

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of March 2018

| | | 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) |
| Mar-18 | Expense Claim | Meetings | 79 | 122 | | 393 | 594 | | | |
| Mar-18 | Direct Billing | Meetings | 1,581 | | 603 | | 2,184 | | | |
| Total | | | \$ 1,660 | \$ 122 | \$ 603 | \$ 393 | \$ 2,778 | \$ - | \$ - | \$ - |

Total for the Month \$ 2,778

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 179
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.

BOARD MEMBER EXPENSE CLAIM FORM

| | | | |
|-------------------------------------|---|-----------------------|------------|
| SECTION 1: PAYEE INFORMATION | | | |
| Name: | Glenda Yeates | Expense Period Month: | Mar-18 |
| Address: | [REDACTED] | City: | [REDACTED] |
| Province: | [REDACTED] | Postal Code: | [REDACTED] |
| | | Country: | Canada |
| Reason for Expense | Attend Finance Committee Meeting and Chair Quality & Safety Committee Meeting on March 14, 2018. Attend Private/Public Board Meetings and Tour EMS Dispatch and Air Ambulance on March 26-27, 2018. | | |

| SECTION 2: FINANCE CODING & TOTAL CLAIM | | | | | |
|--|-------------|-----------------------------|---------------------------|------------------------|---|
| Description | Corp/BU/Org | Location (If applicable) | Functional Centre/Primary | Expense/Secondary Acct | Total (Note: This column will auto fill) |
| Meals (A) | 101 | 0005 | 71110300000 | 45000000 | \$122.20 ✓ |
| Travel Exp (B+C+E) | 101 | 0005 | 71110300000 | 62212000 | \$471.30 ✓ |
| Other (D) | 101 | 0005 | 71110300000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$593.50 ✓ <i>GH</i> |

| | | | |
|--|--|----------------|------------|
| SECTION 3: AUTHORIZATION | | | |
| I attest that I have read and understand all applicable policies 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 Board 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 below. | | | |
| Claimant (Print Name) | Signature: I, by signing this form, attest that I am compliant to all the above statements | Date | Phone# |
| Glenda Yeates | <i>See att. email for approval.</i> | April 10, 2018 | [REDACTED] |

| | |
|---|------------------------------|
| I attest that I have read and understand all applicable policies of 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 Board 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 below. | |
| Approved by (Print Name) | Position Title/Program Group |
| Linda Hughes | Board Chair |
| Signature: I, by signing this form, attest that I am compliant with all the above statements | Date |
| <i>Linda Hughes</i> | April 11/18 |

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Privacy (FOIP) Act, respectively, for the purpose of administ

Deborah Rhodes
 Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] DOFA Level [REDACTED]

For payment please submit to:

14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

| | | | |
|--------------|---------------|------------------------------|--------|
| Name: | Glenda Yeates | Expense Period Month: | Mar-18 |
|--------------|---------------|------------------------------|--------|

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 below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International.)

| Date | Description: (include purpose of trip, mode of travel, starting point, details of expenditure) | Cost Effective method used? | Meal (Allowance OR Receipt)(A) | | | | Accommodation (B) | Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C) | Other (Itemize) (D) | Mileage km (E) |
|---|---|-----------------------------|----------------------------------|-----------|--|--------|---------------------|--|-----------------------|------------------|
| | | | Allowance Within Canada | | With Receipt or Allowance Outside Canada | | | | | |
| | | | Meal Type | Allowance | Meal Type | Amount | | | | |
| 13-Mar-2018 | Taxi from residence to Ottawa Airport to attend Finance Committee; Chair Quality & Safety Committee mtgs on March 14, 2018. | Yes | | | | | \$35.25 | ✓ | | |
| 13-Mar-2018 | Taxi from YEG to hotel. | Yes | LD-\$32.35 | \$32.35 | ✓ | | \$62.75 | ✓ | | |
| 14-Mar-2018 | Taxi from SSP to YEG | Yes | | | | | \$71.76 | ✓ | | |
| 14-Mar-2018 | Taxi from Calgary Airport to pick up personal car at daughter's residence. | Yes | BD-\$29.95 | \$29.95 | ✓ | | \$31.40 | ✓ | | |
| 25-Mar-2018 | Mileage from Canmore residence to Calgary Airport to attend Private/Public Board Meetings in Edmonton. | Yes | D-\$20.75 | \$20.75 | ✓ | | | | 122 | |
| 26-Mar-2018 | Per diems. | Yes | BD-\$29.95 | \$29.95 | ✓ | | | | | |
| 27-Mar-2018 | Per diem. | Yes | B-\$9.20 | \$9.20 | ✓ | | | | | |
| 27-Mar-2018 | Change Fee to take an earlier flight as bad weather imminent. | Yes | | | | | \$78.75 | ✓ | | |
| 27-Mar-2018 | Taxi from Calgary Airport to pick up car at family member's residence. | Yes | | | | | \$34.39 | ✓ | | |
| 27-Mar-2018 | Mileage from Calgary to Canmore residence. | | | | | | | | 122 | |
| Total: (amount auto fills to page 1) | | | \$122.20 | ✓ | \$0.00 | \$0.00 | \$314.30 | ✓ | \$0.00 | 244.00 |

