

Official Administrator and Executive Expense Report

Name Dr. Gerry Predy
Title Senior Medical Officer of Health & Senior Medical Director
Location Edmonton
 Expenses submitted during the month of January 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)
Jan-15	Expense Claim	Meetings	642	39	173	320	1,174	1,000	455	
Total			\$ 642	\$ 39	\$ 173	\$ 320	\$ 1,174	\$ 1,000	\$ 455	\$ -

Total for the Month \$ 2,629

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 154
 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

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name: Dr. Gerry Prady Expense Date From: 1-Jan-15 To: 31-Jan-15
 Location: [Redacted] Dept: [Redacted] Position (Title): Senior Medical Officer of Health Travel Period from: [Redacted] To: [Redacted] (if applicable)
 Employee # (E-People): [Redacted] DOFA Level: [Redacted] (if applicable) Union: [Redacted] Business Phone #: [Redacted] Ext: [Redacted]

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →

Project Number: _____ Expenditure Organization: _____ Project Task Number: _____ Expenditure Type: _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0306	71552000133	\$1,045.20	101	0306	71552000133	66020000	\$1,000.00
2B	101	0306	71552000133	\$129.20	101	0306	71552000133	69600000	\$455.00
2C									
2D									
				\$1,174.40					\$1,455.00

TOTAL REIMBURSEMENT

Total Section B	\$1,174.40
Total Section C&D	\$1,455.00
Less Cash Advance	
TOTAL CLAIM	\$2,629.40

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: [Signature] Date: 2-Feb-15

Approved By (PRINT ONLY): Dr. Verma Yiu DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]

Signature: [Signature] Title: VP Quality & CMO Date: Feb 4 / 15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.

Signature: _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

Title: _____ Date: _____

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0306 71592000133

Emp # (E-People)

(If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Int'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (Include destination, who attended (if meet), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/ART/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
14-Jan-15	Travel from Concession Plaza to COEC meeting at SSP and return	AB - Local	Meeting	Yes						\$25.00 ✓		15.00 ✓		
19-Jan-15	Travel from Concession Plaza to ATB Building for Alcohol Strategy Meeting and return	AB - Local	Meeting	Yes						\$5.00 ✓		16.00 ✓		
20-Jan-15	Return Airfare to Calgary for Quality Management Framework meeting was booked on Dec 11, 2014 meeting was cancelled on December 22 and rescheduled to February 2015 Flight booking was subsequently	AB - Local	Meeting	Yes				\$279.56 ✓						
25-Jan-15	Travel from Concession Plaza to Legislative Assn for RBS meeting and return	AB - Local	Meeting	Yes						\$25.00 ✓		15.00 ✓		
27-Jan-15	Travel from Concession Plaza to Sector Leaders Meeting at RAN	AB - Local	Meeting	Yes								12.00 ✓		
29-Jan-15	Travel from Residence to Edmonton Airport for flight to Calgary CPHP meeting	AB - Local	Meeting	Yes						\$50.00 ✓				
29-Jan-15	Return flight from Edmonton to Calgary for CPHP meetings January 29 and 30th	AB - Provinc	Meeting	Yes	BD-\$29.95	\$29.95 ✓		\$382.51 ✓	\$172.89 ✓					
29-Jan-15	Taxi fare from Calgary Airport to Southpark Tower for CPHP meeting	AB - Provinc	Meeting	Yes						\$65.00 ✓				
SUBTOTALS						\$29.95		\$842.07	\$172.89	\$116.00	\$55.00		Total Km 59.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.806 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.806 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) \$0.505 ✓

Mileage \$ 29.29

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Travel \$ Subtotal \$1,015.91

Auto file on page 1 - TOTAL TRAVEL \$ 1,045.20

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0306 71552000133**

Emp # (E-People) [REDACTED]

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking/ Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
30-Jan-15	Meal	AB - Provinc	Meeting	Yes	B-\$9.20	\$9.20 ✓								
8 30-Jan-15	Taxi from Southport Tower to Calgary Airport	AB - Provinc	Meeting	Yes								362.00 ✓		
9 30-Jan-15	Travel from Edmonton Airport to Residence	AB - Local	Meeting	Yes								258.00 ✓		
SUBTOTALS						\$9.20						\$120.00		Total Km

