

AHS Board and Executive Expense Report

Name Gregory Cummings
Title Chief Zone Officer
Location Westlock

Expenses submitted during the month of November 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-16	P-Card	Meetings			882	165	1,047			
Nov-16	Expense Claim	Meetings		471		71	542			
Nov-16	Direct Billing	Meetings	1,073				1,073			
Total			\$ 1,073	\$ 471	\$ 882	\$ 236	\$ 2,662	\$ -	\$ -	\$ -

Total for the Month \$ 2,662

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.

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>CUMMINGS, GREGORY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/11/2016</u>
<u>NORTH ZONE OPERATIONS</u> Cardholder's Dept	<u>WESTLOCK ADMIN BLDG.</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,046.61</u>
<u>GREGORY.CUMMINGS@AHS.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 01/11/2016		BEST WESTERN JASPER IN, LODGING HOTELS, MOTELS, RESORTS	195.97	CAD	195.97	.00	.00	Site Tours and North Zone Orientation for the new CZO
② 02/11/2016		HOLIDAY INN HOTEL & SU, HOLIDAY INNS	148.25	CAD	148.25	7.06		Site Tours and North Zone orientation for the new CZO
③ 02/11/2016		AHS QEIIH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	4.00	CAD	4.00	.19		Meeting at QEII with Jackie Morissette.
④ 07/11/2016		SUN TAXI (FT McMURRAY), LIMOUSINES AND TAXICABS	37.00	CAD	37.00	1.76		Transportation from airport to NLRH.
⑤ 07/11/2016		HOLIDAY INN EXPRESS, HOLIDAY INNS	124.79	CAD	124.79	5.94		Hotel for early morning flight to Fort McMurray for meeting with GoA and RMWB.
⑥ 08/11/2016		SAWRIDGE HTL FRT, LODGING HOTELS, MOTELS, RESORTS	153.61	CAD	153.61	7.31		GoA/RMWB Meetings as well as meetings with staff at NLRHC.
⑦ 08/11/2016		EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43	.00	Parking for flight to FMM for meetings
⑧ 15/11/2016		HOLIDAY INN HOTEL & SU, HOLIDAY INNS	148.25	CAD	148.25	7.06		Nov 14-15 Site Tours and North Zone orientation for new CZO
⑨ 17/11/2016		JULIA S TAXI SERVICE, LIMOUSINES AND TAXICABS	39.00	CAD	39.00	1.86		Taxi - from Airport - FMM meeting
⑩ 17/11/2016		HOLIDAY INN & SUITES, HOLIDAY INNS	111.18	CAD	111.18	5.29		FMM mtng with HR & XXXXXXXXXX
⑪ 17/11/2016		EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking at airport - travel to FMM for Mtng
⑫ 17/11/2016		SUN TAXI (ABDI MOHAMED), LIMOUSINES AND TAXICABS	39.56	CAD	39.56	.00	.00	Taxi to FMM Hospital

Signatures		
<p>Cardholder Designate (if Applicable) 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><u>KATHY PRODANIUK</u> Name of Cardholder Designate</p> <p><u>Kathy Prodaniuk</u> Signature of Cardholder Designate</p>	<p><u>EA to C20 N2</u> Cardholder Designate Position/Title</p> <p><u>Nov 24, 2016</u> Date of Signature</p>	
<p>Cardholder 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><u>CUMMINGS, GREGORY</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>30.11.16</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) 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>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver 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><u>Deb Gordon</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP of CHCO Northern AB</u> Approver Position/Title</p> <p><u>2016-05C-01</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<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>	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date: _____



Oct. 31 - Nov. 2, 2016



* Site tours and orientation for new eZO.

