

## AHS Board and Executive Expense Report

**Name** Glenda Yeates  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of September 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)
Sep-18	Expense Claim	Meetings		71	402	173	646			
Sep-18	Direct Billing	Meetings	1,765				1,765			
<b>Total</b>			\$ 1,765	\$ 71	\$ 402	\$ 173	\$ 2,411	\$ -	\$ -	\$ -

**Total for the Month**      \$      2,411

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.

*Employee#* [Redacted]

AHS - AP Processing Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

## BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates			Expense Period Month:	Sep-18
Address:	[Redacted]	City:	[Redacted]		
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attended Private/Public Board Meetings on September 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	7111030000	45000000	<b>\$71.50</b>
Travel Exp (B+C+E)	101	0005	7111030000	62212000	<b>\$574.95</b>
Other (D)	101	0005	7111030000	41090000	<b>\$0.00</b>
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$646.45</b>

SECTION 3: AUTHORIZATION			
<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>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.</p> <p>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.</p>			
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>		[Redacted]

<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>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.</p> <p>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.</p>	
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>	Nov. 7/18

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.

**For payment please submit to:**  
**14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra**

*Deborah Rhodes*  
Nov. 15/18

*Nov. 08/18  
emailed to Public Disclosure copy sent to G.Y.*

**Carry forward from Section 1**

<b>Name:</b>	Glenda Yeates	<b>Expense Period Month:</b>	September
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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				
26-Sep-2018	Travel expense to airport without a receipt.	Yes					\$12.75			
26-Sep-2018	Taxi from YEG to hotel.	Yes					\$63.25			
26-Sep-2018	Two nights accommodation to attend Private/Public Board Meetings on September 27, 2018.	Yes	D-\$20.75	\$20.75		\$401.92				
27-Sep-2018	Breakfast and Dinner per diems.	Yes	BD-\$29.95	\$29.95						
28-Sep-2018	Taxi from hotel to YEG.	Yes	BL-\$20.80	\$20.80			\$63.25			
2-Oct-2018	Taxi from Ottawa Airport to residence.	Yes					\$33.78			
<b>Total: (amount auto fills to page 1)</b>			\$71.50		\$0.00	\$401.92	\$173.03	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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**From:**

**Sent:**

**To:**

**Subject:**

Glenda Yeates

Wednesday, October 03, 2018 2:12 PM

September expense claim

GREATER EDMONTON TAXI SERVICE  
 10119 31 AVE NW  
 EDMONTON AB

CARD [REDACTED]  
 CARD TYPE VISA  
 DATE 2018/09/26  
 TIME 0149 19 55 13  
 INVOICE # [REDACTED]  
 RECEIPT NUMBER [REDACTED]

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

Visa Credit

[REDACTED]

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

GREATER EDMONTON TAXI SERVICE  
 10119 31 AVE NW  
 EDMONTON AB

CARD [REDACTED]  
 CARD TYPE VISA  
 DATE 2018/09/28  
 TIME 0559 01 21 24  
 INVOICE # [REDACTED]

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

Visa Credit

[REDACTED]

APPROVED

AUTH [REDACTED]  
THANK YOU

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GREATER EDMONTON TAXI SERVICE  
 10119 31 AVE NW  
 EDMONTON AB

CARD [REDACTED]  
 CARD TYPE VISA  
 DATE 2018/09/28  
 TIME 0559 01 21 24  
 INVOICE # [REDACTED]

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

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



\$33.78

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 : 26-SEP-18 20:03  
 Depart Date : 28-SEP-18 07:51  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001  
 The Westin Edmonton SEP-28-2018 08:00 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
26-SEP-18	[REDACTED]	Room Charge	179.00	
26-SEP-18	[REDACTED]	GST	9.22	
26-SEP-18	[REDACTED]	Destination Marketing Fee	5.37	
26-SEP-18	[REDACTED]	Tourism Levy	7.37	
<hr/>				
27-SEP-18	[REDACTED]	Room Charge	179.00	
27-SEP-18	[REDACTED]	GST	9.22	
27-SEP-18	[REDACTED]	Destination Marketing Fee	5.37	
27-SEP-18	[REDACTED]	Tourism Levy	7.37	
28-SEP-18	[REDACTED]	Visa [REDACTED]		-425.40
** Total			425.40	-425.40
*** Balance			0.00	