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.60\$ per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.60\$ km, \$0.47 km OR rate per Union Agreement
(not Mileage details to the left)

Mileage \$

Travel \$ Subtotal \$128.20

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Auto fills on page 1 - TOTAL TRAVEL \$ \$128.20

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES					Emp # (E-People) [REDACTED]		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous incidental.</p> <p>→ If expenses are for travel, gas, etc., go to Section B on pg 2.</p> <p>- ALL "OTHER" expenses listed below MUST have a secondary expense code indicated!</p> <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bel Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	DST is ON or off receipt, enter total amount in this column WITH DST	GST is NOT on bill receipt, enter total amount in this column	TOTAL OTHER \$
25-Nov-14	CMPA Annual Membership	101	0306	71552000133	66020000	Yes			\$1,000.00	\$1,000.00 ✓
29-Jan-15	Working Session Lunch - AHS Clinical Dept of PH and Preventative Medicine Meeting - hosted by Dr Prody in Calgary, Working Pre-Approval and Attendee List attached	101	0308	71552000133	69800000	Yes			\$455.00	\$455.00 ✓

SECTION D: FOREIGN CURRENCY										
<p>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.</p>										
Please click on the following link for the Bank of Canada exchange rate using the date of expense Bank of Canada Currency Converter →			Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column							
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bel Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

Rationale is Required for expenses that are not Cost Effective
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
 - 3 of 3 -

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
JAN 14, 2015

Purchase Date/Time: 06:09am Jan 14, 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]
SN #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

American Express

Auth

GST #887316638RT0001

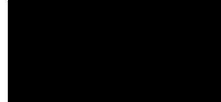
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rept# [Redacted]
01/19/15 14:17 LH 2 AM 43 Term [Redacted]
01/19/15 13:12 In 01/19/15 14:17 Out
TKT# [Redacted]
Residual Rate \$ 4.76
Total Tax \$ 0.24
Total Fee \$ 5.00
CASH PAID \$ 5.00
Cash Tender \$ 5.00
Change Due \$ 0.00

THANK YOU
COME AGAIN

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
JAN 26, 2015

Purchase Date/Time: 07:14am Jan 26, 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]
SN #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

American Express

GST #887316638RT0001

YELLOW CAB

780.462.3456

GST# _____

Date: 30-1-15 Amount: \$58.00

Driver: [REDACTED] Car#: 152

From: Airport

To: [REDACTED]

10135-31 Avenue, Edmonton, AB T6N 1C2



YELLOW CAB

780.462.3456

GST# _____

Date: 29 Jan 2015 Amount: 506

Driver: [REDACTED] Car#: [REDACTED]

From: [REDACTED]

To: Airport

10135-31 Avenue, Edmonton, AB T6N 1C2



310 MULTIPLEX ROAD SE
CALGARY, AB T2A 1X2

TERMINAL ID: 319 651 381
VEHICLE ID: 1370
DRIVER ID: 9851
GST ACCOUNT #: 82264205
TRIP NUMBER: [REDACTED]
PASSENGERS: [REDACTED]

01/30/2015
START: 12:18 END: 12:34
DISTANCE: 289.00 RATE: 1

FARE AMOUNT: \$ 59.05

TAX AMOUNT: \$ 2.95

TOTAL: \$ 62.00

TIP AMOUNT: \$ _____

GRAND TOTAL: \$ _____

CASH RECEIPT

THANK YOU
14031299 9399
WWW.THECHECKERGROUP.COM



Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international arrivals

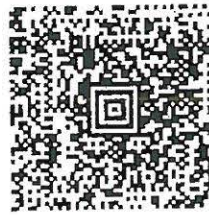



Driver: [REDACTED] Date: 01/29/15

Car #: [REDACTED] Amount: 66

GST Included # _____

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

AIR CANADA **Booking Information**

Booking Reference: [REDACTED]