Best Western Rewards No. : [REDACTED]

GST# 83246 7807 RT0001

:
Greg Mr Cummings
Canada :

Arrival : 10-31-16

Departure : 11-01-16

Room No. : [REDACTED]

Conf. No. : [REDACTED]

Cashier No. : [REDACTED]

INFORMATION INVOICE

A/R Number

Group Code

Company Name ABC GLOBAL SERVICES

Date	Description	Charges	Payments
10-31-16	Room	176.39	
10-31-16	Provincial Room Tax	7.06	
10-31-16	GST Occupancy	8.82	
10-31-16	Tourism Levy	3.70	
11-01-16	Mastercard [REDACTED] 01/21		195.97
Total		195.97	195.97
Balance			0.00

Guest Signature

I agree the room rate and additional charges are correctly stated.
Thank you

Jasper Inn & Suites

98 Geikie Street, P.O. Box 879, Jasper, AB T0E 1E0 P: (780) 852-4461 F: (780) 852-5916

Reservations: 1 (800) 661-1933 reservations@jasperinn.com bestwesternjasperinn.com

Wherever Life Takes You, Best Western Is There.®

Each Best Western® branded hotel is independently owned and operated.

2



Oct. 31 - Nov. 2, 2016

* Site Tours and North Zone orientation for new CEO.

11-02-16

Greg Cummings [Redacted]	Folio No. :	Room No. :	[Redacted]
	A/R Number :	Arrival :	11-01-16
	Group Code :	Departure :	11-02-16
	Company :	Conf. No. :	[Redacted]
	Membership No. :	Rate Code :	[Redacted]
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
11-01-16	*Accommodation	134.00	
11-01-16	Sustainability Levy	2.01	
11-01-16	GST Tax - Room	6.80	
11-01-16	Tourism Tax - Room	5.44	
11-02-16	MasterCard		148.25
Total		148.25	148.25
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. 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.

3

RECEIPT

QE II Parking
Grande Prairie, Alberta

License Plate Number



Expiration Date/Time

10:03 AM
NOV 02, 2016

Purchase Date/Time: 08:03am Nov 02, 2016

Total Due: \$4.00 Rate: Hourly up to 3.5 hrs

Total Paid: \$4.00 Payment Type: Card

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: QE II Hospital

Mach Name: [REDACTED]

[REDACTED] MasterCard

Auth #: [REDACTED]

Parking Rates are
GST Exempt

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Meeting @ QEII Hospital with
Jackie Morissette.

4

SUN TAXI
140 MacKenzie King Road
Fort McMurry, AB
T9H 4L2
780-743-5050

Transportation from FMM
airport to NLRHC.

TAXI: 29/66221781

16/11/07 09:46:40

MASTERCARD

Card : [REDACTED]

CHIP CARD SWIPED

Order [REDACTED]

Ref [REDACTED]

Auth [REDACTED]

FARE : \$ 32.00 PURCHASE
TIP : \$ 5.00
TOTAL: \$ 37.00

X_____

APPROVED - THANK YOU

[REDACTED]

Cardholder will pay card
issuer above amount
pursuant to Cardholder Agreement

IMPORTANT: Retain a
copy for your records

GST# 125868893

5.



* Early morning flight to FMM for CoA and RMWB meeting.

11-07-16

Greg Cummings [Redacted]	Folio No. :		Room No. :	[Redacted]
	A/R Number :		Arrival :	11-06-16
	Group Code :		Departure :	11-07-16
	Company :	Leisure	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
11-06-16	*Accommodation	114.49	
11-06-16	G.S.T.	5.72	
11-06-16	Tourism Levy	4.58	
11-07-16	Manual - MasterCard		124.79
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.		Total	124.79
		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.

6.

11-08-16



530 MacKenzie Boulevard
Fort McMurray, AB T9H4C8
T (888) 729-7343 F (780) 743-4654
G.S.T. Registration #804570083RT0001

Mr. Gregory Cummings

Canada

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

Arrival : 11-07-16
Departure : 11-08-16

Date	Description	Charges	Credits
11-07-16	Room Charge	139.00	
11-07-16	GST 5%	6.95	
11-07-16	Tourism Levy 4%	5.56	
11-07-16	Eco Fee GST 5%	0.10	
11-07-16	Eco Fee	2.00	
11-08-16	Mastercard Pin Pad [Redacted]		153.61
	MASTERCARD [Redacted]		
		Total	153.61
		Balance Due	0.00

* GoA / RMWB meeting
and meeting with staff
regarding concerns.