Continued on the next page

**Claiming only \$401.92**

*minus Share Restaurant  
 Charge*  
 425.40  
 - 23.48  
 -----  
 \$401.92

## 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

<b>Name :</b> Glenda Yeates	<b>Reporting Period for the Month of :</b> Sep-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Sep-18	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton return to attend Board Committee Meetings on September 12-13, 2018. Flight cancelled due to illness (Invoice [REDACTED] Credit applied.	Vision Travel	\$973.91
26-Sep-18	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton to attend the Private/Public Board Meetings on September 27, 2018. Return on October 2nd from Victoria to Ottawa. (paid personally for flight from Edmonton to Victoria).	Vision Travel	\$491.27
2-Oct-18	Direct Billing	Airline Ticket	Fight from Victoria to Ottawa	Vision Travel	\$300.28
	Direct Billing	Choose from Drop-down List		Vision Travel	
	Direct Billing	Choose from Drop-down List		Vision Travel	
	Direct Billing	Choose from Drop-down List		Vision Travel	
<b>Total Paid in the Month</b>					\$ 1,765.46

# Vision

A DIRECT TRAVEL™ COMPANY

**Invoice**

YEATES, GLENDA [REDACTED]	Trip #: [REDACTED] Booking Date: 24 Aug 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED] File Locator: [REDACTED]
------------------------------	--

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	901.95	0.00	\$0.00	71.96	0.00	973.91 CAD
<b>Total:</b>	<b>901.95</b>	<b>0.00</b>	<b>0.00</b>	<b>71.96</b>	<b>0.00</b>	<b>973.91 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/21/2018		[REDACTED]	491.27 CAD
		08/21/2018			300.28 CAD
		08/21/2018			973.91 CAD
		08/22/2018			187.78 CAD
<b>Total Payment:</b>					<b>1,953.24 CAD</b>

**Balance Due CAD Currency -979.33 CAD**

**Payment Due Date: 24 Aug 18**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL AHS 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.

YEATES, GLENDA

Trip #: [REDACTED]  
Booking Date: 24 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]

MY ITINERARY

Passengers: GLENDA YEATES  
Citizenship: Not Specified  
Required Travel Documents: Not Specified

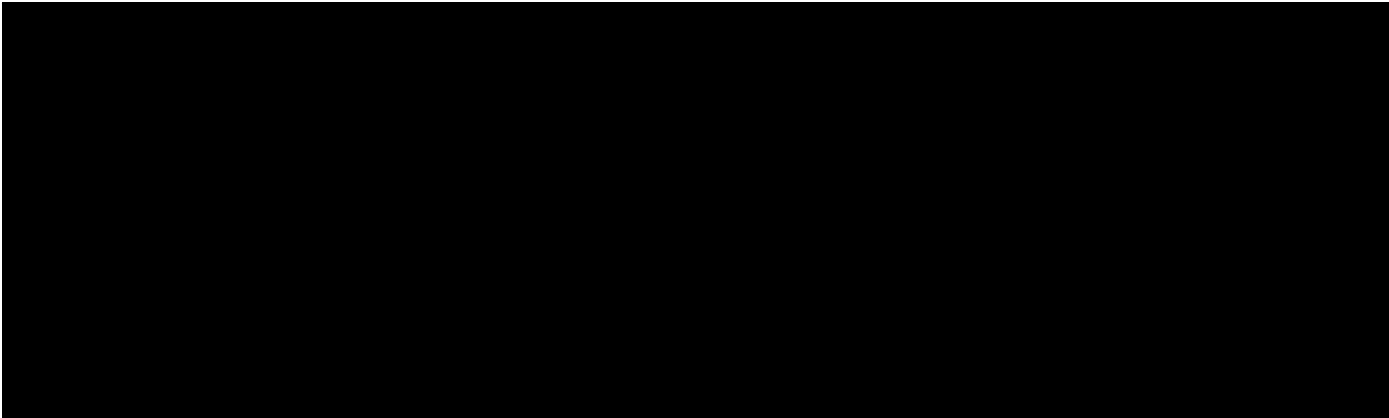
All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GLENDA YEATES  
Booking Date: 21 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00457	OTTAWA INTL 11 Sep 18 3:00PM		TORONTO PEARSON 11 Sep 18 4:03PM	W/	
AIR CANADA	00171	TORONTO PEARSON 11 Sep 18 5:05PM		EDMONTON INTL 11 Sep 18 7:12PM	W/	