Customer Care

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Air Canada
1-888-247-2262

Main Contact:
Mr Gerald Nicholas Predy
gerry.predy@albertahealthservices.ca
Mobile: 1-780-9708530

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8137 ¹	Edmonton, Edmonton Int'l (YEG) Tue 20-Jan 2015 08:00	Calgary (YYC) Tue 20-Jan 2015 08:56	0	0hr56	DH3	Tango, T	
AC8152 ¹	Calgary (YYC) Tue 20-Jan 2015 16:30	Edmonton, Edmonton Int'l (YEG) Tue 20-Jan 2015 17:25	0	0hr55	DH3	Tango, T	

Operated by:

¹ Air Canada Express - Jazz**Passenger Information**

1: Mr Gerald Nicholas Predy : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan: [REDACTED]

Meal Preference: **None**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: AC8152 11C

Purchase Summary**Fare Summary**

	Adult
Passenger Type	
Air Transportation Charges	
Departing Flight - Tango	84.00
Return Flight - Tango	84.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	13.31
Air Travellers Security Charge (ATSC)	14.25
Total before options (per passenger)	279.56
Number of passengers	x 1
Total with options	279.56
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$279.56

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$279.56

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$279.56 (Airfare - per ticket)

Your booking is confirmed. Booking reference: [REDACTED]

An email booking confirmation has been sent to: gerry.predy@albertahealthservices.ca.
Use your booking reference to retrieve your official Itinerary/Receipt at aircanada.com.

Passengers Mr Gerald Nicholas Predy					Airfare	
Flight	From	To	Departure	Arrival	Options	236.00
AC8131	Edmonton (YEG)	Calgary (YYC)	05:30 Thu 29-Jan 2015	06:26 Thu 29-Jan 2015	Taxes, fees and charges	35.00
AC8150	Calgary (YYC)	Edmonton (YEG)	15:30 Fri 30-Jan 2015	16:25 Fri 30-Jan 2015	Travel Insurance	91.51
					Grand Total	\$362.51
					Canadian dollars	

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Mr Gerald Nicholas Predy
gerry.predy@albertahealthservices.ca
Mobile [REDACTED]

Customer Care

Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8131 ¹	Edmonton, Edmonton Int'l (YEG)	Calgary (YYC) Thu 29-Jan 2015 06:26	0	0hr56	DH3	Flex, W	
AC8150 ¹	Calgary (YYC) Fri 30-Jan 2015 15:30	Edmonton, Edmonton Int'l (YEG) Fri 30-Jan 2015 16:25	0	0hr55	DH4	Tango, A	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Gerald Nicholas Predy : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan [REDACTED] Meal Preference: None
Payment Card: [REDACTED] Special Needs: None
Seat Selection: AC8131 1C (Preferred) Paid, AC8150 1C (Preferred) Paid

Congratulations on your selection of a Preferred seat. Please read the Terms and conditions.

Purchase Summary

Fare Summary

Total charge for 1 adult	
Air Transportation Charges	
Departing Flight (Flex) (including surcharges)	154.00
Return Flight (Tango) (including surcharges)	82.00
Options	35.00
Taxes, Fees and Charges	91.51
Total Airfare Charge	364.26
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$362.51

Payment Information

Credit/Debit Card [REDACTED] Amount paid: **\$362.51**
The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$325.76 (Airfare - per ticket)
- Air Canada: \$36.75 (Advance Seat Selection - for passenger 1)

Ticket number(s) [REDACTED]

Fare Rules**Departing Flight** Edmonton (YEG) To Calgary (YYC) - **Flex**• **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- **Same-day standby** is available **only** to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

• **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a **new ticket**, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete fare rules applicable to this fare.

Return Flight Calgary (YYC) To Edmonton (YEG) - **Tango**• **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes at check-in or at the airport** are subject to availability and are permitted only for same-day flights at a fee of \$75 CAD/USD per direction, per passenger.
- **Same-day standby** is available **only** to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

• **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable



DELTA


CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
 Tel: 403-278-5050 Fax: 403-225-5834

ALBERTA HEALTH
 Dr Gerald Predy



Canada

Room: 
 Folio:
 Cashier:
 Arrival: 01-29-15
 Departure: 01-30-15

Date	Description	Additional Information	Charges	Credits
01-29-15	Room Charge		154.00	
01-29-15	DMF		4.62	
01-29-15	Room GST		7.93	
01-29-15	Tourism Levy		6.34	

Total	172.89	0.00
Balance Due	172.89	CDN

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

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.



