO Dyad, Inclusion of Pts as advisors in CCA	Marlin Travel	325.88
9-Oct-2015	Direct Billing	Airline Ticket	Inv # [REDACTED] light Change Fee	Marlin Travel	60.00
20-Oct-2015	Direct Billing	Airline Ticket	Inv # [REDACTED] Flight Change Fee	Marlin Travel	50.00
Total Paid in the Month					\$ 1,038.20

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

INVOICE

For
MS GAIL HUFTY
AC [REDACTED]

Wednesday, October 14, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 14Oct15
AIR CANADA E
AIR CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 6C

Flight: 8226 V CLASS
08:30 AM Equipment: CRJ JET
09:19 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 14Oct15
AIR CANADA E
AIR CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Flight: 8172 V CLASS
05:30 PM Equipment: D8 (300 SERIES)
06:22 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	136.00
AIR CANADA WEB [REDACTED]	[REDACTED]	50.00

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

Invoice Number: [REDACTED]
Date: October 9, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	186.00
Less Credit Card Payments:	186.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
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: October 9, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GAIL HUFTY
AC [REDACTED]

Friday, October 16, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: GRANDE PRAIRIE
Stops: 0 **Arrival:** 16Oct15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8359 G CLASS
06:30 AM **Equipment:** D8 (300 SERIES)
07:43 AM

Mile(s) Flown: 247

 **Air**

AIR CANADA
From: GRANDE PRAIRIE
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 16Oct15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8366 G CLASS
03:20 PM **Equipment:** D8 (300 SERIES)
04:27 PM

Mile(s) Flown: 247

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED]

351.36
Tax: 64.96
Ticket Total: 416.32

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

Invoice Number: [REDACTED]
Date: October 27, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	416.32
Less Credit Card Payments:	416.32
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:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

October 9, 2015

1/2

INVOICE

For

MS GAIL HUFTY

AC

Wednesday, November 4, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 04Nov15

AIR CANADA E

SEAT 2D

AIR CANADA CONFIRMATION

TICKET NUMBER

Flight: 8155 G CLASS
08:00 PM Equipment: D8 (300 SERIES)
08:54 PM

Mile(s) Flown: 163

Thursday, November 5, 2015

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 05Nov15

AIR CANADA E

SEAT 2C

AIR CANADA CONFIRMATION

TICKET NUMBER

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

Mile(s) Flown: 163

Cost:

AIR CANADA WEB

Tax:
Ticket Total:

250.92

74.96

325.88

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

Invoice Number: [REDACTED]
Date: October 9, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	325.88
Less Credit Card Payments:	325.88
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: October 9, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GAIL HUFTY
AC [REDACTED]

Wednesday, November 4, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 04Nov15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2D

Flight: 8155 G CLASS
08:00 PM **Equipment:** D8 (300 SERIES)
08:54 PM

Mile(s) Flown: 163

Friday, November 6, 2015

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 06Nov15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8140 G CLASS
02:30 PM **Equipment:** D8 (300 SERIES)
03:24 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	10.00
AIR CANADA WEB [REDACTED]	[REDACTED]	50.00

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

Invoice Number: [REDACTED]
Date: October 9, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	60.00
Less Credit Card Payments:	60.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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ACCEPTED:.....DECLINED:.....
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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 20, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GAIL HUETTY
AC [REDACTED]

Wednesday, November 4, 2015

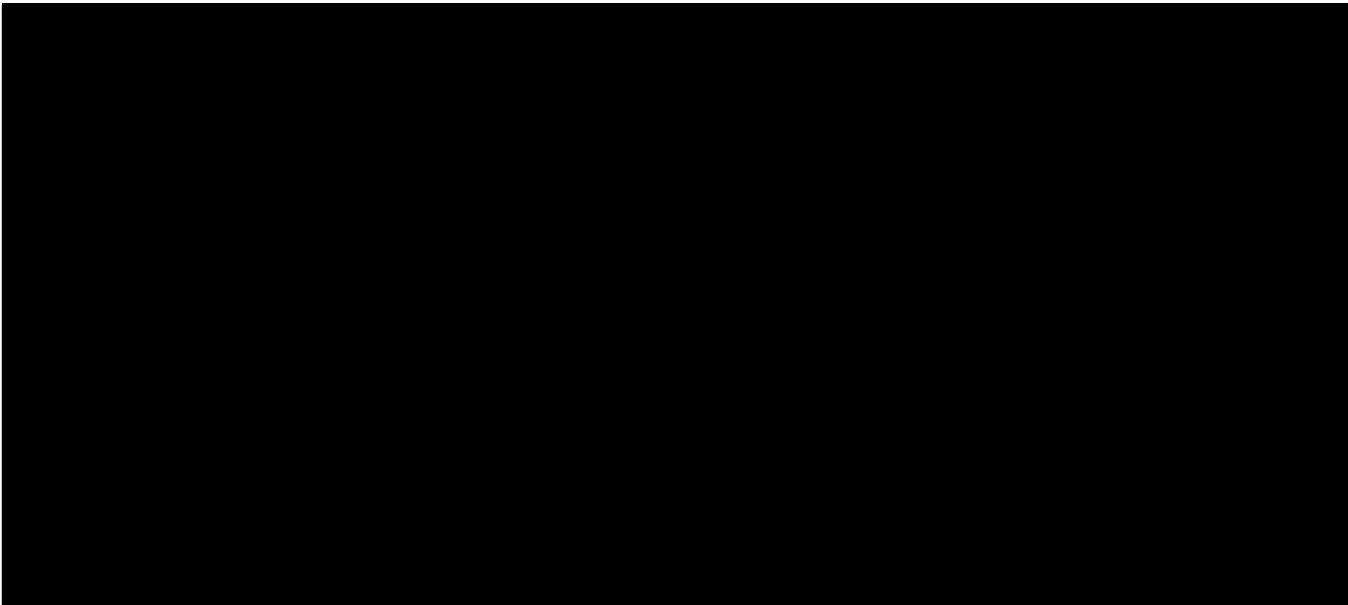
 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Nov15

Flight: 8171 G CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:24 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C
PLEASE CANCEL 24 HOURS IN ADVANCE TO AVOID ANY PENALTIES.



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

Invoice Number: [REDACTED]
Date: October 20, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Friday, November 6, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 06Nov15
AIR CANADA E
TICKET NUMBER [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]
SEAT 2C

Flight: 8142 G CLASS
12:05 PM Equipment: D8 (300 SERIES)
12:59 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED] 50.00

Total:

Grand Total: 50.00
Less Credit Card Payments: 50.00
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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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: August 7, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS GAIL HUFTY
AC [REDACTED]

Sunday, September 13, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 13Sep15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
SEAT 2C

Flight: 8153 U CLASS
06:00 PM Equipment: DH4
06:52 PM

Mile(s) Flown: 163

Cost:
AIR CANADA [REDACTED] 50.00
Total:

Grand Total:	50.00
Less Credit Card Payments:	50.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	441.00
Total Charges Previous Invoices:	441.00
Total Balance Due:	0.00

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