

AHS Board and Executive Expense Report

Name Karen Horon
Title VP, Clinical Support Services (Acting)
Location Calgary

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		61	354	613	1,028	842		
Sep-18	Direct Billing	Meetings	926				926			
Total			\$ 926	\$ 61	\$ 354	\$ 613	\$ 1,954	\$ 842	\$ -	\$ -

Total for the Month \$ 2,796

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 164
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.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
HORON, KAREN L	Interim VP, Clinical Support Services	Calgary	\$ 1,022.85								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/1/2018	Annual Alberta College of Pharmacists Dues	AB - Other Zones	Membership Dues	\$ 842.10			Annual Alberta College of Pharmacists Dues	1			
7/30/2018	Assigned Lot full	AB - Local	Parking - Lot or Parkade	\$ 14.25			Assigned Lot full	1			
7/31/2018	ELT & BELT In Person Mtg	AB - Local	Parking - Lot or Parkade	\$ 15.00			ELT & BELT In Person Mtg	1			
7/31/2018	ELT & BELT In Person Mtg		Mileage-Local-Home Zone	\$ 15.45	ELT & BELT In Person Mtg	FMC - South Tower	ELT & BELT In Person Mtg	1			30.6
8/1/2018	Assigned Lot full	AB - Local	Parking - Lot or Parkade	\$ 14.25			Assigned Lot full	1			
8/7/2018	ELT & BELT In Person Mtg		Mileage-Local-Home Zone	\$ 15.45	FMC-Foothills Medical Centre	Southport Towers	ELT & BELT In Person Mtg	1			30.6
8/7/2018	ELT & BELT In Person Mtg	AB - Local	Parking - Lot or Parkade	\$ 15.00			ELT & BELT In Person Mtg	1			
8/21/2018	ELT & BELT In Person Mtg		Mileage-Local-Home Zone	\$ 15.45	FMC-Foothills Medical Centre	Southport Towers	ELT & BELT In Person Mtg	1			30.6
8/21/2018	ELT & BELT In Person Mtg	AB - Local	Parking - Lot or Parkade	\$ 15.00			ELT & BELT In Person Mtg	1			
8/22/2018	COEC & DI Areal Council Mtg in person at Southport Tower	AB - Local	Parking - Lot or Parkade	\$ 15.00			COEC & DI Areal Council Mtg in person at Southport Tower	1			
8/22/2018	COEC & DI Areal Council Mtg in person at Southport Tower		Mileage-Local-Home Zone	\$ 15.45	FMC-Foothills Medical Centre	Southport Towers	COEC & DI Areal Council Mtg in person at Southport Tower	1			30.6
9/5/2018	ELT & BELT In Person Mtg	AB - Local	Parking - Lot or Parkade	\$ 15.00			ELT & BELT In Person Mtg	1			
9/5/2018	ELT & BELT In Person Mtg		Mileage-Local-Home Zone	\$ 15.45	FMC	Southport Towers	ELT & BELT In Person Mtg	1			30.6
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		13-Sep-18							

Karen Horon
Aug 1

RECEIPT
Foothills

Medical Centre
Lot 3 - South

Regular Parking Full

License Plate Number



Expiration Date/Time

08:27 AM
AUG 02, 2018

Purchase Date/Time: 08:27am Aug 01, 2018
Total Due: \$14.25 Rate: \$14.25 - 24 Hours
Total Paid: \$14.25 Pmt Type: CC (Swipe)
Ticket # [Redacted]
S/N # [Redacted]
Setting: FMC Lot 03 - South
Mach Name: CA-FMC-0304

MasterCard

Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

Karen Horon
ELT + BELT Jul 31, 2018

RECEIPT
Southport

License Plate Number



Expiration Date/Time

08:16 AM
AUG 01, 2018

Purchase Date/Time: 08:16am Jul 31, 2018
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Swipe)
Ticket # [Redacted] + mileage
S/N # [Redacted]
Setting: SPT Wireless
Mach Name: CA-SPT-001