Guest Signature: _____

Thank you for choosing Sawridge Inn and Conference Centre.
To provide feedback about your stay, please contact Steven Watters, General Manager, at swatters@sawridge.com.

Sawridge Inn and Conference Centre
4235 Gateway Blvd. N, NW
Edmonton, AB T6J 5H2
Toll Free: 1.888.729.7343
Direct: 780.438.1222

Sawridge Inn and Conference Centre
PO Box 2080, 76 Connaught Dr
Jasper, AB T0E 1E0
Toll Free: 1.888.729.7343
Direct: 780.852.5111

Sawridge Inn and Conference Centre
9510-100th St
Peace River, AB T8S 1S9
Toll Free: 1.888.729.7343
Direct: 780.624.3621

Thank you for choosing to stay with Sawridge Inn and Conference Centre.

7.

GST# R128599776

Edmonton Airports
Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st Fl 08/11/16 21:50
Receipt [REDACTED]

Short-term parking tkt
VP - No. [REDACTED]
07/11/16 06:27
08/11/16 21:50
Period 2d0h0'
(Tax) \$30.00

Total \$30.00

Payment Received [REDACTED] \$30.00

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$28.57
Tax 5% \$1.43

090E1702 - 1/1

Parking for flight to FMM for meetings with staff and GoA/RMWB.

8.

Nov. 14-15th Site Tours



Holiday Inn & Suites

11-15-16

Greg Cummings [Redacted]	Folio No. :		Room No. :	[Redacted]
	A/R Number :		Arrival :	11-14-16
	Group Code :		Departure :	11-15-16
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
11-14-16	*Accommodation	134.00	
11-14-16	Sustainability Levy	2.01	
11-14-16	GST Tax - Room	6.80	
11-14-16	Tourism Tax - Room	5.44	
11-15-16	MasterCard		148.25
Total		148.25	148.25
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. 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.

9.

NOV 17, 2016.
Fort McMurray Mtng.

JULIAS TAXI SERVICE

AB

TYPE PURCHASE

ORDER ID [REDACTED]
CARD NUM [REDACTED]
ACCOUNT MASTERCARD

DATE Nov 17 2016 06:16PM
REF NUM [REDACTED]
AUTH CODE [REDACTED]

AMOUNT (CAD) -----
\$39.00

APP LABEL MasterCard
EMV AID [REDACTED]
ARQC TVR [REDACTED]
ARQC [REDACTED]

VERIFIED BY PIN

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records



Holiday Inn
& Suites

NOV 16, 2016
Fort McMurray Mtng.

11-17-16

Greg Cummings	Folio No. :	Room No. :
[Redacted]	A/R Number :	Arrival : 11-16-16
	Invoice No :	Departure : 11-17-16
	Group Code :	Conf. No. : [Redacted]
	Company : Leisure	Rate Code : [Redacted]
	Membership No. : [Redacted]	Page No. : 1 of 1

Date	Description	Charges	Credits
11-16-16	*Accommodation	102.00	
11-16-16	GST - Room 5%	5.10	
11-16-16	Tourism Levy 4%	4.08	
11-17-16	MasterCard		111.18
Total		111.18	111.18
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihgrewardsclub.com/review. We look forward to welcoming you back soon.

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.

Holiday Inn & Suites Edmonton Airport
1100 4th Street
Nisku, AB T9E 8E2
Telephone: (780) 979-0839 Fax: (780) 979-0846
GST# 862202249 RT0004



11.

NOV 17, 2016
Parking - Travel
to Fort McMurray.