AIR

Passengers: GLENDA YEATES  
Booking Date: 21 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08518	EDMONTON INTL 13 Sep 18 4:45PM		WINNIPEG INTL 13 Sep 18 7:37PM	V/	
AIR CANADA	08526	WINNIPEG INTL 13 Sep 18 8:15PM		OTTAWA INTL 13 Sep 18 11:35PM	V/	



**From:** [REDACTED]  
**Sent:** Tuesday, October 23, 2018 5:21 PM  
**To:** [REDACTED]  
**Subject:** Invoice and Itinerary for YEATES/GLENDA MS - 26September18 - Vision Travel Locator: [REDACTED]



Vision Travel DT Ontario-West Inc

, , Canada,

[www.visiontravel.ca](http://www.visiontravel.ca)

GST Reg : 723782728 RT 0001

## Invoice/Itinerary

Invoice: [REDACTED]  
Issued: 23 October 2018

Agency Ref.: [REDACTED]  
Sales Person: [REDACTED]

Customer Number:  
Customer Ref.:

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

Passenger(s): YEATES/GLENDA MS

**Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.**

**AIR - Wednesday, September 26 2018 (Flown)**

[Add To Calendar](#)

**Air Canada Flight AC457 Economy Class**

<b>Depart</b>	Ottawa, Ontario <a href="#">Weather</a>	<b>Arrive</b>	Toronto, Ontario <a href="#">Weather</a>
	Ottawa International Airport		Pearson International Airport
	03:00 PM Wednesday, September 26 2018		04:03 PM Wednesday, September 26 2018

**Duration:** 1 hour(s) and 3 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference: [REDACTED]  
**FF Number:** [REDACTED] - YEATES/GLENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

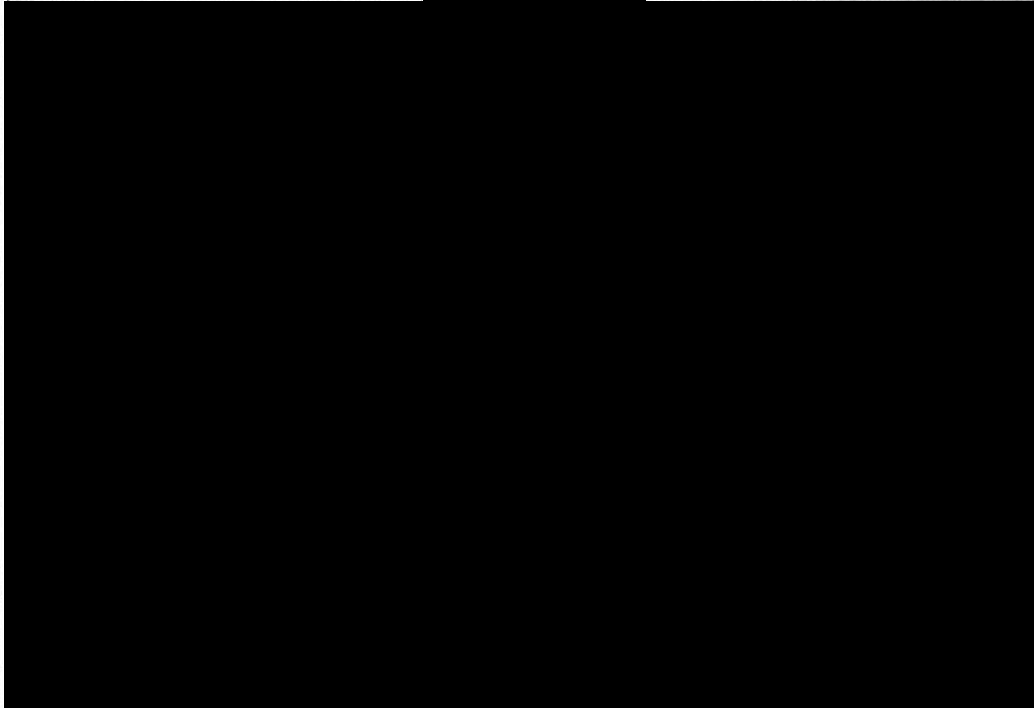
**Remarks:** SEAT 13C - YEATES/GLENDA MS  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]

**Air Canada Flight AC171 Economy Class**

<b>Depart</b>	Toronto, Ontario <a href="#">Weather</a>	<b>Arrive</b>	Edmonton, Alberta <a href="#">Weather</a>
	Pearson International Airport		Edmonton International Airport
	05:05 PM Wednesday, September 26 2018		07:12 PM Wednesday, September 26 2018

