

Official Administrator and Executive Expense Report

Name Dr. John Cowell
Title Official Administrator
Location Calgary

Expenses submitted during the month of June 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-14	P-Card	Meetings		31	149		180			
Jun-14	Expense Claim	Meetings		221	290	944	1455			128
May-14	Expense Claim	Meetings				529	529			218
Total			\$ -	\$ 252	\$ 439	\$ 1,473	\$ 2,164	\$ -	\$ -	\$ 346

Total for the Month \$ 2,510

Maximum daily single meal expense claimed in the month \$ 149 3 people
 Maximum daily base hotel rate claimed in the month \$ 139
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Instruction:

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

DERBYSHIRE, AVRIL Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period:	20/06/2014
OFFICE OF THE OFFICIAL Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount:	\$279.99
AVRIL.DERBYSHIRE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/05/2014	██████████	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	179.99	CAD	179.99	8.57		Accommodation for Dr. John Cowell while attending meetings in Edmonton with CEO and Auditor General

①

②

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

Sonia Garcia
Name of Cardholder Designate


Signature of Cardholder Designate

Advisor
Cardholder Designate Position/Title

JUNE 24, 2014
Date of Signature

Cardholder

By signing this statement

- 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.

DERBYSHIRE, AVRIL
Name of Cardholder


Signature of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title

JUNE 25/14
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- 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.

Dr. John Cowell
Name of Approver


Signature of Approver

Official Administrator
Approver Position/Title

JUNE 24, 2014
Date of Signature

Attachments to Accounts Payable
Attach:

- 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.

Address:

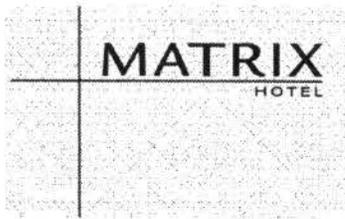
 Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable

Reference #: _____

Reviewed by: _____

Date: _____



Dr. John Cowell
[Redacted]
Canada

Room Number: [Redacted]
Arrival Date: 05-25-14
Departure Date: 05-26-14
Page No: 1 of 1
Confirmation No [Redacted]

INFORMATION INVOICE

Folio No: [Redacted]

06-24-14

Date	Description	Charges	Credits
05-25-14	Room Service [Redacted]	27.94	
05-25-14	Room Revenue	139.00	
05-25-14	Destination Marketing Fee - 3%	4.17	
05-25-14	Tourism Levy - 4%	5.73	
05-26-14	Refreshment Centre - Pringles 1	3.15	
05-26-14	[Redacted]		179.99
Total		179.99	179.99
Balance		0.00	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

Matrix Hotel
10540-100 Avenue
GST # 866344302

16 [REDACTED]

Check: [REDACTED] Guests: 1
Table: [REDACTED]
05/25/2014 05:15PM

1 SALMON 23.75
Subtotal 23.75
G.S.T. 1.19
Total Due \$24.94

GRATUITY 3.00

TOTAL 27.94

Signature [Signature]

Guest Name Cowell

Room # [REDACTED]



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

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	John W. Cowell Consulting Ltd. (John Cowell)	Vendor# (if known)	[REDACTED]	Expense Period Month:	May-14
Address:	[REDACTED]	City:	Calgary	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$528.28
Other (D)	101	0005	71110300004	41090000	\$218.25
TOTAL PAYMENT					\$746.53

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

[REDACTED]

SECTION 3: AUTHORIZATION			
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 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.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements.	Date	Phone#
Dr. John Cowell			[REDACTED]

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 Name)	Position Title/Program Group	Date	Phone#
Deb Rhodes	Acting VP, Corporate Services and CFO	June 17 / 14	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements.		DOFA Level	Position#
		[REDACTED]	[REDACTED]

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be cashed.
- 2) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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 more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Paika, Director Accounts Payable at 780-735-0506 or email Mark.Paika@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Wireless Services for [REDACTED]
DR JOHN COWELL

Account Number: [REDACTED]
 Invoice Number: [REDACTED]
 Invoice Date: [REDACTED]

Savings
 You saved **\$3.00** on your Wireless services.