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 17/11/16 21:58
Receipt [REDACTED]

Short-Term Parking
Mastercard
Value Park
17/11/16 06:45
17/11/16 21:58
Period 1d0h0'
(Tax) \$15.00

Total ----- \$15.00

Payment Received
MC [REDACTED] \$15.00

Merch: [REDACTED]
Auth [REDACTED]
Type: Swiped

Sub Total \$14.29
Tax 5% \$0.71

01744DE7 - 1/1

12.

Nov 17, 2016
Fmm Mtng.

SUN TAXI
140 MACKENZIE KING RD
FORT MCMURRAY AB T9H4L2
TEL: 587-644-1386

TERM # [REDACTED]
RECORD # [REDACTED]
HOST INVOICE # [REDACTED]
HOST SEQ # [REDACTED]

CARD [REDACTED]
CREDIT/MASTERCARD [REDACTED]
2016/11/17 12:04:50

PURCHASE
AMOUNT \$34.40
TIP \$5.16
TOTAL \$39.56

AUTH# [REDACTED]
HTS# [REDACTED]

TRANSACTION
APPROVED 000
THANK YOU

MasterCard
AID: [REDACTED]
TC: [REDACTED]
TVR: [REDACTED]
TSI: [REDACTED]

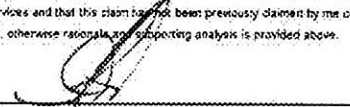

CUSTOMER COPY

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)	
<ul style="list-style-type: none"> • 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) 	Expense Date From: 1-Nov-16 To 20-Nov-16 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel
Name: <u>Gregroy Cummings</u>	Position (Title): <u>Chief Zone Officer, North Zone</u>
Location: <u>Westlock Admin Building</u> Dept: <u>North Zone</u> DOFA Level: [REDACTED] (if applicable)	Union: <u>MOOS</u> Business Phone #: [REDACTED] Ext: [REDACTED]
Employee # (E-People): [REDACTED]	

SECTION E: FINANCE CODING & TOTAL CLAIM		
CAPITAL PROJECT CODING ONLY →	Project Number _____	Project Task Number _____
	Expenditure Organization _____	Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0004	71110100064	\$331.87						\$542.02	
2B	101	0004	71110100064	\$210.15							
2C											
2D											
				\$542.02	**User to enter Coding & \$ Amounts					TOTAL CLAIM \$542.02 ✓	
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. <u>Travel, Hospitality and Working Session Expenses Policy - Document# 1122</u>	
I, by signing this form, attest that I am compliant to all the above statements. Employee Signature: 	Date: <u>30.11.2016</u>
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. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.	
Approved By (PRINT ONLY): <u>Deb Gordon</u>	DOFA Level [REDACTED] Position # [REDACTED] Phone # [REDACTED] Ext [REDACTED]
I, by signing this form, attest that I am compliant to all the above statements. Signature: 	Title: <u>VP and Chief Health Operations Officer</u> Date: <u>2016-12-05</u>
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.	
Approved By (PRINT ONLY): _____	DOFA Level _____ Position # _____ Phone # _____ Ext _____
I, by signing this form, attest that I am compliant to all the above statements. Signature: _____	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 (FIP) Act, respectively, for the purpose of administering AHS Procure to Play program.

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0004 71110100064** Emp # (E-People) XXXXXXXXXX Page 2A

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						
31-Oct-16	Travel & Site Tours to Mayerthorpe and Hinton	AB - Local	Meeting	Yes	LD-\$32.35	\$32.35								
1-Nov-16	Travel & Site Tours to Jasper and Grande Cache	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
1-Nov-16	Fuel for Fleet Vehicle (ARI card was not accepted)	AB - Local	Meeting	Yes						\$71.02				
2-Nov-16	Travel & Site Tours to Hythe and Beaverlodge	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
6-Nov-16	Travel to Fort McMurray for GoA Meeting	AB - Local	Meeting	Yes	D-\$20.75	\$20.75								
7-Nov-16	Fort McMurray for Government Meeting	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
8-Nov-16	Meetings with Staff in Fort McMurray	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
14-Nov-16	Travel & Site Tours to Fox Creek and Grande Prairie	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
SUBTOTALS						\$260.85				\$71.02		Total Kms		