| | | | |
|----------------------------------|-------|----------------------|-----------|
| BOARD MEMBER Mileage Rate | 0.505 | Total Mileage | \$ 123.22 |
|----------------------------------|-------|----------------------|-----------|

Carry forward from Section 1

| | | | |
|-------|---------------|-----------------------|--------|
| Name: | Glenda Yeates | Expense Period Month: | Mar-18 |
|-------|---------------|-----------------------|--------|

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 below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4B: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy
 Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates
 (Appendix C for USA, Appendix D for International.)

| Date | Description: (include purpose of trip, mode of travel, starting point, details of expenditure) | Cost Effective method used? | Meal (Allowance OR Receipt)(A) | | | | Accommodation (B) | Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C) | Other (Itemize) (D) | Mileage km (E) |
|---|--|-----------------------------|--------------------------------|-----------|--|--------|-------------------|--|---------------------|----------------|
| | | | Allowance Within Canada | | With Receipt or Allowance Outside Canada | | | | | |
| | | | Meal Type | Allowance | Meal Type | Amount | | | | |
| 3-Apr-2018 | Taxi from Ottawa Airport to residence. | Yes | | | | | \$33.78 | ✓ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | \$0.00 | | \$0.00 | \$0.00 | \$33.78 | ✓ | \$0.00 | 0.00 |

| | | | |
|----------------------------------|-------|----------------------|------|
| BOARD MEMBER Mileage Rate | 0.505 | Total Mileage | \$ - |
|----------------------------------|-------|----------------------|------|

cab Ottawa residence to airport

BLUE LINE TAXI
411-726-1111

TERMINAL ID: [REDACTED]
 RECEIPT ID: [REDACTED]
 DRIVER ID: [REDACTED]

TELEPHONE NUMBER: [REDACTED]
 START DATE: 18/03/18
 START TIME: 09:37

FARE AMOUNT: \$ 30.00

TIP AMOUNT: \$ 5.00

TOTAL: \$ 35.00

VISA SALE: [REDACTED]

APPROVAL NUMBER: [REDACTED]

www.PAYSTUBS.NEWM.COM

CUSTOMER SERVICE: 1-800-843-2852
 (403) 299-1111
 TAXI/08



\$35.25 ✓

cab Edm. airport to chin.

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

Terminal: [REDACTED]
 Driver: [REDACTED]
 18/03/18 14:03:31

VISA
 Card #: [REDACTED]
 Visa Credit
 CHIP CARD

Ref: [REDACTED]
 Auth: [REDACTED]

PURCHASE

FARE : \$ 55.00
 TIP : \$ 7.75

TOTAL : \$ 62.75

APPROVED - THANK YOU (01-027)

IMPORTANT: Retain this copy for your records

Customer Copy

Thank you for choosing Co-op taxi

\$62.75 ✓

GREATER EDMONTON TAXI SERVICE
 10135 31 AVE NW
 EDMONTON AB

CARD: [REDACTED]
 CARD TYPE: VISA
 DATE: 2018/03/18
 TIME: 1005 17:28:38
 INVOICE #: [REDACTED]
 RECEIPT NUMBER: [REDACTED]

PURCHASE AMOUNT: \$62.40
 TIP: \$9.36
 TOTAL: \$71.76

*CAS #15 -> \$71.76 ✓
 CAS Edm. Airport to residence
 VISA Credit*

APPROVED

AUTH: [REDACTED]
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
 BARREL TAXI 780.489.7777
 EDMTAXI.COM
 GST 100403070