Regular charges

Ending May 10	Wireless usage	20.89
May 11 - Jun 10	Shared Plan w/Double Min*	65.00
	Rogers One Number	0.00
	LTE 6GB Data Share Plan	30.00
	Canadian LD Anytime Option	5.00
	6pm Early Eve & Wknd Calling Value Pack*	12.79
	Call Waiting	2.00
	100 Bonus Business Minutes	0.00
	Alberta Gov't 9-1-1 Fee	0.44
	Gov't Regulatory Recovery Fee	2.13
	Call Forwarding/Call Transfer	3.00
	Savings: Call Forwarding/ Call Transfer	-3.00

Other charges and credits

Apr 29	100Min/Unltd Txt/500MB US Trvl	80.00
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Total before taxes: \$218.25

Total for Wireless: \$218.25

Your services include:

- *Shared Plan w/Double Min**
- 1300 Shared Weekday Minutes (Shared Between All Subscribers)
- Unlimited Eve/Wknd Mins (Starting at 9pm)
- Unlimited Sent & Received Messages Text, IM, Email, Picture & Video (Device Dependent)
- Unlimited Canada-wide Between Us Calling
- 2500 Call Forwarding Mins
- Conference Calling
- Call Waiting

***Value Pack**

- Call Display with Name Display
- Enhanced Voicemail

This Value Pack saves you **\$8/mth (40%)** vs. individual pricing at time of subscription.

Unless otherwise stated, all voice minutes, messages and wireless internet details set out above and/or in your agreement refer to usage on our network (i.e. within Canada and to a Canadian number, as applicable).

Wireless usage summary ending May 10/14

Type of usage	Usage Description	You used	Unit of measure	Total cost (\$)
Voice	Other Minutes	3:00	Min:Sec	0.00
Voice	100Min/Unltd Txt/500MB US Trvl	54:00	Min:Sec	0.00
Voice (S)	650+650 Shared Weekday Min	498:00	Min:Sec	0.00
Voice (+)	Rogers One Number Call (s)	88:00	Min:Sec	0.00
Voice	6pm Early Eve & Wknd Calling	115:00	Min:Sec	0.00
Voice	Long Distance Charges			8.25
Voice	Roaming Charges	36:00	Min:Sec	12.64
Data (S)	LTE 6GB Data Share Plan - Included	13.15	MB	0.00
Data	100Min/Unltd Txt/500MB US Trvl - Included	5.14	MB	0.00
Data	100Min/Unltd Txt/500MB US Trvl - Included	18.20	MB	0.00
Msg (S)	Messaging Bundle - Sent	5	Msgs	0.00
Text Msg	Canada & Roaming - Received	7	Msgs	0.00
Total Wireless Usage :				\$20.89

DATA GUIDE
 1 MB = 1024 KB
 1 GB = 1048576 KB
 1 GB = 1024 MB
 Visit rogers.com/dataguide for more information

LEGEND

- LD = Long Distance
- MMS = Multimedia Msg
- KB = Kilobyte
- MB = Megabyte
- GB = Gigabyte

(S) Shared Services
 (+) Rogers One Number

ALLIED (177) UNCORPATED
307 41 AVENUE NE T2E2N4
CALGARY AB
21640631

|||| PURCHASE ||||

05-30-2014 09:42:47
Acct # 0000 0000 3275 C
Exp Date 0000 Card Type MC



FV21640631AC

Inv [REDACTED]
Auth [REDACTED] KKN 001001547

Purchase	\$156.60
Tip	\$20.00
Total	\$176.60

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Allied & Associated Limousine
404 - 35 Ave N.E.
Calgary, AB T2E 2K7

www.calgarylimo.com
allied-limo@shaw.ca

(403)299-9555
(877)299-9555

Reservation Confirmation

Client Information

Customer # : [REDACTED]
Customer Name: COWELL, DR. JOIN
Cell # : [REDACTED]
Booked By : CLIENT
Booked By # : [REDACTED]
Taken By: [REDACTED]
Total # of Passengers : 1
Senior-Adult-Child : 0-1-0

P/U Date / Time : Fri, 05/30/2014 09:30
D/O Date / Time : Fri, 05/30/2014 10:30
Spot/Block Time: 15 / 10
Est Hours : 1.00
Vehicle Type : Sedan
Unit #:
Driver Name :
Trip Type : Two Way
Case #:
Group Name :

Routing Information

- 1 MCDUGAL CENTRE
- 2 ALBERTA HEALTH SERVICES

Payment Information & Charges

Payment Method :	Charges :	Estimated	Actual
	Hourly Rate	\$74.57	_____
	Trip Hours	1.00	_____
	SubTotal	\$74.57	_____
	Misc		_____
	Gratuity		_____
	Taxes 5.00%	\$3.73	_____
	Total Charges/Balance Due	\$78.30	_____

THANK YOU FOR CHOOSING ALLIED LIMOUSINE, PLEASE REVIEW YOUR CONFIRMATION AND CONTACT US IF THERE ARE ANY CHANGES. PLEASE NOTE THAT LATE CANCELLATION, EXTRA CHARGES AND WAITING TIME CHARGES MAYBE PENDING. ALL VEHICLES ARE NON-SMOKING. CLIENT LIABLE FOR DAMAGES.