	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>
	Mileage \$
	Travel \$ Subtotal \$331.87
	Auto fills on page 1 - TOTAL TRAVEL \$ \$331.87

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 \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

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

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 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100064	Emp # (E-People) [REDACTED]	Page 2B
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.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description (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						
15-Nov-16	Travel & Site Tours to Spirit River, Fairview and Grimshaw	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
17-Nov-16	Travel to Fort McMurray RE: Staff Concerns	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
19-Nov-16	Travel to Grande Prairie for Festival Of Trees	AB - Local	Meeting	Yes	L-\$11.60	\$11.60								
20-Nov-16	Travel back from Grande Prairie and stayed in Edmonton for Monday nights.	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
21-Nov-16	Meetings in Fort McMurray with SDD and HR	AB - Local	Meeting	Yes	LD-\$32.35	\$32.35								
22-Nov-16	All day meeting in Edmonton and late return due to other meetings	AB - Local	Meeting	Yes	A-\$41.55	\$41.55								
SUBTOTALS							\$210.15					Total Kms		

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 \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	
Mileage \$ _____ Travel \$ Subtotal \$210.15 Auto fills on page 1 - TOTAL TRAVEL \$ \$210.15	

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)

WELCOME TO E.R.S.
10464 HAYFIELD RD.
EDMONTON, AB.
(780)444-4104

11/01/16 16:56 PAYMENTE
CH

TRANS #: 1148 VISA
METHOD: SWIPE: CREDIT

CARD #: [REDACTED]

EXP: [REDACTED]

AUTH #: [REDACTED]

RETRUL#: [REDACTED]

PUMP #: 1
PRODUCT: UNLEADED
QTY: 66.620 LITRES
PPU: \$1.066
TOTAL: \$71.02

GST# 82236-1275
THANK YOU!
SITE CL80-006

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 : Gregory Cummings	Reporting Period for the Month of : Nov-16
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Nov-2016	Direct Billing	Airline Ticket	Flight to Fort McMurray to attend meeting with Government of Alberta and RMWB.	Marlin Travel	502.16
17-Nov-2016	Direct Billing	Airline Ticket	Flight to Fort McMurray to meet with staff.	Marlin Travel	272.08
19-Nov-2016	Direct Billing	Airline Ticket	Flight to Grande Prairie to attend the Festival of Trees	Marlin Travel	299.20
					-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 1,073.44



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 04 Nov 16 Client: [REDACTED] Agent: CARLEY WALLS File Locator: [REDACTED]
--	---

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	222.00	0.00	\$0.00	37.48	0.00	259.48 CAD
WESTJET Ticket # [REDACTED]	193.20	0.00	\$0.00	49.48	0.00	242.68 CAD
Total:	415.20	0.00	0.00	86.96	0.00	502.16 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/04/2016	[REDACTED]	[REDACTED]	259.48 CAD
	[REDACTED]	11/04/2016	[REDACTED]	[REDACTED]	242.68 CAD
Total Payment:					502.16 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101

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

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

Trip #: [REDACTED]
Booking Date: 04 Nov 16
Client: [REDACTED]
Agent: CARLEY WALLS

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GREGORY CUMMINGS	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:	GREGORY CUMMINGS	Booking Date:	04 Nov 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08380	EDMONTON INTL 07 Nov 16 8:15AM		FT. MCMURRAY 07 Nov 16 9:26AM	V/	

Passengers:	GREGORY CUMMINGS	Booking Date:	04 Nov 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03272	FT. MCMURRAY 07 Nov 16 6:40PM		EDMONTON INTL 07 Nov 16 7:48PM	Q/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 07 Nov 16 Client: [REDACTED] Client Phone # Client Email: Agent: CARLEY WALLS File Locator: [REDACTED]
--	--