ATM CANADA AIRPORT FEE RECEIPT
 TICKET NO: [REDACTED] PNR RECLOC: [REDACTED] COUPON 1 OF 1
 BANK: [REDACTED] ISSUED BY: [REDACTED] LESKAA YEGOM
 DATE OF ISSUE: 27MAR2018

| | AMOUNT | TAX | TOTAL |
|---------------------------------------|--------------|--------------|--------------|
| SALE DAY CHANGE FEE | 75.00 | 03.75 | 78.75 |
| AD3145 27MAR YEGTYC - SAME DAY CHANGE | | | |
| GRAND TOTAL | 75.00 | 03.75 | 78.75 |

FORM OF PAYMENT: 18 CANADIAN DOLLARS
 GST/TPS INST/ENV NO. 100002287 RT000 GST/TVQ NO. 1000-043-172 RT000
 FEES ARE NON-REFUNDABLE

\$78.75 ✓

ASSOCIATED CAB
 307-41 AVENUE NE
 CALGARY AB T2E 2N4
 (403) 299-1111
 CAR#3054

SALE

MC [REDACTED] REF# [REDACTED]
 TD [REDACTED] SEQ [REDACTED]
 Batch: [REDACTED] 03/27/18
 APPR CODE: [REDACTED]
 VISA

AMOUNT \$27.30
 TIP \$4.10
 TOTAL \$31.40

00 - APPROVED - 001
*CAB to Calgary (daughter)
 Visa Credit (residence)*

Thank You
 CUSTOMER COPY

\$31.40 ✓

cab from Calgary airport to daughter's residence

ASSOCIATED CAB
 ALLED BROUSN
 307-41 AVENUE NE
 CALGARY AB T2E 2N4
 (403) 299-1111
 CAR#349

SALE

MC [REDACTED] REF# [REDACTED]
 TD [REDACTED] SEQ [REDACTED]
 Batch: [REDACTED] 03/27/18
 APPR CODE: [REDACTED]
 VISA

AMOUNT \$29.90
 TIP \$4.49
 TOTAL \$34.39

00 - APPROVED - 001

Visa Credit
 [REDACTED]

THANK YOU
 CUSTOMER COPY

\$34.39 ✓

cab from Ottawa airport to residence.

BLUE LINE TAXI
 411-726-1111

TERMINAL ID: [REDACTED]
 RECEIPT ID: [REDACTED]
 DRIVER ID: [REDACTED]

TELEPHONE NUMBER: [REDACTED]
 START DATE: 18/03/18
 START TIME: 17:19

FARE AMOUNT: \$ 29.37

TIP AMOUNT: \$ 4.00

TOTAL: \$ 33.37

VISA SALE: [REDACTED]

APPROVAL NUMBER: [REDACTED]

www.PAYSTUBS.NEWM.COM

CUSTOMER SERVICE: 1-800-843-2852
 (403) 299-1111
 TAXI/08



\$33.78 ✓

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 : Glenda Yeates | Reporting Period for the Month of : Mar-18 |
|-----------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------|--|----------------|--------------------|
| 13-Mar-2018 | Direct Billing | Airline Ticket | Flight from Ottawa to Edmonton to attend Finance Committee Meeting and Chair Quality & Safety Committee Meeting on March 14, 2018 and return flight to Calgary (Invoice [REDACTED]) | Marlin Travel | 621.86 |
| 13-Mar-2018 | Direct Billing | Hotel | One night accommodation to attend the above meetings. | Other | 200.96 |
| 25-Mar-2018 | Direct Billing | Airline Ticket | Flight from Calgary to Edmonton to Private/Public Board Meetings and Tour of EMS Dispatch and Air Ambulance on March 26th and 27th (Invoice [REDACTED]) and return to Calgary on March 27th. | Marlin Travel | 423.86 |
| 25-Mar-2018 | Direct Billing | Hotel | Two nights accommodation to attend the above named meetings. | Other | 401.92 |
| 3-Apr-2018 | Direct Billing | Airline Ticket | Flight from Calgary to Ottawa (Invoice [REDACTED]) | Marlin Travel | 535.31 |
| Total Paid in the Month | | | | | \$ 2,183.91 |

Vision

A DIRECT TRAVELSM COMPANY

Invoice

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

Trip #: [REDACTED]
 Booking Date: 27 Feb 18
 Client: [REDACTED]
 Agent: [REDACTED]
 Agents email: [REDACTED]@MARLINTRAVEL.CA
 File Locator: [REDACTED]