**Duration:** 4 hour(s) and 7 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference: [REDACTED]  
**FF Number:** [REDACTED] - YEATES/GLENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 16D - YEATES/GLENDA MS  
 AIR CANADA CONFIRMATION [REDACTED]  
 TICKET NUMBER [REDACTED]



**Depart:** Edmonton

**Status:** Confirmed

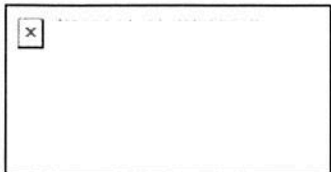
**Invoice Details**

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number	[REDACTED]					
Vendor	[REDACTED]	457.15	34.12	0.00	0.00	491.27
Domestic Air						
		Billed to [REDACTED]				
<b>Totals:</b>		<b>457.15</b>	<b>34.12</b>	<b>0.00</b>	<b>0.00</b>	<b>491.27</b>
					<b>Total Credit Card Billing:</b>	<b>491.27</b>
					<b>Balance Due:</b>	<b>0.00</b>

**Remarks**

\*\*\*\*\*  
 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](http://WWW.AIRCANADA.COM)  
 TO CHECK IN AND PRINT YOUR BOARDING PASS.

**From:** [REDACTED]  
**Sent:** Thursday, October 25, 2018 12:31 PM  
**To:** [REDACTED]  
**Subject:** Invoice and Itinerary for YEATES/GLENDA MS - 02October18 - Vision Travel Locator: [REDACTED]



Vision Travel DT Ontario-West Inc  
[REDACTED], Canada,  
[www.visiontravel.ca](http://www.visiontravel.ca)  
GST Reg : 723782728 RT 0001

## Invoice/Itinerary

Invoice: Agency Ref: [REDACTED] Customer Number: [REDACTED]  
Issued: Sales Person: [REDACTED] Customer Ref.: [REDACTED]

ALBERTA HEALTH SERVICES Passenger(s): YEATES/GLENDA MS  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

**Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.**

AIR - Tuesday, October 2 2018 (Flown)		<a href="#">Add To Calendar</a>
<b>Air Canada Flight AC8060 Economy Class</b>		
<b>Depart</b>	Victoria, British Columbia <a href="#">Weather</a> Victoria International Airport	<b>Arrive</b> Vancouver, British Columbia <a href="#">Weather</a> Vancouver Intl
	09:15 AM Tuesday, October 2 2018	09:43 AM Tuesday, October 2 2018
<b>Duration:</b>	0 hour(s) and 28 minute(s) Non-stop	
<b>Status:</b>	Confirmed - Air Canada Booking Reference: [REDACTED]	
<b>Operated By:</b>	AIR CANADA EXPRESS - JAZZ	
<b>FF Number:</b>	[REDACTED] YEATES/GLENDA MS - please reconfirm at check-in	
<b>Online Check In:</b>	Available 24 hours prior - <a href="#">click here</a>	
<b>E Upgrade:</b>	For Eligible Flight - Aeroplan Members <a href="#">click here</a>	
<b>Remarks:</b>	SEAT 2C - YEATES/GLENDA MS AIR CANADA CONFIRMATION [REDACTED] TICKET NUMBER [REDACTED]	

**Air Canada Flight AC342 Economy Class**

<b>Depart</b>	Vancouver, British Columbia Vancouver Intl 11:45 AM Tuesday, October 2 2018	<b>Arrive</b>	Ottawa, Ontario Ottawa International Airport 07:19 PM Tuesday, October 2 2018
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Duration: 4 hour(s) and 34 minute(s) Non-stop  
 Status: Confirmed - Air Canada Booking Reference: [REDACTED]  
 FF Number: [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in  
 Online Check In: Available 24 hours prior - [click here](#)  
 E Upgrade: For Eligible Flight - Aeroplan Members [click here](#)

Remarks: SEAT 15D - YEATES/GLENDA MS  
 AIR CANADA CONFIRMATION [REDACTED]  
 TICKET NUMBER [REDACTED]

**Excursion / Tour - Sunday, March 31 2019**

Depart: Ottawa  
 Status: Confirmed

**Invoice Details**

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Totals:	[REDACTED]	277.80	22.48	0.00	0.00	
Balance Due:						300.28

**Remarks**

\*\*\*\*\*  
 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  
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 TO CHECK IN AND PRINT YOUR BOARDING PASS.