Customer Signature: _____

Meeting with Minister
Morne, Friday May 30/14
McDougall Centre,
Calgary
A. A. [Signature]



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4/ANR Applicable? - If yes, indicate line & amt	

OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER REMUNERATION AND EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	John W. Cowell Consulting Ltd. (John Cowell)	Vendor# (if known):	[REDACTED]	Expense Period Month:	June 2014
Address:	[REDACTED]	City:	Calgary	Province:	AB
Postal Code:	[REDACTED]	Country:		Phone #:	[REDACTED]
Reason for Expense &/or Business Case					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$220.88
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$1,234.01
Other (D)	101	0005	71110300004	41090000	\$128.21
TOTAL PAYMENT					\$1,583.10

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

[REDACTED]

SECTION 3: AUTHORIZATION			
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 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.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Dr. John Cowell	<i>[Signature]</i>	July 8/13	[REDACTED]
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 Name)	Position Title/Program Group	Date	Phone#
Deb Rhodes	Acting VP, Corporate Services and CFO	July 10/14	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	
<i>[Signature]</i>	[REDACTED]	[REDACTED]	
1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.			
2) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.			

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 more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Paika, Director, Accounts Payable at 780-735-0506 or email: Mark.Paika@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB, T2W 3N2, Attention: Lou DeCoste

Carry forward from Section 1

Name:	John W. Cowell Consulting Ltd. (John Cowell)	Vendor# (if known)	[REDACTED]	Expense Period Month:	June 2014
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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 above

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

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)	Payroll Only OA Committee Meeting Fee (F)
			Allowance		With Receipt						
			Meal Type	Allowance	Meal Type	With Receipt					
June 3-14	Dinner meeting with Brian Olson and Doug Tupper	Yes			D	\$148.88					
June 10-14	Roger's mobility charges	Yes						\$128.21			
June-16-14	Travel Calgary/Edmonton/ Calgary for meetings with Doug Tupper	Yes			D	\$33.40	\$144.83		660		
June-17-14	Meeting with Doug Tupper	Yes			B	\$38.60					
June-22-14	Travel Calgary/Edmonton/ Calgary for meetings with Trevor Theman, Ken Gardiner and William Dickout	Yes					\$144.83		660		
June-26-14	Travel from Residence to SPTT for meetings and Return- June 2,3,4,5,10,11,12,17,18,24 and 26 (50 km per day)	Yes							550		
Total: (amount auto fills to page 1)			\$0.00			\$220.88	\$289.66	\$0.00	\$128.21	1,870.00	\$0.00

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	\$ 944.35
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For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCoste

Wellingtons/Oscars

Register Detail Report

Sys Date: 06/10/2014 Area: Dining Room Rpt Date: 06/10/2014
 Sys Time: 14:08:59 From: 06/03/2014 To: 06/03/2014
 Time: 0000 To: 2400
 Server: ALL SERVERS

Check#	Sys Date	Stay	Tbl	Tot	Gst	Sub-Tot	GST			Chk Tot	Status	
	Chk Date	Time Server	Get Pay				Amount	Tax1	Tax2			Tax3
	06/03/2014	1:30 498	24			127.50	6.38	0.00	0.00	133.88	1 Active	
	06/03/2014	18:27 Louls	2							148.88		
Item	Description	Qty	Amount	Tax1	Tax2	Tax3	Disc					
I-311	Homemade Soup	1.00	6.00	1	0	0	0					
I-313	Onion Soup	1.00	8.00	1	0	0	0					
I-324	8oz Filet	1.00	35.00	1	0	0	0					
I-345	Stuffed Chicken	1.00	25.00	1	0	0	0					
I-383	Smk Salmon App	1.00	13.00	1	0	0	0					
I-561	Cappuccino	1.00	4.50	1	0	0	0					
I-1087	Sea Bass	1.00	36.00	1	0	0	0					
						Sub-Tot	GST			Total		
						127.50	6.38	0.00	0.00	133.88	Report Totals:	

Legend: P - Payment Method (1:Cash, 2:On Acct, 3,4,...:Credit Cards)
 S - Status of Check (1:Active, 2:Lost to Unsplit, 3:Void, 4:Reopen)
 Menu Ref Type (I:Menu Item M:Menu Modifier)
 Menu Ref Code (Code assigned to Item or Modifier)
 Tax (1st:GST Applicable, 2nd:Food, 3rd:Liquor)
 Disc(Discount) (0:No Discount, all other see discounts)