PASSENGERS: MS GLENDA YEATES

| REFERENCE/ DESCRIPTION | FARE | HST/GST | PST | OTHER TAXES | PENALTY | TOTAL |
|--------------------------------|---------------|-------------|-------------|--------------|-------------|-------------------|
| AIR CANADA Ticket # [REDACTED] | 549.90 | 0.00 | \$0.00 | 71.96 | 0.00 | 621.86 CAD |
| Total: | 549.90 | 0.00 | 0.00 | 71.96 | 0.00 | 621.86 CAD |

| PAYMENTS | Invoice # | Payment Date | Card Holder | Form of Payment | Amount |
|----------------|------------|--------------|-------------|-----------------|------------|
| | [REDACTED] | 2/27/2018 | | | 0.00 CAD |
| | [REDACTED] | 2/27/2018 | | [REDACTED] | 621.86 CAD |
| Total Payment: | | | | | 621.86 CAD |

Balance Due CAD Currency **0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL BOARD MEETING

-----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. ***** 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: 27 Feb 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

| Passengers | Citizenship | Required Travel Documents |
|--------------|---------------|---------------------------|
| GLENDAYEATES | 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: GLENDAYEATES
Booking Date: 27 Feb 18
File Locator/Ticket #: [REDACTED]

| Airline | Flight | From | Terminal | To | Class/Seat | Stops |
|------------|--------|-------------------------------------|----------|--------------------------------------|------------|-------|
| AIR CANADA | 00449 | OTTAWA INTL 13 Mar 18 11:00AM | | TORONTO PEARSON 13 Mar 18 12:06PM | G/ | |
| AIR CANADA | 00167 | TORONTO PEARSON 13 Mar 18 1:25PM | | EDMONTON INTL 13 Mar 18 3:38PM | G/ | |



AIR

Passengers: GLENDAYEATES
Booking Date: 27 Feb 18
File Locator/Ticket #: [REDACTED]

| Airline | Flight | From | Terminal | To | Class/Seat | Stops |
|------------|--------|-----------------------------------|----------|----------------------------------|------------|-------|
| AIR CANADA | 08155 | EDMONTON INTL 14 Mar 18 6:30PM | | CALGARY INTL 14 Mar 18 7:24PM | G/ | |

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Glenda Yeates

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 13-MAR-18 16:07
 Depart Date : 14-MAR-18 10:11
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED] Alberta Health Services

Copy

Tax ID : 815461330RT0001
 The Westin Edmonton MAR-16-2018 08:47 [REDACTED]

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-----------|------------|---------------------------|---------------|---------------|
| 13-MAR-18 | [REDACTED] | Room Charge | 179.00 | |
| 13-MAR-18 | [REDACTED] | GST | 9.22 | |
| 13-MAR-18 | [REDACTED] | Destination Marketing Fee | 5.37 | |
| 13-MAR-18 | [REDACTED] | Tourism Levy | 7.37 | |
| 14-MAR-18 | [REDACTED] | Transfer to A/R | | -200.96 |
| | | ** Total | 200.96 | -200.96 |
| | | *** Balance | 0.00 | |

STAY LONGER - Enjoy more time to explore your destination with the benefits of Westin Weekend, from extended breakfast hours to late Sunday checkouts. Book your next Westin Weekend at westin.com/weekend

Continued on the next page

Vision

A DIRECT TRAVEL™ COMPANY

Invoice

| | |
|--|--|
| ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 | Trip #: [REDACTED] Booking Date: 27 Feb 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED] |
|--|--|

PASSENGERS: MS GLENDA YEATES

| REFERENCE/ DESCRIPTION | FARE | HST/GST | PST | OTHER TAXES | PENALTY | TOTAL |
|--------------------------------|---------------|-------------|-------------|--------------|-------------|-------------------|
| AIR CANADA Ticket # [REDACTED] | 348.90 | 0.00 | \$0.00 | 74.96 | 0.00 | 423.86 CAD |
| Total: | 348.90 | 0.00 | 0.00 | 74.96 | 0.00 | 423.86 CAD |

| PAYMENTS | Invoice # | Payment Date | Card Holder | Form of Payment | Amount |
|-----------------------|------------|--------------|-------------|-----------------|-------------------|
| | [REDACTED] | 02/27/2018 | | | 0.00 CAD |
| | [REDACTED] | 02/27/2018 | | [REDACTED] | 423.86 CAD |
| Total Payment: | | | | | 423.86 CAD |