CMPA | ACPM
THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION | L'ASSOCIATION CANADIENNE DE PROTECTION MÉDICALE

Membership Update

Date: 11/25/2014

Dr Gerald Predy

Member Number: [REDACTED]

[REDACTED]
CAN

Dear Doctor Priedy:

[REDACTED]

As per the Alberta Medical Association's schedule for early reimbursement, your annual membership fee totalling \$1,716.00 will be debited from your account on January 31, 2015.

[REDACTED]

Yours sincerely,

Randi-Lee Prieur
Membership Administrator
Membership Services

IMPORTANT REMINDER: Please ensure personal information is used and protected in accordance with applicable privacy legislation.

MAILING ADDRESS : P.O. Box 8225, Station T, Ottawa ON K1G 3H7
STREET ADDRESS : 875 Carling Avenue, Ottawa ON K1S 5P1
TELEPHONE : 613-725-2000, 1-800-267-6522
FACSIMILE : 1-877-763-1300 WEBSITE : cmpa-acpm.ca

ADRESSE POSTALE : C.P. 8225, Succursale T, Ottawa ON K1G 3H7
ADRESSE CIVIQUE : 875, avenue Carling, Ottawa ON K1S 5P1
TÉLÉPHONE : 613-725-2000, 1-800-267-6522
TÉLÉCOPIEUR : 1-877-763-1300 SITE WEB : cmpa-acpm.ca



TD Canada Trust
EasyWeb

Account Activity

[Help](#) | [Print](#)

Account: TD ALL-INCLUSIVE BANKING PLAN - [REDACTED]

View: Last 10 Days

Current Balance

[REDACTED]

Overdraft Limit

Available Balance

[Apply for Overdraft Protection](#)

[REDACTED]

Balance Date: Feb 10, 2015

Date ↑	Transaction Description ↕	Withdrawals ↕	Deposits ↕	Balance
[REDACTED]				
Feb 02, 2015	CMPA / ACPM AP		1,716.00	[REDACTED]
[REDACTED]				
Simply Accounting		Download		
All transactions to the close of the previous BUSINESS day will be downloaded. View supported versions of the software downloads.				

OLLY FRESCO'S INC

UNIT 120 - 10301 SOUTHPORT LANE SW
 CALGARY, Alberta T2W 1S7
 CANADA

INVOICE

Invoice No.: [REDACTED]
 Date: 29/01/2015
 Page: 1

Sold to: [REDACTED]

Ship to: AHS [REDACTED]

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			@ 7:30			
C	Each	25	coffee		1.50	37.50
T	Each	10	tea		1.25	12.50
J	Each	10	Juice		2.00	20.00
			@ 11:30			
MVP	Each	1	medium veggie platter		40.00	40.00
MFP	Each	1	medium fruit platter		55.00	55.00
BS	Each	18	bread sandwich		5.75	103.50
WS	Each	14	wrap sandwich		5.75	80.50
SD	Each	30	soft drink		1.75	52.50
J	Each	8	Juice		2.00	16.00
C	Each	25	coffee		1.50	37.50
			Subtotal:			455.00
		Total				\$455.00

Retain this copy for your records
 Customer copy

(00) APPROVED - THANK YOU

Trace # [REDACTED]
 Inv. # [REDACTED]
 Auth # 001730085

01-30-2015
 Acct # [REDACTED]
 Exp Date [REDACTED]
 Name: GERALD PREDY
 40809090841010
 MasterCard