MasterCard

Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

Parking Full
Karen Horon

RECEIPT
Foothills

Medical Centre
Lot 3 - South

July 30, 2018

License Plate Number



Expiration Date/Time

08:01 AM
JUL 31, 2018

Purchase Date/Time: 08:01am Jul 30, 2018
Total Due: \$14.25 Rate: \$14.25 - 24 Hours
Total Paid: \$14.25 Pmt Type: CC (Swipe)
Ticket # [Redacted]
S/N # [Redacted]
Setting: FMC Lot 03 - South
Mach Name: CA-FMC-0302

MasterCard

Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

Karen Horon
Aug 7, 2017 ELT
RECEIPT + BELT
Southport

License Plate Number



Expiration Date/Time

08:16 AM
AUG 08, 2018

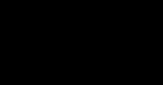
Purchase Date/Time: 08:16am Aug 07, 2018
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
S/N # [Redacted] + mileage
Setting: SPT Wireless
Mach Name: CA-SPT-001

MasterCard

Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

Karen Horon
Aug 21, 2018
RECEIPT
Southport
ELT + BELT
License Plate Number



Expiration Date/Time

08:23 AM
AUG 22, 2018

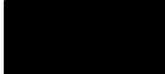
Purchase Date/Time: 08:23am Aug 21, 2018
Total Due: \$15.00 Rate: \$15.00 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
S/N #: [Redacted]
Setting: SPT Wireless
Mach Name: CA-SPT-001

shelby

[Redacted] MasterCard Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

Karen Horon
Aug 22, 2018
RECEIPT COEC
Southport + DI
Area Council
License Plate Number



Expiration Date/Time

08:11 AM
AUG 23, 2018

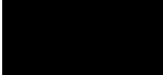
Purchase Date/Time: 08:11am Aug 22, 2018
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
S/N #: [Redacted]
Setting: SPT Wireless
Mach Name: CA-SPT-001

+ mileage

[Redacted] MasterCard Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

Karen Horon
Sept 4
RECEIPT ELT + BELT
Southport
License Plate Number



Expiration Date/Time

06:40 AM
SEP 05, 2018

Purchase Date/Time: 06:40am Sep 04, 2018
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
S/N #: [Redacted]
Setting: SPT Wireless
Mach Name: CA-SPT-001

+ mileage

[Redacted] MasterCard Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
HORON, KAREN L	Interim VP, Clinical Support Services	Calgary	\$ 847.42								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/10/2018	In person ELT, JET, BELT	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			In person ELT, JET, BELT	1			
9/10/2018	In person ELT, JET, BELT	AB - Local	Taxi	\$ 55.00	EIA	Matrix Hotel	In person ELT, JET, BELT	1			
9/10/2018	In person meetings in Edmonton- ELT, JET, BELT	AB - Local	Accommodations	\$ 178.51			In person meetings in Edmonton- ELT, JET, BELT	1			
9/10/2018	In person meetings in Edmonton- ELT, JET, BELT	AB - Local	Meals Per Diem	\$ 24.00			In person meetings in Edmonton- ELT, JET, BELT	1			
9/11/2018	In person meetings in Edmonton- ELT, JET, BELT	AB - Local	Taxi	\$ 55.60	SSP	EIA	In person meetings in Edmonton- ELT, JET, BELT	1			
9/11/2018	In person meetings in Edmonton- ELT, JET, BELT	AB - Local	Meals Per Diem	\$ 13.00			In person meetings in Edmonton- ELT, JET, BELT	1			
9/11/2018	In person ELT, JET, BELT	AB - Local	Mileage-Local-Home Zone	\$ 19.39	EIA	Matrix Hotel	In person ELT, JET, BELT	1			38.4
9/12/2018	In Person Mtg at SPT-COEC & CCEC	AB - Local	Parking - Lot or Parkade	\$ 15.00			In Person Mtg at SPT-COEC & CCEC	1			
9/12/2018	In Person Mtg at SPT-COEC & CCEC	AB - Local	Mileage-Local-Home Zone	\$ 15.45	FMC	Southport Towers	In Person Mtg at SPT-COEC & CCEC	1			30.6
9/17/2018	In person ELT at Alumni House in Edmonton	AB - Local	Parking - Lot or Parkade	\$ 58.70			In person ELT at Alumni House in Edmonton	1			
9/17/2018	In person ELT at Alumni House in Edmonton	AB - Local	Taxi	\$ 57.00	EIA	Alumni House	In person ELT at Alumni House in Edmonton	1			
9/17/2018	In person ELT at Alumni House in Edmonton	AB - Local	Accommodations	\$ 175.68			In person ELT at Alumni House in Edmonton	1			
9/17/2018	In person ELT at Alumni House in Edmonton	AB - Local	Meals Per Diem	\$ 24.00			In person ELT at Alumni House in Edmonton	1			
9/17/2018	In person ELT at Alumni House in Edmonton	AB - Local	Mileage-Local-Home Zone	\$ 19.39	FMC	YYC	In person ELT at Alumni House in Edmonton	1			38.4
9/18/2018	In person ELT at Alumni House in Edmonton	AB - Local	Taxi	\$ 78.00	Alumni House	EIA	In person ELT at Alumni House in Edmonton	1			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		22-Oct-18							