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

-----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. -----
 ***** 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: 27 Feb 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

| Passengers | Citizenship | Required Travel Documents |
|--------------|---------------|---------------------------|
| GLENDAYEATES | 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: GLENDAYEATES

Booking Date: 27 Feb 18
File Locator/Ticket #: [REDACTED]

| Airline | Flight | From | Terminal | To | Class/Seat | Stops |
|------------|--------|----------------------------------|----------|-----------------------------------|------------|-------|
| AIR CANADA | 08154 | CALGARY INTL 25 Mar 18 8:10PM | | EDMONTON INTL 25 Mar 18 9:04PM | G/ | |



AIR

Passengers: GLENDAYEATES

Booking Date: 27 Feb 18
File Locator/Ticket #: [REDACTED]

| Airline | Flight | From | Terminal | To | Class/Seat | Stops |
|------------|--------|-----------------------------------|----------|----------------------------------|------------|-------|
| AIR CANADA | 08149 | EDMONTON INTL 27 Mar 18 3:25PM | | CALGARY INTL 27 Mar 18 4:17PM | G/ | |

GOVERNMENT CENTRE

MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8

Tel : 780 425 8611

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Glenda Yeates

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 25-MAR-18 21:45
 Depart Date : 27-MAR-18 07:25
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED] Alberta Health Services

Copy Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edmonton MAR-28-2018 10:05 [REDACTED]

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-----------|------------|---------------------------|---------------|---------------|
| 25-MAR-18 | [REDACTED] | Room Charge | 179.00 | |
| 25-MAR-18 | [REDACTED] | GST | 9.22 | |
| 25-MAR-18 | [REDACTED] | Destination Marketing Fee | 5.37 | |
| 25-MAR-18 | [REDACTED] | Tourism Levy | 7.37 | |
| 26-MAR-18 | [REDACTED] | Room Charge | 179.00 | |
| 26-MAR-18 | [REDACTED] | GST | 9.22 | |
| 26-MAR-18 | [REDACTED] | Destination Marketing Fee | 5.37 | |
| 26-MAR-18 | [REDACTED] | Tourism Levy | 7.37 | |
| 27-MAR-18 | [REDACTED] | Direct Bill | | -401.92 |
| | | ** Total | 401.92 | -401.92 |
| | | *** Balance | 0.00 | |

Continued on the next page

Vision

A DIRECT TRAVEL™ COMPANY

Invoice

| | |
|--|--|
| ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 | Trip #: [REDACTED] Booking Date: 27 Feb 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED] |
|--|--|

PASSENGERS: MS GLENDA YEATES

| REFERENCE/ DESCRIPTION | FARE | HST/GST | PST | OTHER TAXES | PENALTY | TOTAL |
|--------------------------------|---------------|-------------|-------------|--------------|-------------|-------------------|
| AIR CANADA Ticket # [REDACTED] | 497.83 | 0.00 | \$0.00 | 37.48 | 0.00 | 535.31 CAD |
| Total: | 497.83 | 0.00 | 0.00 | 37.48 | 0.00 | 535.31 CAD |

| PAYMENTS | Invoice # | Payment Date | Card Holder | Form of Payment | Amount |
|-----------------------|------------|--------------|-------------|-----------------|-------------------|
| | [REDACTED] | 02/27/2018 | [REDACTED] | [REDACTED] | 535.31 CAD |
| Total Payment: | | | | | 535.31 CAD |

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL BOARD MEETING

***** 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.

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

Trip #: [REDACTED]
Booking Date: 27 Feb 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

| Passengers | Citizenship | Required Travel Documents |
|--------------|---------------|---------------------------|
| GLENDAYEATES | 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: GLENDAYEATES

Booking Date: 27 Feb 18
File Locator/Ticket #: [REDACTED]

| Airline | Flight | From | Terminal | To | Class/Seat | Stops |
|------------|--------|-----------------------------------|----------|---------------------------------|------------|-------|
| AIR CANADA | 00350 | CALGARY INTL 03 Apr 18 11:15AM | | OTTAWA INTL 03 Apr 18 5:04PM | W/ | |