Dinner meeting
with Brian Olsan
WELLINGTONS FINE
RESTAURANT
10325 BONAVENTURE DR.
SE.
CALGARY AB



DATE 2014/06/03
TIME 3616 19:56:51
RECEIPT NUMBER



PURCHASE
AMOUNT \$133.88
TIP \$15.00
TOTAL

\$148.88

MasterCard
A0000000041010
BAF4E92032DBF9C3
0000008000-E800
060ABE59DE0E505F

APPROVED

AUTH# [REDACTED]
THANK YOU [REDACTED]

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Wireless Services for [REDACTED]
DR JOHN COWELL

Account Number: [REDACTED]
 Invoice Number: [REDACTED]
 Invoice Date: Jun 10, 2014

Savings
 You saved **\$3.00** on your Wireless services.

Regular charges

Ending Jun 10	Wireless usage	10.85
Jun 11 - Jul 10	Shared Plan w/Double Min*	65.00
	Rogers One Number	0.00
	LTE 6GB Data Share Plan	30.00
	Canadian LD Anytime Option	5.00
	6pm Early Eve & Wknd Calling	0.00
	Value Pack*	12.79
	Call Waiting	2.00
	100 Bonus Business Minutes	0.00
	Alberta Gov't 9-1-1 Fee	0.44
	Gov't Regulatory Recovery Fee	2.13
	Call Forwarding/Call Transfer	3.00
	Savings: Call Forwarding/ Call Transfer	-3.00
Total before taxes:		\$128.21
Total for Wireless:		\$128.21

Your services include:

***Shared Plan w/Double Min**
 -1300 Shared Weekday Minutes (Shared Between All Subscribers)
 - Unlimited Eve/Wknd Mins (Starting at 9pm)
 - Unlimited Sent & Received Messages Text, IM, Email, Picture & Video (Device Dependent)
 - Unlimited Canada-wide Between Us Calling
 - 2500 Call Forwarding Mins
 - Conference Calling
 - Call Waiting

***Value Pack**
 - Call Display with Name Display
 - Enhanced Voicemail

This Value Pack saves you **\$8/mth (40%)** vs. individual pricing at time of subscription.

Wireless usage summary ending Jun 10/14

Type of usage	Usage Description	You used	Unit of measure	Total cost (\$)
Voice	Roaming Charges	31:00	Min:Sec	10.85
Voice	Other Minutes	101:00	Min:Sec	0.00
Voice	100Min/Unltd Txt/500MB US Trvl	46:00	Min:Sec	0.00
Voice (S)	650+650 Shared Weekday Min	1163:00	Min:Sec	0.00
Voice (+)	Rogers One Number Call (s)	19:00	Min:Sec	0.00
Voice	6pm Early Eve & Wknd Calling	360:00	Min:Sec	0.00
Data (S)	LTE 6GB Data Share Plan - Included	34.75	MB	0.00
Data	100Min/Unltd Txt/500MB US Trvl - Included	19.38	MB	0.00
Msg (S)	Messaging Bundle - Received	2	Msgs	0.00
Text Msg	Canada & Roaming - Received	1	Msgs	0.00
Text Msg	While Roaming in US - Incl - Sent	2	Msgs	0.00
Total Wireless Usage :				\$10.85

(S) Shared Services
 (+) Rogers One Number

Unless otherwise stated, all voice minutes, messages and wireless internet details set out above and/or in your agreement refer to usage on our network (i.e. within Canada and to a Canadian number, as applicable).

DATA GUIDE
 1 MB = 1024 KB
 1 GB = 1048576 KB
 1 GB = 1024 MB
 Visit rogers.com/dataguide for more information

LEGEND
 LD = Long Distance
 MMS = Multimedia Msg
 KB = Kilobyte
 MB = Megabyte
 GB = Gigabyte



SAWRIDGE INN
EDMONTON SOUTH

Mr Dr. John Cowell

Canada

A/R Number

Group Code

Folio/Invoice No.

Reference #

Room No.

Arrival

06-16-14

Departure

06-17-14

Page No.

1 of 2

Cashier No.