Sept 12 COEC & CCEC

RECEIPT
GST NO. R122556194

Edm Airport -
Machiv

RECEIPT
Southport
Karen Hiron
License Plate Number

Expiration Date/Time

08:05 AM
SEP 13, 2018

Purchase Date/Time: 08:05am Sep 12, 2018
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Swipe)
Ticket # [redacted]
S/N # [redacted] + Mileage
Setting: SPT Wireless
Mach Name: CA-SPT-001

TKT NO: [redacted]
EXIT No. A5
IN: 09/10/18 15:48
OUT: 09/11/18 18:24
DURATION: 1 02: 36
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD

THANK YOU FOR

+ Mileage



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

TRANSACTION RECO
Terminal [redacted]
Driver [redacted]
10, 09/10

Card : *****
MasterCard
CHIP CARD

P-f [redacted]
Auth # [redacted]

\$55.00 PU

FARE : \$

TOTAL : \$

for JET, ELT
on TUES
APPROVED - THAN
(01-027)

Sept 10-11
Edm
for ELT, JET
+ BELT

IMPORTANT: Retain
copy for your r

Customer Co

Thank you for c
Co-op tax

Karen Hiron

MasterCard Auth # [redacted]
www.ahs.ca
Do Not Place On Dash

MATRIX HOTEL

MS Karen Horon

Room No. : [REDACTED]
 Arrival : 09-10-18
 Departure Date : 09-11-18
 Folio No. : [REDACTED]
 Conf. No. : [REDACTED]
 P.O. No. :

Company Name: AHS - Vision/Marlin Travel

Group Name:

INVOICE

Date	Description	Charges	Credits
09-10-18	Room Revenue	159.00	
09-10-18	Destination Marketing Fee	4.77	
09-10-18	Room GST	8.19	
09-10-18	Tourism Levy	6.55	
09-11-18	Mastercard		201.46
<i>breakfast Sept 11 charge</i>			
<i>Lunch " " per diem please</i>			
Total Charges		201.46	
Total Credits			201.46
Balance			<u>(22.95)</u> <u>0.00</u> <u>178.51</u>

Claiming only \$178.51

Sept 10 dinner per diem

GREATER EDMONTON TAXI
SERVICE

10135 31 AVE NW
EDMONTON AB

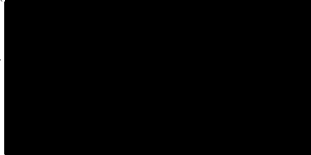
CARD [REDACTED]
CARD TYPE MASTERCARD
EXPIRE DATE 2018/09/
EXPIRE MONTH 0588 15:30:
VOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$50.
TIP \$5.
TOTAL

\$55.6 y

Karen Mason

MasterCard



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

Sept 17-18 EDT

Edm Airport → Hotel

RECEIPT
GST NO. R122556194

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

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

TKT NO: [REDACTED]
EXIT No. A2
IN: 09/17/18 16:56
OUT: 09/18/18 19:17
DURATION: 1 02: 21
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD

AUTH. CODE
REF.
THANK YOU FOR
+ Mileage



TRANSACTION RECORD

Terminal [REDACTED]
Driver [REDACTED]
18/09/17
Card : [REDACTED]
MasterCard
CHIP CARD

Ref [REDACTED]
Auth [REDACTED]

FARE : \$ 52.00
TIP : \$ 5.00

TOTAL : \$ 57.00

Karen Horon

APPROVED - THANK YOU

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

TRANSACTION RECORD

Terminal [REDACTED]
Driver [REDACTED]
18/09/18
Card : [REDACTED]
MasterCard
CHIP CARD

Ref [REDACTED]
Auth [REDACTED]

\$78.00 PURC
FARE : \$ 7
TIP : \$

TOTAL : \$ 7

Includes
Hotel → Alumni House

APPROVED - THANK YOU
(01-027)

Alumni House → Edm
Airport

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

Karen Horon



MS Karen Horon

Room No. [REDACTED]
 Arrival : 09-17-18
 Departure Date : 09-18-18
 Folio No. [REDACTED]
 Conf. No. [REDACTED]
 P.O. No. :

Company Name: AB Health
 Group Name:

INVOICE

Date	Description	Charges	Credits
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
09-17-18	Room Revenue	164.00	
09-17-18	Destination Marketing Fee	4.92	
09-17-18	Tourism Levy	6.76	

Total Charges	197.73	
Total Credits		0.00
Balance		197.73

Claiming only \$175.68

Handwritten calculation:
 197.73
 < 22.05 >

 175.68
 4

Sept 18
 breakfast + lunch included w/ ELT
 Supper @ home.

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 : Karen Horon	Reporting Period for the Month of : Sep-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
10-Sep-18	Direct Billing	Airline Ticket	In person meeting in Edmonton-JEP and ELT	Vision Travel	\$440.96
17-Sep-18	Direct Billing	Airline Ticket	In person meeting in Edmonton - ELT (all day)	Vision Travel	\$522.66
18-Sep-18	Direct Billing	Airline Ticket	Return flight from Edmonton - ELT meeting	Vision Travel	\$231.84
20-Sep-18	Direct Billing	Airline Ticket	Credit for flight changes	Vision Travel	-\$269.04
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in the Month					\$926.42



A DIRECT TRAVEL® COMPANY

Invoice

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

Trip #: [REDACTED]
Booking Date: 31 Aug 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

PASSENGERS: MS KAREN HORON

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: AIR CANADA Ticket # [REDACTED], 366.00, 0.00, \$0.00, 74.96, 0.00, 440.96 CAD. Row 2: Total: 366.00, 0.00, 0.00, 74.96, 0.00, 440.96 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [REDACTED], 08/30/2018, [REDACTED], [REDACTED], 440.96 CAD. Row 2: Total Payment: 440.96 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL EXECUTIVE MEETING

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

Trip #: [REDACTED]
Booking Date: 31 Aug 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KAREN HORON	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:	KAREN HORON	Booking Date:	30 Aug 18
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08152	CALGARY INTL 10 Sep 18 4:40PM		EDMONTON INTL 10 Sep 18 5:30PM	W/	



AIR

Passengers:	KAREN HORON	Booking Date:	30 Aug 18
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 11 Sep 18 5:05PM		CALGARY INTL 11 Sep 18 6:03PM	W/	



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Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 16 Sep 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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PASSENGERS: MS KAREN HORON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	447.70	0.00	\$0.00	74.96	0.00	522.66 CAD
AIR CANADA Ticket # [REDACTED]	-269.04	0.00	\$0.00	0.00	0.00	-269.04 CAD
Total:	178.66	0.00	0.00	74.96	0.00	253.62 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/28/2018	[REDACTED]	[REDACTED]	-269.04 CAD
	[REDACTED]	09/14/2018	[REDACTED]	[REDACTED]	522.66 CAD
				Total Payment:	253.62 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ELT MEETING