INSURANCE

PASSENGERS: MR GREGORY CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	222.00	12.96	\$0.00	37.12	0.00	272.08 CAD
Total:	222.00	12.96	0.00	37.12	0.00	272.08 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/06/2016	[REDACTED]	[REDACTED]	272.08 CAD
	[REDACTED]	11/06/2016	[REDACTED]	[REDACTED]	0.00 CAD
				Total Payment:	272.08 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

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

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

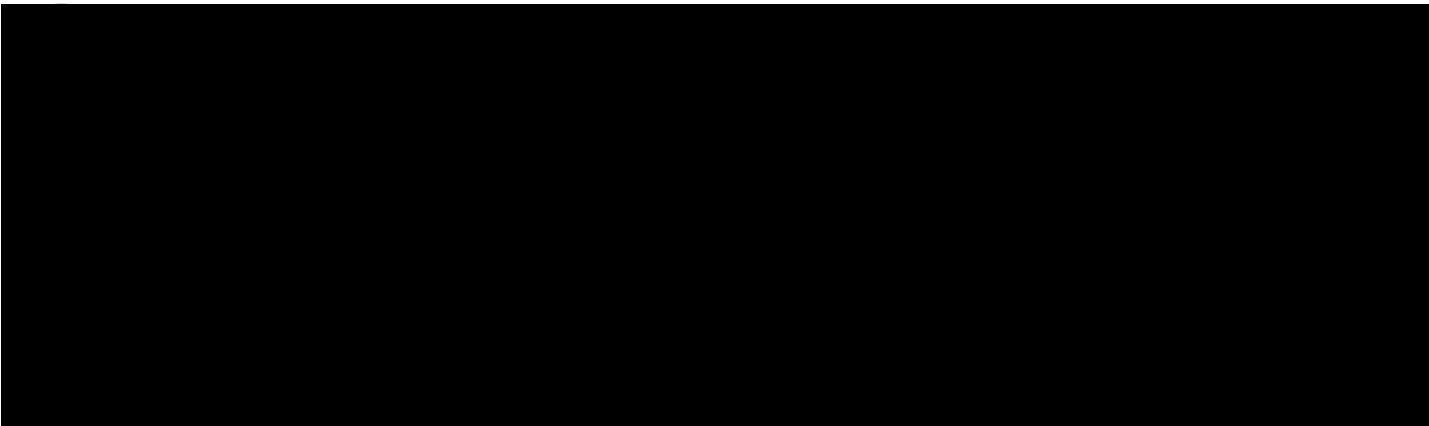
Trip #: [REDACTED]
Booking Date: 07 Nov 16
Client: [REDACTED]
Client Phone #
Client Email:
Agent: CARLEY WALLS

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GREGORY CUMMINGS	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: GREGORY CUMMINGS

Booking Date: 04 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08391	FT. MCMURRAY 08 Nov 16 8:40PM		EDMONTON INTL 08 Nov 16 9:53PM	V/	



Invoice

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	Trip #: [REDACTED] Booking Date: 14 Oct 16 Client: [REDACTED] Agent: LEISA KING WHITBY File Locator: [REDACTED]
--	--

PASSENGERS: MR GREG CUMMINGS

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	123.00	0.00	\$0.00	27.48	0.00	150.48 CAD
WESTJET Ticket # [REDACTED]	89.24	0.00	\$0.00	49.48	0.00	138.72 CAD
AIR CANADA Ticket # [REDACTED]	10.00	0.00	\$0.00	0.00	0.00	10.00 CAD
Total:	222.24	0.00	0.00	76.96	0.00	299.20 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/14/2016		[REDACTED]	150.48 CAD
	[REDACTED]	10/14/2016		[REDACTED]	138.72 CAD
	[REDACTED]	10/14/2016	AHS	[REDACTED]	10.00 CAD
Total Payment:					299.20 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL GRANDE PRARIE FOUNDATION FESTIVAL OF TREES

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ... 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY *****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
 ***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/travel.doc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****
 ***** PLEASE NOTE CHECKIN TIMES *****
 **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM

ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 14 Oct 16
Client: [REDACTED]
Agent: LEISA KING WHITBY