1111 PURCHASE 1111
 #128-10301 SOUTHPO 720157
 CALGARY AB
 21687830

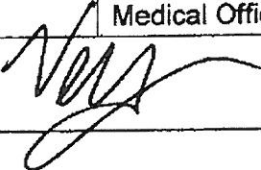
Total Amount 455.00

Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Details of Working Session Request			
Describe the purpose of the working session. The session represents the regular full day meeting of the AHS Clinical Department of Public Health and Preventive Medicine. The attendees are Medical Officers of Health who meet to address public health issues, to learn about developments in program areas, departmental organization, resource allocation, facilitation of teaching and research.			
Name of Event AHS Clinical Department of Public Health and Preventive Medicine Meeting			
Date of Request (yyyy-Mon-dd) 2015 - 01 - 26	First Name of Event Lead Gerry		Preedy
Title Senior Medical Officer of Health		Department Senior Medical Officer of Health/Senior Medical Director - PPAH	
Location of Venue Calgary		Event Date(s) (yyyy-Mon-dd) 2015-01-29	Number of Attendees 30
Guest Speaker(s)/Facilitators	Title/Role	Organization	
Dr. Mayank Singal	Medical Officer of Health, North Zone	Alberta Health Services	
Dr. Graham Tipples	ProvLab	Alberta Health Services	
Dr. Deena Hinshaw	Zone Lead Medical Officer of Health, Central Zone	Alberta Health Services	
Dr. Laura McDougall	MOH Dyad Lead, ACPLF	Alberta Health Services	
Dr. Laura McLeod	Medical Officer of Health, Calgary Zone	Alberta Health Services	
Proposed Budget	Venue Cost		
	Speaker/Facilitator Costs		
	Travel (mileage, accommodations, rentals) costs		
	Meals 279 (lunch)		
	Non- Alcoholic Beverages 122 (bkfst/break/lunch) <i>coffee, juice, tea</i>		
	Other Specify nature of expense		
	GST (if applicable)		
Total Planned Event Budget		\$455.00	

Authorization

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name	VP Quality and Chief Medical Officer	DOFA Level
	Dr. Verna Yiu Signature		2 Date (yyyy-Mon-dd) 2015 Jan. 26

Attendance Record

Attendee	AM	PM	Audio/Other VC
Provincial/SMOH			
Predy	✓	✓	
Secretariat - Weiss	✓	✓	
North Zone			
de Villiers	✓	✓	
Koliaska	✓	✓	
Benade	X		
Singal	X		
Edmonton Zone			
Sikora			<input checked="" type="checkbox"/> Edm EOC
Johnson	✓	✓	
Keays			<input checked="" type="checkbox"/> Edm EOC
Chandran			X
Oda	✓	✓	
Central Zone			
Hinshaw	✓	✓	
Horne	✓	✓	
Achebe	✓	✓	
Calgary Zone			
Musto	✓	✓	
MacDonald	✓	✓	
Friesen	✓	✓	
Strong	✓	✓	
McLeod	✓	✓	
Etches	✓	✓	
South Zone			
Suttorp	✓	✓	
Goodison	✓	✓	
Public Health Physicians			
Cooper	✓	✓	
Franc			Edm EOC ✓
McDougall	✓	✓	
Read	X		
Smyczek	Regrets		
Yang	✓	✓	
DPHO			
Figueiredo	✓	✓	
ProvLab			
Tipples	X		
PH&PM Residents			
Cabaj	✓	✓	
Chao	X		
Dunkley	X		
Freeman	X		
Gursky	✓	✓	
Kim	✓	✓	
Martinez			<input checked="" type="checkbox"/> Edm EOC
McKennitt	X		
Mema	✓	✓	
Todor	X		

Attendance Record (Page 2)

UofA PM			
Doroshenko			Edm EOC ✓
Other Guests			
Angela Jacobs/CDC			Edm EOC X
Bary Litun Ex Dir. College of AB Schl Superintendents			Audio ✓
Duane Plantinga Ex. Dir. Association of Independent Schools and Colleges in Alberta			<input checked="" type="checkbox"/>
Joy Jaipaul/CDC			Edm EOC X
Shannon Evans/Communications	✓		

Add'l Residents:

Karla Gustafson
S. Manicki
G. Salvo

(29)

29 Calgary
5 VC
1 Audio