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 16 Sep 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KAREN HORON	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: KAREN HORON
Booking Date: 14 Sep 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 17 Sep 18 7:00AM		EDMONTON INTL 17 Sep 18 7:50AM	Q/	



AIR

Passengers: KAREN HORON
Booking Date: 14 Sep 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08153	EDMONTON INTL 18 Sep 18 6:00PM		CALGARY INTL 18 Sep 18 6:53PM	Q/	



A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 24 Sep 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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PASSENGERS: MS KAREN HORON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	182.36	0.00	\$0.00	49.48	0.00	231.84 CAD
Total:	182.36	0.00	0.00	49.48	0.00	231.84 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/18/2018		[REDACTED]	231.84 CAD
				Total Payment:	231.84 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL ELT MEETING

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY *****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

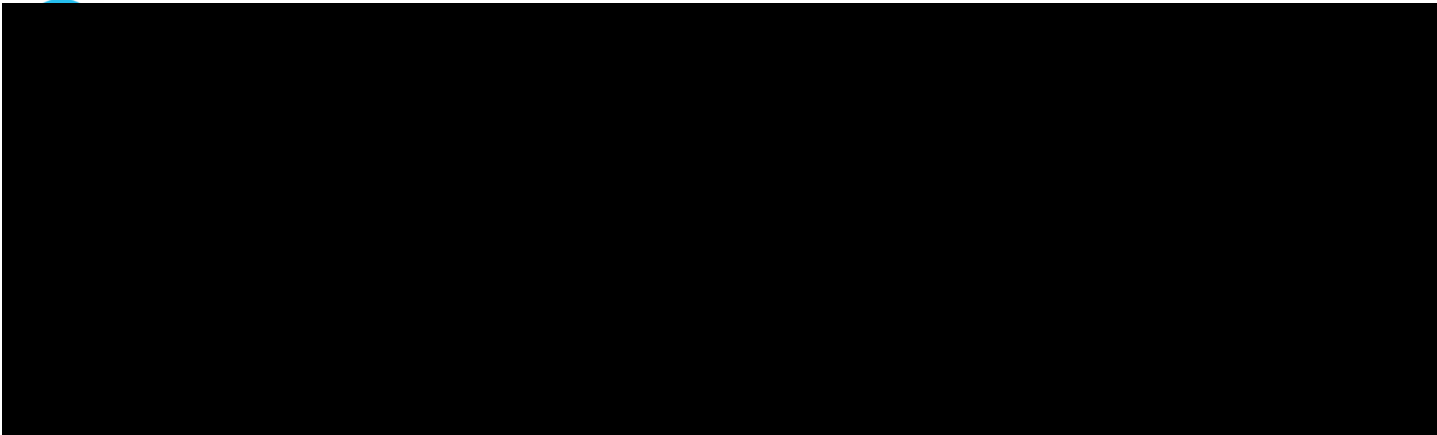
ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 24 Sep 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.CA
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KAREN HORON	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: KAREN HORON

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

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 18 Sep 18 6:00PM		CALGARY INTL 18 Sep 18 6:55PM	Q/	



A DIRECT TRAVEL® COMPANY

Invoice

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

Trip #:
Booking Date: 24 Sep 18
Client:
Agent:
Agents email: @MARLINTRAVEL.C
File Locator:

PASSENGERS: MS KAREN HORON

Table with 7 columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: WESTJET Ticket #, -219.56, 0.00, \$0.00, -49.48, -269.04 CAD

PAYMENTS

Payment against balance in the exchanged amount of - exch rate

Balance Due CAD Currency -269.04 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SK HEALTH AUTHORITY 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 -----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.

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

Trip #: [REDACTED]
Booking Date: 24 Sep 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]@MARLINTRAVEL.C
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KAREN HORON	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: KAREN HORON

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

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03292	CALGARY INTL 20 Sep 18 11:15AM		REGINA MUNICIPAL 20 Sep 18 12:43PM	L/	
WESTJET	03271	REGINA MUNICIPAL 21 Sep 18 4:00PM		CALGARY INTL 21 Sep 18 5:40PM	L/	