User ID

www.sawridgeedmonton.com

Date	Description	Charges	Credits
06-16-14	Creations Restaurant Line# 501	28.00	33.40
06-16-14	F&B - GST Line# 501	1.40	
06-16-14	Creations Gratuity Line# 501	4.00	
06-16-14	*Accommodation	129.00	144.83
06-16-14	GST - 5%	6.45	
06-16-14	Alberta Tourism Levy - Accom 4%	5.16	
06-16-14	Dest. Marketing Fee	3.87	
06-16-14	DMF - GST	0.19	
06-16-14	Alberta Tourism Levy - DMF 4%	0.16	
06-17-14	Creations Lounge Line# 501	33.90	38.60
06-17-14	F&B - GST Line# 501	1.70	
06-17-14	Creations Gratuity Line# 501	3.00	
06-17-14	MasterCard		216.83

Meeting with
Doug Tupper
Monday June 17, 2014

[Handwritten signature]

Sawridge Inn - Edmonton South
4235 Gateway Blvd North
Edmonton, AB T6J 5H2
Telephone: (780) 438-1222 Fax: (780) 438-0906
GST# 804570083RT0001



SAWRIDGE INN
EDMONTON SOUTH

Mr Dr. John Cowell
[Redacted]
[Redacted]
Canada

A/R Number
Group Code
Folio/Invoice No. [Redacted]
Reference #

Room No. [Redacted]
Arrival 06-16-14
Departure 06-17-14

Page No. 2 of 2
Cashier No. [Redacted]
User ID [Redacted]

www.sawridgeedmonton.com

Date	Description	Charges	Credits
		Total	216.83
		Balance	0.00

GST - 5%	Alberta Tourism Levy - DMF
6.45	5.32

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 association 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.

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Telephone: (780) 438-1222 Fax: (780) 438-0906
GST# 804570083RT0001

46941 -100 CHLOE 6/17/14
 ITEMS ORDERED AMOUNT * Sawridge Inn *
 * LOUNGE *
 2 BREAKFAST BUFFET 33.90
 GST 1.70
 CHECK # [REDACTED] /14 8:37AM
 SERVER [REDACTED]

 SUBTOTAL \$ 33.90
 TOTAL DUE 35.60 GST 1.70

TOTAL \$ 35.60
 TIPS \$ 3.00

 PAID \$ 38.60
 TENDER \$ 38.60 ROOM 501
 Cowell, Mr

ROOM CHARGES ONLY

GST 804570083 RT0001

TIP: 3.00
 TOTAL: 38.60
 ROOM #: 501
 PRINT NAME: Cowell
 SIGNATURE: [Signature]

 * Sawridge Inn *
 * RESTAURANT *

 CHECK # [REDACTED] 6/16/14 8:00PM
 SERVER [REDACTED]

 SUBTOTAL \$ 28.00
 GST 1.40

TOTAL \$ 29.40
 TIPS \$ 4.00

PAID \$ 33.40

TENDER \$ 33.40 ROOM 501
 Cowell, Mr

GST 804570083 RT0001

 CHECK # [REDACTED] DATE 6/16/14
 TABLE # 2 TIME 7:14PM
 ***** DUPLICATE CHECK *****

 -- RESTAURANT [REDACTED] --
 SEAT# ITEMS ORDERED AMOUNT
 1 Pan, Seared Salmon 25.00
 COFFEE 3.00

 SUBTOTAL 28.00
 GST 1.40

 TOTAL 29.40

 SUBTOTAL 28.00
 GST 1.40

TOTAL DUE 29.40

ROOM CHARGES ONLY

TIP 4.00

TOTAL 33.40

ROOM 501

PRINT NAME Cowell

SIGNATURE [Signature]



Meeting with
Trevor Theman cpsA
Ken Gardiner
William Dickout

SAWRIDGE INN
EDMONTON SOUTH

Mr Dr. John Cowell
[Redacted]
Canada

A/R Number
Group Code
Folio/Invoice No. [Redacted]
Reference # [Redacted]

Room No. [Redacted]
Arrival 06-22-14
Departure 06-23-14

Page No. 1 of 1
Cashier No. [Redacted]
User ID [Redacted]

www.sawridgeedmonton.com

Date	Description	Charges	Credits
06-22-14	*Accommodation	129.00	
06-22-14	GST - 5%	6.45	
06-22-14	Alberta Tourism Levy - Accom 4%	5.16	
06-22-14	Dest. Marketing Fee	3.87	
06-22-14	DMF - GST	0.19	
06-22-14	Alberta Tourism Levy - DMF 4%	0.16	
06-23-14	MasterCard		144.83

Total	144.83	144.83
Balance	0.00	

GST - 5%	Alberta Tourism Levy - DMF
6.45	5.32

Guest Signature: _____

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