File Locator: [REDACTED]

TO CHECK IN AND PRINT YOUR BOARDING PASS. -----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. -----WESTJET BAGGAGE POLICY----- 1ST CHECKED BAG 25.00
PER PASSENGER UP TO 50LBS 2ND CHECKED BAG 25.00 PER PASSENGER UP TO 50LBS -----WESTJET BAGGAGE
POLICY----- FLEX FARE OR PLUS FARE 1ST CHECKED BAG 0.00 PER PASSENGER UP TO 50LBS 2ND CHECKED
BAG 25.00 PER PASSENGER UP TO 50LBS FEES WILL BE COLLECTED AT AIRPORT CHECK IN ----AIR CANADA CANADA
TRAVEL BAGGAGE POLICY---- 1 FREE CHECKED BAGS UP TO 50LBS EACH BAG PER PASSENGER ----2ND BAG 20.00 UP
TO 50LBS EACH PER PERSON----

ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 14 Oct 16
Client: [REDACTED]
Agent: LEISA KING WHITBY

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GREG CUMMINGS	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: GREG CUMMINGS

Booking Date: 14 Oct 16
File Locator/Ticket #: [REDACTED]

From: CALGARY INTL
To: GRANDE PRAIRIE

Departing on: 19 Nov 16
Returning on: 20 Nov 16

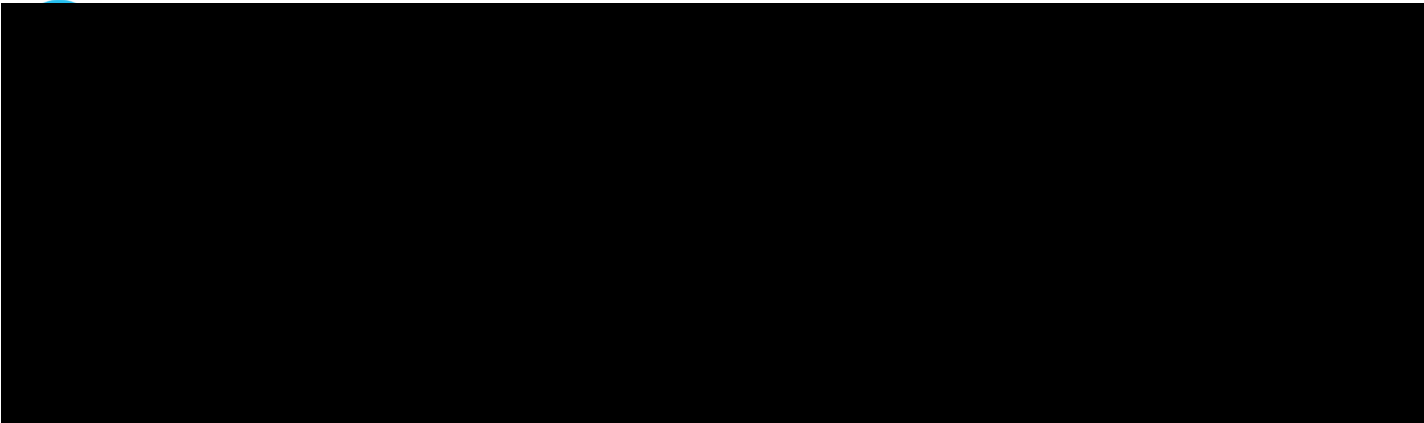


AIR

Passengers: GREG CUMMINGS

Booking Date: 14 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03143	EDMONTON INTL 19 Nov 16 1:44PM		GRANDE PRAIRIE 19 Nov 16 2:56PM	D/	



ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 14 Oct 16
Client: [REDACTED]
Agent: LEISA KING WHITBY

File Locator: [REDACTED]



AIR

Passengers: GREG CUMMINGS

Booking Date: 14 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08364	GRANDE PRAIRIE 20 Nov 16 10:35AM		EDMONTON INTL 20 Nov 16 11:43AM	A/	